

*Consistent Care  
Matters:*  
**Exploring the  
Potential of  
Social Work  
Practices**

**Professor Julian le Grand**

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# Foreword

The Green Paper *Care Matters: Transforming the Lives of Children and Young People in Care* proposed the institution of Social Care Practices. The original idea was a relatively simple one. It was that there would be benefits for both looked-after children and for social workers if the latter were organised along the lines of professional partnerships, mirroring similar arrangements for legal and medical partnerships.

Simple the idea may be but it is not exactly uncontroversial. Indeed it has attracted more critical attention than any of the other proposals in the Green Paper. Some of the critics felt it was unclear what problems the Practice idea was trying to solve. Others considered that, whatever problems there might be with services for looked after children, they could be resolved within existing structures and did not require the substantial service re-organisation that the proposal seemed to imply. Yet others felt that it was simply an excuse for back-door privatisation.

In partial anticipation of these concerns, the Green Paper proposed that the proposal be piloted before any attempt was made to institute it more widely, and that a Working Group be set up to examine the proposal and the feasibility of piloting it. I was asked to chair the Group; other members included a care leaver, two directors of local authority children's services, a local authority chief executive, the chief executive of the General Social Care Council, two senior members of voluntary organisations working in the area, and two distinguished academics that specialised in social work research and training.

The central concern that has underpinned all the Group's work has been the welfare of the looked after child. All points of view concerning the impact of the Practice proposal on looked after children, on social workers and on current service provision were represented in the Group, and the issues raised were discussed intensively. The Group considered that many of these issues could only be resolved by observing the idea at work; hence we have endorsed the proposal for pilots and have provided recommendations as to how these might be implemented and evaluated. One aspect of those recommendations to which we would particularly draw attention is the proposal that any contracting between the Practice and its local authority should focus on outcomes; we have provided in Annex 2 an illustration as to how such contract might be drawn up.

I would like to take this opportunity to express my personal appreciation of the contributions made by the Group's members. Despite, or perhaps because of, the existence of many different points of view in the Group, our discussions were high on both intellectual and practical content; in consequence they were both stimulating and enjoyable. Several members also put in a lot of work outside the regular meetings, all of which has significantly contributed to the breadth and depth of the Report.

The Group is very grateful to the numerous people who have given us their views both informally and both formally through the consultation process. We would like especially to thank the looked after children and care leavers who gave us freely of their time, including Daniel Bryan, Chloe, Jade Longhurst, Lisa, Mano Mohamed, Morris Williams, Ruth and Zoe. We also received many insightful comments and useful advice from local authority and independent social workers, local authority directors of children's services and other managers, managers of voluntary and private agencies involved with looked after children, and civil servants and academics who work in the area. Particularly helpful were Jenni Beecham, Elaine Clowes, Hilton Dawson, Trevor Edinborough, Mary Farmer, Colin Hopkirk, Joe Howsam, Annie Hudson, Marion Ingram, Judith Laurance, Tony Laurance, Damaris Le Grand, Fran McDonnell, Eileen Munro, Paul Moore, Elaine Peace, Barbara Peacock, Greg Purkis, Kate Reddy, Darren Russell, Sarah Saunders, Clive Sellick, Marimar Serrano, Bruce Senior, Judith Tuck, Geoff Walker and Moyna Wilkinson.

Last, but not least, we must express our appreciation of the staff who supported the Group's work. Natalie Acton, the lead on the project for the DfES was an unfailing source of support and good advice. The Secretary to the Group, Ghulam Abbas, not only performed the necessary organisational tasks for the Group with great efficiency, but was also extensively and productively involved in the Group's deliberations. Other DfES civil servants who contributed usefully at key points included Sandra Walker, Mark Burrows, and Helen White. And my LSE colleague Silla Sigurgeirsdottir provided quite indispensable research, developmental assistance and advice throughout. We are most grateful to them all.

**Julian Le Grand**

# Executive Summary

## The Working Group

Following the publication of the Green Paper *Care Matters: Transforming the Lives of Children and Young People in Care*, the Social Care Practices Working Group was established by the Department for Education and Skills in November 2006. It was tasked to take forward the commitment in *Care Matters* to explore the feasibility of piloting social work practices.

For reasons explained in the main text the Working Group decided to rename the social care practice the *Social Work Practice* (SWP); and that is the usage followed in the remainder of this Report.

## The Problem

A key problem for looked after children is the lack of continuity in their relationship with the local authority social worker. Whilst some children have a strong relationship the majority have little or none. They have had too many social workers and have seen too little of those they have had.

This lack of a continuous personal relationship also creates problems for social workers themselves. In general, social workers enter their work with a strong moral purpose, idealism, energy and enthusiasm. However, once into the job, they often feel de-motivated, overwhelmed by bureaucracy and deprived of autonomy. More controversially, it can be argued that the accountability of social workers has become a rule-based managerial accountability, instead of a knowledge-based professional accountability. Managerialism is increasingly dominating professionalism.

All of this has a knock-on effect on the morale of social workers leading to high rates of turnover for the organisation. In 2005, the vacancy rate for field social workers (children) in England was 12% with Yorkshire and Humberside at 13% and London and the West Midlands at 18%. In the same year the turnover rate was 11% for England as a whole, with Yorkshire and Humberside at 12%, the North West at 13% and London at 15%. Current organisational structures also have other problems, especially a lack of incentives for efficiency and innovation.

## The Social Work Practice: The Debate

None of this necessarily implies that the direct provision of social work by local authorities should be replaced by that of social work practices. For it is possible that the difficulties arise either from poor management – which could be rectified by adopting some of the good practice ideas pioneered by leading local authorities – or from factors beyond local authority control, such as priorities and procedures laid down by central government, to which any organisation would – and indeed should – be subject, including social work practices.

There are a number of different forms that SWPs could take, but the Group's preferred model is that of the professional partnership: a group of six to ten partners, a majority of whom would be social workers. The partnership would contract with the local authority to provide field social work for looked after children, and to commission services that its own staff could not provide. It would own its assets and pay the partners and any staff that it might employ.

Would such an SWP help resolve the problems outlined in the previous section? Or could some of them be better dealt with through adopting the good practice ideas pioneered by leading local authorities? Do others arise from factors beyond local authority control, such as changing pressures and priorities from central government, which any form of organisation would be subject, including social work practices? Do social work practices create problems of their own for the rest of the system? Who will retain the formal responsibility of being the corporate parent? Where will accountability locate? Will there be sufficient resources to pay for all the necessary local authority services as well as potentially resource-hungry social work practices? What about integration with other parts of the service? More generally, are there not ways of resolving the issues concerned within existing structures and without engaging in the new organisational form of an SWP?

These issues have been hotly debated both outside and within the Group. A full discussion is in the main text. But, overall, the Group's view was that most of the issues are difficult to resolve *a priori*. All of these are essentially empirical questions, and cannot be decided at a theoretical level. In the absence of any experience of SWPs in the United Kingdom or abroad (see Annex 3), the only way to provide some answers is through appropriately designed pilots to test social work practices.

## Models of Social Work Practices

All the SWP models that the Group has considered share general characteristics, but can differ in governance (i.e. ownership and organisation). They include social enterprises, such as the professional partnerships model already mentioned and organisations run by voluntary sector, and privately owned businesses.

### General Characteristics

The Group's preferred model is one that would take responsibility for children on care orders (section 31 cases) and those that are voluntarily accommodated (section 20 cases). For children on care orders the formal transfer of responsibility to the practice would occur somewhere between when the interim order is made and when the care proceedings have completed. For voluntarily accommodated children the local authority would make a judgement on when it would be best to transfer responsibility.

The Group considered that the contract between the local authority and the SWP should be outcome based: Annex 2 provides a suggested framework. The payment arrangements under the contract would give a fixed base-line amount to the SWP and then a bonus per unit of the outcome the SWP achieves. The fixed amount would ensure that, whatever happens to outcomes, the SWP remains in business; and the bonus system would encourage the SWP to achieve desired outcomes.

## Type of Governance

SWPs could be forms of social enterprise, such as a professional partnership or voluntary sector organisation, or private sector firms of various types from share-holder owned corporations to small owner-operated businesses.

The Group's preferred model is the professional partnership which is a form of an employee owned company (EOC): an enterprise where the majority, or all, of the share capital is owned by the employees themselves. The hallmarks of EOCs are high levels of success in business performance, staff that are more entrepreneurial and committed to the company, and notable levels of innovation. All of the benefits seen in EOCs are directly relevant to the benefits perceived from professional partnership models of social work practices. The Group therefore would prefer that at least two social work professional partnerships (or other forms of EOCs), be piloted alongside SWPs run by voluntary and private sector agencies.

## Accountability

Local authorities will make arrangements with a social work practice for that practice to discharge their statutory functions in relation to looked after children through a contract. But the local authority will remain ultimately responsible for the contracted functions and will in delegating these functions hold the social work practice to account for its actions.

The contract between the local authority and the social work practice and the arrangements for monitoring it would be a key component for providing the necessary financial and performance accountability. In terms of professional and ethical accountability, this will be provided by the contract and by the statutory requirement for social workers to register with the General Social Care Council (GSCC).

## Regulation

The Group noted that the local authority would monitor the performance of a SWP through the contract and wished to minimise any additional burden of regulation. Current regulation of providers takes the form of registration with (as of now) Ofsted followed by inspection. In addition, anyone working as a social worker, in whatever sector, must be registered with the GSCC. The group recommends that both of these requirements should apply to SWPs. In addition, scrutiny of individual children's cases in the practice by the Independent Reviewing Officer (IRO) would continue as part of case reviews, and a new set of National Minimum Standards on how social work practices should operate should be developed.

## Piloting

There are a number of issues that the Group identified that needed resolving in order to pilot social work practices.

## Length and number of pilots

The Group's view is that pilots would need to run for at least two years, if not longer, to provide a sufficiently robust assessment. Also, the Group proposes that there should be nine pilots to provide a robust assessment of each of the three types of governance models (i.e. the professional partnerships, voluntary sector and private sector).



## Resources and support for pilots

New resources will be required to pump-prime and establish pilots and to support them once they are established. This will include pump priming local authorities to provide them with the necessary capacity and capability to put in place suitable personnel, systems and structures to commission social work practices and to monitor their performance. It will also include support for social workers to come together to form the preferred professional partnership model. To support the pilots the Group envisages that there would also be a need for a national Steering/Implementation Group with relevant experts and policy makers, to be established to take forward the work on the pilots. Also, central support should be provided to pilot local authorities to help them through the commissioning and contract management processes.

## Commissioning and de-commissioning of pilots

The Group highlighted the process for these needed to be thoroughly thought through and carefully planned. The Group estimates that the commissioning process is likely to take at least six months. This means that selection of local authorities would need to be done possibly six to nine months before the pilot start date to allow the practice to be commissioned, to be established and to build-up its caseload. On de-commissioning the Group's preferred option is to use the contract to provide a more flexible route to allow pilots to be de-commissioned with minimum disruption to the looked after child.

## Evaluation

The Group indicated that there needs to be an evaluation strategy for assessing the impact of the social work practice pilots. It is important that the strategy should include comparisons with control groups of the average and the best local authorities, the use of external independent evaluation and the close involvement of Ofsted.

# 1 Recommendations

## Recommendation 1

A model of social work practices that is responsible for children on care orders (section 31 cases), taking over formal responsibility either at the interim order stage or once care proceedings have concluded, and those that are voluntarily accommodated (section 20 cases) should be piloted.

## Recommendation 2

Special attention should be paid in the social work education and training curriculum to the importance of stability and continuity in services for children and their implications for social workers' knowledge-base and professional development.

## Recommendation 3

That further work be done to determine the full costs associated with local authority children's social services, including regional variations, to help inform the setting of a suitable budget for social work practices.

## Recommendation 4

The pilots should explore the feasibility of a mixed outcome-based contract between the local authority and the social work practice, providing a standard level of baseline funding, plus an outcome based bonus payment.

## Recommendation 5

The Department for Education and Skills should work with one or more volunteer local authorities to create two or more social work professional partnerships (or other forms of Employee-Owned Companies) for piloting.

## Recommendation 6

The piloting process should include pilot social work practices run by voluntary and private sector agencies.

## Recommendation 7

The pilots should explore the feasibility of a suitable monitoring and reporting mechanism for the contract between the local authority and the social work practice which strengthens accountability.

### Recommendation 8

The DfES should:

- 8a Adopt the proposed regulatory framework (in Section 8.2.2) for social work practices.
- 8b Introduce legislation so that there is a requirement on social work practices to be regulated by Ofsted.
- 8c Develop Minimum National Standards for social work practices which set the minimum standards of service and quality users can expect.
- 8d Discuss with Ofsted about whether there should be a requirement for social work practices to register with Ofsted during the piloting phase.

### Recommendation 9

Piloting should last for at least two years from when the social work practice has taken over responsibility for its full allocation of children.

### Recommendation 10

There should be 9 pilots in total (3 professional partnerships, 3 voluntary sector and 3 private sector) across a diverse range of local authorities.

### Recommendation 11

In establishing pilots there should be pump-priming funding:

- for local authorities (a), to build up their contracting and monitoring capacity and (b), on a case by case basis, to assist with the funding of overheads.
- for the professional partnership organisational model of the social work practice to help them set up.

### Recommendation 12

The Department establishes a national Steering/Implementation Group, containing the appropriate range of stakeholders and expertise, to oversee the pilots and makes sufficient resources available centrally to provide support to these pilots.

### Recommendation 13

The performance of social work practices should be compared against the performance of three controls: (1) the pilot authority itself, (2) the performance of a 'best practice' local authority and (3) the performance of an average local authority to provide a fair assessment of their impact.

## 2 Care Matters

A key message from children in care is the need for stability in their lives, particularly with regards to their social worker and placement. The Green Paper *Care Matters: Transforming the Lives of Children and Young People in Care*, published in October 2006, proposed what were then termed social care practices to strengthen the corporate parenting role and provide this stability. In particular, the Green Paper proposed that:

“A practice would be an autonomous organisation, whether a voluntary or community sector organisation, a social enterprise or a private business – similar to a GP practice – registered with the Commission for Social Care Inspection and responsible for employing social workers. This would be a tremendous opportunity for social workers and for children.

Working in a practice commissioned by local authorities, each social worker would have the freedom to concentrate on the children in their care and would be accountable for their outcomes. While the local authority would still be responsible for care proceedings, once the child entered care formally they would be given a lead professional from a practice, charged with the task of being a consistent parental figure and advocate for the child. That lead professional would remain with them, as far as possible, throughout their time in care and beyond to support successful returns home.

Each practice would hold a budget, provided through the contract with the authority, and would use it for individual social workers to fund the placement, support and activities that they believe ‘their’ children should have. Social workers would be given the autonomy and the freedom from a complex management structure needed to be able to put the child above everything else.

The members of the practice would play a strong parental role in all the key aspects of a child’s life. They would take a strong interest in the child’s education, including helping the child and their carers make decisions about the best school for the child and acting as a parental advocate to get the best from the school and to address specific issues such as possible exclusions. They would have a genuine financial and personal stake in a small organisation centred around them and the children in their care. The opportunities are immense. Practices would be able to develop multi-disciplinary teams including staff such as education welfare officers as well as social workers to develop a unique offer in response to particular needs.

By developing their own style and approach, different practices might appeal to different children. Some might offer a greater focus on long term care for children with complex needs, for example, children with serious disabilities, while others could focus their efforts on work with families to address parental problems and help children return home successfully. As different styles evolve, it will be increasingly possible to offer authorities, children and families a choice of which practice is best able to meet their needs.

Successful practices would be able to expand and grow and to invest in better support services through a model of performance contracting. Under this approach, agencies are offered a powerful incentive to achieve permanence for children through being paid a set amount per child. They would be free to retain unused funds – either as profit or for reinvestment, depending on the nature of the organisation – resulting from a successfully managed and supported return home, or to adoption.

Local authorities would continue to play a key role. They would make the assessments and determine the budget for each practice. As part of the contract process they would monitor the quality of the care being provided.

This represents radical change and while we believe strongly that this is the right direction there are many issues to consider. Therefore we will:

Establish a working group, to report in Spring 2007, to explore the feasibility of piloting social work practices including how to set in place a robust system of performance management.”

*(Care Matters, pp.35-36, DfES 2006)*

## 3 The Working Group

The Social Care Practices Working Group was established by the Department for Education and Skills (DfES) in November 2006, as an independent working group to take forward the commitment in *Care Matters* to explore the feasibility of piloting social care practices.

### 3.1 Membership

Julian Le Grand, the Richard Titmuss Professor of Social Policy at the London School of Economics (LSE), was appointed as chair, with the Working Group being made up of practitioners, academics, voluntary sector representatives with the relevant experience or knowledge and a young person with experience of being in care. The full membership of the Working Group was:

- Professor Julian Le Grand – London School of Economics (Chair)
- Modi Abdoul – Care leaver and Service User Involvement Worker, *What Makes the Difference?*
- Lynne Berry – Chief Executive, General Social Care Council (GSCC)
- Paul Fallon – Head of Children’s Services and Director of Social Services, Barnet
- Moira Gibb – Chief Executive, Camden Borough Council
- John Hill – National Project Manager, *What Makes the Difference?* Project/Service Manager, Children’s Services, London Borough of Tower Hamlets
- Professor Peter Marsh – University of Sheffield (Deputy Chair)
- Alastair Pettigrew – Director of Children’s Social Care, Lewisham
- Polly Neate – Executive Director of Public Affairs & Communications, NCH, The Children’s Charity
- Professor Harriet Ward – Loughborough University

In attendance:

- Silla Sigurgeirdottir (LSE)

### 3.2 Terms of Reference

The Group, although independent, was provided with the following terms of reference by the Department to help inform its work.

- To explore the feasibility of the social care practice model.
- To review the idea of social care practices as proposed in *Care Matters*:
  - To consider the advantages and disadvantages of the model in terms of providing a high quality, equitable and efficient service and in improving outcomes for children in care;

- To consider how proper accountability could be maintained under the social care practice model, with special reference to the ability of the social care practice to sit alongside the corporate parenting function of the local authority;
  - To explore the detail of how practices would operate, including how they would be funded, and what the split of responsibilities should be between practices and local authorities; and
  - To explore different models of social care practice, including private organisations, non-profit organisations and other forms of social enterprise
- To report and make recommendations to the Secretary of State for Education and Skills by Spring 2007.

### 3.3 The Group's Work and the Report

In the course of its work the Group met formally seven times over the period November 2006 to March 2007. It was ably assisted by the Department with secretariat support and access to information, relevant research and expertise. Outside of the formal meetings, members of the Working Group met with two groups of looked after children to understand their requirements; with independent and local authority social workers to gauge their views; and with a range of potential providers to explore the idea of social care practices. In addition the Group studied carefully the views of those who responded to the formal public consultation process, the views of looked after children, care leavers and professionals on social care practices and other matters as reported in the Report *Let's Make a Difference* (WMTD 2007) and the views expressed by senior managers at a workshop on social care practices at the CIAG Conference on *Care Matters*. All these have been instrumental in determining and shaping the recommendations in this independent report.

For reasons to be explained below (section 6.1.1), the Group decided to rename the social care practice the *social work practice*; and that is the usage followed in the remainder of this Report. The Report is structured as follows. It begins in Section 4 with an assessment of the problems that the social work practice is trying to address. Section 5 reviews the debate over the social work practice as a possible answer to those problems. It concludes that many of the issues can only be resolved by piloting social work practices and bench-marking them against local authority practice. Section 6 considers various types of social work practice, including social enterprises, such as professional partnerships and practices run by voluntary sector organisations, and practices run as private businesses. Sections 7 and 8 examine accountability and regulation issues, and Section 9 discusses how the idea may be piloted. Finally, three annexes provide, respectively, a suggested division of responsibilities between the various agencies, a suggested framework for a draft contract between a local authority and a social work practice and a review of the (very limited) international experience in this area.

# 4 The Problem

The first task of the Working Group was to identify the problems that the idea of the social work practice has been developed to help resolve. These may be viewed from three perspectives: that of the looked after child, that of the social worker and that of the organisation.

## 4.1 The Looked After Child Perspective

In a sense the main problem for the looked after child that the proposal for the social work practice is trying to address is encapsulated in the question that a looked after child asked one of the Group's local authority members: who shall I invite to my wedding? It seems reasonable to hope that the invitation list for most looked after children's weddings would include, not only their foster carers and others who have provided their day-to-day care, but the person who had the overall responsibility for their care and its management: their social worker. Less ambitiously, it would be desirable if, for all looked after children, there was a strong, enduring relationship between them and their social workers: one that might not extend to a wedding invitation (although it would be nice if it did), but that was a source of continuous support, advice, inspiration and advocacy for the child as he or she went through the difficult and stressful experience of growing up in care.

And for some children just such a relationship exists. To give just two examples (from Skuse and Ward, forthcoming):

"She was there when I was going to go for the abortion. She was around then and when I was going to court for my daughter, she was around when everything was really low."

*(Gina: age at entry into care 14. Age left 16.)*

"We were like friends. She was there for me when I needed her help. She also left me alone to be able to fend for myself and to get on with things. But the main thing was the support was there when it was needed."

*(Rob: age at entry 14. Age left 18.)*

However, for others this kind of support is rare. In fact, looked after children often have no real established relationships with their social workers; they have had too many and they have seen too little of those they have had. One looked after child to whom members of the Group talked mentioned her five social workers in a year; another that her social worker changed three times in two months and she never even met the one she had had and lost; yet another, when asked who was the most important person in her life was, replied her 'anger management counsellor' – the only person who'd been with her for five years<sup>1</sup>.

<sup>1</sup> The others replied her mother, her teacher and the staff of the children's home respectively. None replied their social worker.



More systematic attempts to obtain the views of looked after children reveal a similar picture. Four regional consultation events organised by What Makes a Difference? Project (WMTD) collected the views of young people in care during December 2006 and January 2007. Of the 339 young people in care or care leavers who attended the events, 80% thought there were too many professionals involved in making decisions for children in care. And 87% thought that there should be one consistent lead professional throughout a young person's time in care. Sample comments were:

"I only really saw mine (social worker) four times in the whole two years I was in care."

"I only get a phone call once a month. I was told by my social worker that they have other children to work with."

"I've been ignored by social workers and I have had five changes of social worker in the last year."

"You only hear from them when they've got bad news."

"Biggest complaint was that social workers did not stick to their promises. Many didn't phone when they couldn't make meetings and they would change too often."

*(WMTD 2007:35.)*

As this suggests, a fundamental problem for many looked after children is a lack of continuity in their relationships with local authority social workers. As Sir William Utting has said:

Corporate parenting is not 'good enough' on its own. Every child and young person needs at least one individual to whom she/he is 'special', who retains responsibility over time, who is involved in plans and decisions and who has ambitions for the child's achievement and full development."

*(Department of Health, 1990)*

Or, as a professional respondent to the WMTD consultation put it,

"Many professionals and young people want key relationships. We need more than platitudes about mobile phones. Consistent relationships are needed between professionals and young people"

*(WMTD 2007: 48).*

Put another way, what many looked after children do not seem to have under current arrangements is a champion; someone with a parental degree of concern and affection, and with the power to get things done. There rarely seems to be a partiality for *this* child, and the power to go the extra mile for him or her.

None of this implies that the social worker could or should fulfil all the roles of a parent, or even of a 'corporate' parent, for the looked after child. In particular, it should be emphasised that, at any one time, looked after children should have the care and support of the foster family or the staff of the children's home where they live. But deplorably, though on occasion understandably, direct carers for looked after children often change; and, in any case, they generally do not have

either the power, the knowledge or sometimes the commitment necessary to act as the children's champion. This is not the fault of the individuals concerned; it arises from the very fact that they are dealing with looked after children, who generally have a range of social, educational, psychological needs and are often involved in complex legal processes. Ensuring communication and co-ordination of all of the separate and complex strands of activity in a looked after child's life demands a concentration of effort and skill which would not be possible for most foster carers or children's home staff.

In fact, looked after children have a clear sense of what they would like from social workers. Statham and colleagues (2006), reviewing several studies that had interviews with looked after children, concluded that the qualities in social workers and other professionals that enabled children to discuss their feelings and take an active part in effective decision-making were:

- reliability and keeping promises – children felt let down and not valued when social workers did not keep appointments or made promises they could not keep;
- practical help;
- the ability to give support;
- time to listen and respond; and
- seeing children's lives in the round. Social workers who talked about things that mattered to children outside the problems of their family life made children feel they were more than just cases (Statham 2006: 16).

The sad truth seems to be that, as we have seen, while some relationships between looked after children and their social workers display these qualities, too many do not.

## 4.2 The Social Worker Perspective

This situation – the lack of a continuous personal relationship with the looked after child – creates problems not only for the children but for the social workers themselves. In general, social workers who deal with looked after children come to work with a strong moral purpose, idealism, energy, enthusiasm and a commitment to rectifying injustice. However, once into the job, social workers often feel de-motivated, overwhelmed by bureaucracy and paperwork and deprived of autonomy. Research, both national and international, suggests that job dissatisfaction and burn-out are the most common contributors to social workers in the field of child care leaving their jobs. In turn these seem to arise from high levels of depersonalisation, role ambiguity, role conflict, stress, work overload, lack of autonomy and influence over funding sources, lack of support and professional supervision, bureaucratic control and thus lack of power or control to change, and the sense of being ineffective with clients (Audit Commission 2002, Maslach 1982, Jayaratne and Chess 1984, Koeske and Koeske 1989, Arches 1991).

More controversially, it has been argued that social workers in Britain have become captured by an auditing regime involving accountability mechanisms that have increased managerial control at the expense of professional development. The accountability of social workers has become a rule-based managerial accountability, instead of a knowledge-based professional accountability in which social workers were accountable to a professional body by delivering services based on evidence about best practice and to service users by providing good user outcomes (Munro 2004). In short, it is claimed, in social work managerialism is increasingly dominating professionalism.

This apparent dominance of managerialism was manifest in some of the Group's informal contacts with looked after children and social workers. One looked after child to whom we talked said that she had to ask her social worker if she could stay over one night at a friend's house; when she finally got through to her social worker, she in turn had to ask her line manager. One of the social workers responding to the WMTD consultation said:

"We shouldn't have to waste time asking professionals above for money – it takes twice the amount of time that it should, time which we could be spending with young people. In my authority to get an emergency payment of £10, you have to ask the top manager."

*(WMTD 2007; 49)*

In another local authority drawn to the Group's attention, every decision involving expenditure of over £500 has to be taken, not even at team manager level but at service manager level – the next one up. In another, a manager-staffed panel takes decisions over matters as mundane as taxi-fares.

More generally, the front-line social worker does not have control of the numbers on their case load, the budget for their looked after child, the access of that looked after child to the school of choice, the access to the foster or residential placement of choice, the access to the Child and Adolescent Mental Health Services (CAMHS) treatment of choice, or the access to additional tuition or psychological support. Overall, they are the least powerful member of the children's services department.

A further point from the perspective of social workers is that there is not enough evident personal gain in doing well, and little personal loss in doing badly. Under present structures, the best members of staff often simply get more work, and, in the poorer organisations, they take work from the under-performer who in consequence has less to do. Also, generally the only way that social workers can get more pay and more responsibility is to change jobs and or to go into management, with their case load being passed on to someone else, possibly less qualified and less effective.

All of this has had knock-on effects on the morale of social workers. As Harry Ferguson, Professor of Social Work at the University of the West of England has argued:

"The bureaucratised nature of social work, and the loss of a relationship-based component to social work education, can leave workers without the support to make sense of their experience, or the internal resources to cope."

*(Society Guardian 2007)*

There have been some important changes in the profession in recent years. Since 2001 a university degree of social work has been established (with bursaries for student support); and applications for this are high and increasing. Through the General Social Care Council, social work has become a registered profession, with social workers committed to a professional code of conduct and with a commitment to continuous improvements as part of their professional development. Yet at the same time as social workers are becoming increasingly professionalised, the tasks they are required to perform are becoming less responsible, less personal and less involving. It is not too much of an exaggeration to say that, as a society, we are training social

work professionals and then offering them jobs, as one social worker put it to us, as social administrators. This does not seem to be a good way to create a motivated work force committed to the welfare and well-being of its clients.

However, this issue is perhaps more complex than this kind of argument would suggest. Programmes such as the Framework for the Assessment of Children in Need and their Families and Looking After Children – which require practitioners to assess need, make plans and record progress in a systematic way – are part of the alleged ‘over-bureaucratisation’ of social work and the consequent restrictions on professional freedom of action. Yet many would consider that they have been a necessary response to evidence that assessment and planning was unsystematic and that recording veered from a total absence of information to a plethora of unnecessary detail. Similarly, other requirements such as those for regular review and for social workers to visit children in placements have been put in place because of evidence that plans were not made or reviewed and that children were not being visited.

In this view, the problem is not so much that complex systems have been put in place – they were needed to address evidence of poor practice – but more that, in some cases, they have been implemented with little imagination or room for flexibility. It has also been commented that often the systems are not only complex, but also relatively child-unfriendly: very top-down in construction and with planning formats unsuited to certain kinds of children.

Further, in a number of authorities this situation has been compounded by decisions to address budget deficits by cutting administrative support, so that social workers are spending a disproportionate amount of time on tasks that could be undertaken by secretarial staff (Statham and colleagues 2006). It is therefore not surprising that in these circumstances practitioners feel they have to spend so much time on administration that they have little time to speak to children or develop relationships with them.

### 4.3 The Organisational Perspective

Many of the difficulties discussed in the previous sections arise because, under current organisational arrangements, social workers find it very difficult to fulfil their part of the corporate parenting role. In many areas, there is such a rapid turnover of staff that looked after children are lucky if they have the same social worker for a few months – let alone for the many years necessary to build up the requisite degrees of trust, affection and concern. In addition, key decisions are often made by panels or individuals above the social worker in the local authority hierarchy, many of whom do not have a personal knowledge of the child but rely on the descriptions of others or on written reports. The social worker is then left to convey and to represent decisions to a young person that they may not have personally advocated. In consequence, as we have seen, there can be an absence of effective authority, of a sense of responsibility, and, ultimately, of commitment to the child.

The reasons for these problems are numerous. One concerns staff vacancies and turnover. In 2005, the vacancy rate for field social workers (children) in England was 12% with Yorkshire and Humberside at 13% and London and the West Midlands at 18%. In the same year the turnover rate was 11% for England as a whole, with Yorkshire and Humberside at 12%, the North West at 13% and London at 15% (Local Authority Workforce Intelligence Group 2006: 25, Table 8). The percentage of local authorities in England experiencing recruitment difficulties rose from 48% in 2001 to nearly 70% in 2005 (*ibid*: 30, Table 14).

Recruitment and retention difficulties mean that many authorities simply have to rotate social workers to meet their needs, often having to employ agency staff as temporary stop-gaps. 89% of local authorities who responded to the 2005 local authority social care workforce survey reported using long term agency staff (100% in London) and 86% reported using short-term agency staff (81% in London). 90% used such staff as temporary cover for vacant posts, 84% as cover for employee absence caused by sickness or leave and 40% for short term assignments (Local Authority Workforce Intelligence Group 2006: 20).

But the lack of continuity of social workers for looked after children is not only a result of rapid staff turnover. It also arises from the division of responsibilities that characterise many authorities. A looked after child can pass through four or more teams within a local authority, including an emergency team, an intake team, a family support team and a child protection team. Each has its own procedures, its own forms – and its own staff, necessitating changes of social worker at each stage of the looked after child's path through the child care system. (In fact this problem may diminish through the adoption of the Integrated Children's System intended to streamline procedures of this kind; it is too early to say whether it has had the intended effect).

The reason why social workers do not spend time with the children and their families is partly because of these continual shifts of responsibility. The incentive to develop a relationship with a child is minimal when both sides know that one of them will shortly be moving on. But there are other reasons as well. As we have seen in the previous section, social workers themselves claim that the lack of time for the looked after children on their caseload arises because of the excessive size of their caseload and the other demands on their time for each case: the excessive form filling, the meetings, and the other requirements of management and bureaucracy, many of them imposed not by the local authority but by central government. Indeed in many cases, there may be a vicious circle in operation: the lack of time to build a relationship with a looked after child makes the meetings that do occur more stressful and daunting in prospect. A social worker could take refuge in front of the computer screen, pleading the necessity of completing the all-consuming paper work, thus reducing the already limited time available for seeing the child and making the forming of any relationship even more difficult.

There are also additional problems from the perspective of the organisation. Local authorities have the normal characteristics of large organisational hierarchies, including the fact that the person at the bottom of the organisational tree has the least amount of power, authority, decision making and responsibility within the department. This is the position that the social worker occupies. Yet the government and local authorities know that for looked after children it is essential that the lead professional responsible for the care plan has the ability to deliver it to the satisfaction of the numerous stakeholders in the process – first and foremost the children themselves.

There are further difficulties with the organisational model which is currently in place. The local authority is the monopolistic supplier of the social worker service to looked after children. While the young person may sometimes be offered a choice of social worker by enlightened departments, it cannot offer an alternative delivery organisation with an interest in proving to the Council that its service will be more effective, more valued by the recipient and better value for money than in-house provision. It is widely accepted that monopolies find it more difficult to sustain the competitive edge which is necessary for continually improving professional practice. Sometimes there is an argument that a particular activity demands a sole provider; however, the delivery of this particular service does not seem to justify that position.

Finally, there is a further dynamic in social work, one that operates widely in any monopolistic arena where there are few pressures to counteract the interests of the service deliverers. This relates to the managerial transaction of case allocation. Managers in local authorities need to seek to allocate work to their team. But there is an incentive for a social worker to resist additional casework on the grounds that this will lead to a diminution of her efforts in relation to her existing service users. In the absence of a countervailing pressure or incentive this dynamic is likely to be resolved by agreement to a smaller caseload than the manager would ideally favour.

However, none of this necessarily implies that the direct provision of field social work by local authorities should be replaced by that of social work practices. For it is possible that many of the organisational difficulties faced by local authorities arise either from poor management practices – which could be rectified by adopting some of the good practice ideas pioneered by leading local authorities – or from factors beyond local authority control, such as the tension between the personal nature of the job they are trying to do, and the pressures for consistency in practice from central government – a tension to which any form of organisation would be subject, including social work practices. To these issues we now turn.



# 5 The Social Work Practice: The Debate

Few of those who responded to the public consultation or to whom the Group has spoken directly would disagree with the proposition that there is a problem in many parts of the country with the lack of continuity and stability of social workers, both from the perspective of the looked after child and from that of social workers themselves. Nor have we found much disagreement with the view that, in many ways, managerial decision-making has replaced professional decision-making with respect to looked after children, that there is a dilution of responsibility away from the front line, and that the autonomy and responsibility of social workers is significantly restricted in various ways. Most would also seem to agree that, for one reason or another, social workers are spending too much time on paperwork and on fulfilling other bureaucratic requirements associated with child protection, and too little on building relationships and engaging in direct interaction with the children on their case load. And many believe that there is indeed a lack of incentives for innovation and responsiveness within present structures.

However, as has been apparent from the public consultation and from the Group's own soundings, there is much debate as to whether the social work practice is the best solution to these difficulties. Why should we be considering such radical organisational change? Are there not other ways of resolving the problems identified? Could they not be better addressed within the context of the local authority? And might not the social work practice, in trying to resolve these difficulties create problems of its own? All these questions need consideration.

It will be easier to identify the issues involved in this debate if we are more specific about the idea of a social work practice (SWP). There are a number of different forms that SWPs could take, some of which we discuss in more detail in later sections of this Report. Here we shall concentrate on the Group's preferred model: that of the professional partnership. This would be a group of perhaps six to ten partners, of whom a majority (but not necessarily all) would be social workers. The partnership would contract with the local authority to provide field social work for looked after children, and to commission services that its own staff could not provide. It would own its assets and pay the partners and any staff that it might employ. The latter could include receptionists and other administrative staff, and a practice manager (although the last could also be a partner).

How would such a professional partnership meet the problems detailed in the previous section? The case rests on three fundamental elements of the SWP: its size, its structure of ownership, and its contestability. Each of these contributes to its ability to address these problems.

## 5.1 Lack of Continuity

There is evidence that those who have a stake in an organisation are more loyal to it and less likely to leave it than those who do not. In particular, employee-owned organisations, of which the professional partnership SWP is a particular type, have a relatively low staff turnover (Postlethwaite 2005). Further, in the case of the professional partnership form of SWP, the social

workers who are partners of the practice would not need to move on, or to move out of social work, in order to improve their pay and working conditions; for these would be determined by themselves and the overall performance of the practice. They would not be at the bottom of a hierarchy, and would be more in control of their working lives; and in consequence they would have a higher morale and more status in the community. All of this would be likely to contribute to more stability and a greater continuity of employment. Furthermore, since each practice would choose its partners, it would seek to ensure that those recruits would be making a long term commitment to the practice and the service users within it. It would be building mutual responsibility and permanence among partners.

Against this, it has been argued that the real reason for the rapid turnover of social workers is not to do with their position in the hierarchy or in the community. Rather, it is more their relatively low pay, and the absence of a career structure that would allow them to stay in front-line social work. The turnover problem could be largely resolved by paying front-line social workers a wage more commensurate with their professional status, and by offering them the opportunity to get promotion without having to move into management. Even without doing this, some local authorities have managed significantly to increase both recruitment and retention, suggesting that the problem could be resolved simply by better management practices.

## 5.2 Lack of Relationship and Deprofessionalisation

The small size of the SWP and its location with a community means that all of the partners should have knowledge of, and indeed familiarity with the families concerned and hence a better understanding of their situation – an essential element in the development of a relationship with a looked after child. In addition, the absence both of the need to report continuously to a managerial hierarchy and of the other bureaucratic demands of a large organisation, would increase the time available for SWP partners to build the relationship. The outcome would be to release more hands-on time without reducing accountability.

Similar factors would reduce the tendency towards the deprofessionalisation of social work. Indeed almost by definition this tendency would be reversed. There would be no moving away of decisions from social workers or from others in the front-line to managers higher up in the hierarchy, since there would be no hierarchy and everyone would be in the front line. Partners in the practice would have the authority to make decisions and see them implemented. More specifically, they would have the capacity to secure, on behalf of a looked after child, high quality health and education, regular family and peer contact (if appropriate) and choice of appropriate placement. In short, they would be independent professionals, making professional decisions.

A further advantage of the SWP arising from this would be that it ties in with the idea of the *lead professional*; an idea also developed in the Green Paper *Care Matters*. The lead professional could be a designated member of a SWP, and indeed there would be several advantages in doing so. For instance, one of the difficulties associated with the lead professional idea is the burden it places on the individual. In the SWP context the responsibility could be shared across the partnership, with a corresponding reduction in the load of any one individual, while preserving the concentration of responsibility and the personal nature of the arrangement.



The promotion of independence by the SWPs was mentioned by several of the more supportive contributors to the public consultation. So, for instance, Professor Andrew Cooper, Professor of Social Work, Tavistock and Portman NHS Foundation Trust said:

“The model of a social care practice... has considerable merit in terms of independence in working practices and a commitment to, and a focus on, the needs of a group of children.”

The Children’s Commissioner, Al Aynsley-Green, acknowledged that the lack of independence of social workers means that they may not always be in a position to deliver what they would like for children. He supports *“careful piloting and evaluation of a ‘social care practice’ model”*. If the piloting demonstrates benefits for children, he would particularly support the idea of ‘specialist’ social work practice, such as one for unaccompanied asylum seekers – an area where *“historically, ensuring that social work roles remain uncompromised by immigration imperatives has proved challenging”*. And the National Society for the Prevention of Cruelty to Children said:

“The NSPCC believes there is much to be welcomed in the development of social care practices, including the empowerment of social workers through independence; scope for the development of specialist teams; and the potential for the development of multi-disciplinary teams.”

However, all these apparent advantages could be challenged – and indeed have been, both in the public consultation and elsewhere. We have already seen that many of the bureaucratic requirements involved in child protection stem from legitimate concerns about the prevalence of bad practice. Social work practices will be unlikely to be exempted from these requirements; and so, it is argued, the practitioners concerned will find themselves engaged in as many meetings and involved in as much paperwork as local authority social workers. They would have little more time – and in reality little more independence – than their local authority equivalents.

More generally, the fear of a new child abuse scandal, the relentless and unforgiving media attention that has accompanied previous scandals such as that of Victoria Climbié, and the increasingly onerous requirements of central government concerning child protection (requirements that themselves are in large part a response to media and other pressures over child abuse), all mean that local authorities are often forced to be highly risk-averse. Understandably, they seek to ensure that (the centrally determined) correct procedures are followed in all cases, that there is an audit trail of the necessary paperwork, and that potentially problematic decisions concerning the welfare of the looked after child are taken by experienced, high-level managers or panels. Also, the pressure on finances leads to an increasing central control over budgets, which in turn results in, particularly, decisions involving resources being taken at ever higher levels in the hierarchy. Social work practices, it is argued, would be subject to similar pressures, and hence there is no reason to suppose that they would perform any better in these key respects than local authorities.

Some of these points have less force than others. Social work practices will have little or no hierarchy, so the dilution of responsibility and decision-making that characterises many local authorities would not be replicated. Responsibility for all the relevant types of decision will remain firmly at the social worker level, for good or ill. However, the issue as to whether SWPs really will be able to devote less time to meeting centrally imposed requirements, and thus have more hands-on time for building relationships with looked after children, remains open.

### 5.3 Lack of Appropriate Incentives

There is evidence that employee-owned organisations such as the professional partnership SWP tend to have greater customer loyalty and are more innovative than more conventional forms of business organisation (Postlethwaite 2005). Moreover, the fact that the SWP is operating in a contestable market would reinforce these tendencies. For any SWP that was not responsive to the needs and wants of its children and or was reluctant or sluggish in adopting new ideas for good practice would risk losing its contract with the local authority to others that were more responsive and more innovative.

Now it could be argued that the problems concerned arise in large part from the poor management style and structure in some authorities. Other authorities, more innovative and with simpler management structures, do a better job of resolving these. So, for instance, the Social Care Institute for Excellence in its response to the Green Paper Consultation drew attention to recent developments in Glasgow, where:

“...the department has returned its first line managers to practice, with small practice teams comprising an experienced, expert practitioner (the former manager); a less experienced social worker and two social care workers. The department did this to improve their recruitment and retention and allocation difficulties and considered that they were wasting the practice expertise of their managers and perpetuating a dependent, over managed workforce. Although the department has improved staffing levels, staff at all levels report a considerable decrease in ‘managing up’, more confident decision making at practice level and increased understanding, interest and contribution to strategic planning.”

However, it seems legitimate to ask why, if many of the problems could be resolved simply by better management and the adoption of best practice, after close to forty years of social service departments, this has not happened already. In fact, in all areas of both the public and private sectors, there is often substantial resistance to adopting other people’s ideas, even when they are labelled as ‘best practice’ – unless there are powerful incentives to do so.

### 5.4 Impact on the Rest of the System

In addition to some of the difficulties already discussed, many argue that social work practices could create problems of their own. One concern is the impact of the development of these practices on the rest of the system. Even in a world where social work practices of the kind proposed have the responsibility for most looked after children after care proceedings have been completed, local authority children’s services departments will still have a major role to play. They will still retain the formal responsibility of being the corporate parent; they will undertake care proceedings; they will commission; they will contract; and they will monitor the contracts. Where will accountability locate in this world? Will there be sufficient resources to pay for all the necessary local authority services as well as potentially resource-hungry social work practices? What about integration with other parts of the service? Also, will not social work practices tend to attract the most able and energetic of social workers, thus creating even more problems of recruitment and retention for local authority children’s services departments? And is there a danger that the contracting process will ‘lock’ resources into the provision for looked after children, thus making it more difficult to shift resources into early intervention or other forms of prevention?

## 5.5 The Need for Piloting

It is apparent that most of these issues are difficult to resolve *a priori*. Even if best local authority practice could be spread, would it be good enough, or would social work practices do better? Will social work practices really have a lower turnover of staff than local authorities? Will their social workers actually have more time to spend on relationship building, because of the practice's more efficient response to central bureaucratic requirements? Even if they have more time, will they actually use it in that way? Will social work practices divert resources, both in terms of quality and quantity, from the rest of the system in a damaging fashion? And, of course, ultimately, will the institution of social work practices provide better care and support for looked after children and as a result improve the lives and welfare of the children?

All of these are essentially empirical questions, and cannot be decided at a theoretical level. In fact, the need to provide some answers for them is the basis for the case for piloting the social work practice. Although the process of piloting new organisational forms has its limitations – notably the difficulty of assessing longer-term outcomes – overall, if they are properly designed and evaluated, the pilots should help address most of the questions raised above. In particular, the pilots will have to pay attention to *the turnover of social workers, the use of social worker time, the looked after child's perception of the relationship with their social worker, the relationships between the practice and the local authority and the impact on the rest of the local authority*. And to deal with the issue of local authority best practice and its spread, the pilot practices should be bench-marked against a 'best practice' authority and an 'average practice' authority. More details concerning the pilots are provided in subsequent sections.

## 5.6 For Profit?

However, there is one problem that has been raised by many of the critics of social work practices that cannot be fully resolved by any pilot. This is the concern that that SWPs would be working 'for profit', and that this is not acceptable in the context of looked after children.

There seem to be two issues here. One relates directly to morality: should social workers (or indeed anyone) be in the business of making profits out of looked after children? The other concerns a more practical issue: the possibility that profit-making creates undesirable incentives. Will the practice be more concerned with cutting costs to increase its profit margin than improving the welfare of the looked after child?

The morality case can be challenged. There are already many profit-making institutions and individuals working with looked after children, including independent fostering agencies, independent social workers working under contract, and private children's homes. Voluntary organisations working in the area, although often incorrectly described as not-for-profit, can also make profits (often described as surpluses): the only difference between them and profit-making institutions is that these profits or surpluses are not distributed to shareholders or to other owners, but may be used to improve staff pay and conditions or invested in improving facilities. It is also important to note that profit-making institutions exist in cognate areas of public service provision such as health care and education, including the institution most closely related to the professional partnership model discussed here: the GP practice.

More generally, there are many groups of people who make a living out of looked after children, including the employees of local authority children's services, foster carers, workers in children's homes, and the suppliers of goods and services to foster carers or children's homes. It is hard to see all of these as morally reprehensible, or to argue that one particular form of making a living from working with looked after children is more immoral (or indeed more moral) than any other.

The incentive case is more powerful. Undoubtedly social work practices will face pressures to raise revenues and or to cut costs, and the easiest way to do either of these may not always favour the interests of the looked after child. However, there are two reasons to suppose that a professional partnership practice will actually prioritise the interests of the child.

The first concerns the motivation of the partners in the social work practice. The assumption underlying the profit-making criticism is that they would be motivated entirely by financial reward and would have no concern for their clients. In terms of a metaphor extensively used elsewhere (Le Grand 2006), the social workers in an SWP would behave more like 'knaves' than 'knights': that is, instead of having a professional, altruistic concern for the welfare of their clients, they would be motivated only by the self-interested desire to promote their own material welfare. But would the setting up of social work practices in fact turn knightly social workers into knaves?

It seems unlikely. This is for a number of reasons. First, social workers would still be trained and registered as professionals, with an emphasis on their professional ethos and motivation. Second, the small, intimate nature of the social work practice would be one that encourages the formation and maintenance of personal relationships, especially between the social worker and the looked after child – which would make it hard for the social worker to put their concerns above that of the child. Indeed arguably the relationship and the social worker's corresponding concern for, and treatment of, the child should be better than for many current local authority social workers. Further, it should be remembered that the local authorities also face cost-cutting incentives with respect to looked after children and, although reducing costs will not directly benefit the front-line social worker, they will often be under managerial pressure to do so – pressure that in many cases will not be offset by a strong relationship with a looked after child.

Another reason for believing that social work practices will not engage in ruthless cost cutting or quality reducing is the pressure that would arise from contracting and potential competition or contestability. The local authority will be monitoring the contract, and will have the potential to transfer the contract to some other practice, or to take the service back in-house, if it considers that the practice concerned is not properly serving the child's interests. Social work practices will thus have a strong incentive to provide the best possible service for the looked after child, with poor practices losing contracts and good practices being rewarded for what they do. More broadly, a profit sharing social work practice will encourage a new dynamic – one that rewards responsiveness, industry and effectiveness, while penalising indifference and inefficiency.

## 5.7 Conclusion

Many of the issues involved in the debate over social work practices are highly controversial, but most of them cannot be resolved by theoretical arguments. Hence the Working Group endorses the Care Matters proposal that the Social Work Practices should be piloted. This should be accompanied by a process of careful evaluation that attempts to provide some answers to the unsolved questions.

A final comment on the debate. There is a danger that both their most ardent advocates and their fiercest critics believe that SWPs are an attempt to resolve all the problems currently faced by looked after children and their social workers. But they are not a panacea for all ills, for, as noted above, they focus only on certain specific issues. Further, neither they nor the local authority departments with which their performance might be compared should be held to account in areas over which they have little control.

# 6 Models of Social Work Practices

All the SWP models that the Group has considered share some general characteristics, which we shall specify below. But they also differ in various ways, in particular by type of governance. Governance refers to the types of SWP ownership and organisation. These include social enterprises, such as the professional partnerships already mentioned, or organisations run by voluntary sector or so-called not-for-profit institutions, and privately owned businesses.

## 6.1 General Characteristics

All the types of SWPs that the Group has considered would have to share certain characteristics if they are to help resolve the problems of continuity and deprofessionalisation that were discussed above.

### 6.1.1 The Title

The Group considers that the most appropriate title for the type of institution concerned is social work practice. This seems superior to its original name of social care practice (or alternatives such as social practice or care practice) because it emphasises the practice's emphasis on social work and on social workers: its key role and its key profession. It also avoids the suggestion that the practice directly provides care for children and young people.

### 6.1.2 Range of Responsibility

The Working Group, in trying to develop a model for social work practices, has recognised the huge potential and the sheer variety of possible models that are available. The figure below illustrates the spectrum of possible models available,



At one end of the spectrum it is possible to have a social work practice taking over delegated responsibility from the local authority for children in need, child protection and looked after children (i.e. the local authority completely contracting out their children's social services). At the other end of the spectrum the social work practice could be a highly specialised unit responsible for children in care with very complex needs and or disabilities possibly across a number of local authorities and or a region.



Whilst acknowledging the range of models, the consensus amongst the Working Group was to develop a model for piloting that sat in the middle of the spectrum: a model that would provide a good test of social work practices during piloting, and that would potentially appeal to local authorities. Therefore, the Working Group agreed upon a model of social work practices that would take responsibility for children on care orders (section 31 cases) and those that are voluntarily accommodated (section 20 cases). For children on care orders the formal transfer of responsibility to the practice would occur somewhere between when the interim order is made and when the care proceedings are completed. For voluntarily accommodated children the local authority would make a judgement on when it would be best to transfer responsibility over to the social work practice. This could be when the child has been looked after for six months, after which time we know their chances of a swift return home are increasingly diminished.

The Working Group was concerned that waiting until care proceedings had ended before the social work practice could take responsibility could potentially lead to unnecessary changes in social worker and or placement – especially given the length of time it takes to complete care proceedings. The Group considered a variety of options for avoiding an unnecessary change for a child upon formal transfer to the practice, including the social work practice having responsibility for instigating and taking forward care proceedings. However, it was felt that this could create an incentive for social work practices to take children into care when it may be not necessary. Instead, the Group settled for two options. The first option would see transfer occurring when the child first gains looked after status (i.e. when the interim order is first made), with the local authority retaining the responsibility for care proceedings. The second option would be after care proceedings have finished, but with the local authority involving the social work practice in some way during them. The Group was not sure which option would be the most beneficial but agreed that it would be worth testing both during piloting. Therefore, the Working Group recommends that:

- **A model of social work practices that is responsible for children on care orders (section 31 cases), taking over formal responsibility either at the interim order stage or once care proceedings have concluded, and those that are voluntarily accommodated (section 20 cases) should be piloted.**

Formal responsibility would cease at age 21 unless the child was still in full-time education or still working towards achieving a basic (level 2) educational qualification (although an informal concern would be maintained for the rest of the child's life) or when the care order is revoked. The social work practice would not take responsibility for children identified by the local authority as suitable for adoption. However, if adoption was identified as the best option for a child after transfer to a practice then suitable arrangements would need to be made between the local authority and the practice as to how best to ensure that the child experiences the least amount of disruption possible during adoption proceedings. Where children or young people return home, or are adopted or successfully leave care, they would remain allocated for one year to the practice – to retain consistency over a vulnerable time and avoid a return to care. All ages would be covered, with the intention of maximising consistency of provision: i.e. the length of time a child/young person could remain in the same practice being their whole care episode.

### 6.1.3 Size and Staffing

To help foster the intimate, family nature of the practice and to encourage communication and a mutual sense of responsibility among all its members, the basic unit that would form the SWP would be relatively small: say, between 6-10 social workers or other professional staff, plus

administrative and other support. The Group does not recommend specifying the exact size, allowing that to be determined by the SWP itself. The unit would consist of:

- **Front-line Staff.** These would be primarily qualified children specialist social workers, registered with the General Social Care Council (GSCC). However, they could also include other professional staff, such as personal advisers and placement or accommodation workers. All front-line staff could be full or part-time (although in the professional partnership model this would have to be reflected in the partnership arrangements).
- **Practice Manager.** The SWP would require a Practice Manager (who might be a partner in the professional partnership model) who would handle finance, and other administrative and office matters.
- **Reception/Admin Staff** who could be full or part-time. These would be at a ratio of approximately 1 to 5 with front-line staff (full-time equivalents). There could be three or four part-time staff to cover weekends and holidays. They should come from a wide range of backgrounds, and should be trained in both soft and hard skills.
- **Other Staff and Services.** The SWP will need education support, research practice support and legal support. These could be covered in quite different ways, whichever will provide the best possible staffing at the most efficient cost. So there could be:
  - Education support for all levels of education, including Further and Higher Education. This could be commissioned from part-time advisers who had current experience of education (for example one for schools/pre-school and one for FE/HE).
  - Research support – for direct practice, to provide literature searches, follow-up family histories, visit key projects to assess if they can provide placements and so on. This would form a possible entry post for a number of potential social care or social research jobs. It could be linked with a local university to provide access to a library etc.
  - Legal services. These could be commissioned privately or from the local authority legal team.
- **Social Work Students** should be attached to the practice to emphasise training, to keep ideas developing and to keep up the link with the local university.
- A named and accountable **Officer for Professional Development** will be required by the practice, in order to comply with the statutory duties in the GSCC's Code of Practice for employers to support professional development and to ensure the code for employees is upheld, and also to ensure continuous professional development: opportunities for social workers to maintain their registration through meeting the post registration training and learning requirements. Thereby, SWPs could become centres of excellence and for research and the identification of 'what works' at a practice level.

#### 6.1.4 Contracting

The SWP would contract with the local authority to provide its services for looked after children. The form this contract takes, and the payment arrangements associated with it, are key to the success of the system, and members of the Group have devoted some time to considering this issue.

The Group considers it to be very important that any contract should be based on outcomes. Annex 2 provides a suggested framework for a draft contract that illustrates how this might be



done. It shows how outcomes and performance indicators as policy objectives specific to social work practices could be specified right up at the front of the contract, and hence how they could guide service specification based on research evidence and professional judgement about how best to meet the needs of looked after children and achieve better outcomes for them.

The draft is only a set of guiding principles, since a complete contract between a local authority and a social work practice will be developed between the parties in preparation for piloting. The draft is based on a format already developed as a national contract for the placement of children and young people in voluntary or independent residential care. The present draft fleshes out what is specific to the social work practices, pulling out the features that are central in the commissioning relationship between a local authority and a social work practice and the purposes and objectives underpinning the resulting service agreement.

An outcome-based contract entails that the monitoring of the contract will rely on reporting mechanisms in which progress on a given set of performance indicators is reviewed at regular intervals as will be agreed in the contract. The performance indicators reviewed on a regular basis should be recognised as leading indicators which point to improvements in future outcomes. In the contract, the social work practice is required to deliver predefined outcomes of services for looked after children based on the outcomes framework spelt out in *Every Child Matters*. However, specific outcome indicators on *stability* and *continuity* have been emphasised in this contract as the leading objectives of social work practices, guiding the strategic and integrated approach to the entire planning, co-ordination and delivery of care and services for looked after children.

The Group is aware of that this particular emphasis on stability and continuity as a core feature in social work practices for looked after children may have implications for education and training of social workers. This may include an increased emphasis on general child development, children's psychological development, attachment theory, and a child-centred approach in social work. Therefore, the Working Group recommends that:

- **Special attention should be paid in the social work education and training curriculum to the importance of stability and continuity in services for children and their implications for social workers' knowledge-base and professional development.**

The Working Group was impressed with the quality of the dialogue established between some of the independent providers to whom the Group talked and their local authorities, with, for instance, monthly meetings to talk through any issues on either side regarding the contract. Establishing this good relationship is likely to be particularly important in the pilot period.

### 6.1.5 Budgetary Costs

The contract negotiated between the SWP and the local authority will include financial arrangements to cover the costs of the service provided. The exact form these arrangements might take is discussed in section 6.1.6 below. However, it is important to have some background on likely costs.

The Children in Need Census conducted by the Department shows that for a typical week in February 2005 a total of 385,900 children were either supported or received a social service in England. The total consisted of 72,600 looked after children and 313,300 children who were supported in their families or independently. The total cost of this support was £68.5m in total broken down into £44.9m for looked after children and £23.6m for children support in their families.

The average cost per year per child was £35,360 for looked after children, £7,280 for children supported in their families and £15,080 in total for all children. The total and average cost figures include the local authority expenditure on staff, centre time, payments for placements and other services received by the child, including one-off payments. However, they do not take the wider overhead costs of local authorities, such as those relating to the local authority's other central functions such as human resources, the central finance department, IT department and the various layers of management sitting above the social services function.

Average cost figures are misleading, since there is substantial variation in cost per child. Research by Ward and colleagues (forthcoming) show how costs rise with the increasing complexity of children's support needs. For children with no additional support needs, the average cost to social services in 2005/6 was £33,000 per annum. For those children who displayed either emotional or behavioural problems or who offended the yearly costs was £50,000-£54,000 per child. For children with complex needs e.g. offending behaviour and emotional and behavioural problems, the cost rose to over £95,000 per annum per child.

The above cost estimates include the cost of social work processes for looked after children (such as care planning, reviews, legal interventions, finding a placement etc), and also the wider overhead costs to local authorities. Further work is now being undertaken to explore further the overhead costs, as it is thought that the formula currently used may produce a considerable underestimate. There are also well documented and significant variations in costs by region that need to be taken into account.

The Group's assumption is that social work practices with their smaller size and flatter management structures would have significantly reduced wider overhead costs, even if the cost of their social services functions may on average be more than that of a local authority due to possibly increased staff remuneration costs. However, further detailed work is required to establish the full costs of local authority children's social services, including regional variations, and hence inform the setting of an appropriate payment structure for SWPs. Therefore the Group recommends:

- **That further work be done to determine the full costs associated with local authority children's social services, including regional variations, to help inform the setting of a suitable budget for social work practices.**

### 6.1.6 Payment Arrangements

The payment arrangements under the contract could take a variety of forms, including **block**, **risk-adjusted capitation**, **cost-and-volume**, and **outcome**.

At one extreme is **the block contract**, where the local authority negotiates with the SWP for a straightforward annual payment in return for its services. The size of the payment might be determined by an estimate of the likely case load of the SWP, multiplied by an estimate of the average cost per child, plus an additional contingency reserve. The amount would not vary with the numbers of children actually in the SWP's care at any one time, nor with the actual amount of the services provided to any child.

Under the block contract arrangement, the SWP bears the entire risk of variability in its caseload and of variability in the cost per child, benefiting from having fewer children and children who turn out to cost less than the average cost, but losing from having a larger caseload and children

who cost more than the average. To protect themselves against the downside risk (the risk of children on the caseload who cost more than the average), which, as we have seen, could be very considerable, it is likely that SWPs would try to negotiate payments that incorporate a risk premium, and thereby inflate the cost of the contract. They would also have an incentive to reduce caseloads as best they could, and to reduce the service provided for each child.

At the other extreme is **the risk-adjusted capitation payment contract**. Under this contract the SWP would receive a payment for each child in its care, with the amount varying according to the actual or projected costs incurred in providing for the child. Here the risk is borne entirely by the local authority. So long as the payment is properly adjusted to cover costs, the SWP has little incentive to cut its costs or its caseload. Indeed, it may have some incentive to do the reverse – to inflate both costs and caseload. There may also be substantial administrative costs in assessing the costs associated with each child.

An attractive alternative to the two extremes is a mixed **cost-and-volume-based contract**, where a baseline level of funding is provided to the SWP, beyond which all funding is on a partial capitation basis. That is, if the SWP takes on a volume of children well above its baseline load, or a child whose costs are significantly more expensive than the average, the extra costs are shared between the SWP and the local authority according to an agreed formula. The formula could involve each party bearing a percentage of the extra costs; or it could be based on a threshold, where all extra costs below the threshold are borne by the SWP and all those above by the local authority. There could be a similar arrangement if caseloads or cost were lower than expected, in which case any surplus generated could be shared between the local authority and the SWP according to the agreed formula. In either case, the relevant risks are shared between the local authority and the SWP, and a more satisfactory balance of positive and negative incentives attained.

A more ambitious kind of contracting would relate funding, not solely to numbers or volume of children in care, or to the costs associated with them, but to actual **outcomes**. So the contract would reward the SWP if it achieved certain outcomes. This would be consistent with the Group's preference for a contract based on outcomes discussed in Section 6.1.4. Examples might include relating contract payments to stability of placements (the average number of placements per child in a given period), to the stability of social workers (the average number of social workers per child in a given period), or – more ambitiously – to educational outcomes for the children in the care of the SWP, such as performance in national examinations or truancy rates. More illustrations can be found in the draft contract framework in Annex 2.

A standard problem that arises in contracting for outcomes in any sector is that the outcomes concerned may not always be under the full control of the contractor. For instance in the case of educational outcomes, a child's performance in national tests or examinations will depend at least as much (and indeed probably far more) on their prior attainment and natural ability than on anything the SWP can do. This problem does not arise if outcome measures can be chosen that are solely under the control of the SWP (the stability of social workers might be one); but the numbers of such indicators may be small, and solely concentrating upon them may result in leaving out outcomes of greater significance<sup>2</sup>.

2 One solution might be to introduce value added measures that show children's progress over time rather than their attainment of fixed targets. This is the principle on which the Assessment and Progress Records in the Integrated Children's system are based

Again, the answer lies in a mixed contract, that would give a fixed base-line amount to the SWP and then a bonus per unit of the outcome the SWP achieves. The fixed amount would ensure that, whatever happens to outcomes, the SWP remains in business; in effect it partly shifts the risk of a poor outcome beyond the SWP's control to the local authority. However, the bonus system would encourage the SWP to undertake all the effort it could to achieve the desired outcomes.

Overall, a mixed outcome-based contract would seem to be the best of the alternatives considered. Therefore, the Working Group recommends that:

- **The pilots should explore the feasibility of a mixed outcome-based contract between the local authority and the social work practice, providing a standard level of baseline funding, plus an outcome based bonus payment.**

## 6.2 Types of Governance

There are a wide variety of types of governance that a SWP could adopt. These include forms of social enterprise, such as a professional partnership or voluntary sector organisation. It could also include private sector firms of various types from share-holder owned corporations to small owner-operated businesses.

In fact the terminology in this area is diverse and often misleading. Two particular sources of potential confusion are the terms for-profit and not-for-profit, and the concept of social enterprise.

The idea that it is useful to distinguish between organisations on the basis of whether they aim to obtain a surplus of revenue over costs – that is, a profit – is a nonsense. All organisations that wish to survive as independent entities will aim to generate such a surplus, whether they are professional partnerships, private businesses or voluntary sector charities. The difference concerns the way in which those organisations dispose of those profits: private enterprises distribute some or all of their profits to their private owners, or, in the case of a listed company, to their shareholders; whereas voluntary sector or professional partnerships do not distribute the profits to any individuals outside the organisation. So here we shall avoid the terms for- or not-for-profit, instead referring to professional partnerships, private businesses, or voluntary sector organisations.

Social enterprise is also ill-defined. In the words of the Social Enterprise Coalition, the social enterprise sector is:

“...incredibly diverse, encompassing cooperatives, development trusts, community enterprises, housing associations, football supporter’s (sic) trusts, Social Firms and leisure trusts, among others. As a result, social enterprises use a wide variety of legal forms: some incorporate as companies while others take the form of industrial and provident societies. From July 2005, social enterprises have also been able to register as community interest companies.”<sup>3</sup>

Here we shall continue to use the term social enterprise, but only consider the two kinds that we consider have the most potential for SWPs: professional partnerships and voluntary sector organisations.

3 <http://www.socialenterprise.org.uk/page.aspx?SP=1345>; accessed 8th May 2007

### 6.2.1 Professional Partnerships and Employee-Owned Companies

Professional partnerships are one form of an employee-owned company (EOC): an enterprise where the majority, or all, of the share capital, or its equivalent, is owned by the employees themselves. EOCs are also becoming known as co-owned organisations (Reeve 2007). Ownership can be either *direct* (employees being the individual shareholders or partners as in professional partnerships), or *indirect* (shares held collectively on behalf of employees by a Trust), or a combination of the two.

Employee-owned enterprises are now relatively common in the UK, with an annual turnover of around £20-25 billion. They range in size from the 68,000 employees of the John Lewis Partnership to the seven staff of Micro-Robotics. There is a diverse range of companies in all areas of work, including, for example, manufacturing, retail, health and social care. The sector has been promoted by successive Governments because of its successful history, and there are a number of schemes, regulations and financial arrangements that deliberately encourage employee-owned enterprises. Recently HM Treasury has played a prominent role in promoting the sector, including a high profile launch for an in-depth report on EOCs from the Chancellor (Postlethwaite and colleagues, 2005).

The hallmarks of EOCs are high levels of success in business performance, staff that are more entrepreneurial and committed to the company, a strong commitment to corporate social responsibility and involvement with the community, attractiveness to high quality staff who stay for longer periods, and notable levels of innovation.

More specifically, evidence from research shows that EOCs, when compared with 'classic' business models, have:

- *Higher productivity and financial performance;*
- *Greater innovation;*
- *Higher levels of customer loyalty;*
- *Lower staff turnover; and*
- *Increased shareholder returns* (Postlethwaite and colleagues, 2005; 9).

The research indicates that successful employee share ownership plans require '*financial participation, participative mechanisms and an ownership culture encompassing what academics term a collective voice*' (Postlethwaite and colleagues, 2005; 14). All three of these factors need to be in place to reap the rewards shown in the research.

Financial participation via share ownership does not have to involve all of the company and appears to be as effective with 51% ownership as with full ownership. Participative mechanisms, include involvement in decision-making processes (e.g. quality circles, representation on appointment panels, seats on boards), as well as methods of sharing information, and policies that encourage dialogue within the organisation. The culture of ownership needs the employee ownership to be accompanied by proper consultation via the creation of a collective voice for the employees. Pooling shares into trusts may be the most effective way of enabling this.

The Trust of an indirect EOC will hold shares on behalf of employees normally through an employee trust. The trust is the shareholder and the trustees – who may include trustees elected by the employees – decide how any benefits they get from the share ownership should be used. Typically



these benefits might include: how to vote the shares at shareholder meeting, whether to pass on to employees financial benefit deriving from the shares (typically dividends), and if so, whether to pass any of the shares to employees, so changing from indirect to direct share ownership.

All of the benefits seen in EOCs are directly relevant to the benefits perceived from professional partnership models of social work practices. These practices, in contrast to existing employment and management models, are likely to:

- Foster a culture of listening and collaboration;
- Enhance the capacity of practice workers to speak with authority;
- Promote higher levels of practice innovation;
- Recruit high quality staff, and retain them for longer periods;
- Generate higher levels of genuine team work; and
- Reward good practice, and generate personal feelings of accountability for poor practice.

In addition, if at least some of the shares are held in a trust, then they can also enhance levels of genuine participation by others. So, for example, a young person who has been in care could be one of the trustees on the Board.

The principal disadvantage of professional partnerships or other forms of EOC in the social work field is that none exist at present. If the idea is to be piloted, then it will be necessary to create such organisations from scratch. But – with appropriate government support – this is not impossible, as the successful creation and development of EOCs in related fields such as community nursing illustrates. The Group therefore recommends that:

- **The Department for Education and Skills should work with one of more volunteer local authorities to create two or more social work professional partnerships (or other forms of Employee-Owned Companies) for piloting.**

### 6.2.2 Other forms of Social Work Practice

Although the Working Group considers that professional partnerships or other types of EOC offer the most potential to form a successful SWP, members of the Group were impressed by the interest in creating and running SWPs shown by existing voluntary and private sector organisations. Such organisations have the advantage of being already in the 'market' and would require little by the way of government or other assistance to be in a position to participate in pilots. They might also bring advantages of their own, including a demonstrated entrepreneurialism, a capacity for innovation and incentives for efficiency.

However, for some of these organisations, there are possible conflicts of interest. The one most frequently raised both outside and within the Group was that arising from profit-making by private businesses. However, as noted earlier, all organisations are in the business of making surpluses of one kind or another and thus all face similar tensions in this respect. The contracting process and the existence of contestability both offer safe-guards against organisations putting the need to make a surplus above the interests of the looked after child. Also, outcome-based contracts in which user outcomes are monitored by measuring well-being, safety and progress of the looked after child and the child's satisfaction with the service, are instruments applied to ensure that the interests of the looked after child are a priority and carefully monitored.

A more difficult issue concerns agencies, voluntary or private, that provide services that could be commissioned by their 'own' SWP. Examples could be a voluntary agency that ran a children's home or a private business running an independent fostering agency. Should any SWPs run by such agencies be barred from using their own services?

On balance the Group considered that to operate such a bar would not be appropriate. To do so might seriously restrict the service options open to the SWP concerned, restrictions that could damage the welfare of the looked after child. Moreover, it was pointed out that local authorities suffer from exactly the same conflict of interest with respect to their own provider services, and yet this has not been raised as a significant problem.

The Group therefore recommends that:

- **The piloting process should include pilot social work practices run by voluntary and private sector agencies.**

# 7 Accountability

Accountability can be defined as the principle that individuals, organisations and the community are responsible for their actions and may be required to explain them (to render an 'account') to others. Therefore, being accountable means having the obligation to answer questions regarding decisions and or actions. Defining accountability also relates to specifying exactly for what the organisation is accountable, and to whom it is accountable. In the case of social work practices this means being accountable to the local authority on what was done and spent, and why, for every child or young person under their care, as well as any sub-contracting of care provision or services that they may choose to do.

A key concern around social work practices amongst many of the respondents during the Green Paper consultation was accountability. In particular, there was considerable anxiety over the possibility of distorting and diluting lines of accountability in what many consider to be already a bureaucratic and complex system. Therefore, it is important to set out the types and lines of accountability around social work practices to ensure appropriate measures are in place for the safeguarding and well-being of looked after children.

Local authorities will make arrangements with a social work practice for that practice to discharge their statutory functions in relation to looked after children through a contract. But the local authority will remain ultimately responsible for the contracted functions and, in delegating these functions, will want to hold the social work practice to account for its actions. Under such delivery arrangements we would expect accountability to serve three key purposes:

- To support the improvement of service delivery, management and quality through regular feedback from service users (i.e. children in care) and performance indicators. The focus here is primarily on performance accountability.
- To provide assurances that resources are used and authority is exercised within appropriate legal procedures, professional development, standards and societal values. This relates directly to professional and ethical accountability.
- To control the misuse and abuse of public resources and or excessive profiteering. This relates directly to financial accountability.

Achieving these accountability purposes requires addressing a number of challenges, in particular around commissioning and the establishment of suitable performance measures. The contract between the local authority and the social work practice and the arrangements for monitoring it would be a key component of providing the necessary financial and performance accountability. The contract would have to be carefully constructed to ensure that it set out the necessary requirements for keeping records and for sharing both financial and performance information with the local authority as well as incorporating suitable sanctions or incentives to comply. It would also need to provide details of payment arrangements as well as safety measures to ensure



that practices were not making excessive profits at the expense of children's needs. Such safety measures might include a cap on the amount of profit or surplus that could be made or the practice having to share any profit/surplus with the local authority.

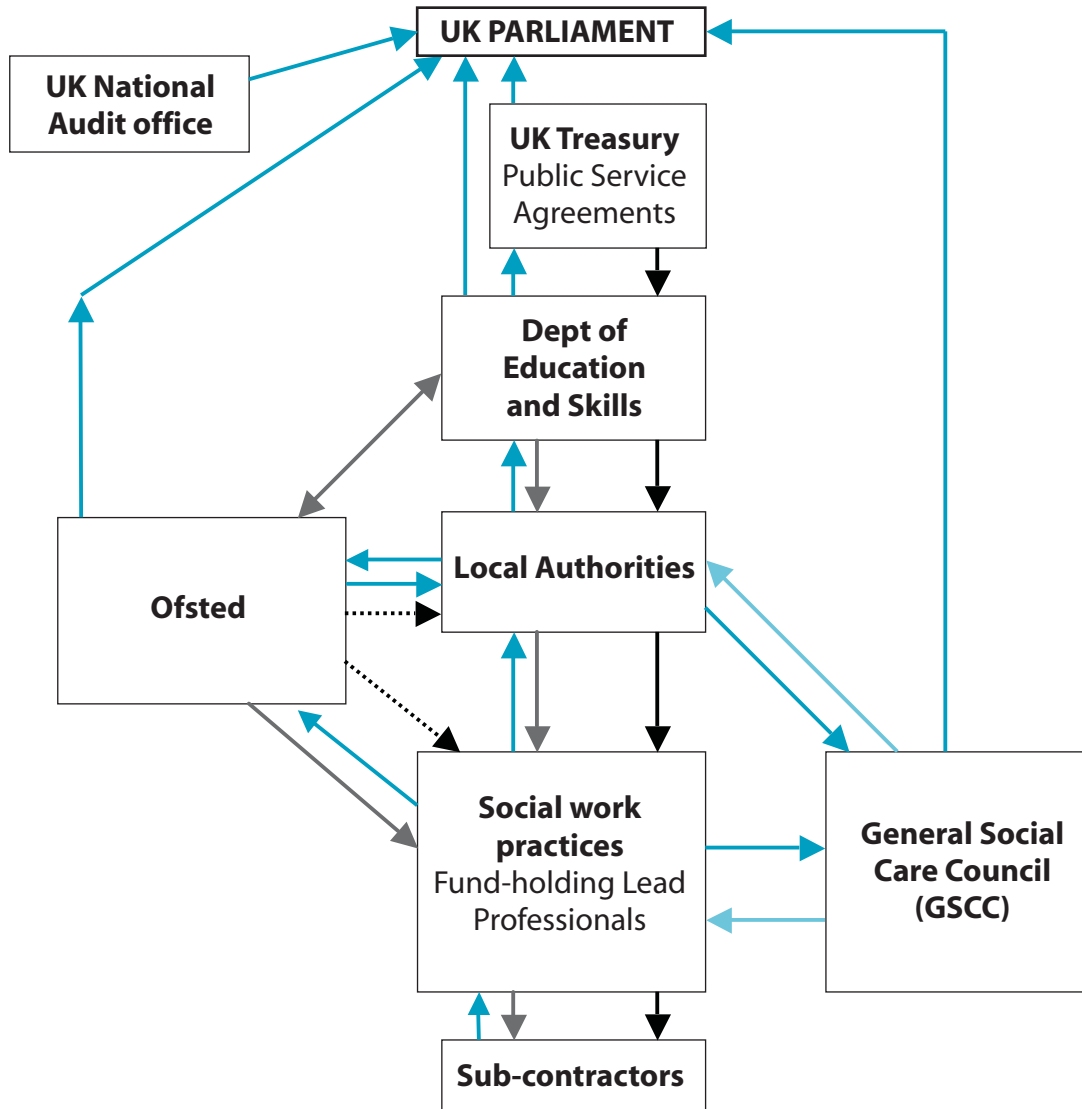
Overall, the sound working relationship that we would like to see established between the local authority and the SWP, as discussed earlier, will be an important aid to accountability. We recommend therefore:






- **The pilots should explore the feasibility of a suitable monitoring and reporting mechanism for the contract between the local authority and the social work practice which strengthen accountability.**

In terms of professional and ethical accountability, there is some overlap between the contract and the statutory requirement for social workers to register with the General Social Care Council (GSCC). The contract would set out the range and standard of services the social work practice would be expected to deliver on behalf of the local authority. We note further details of the GSCC registration issues in section 8.1.2.

Although local authorities may make arrangements with social work practices for the discharge of their statutory functions in relation to looked after children they will remain accountable for children under their care. They will still retain their corporate parent responsibility even though key decisions will be made by the social work practice. They will also be ultimately responsible and liable, should anything go wrong with the service being provided by the practice or if there is a breakdown in the support provided to an individual child. However, if something should go wrong, then the local authorities will in turn be able to hold the social work practice, as its contractor, to account and the practice will need to protect itself against such a liability.

The following figure diagrammatically represents the accountability framework proposed around social work practices:



-  Lines of Funding
-  Lines of Accountability
-  Regulating the social care workforce
-  Setting standards for services
-  Inspection of care

# 8 Regulation

Regulation is defined as the process of controlling something to produce desired outcomes or prevent outcomes that might otherwise occur. In the context of looked after children, who are amongst the most vulnerable groups within society, all would agree that there is a moral imperative to protect these groups of children so that they are not further let down or disadvantaged by the care system. In fact, much has already been done by the Government to regulate the children's social care system and care providers.

## 8.1 Current Regulatory Framework

The current regulatory framework for looked-after children consists of the following three strands:

- Ofsted and the Minimum National Standards
- The General Social Care Council

### 8.1.1 Ofsted and the Minimum National Standards

The Commission for Social Care Inspection (CSCI) was until April 2007 the single, independent inspectorate for social care in England. It was created by the Health and Social Care (Community Health and Standards) Act 2003 to bring together the inspection, regulation and review of all social care services into one organisation. As of 1st April 2007 the responsibilities, in relation to children's services, were transferred to Ofsted<sup>4</sup>. At the time of writing the means of discharging these duties and the methods of inspection remain substantially the same.

Ofsted has inherited a wide remit from CSCI in relation to children, and is responsible for inspecting local authorities to assess how effectively they run their children's social services including services that are contracted out to care providers. Local authorities can commission care providers to provide a wide range of care services and use the contract to hold them to account. However, in the case of care providers of the following services there is a legal requirement for them to be regulated by Ofsted.

- Children's homes
- Residential special schools
- Residential family centres
- Boarding schools
- Voluntary adoption agencies
- Independent fostering agencies
- Adoption support agencies

4 CSCI will continue as the single inspectorate for adult social care services, and will retain responsibility for domiciliary care services that look after children as part of this continuing remit.

Regulation takes the form of registration with Ofsted followed by inspection. Registration means that, before any of the above services can start operating, Ofsted must be satisfied that the people running it are suitable for purpose; and the service will be run in line with the regulations and the Minimum National Standards (MNS). It is a criminal offence to operate or manage one of the above social care services unless registered by Ofsted in respect of that service. The Government has made regulations and issued MNS for each of the services highlighted in the list above.

Inspections are conducted by Ofsted and, in the majority of the cases, are currently on 3-year cycle. However, in some cases they are on a bi-annual cycle (e.g. children's homes). The DfES has consulted on whether these frequencies should be changed, so there may be some changes in the future.

During the inspection, inspectors talk to users to assess the standards of service and also check to ensure appropriate systems are in place to provide the service. After each inspection a report of the findings is published. The report looks at how well the service provides good outcomes for the people who use the service and also assesses the service against the regulations and Minimum National Standards which form the basis of what people should expect from care services. The report identifies what the service does well and lists any improvements that they need to make. Ofsted also have the legal powers to insist on changes and if things do not improve they can take action to close down a service.

### 8.1.2 The General Social Care Council

The General Social Care Council (GSCC) was established in October 2001 under the Care Standards Act 2000 and is the workforce regulator and guardian of standards for the social care workforce in England. The GSCC is responsible for the codes of practice, the Social Care Register and social work education and training.

Anyone working as a social worker, in whatever sector, must be registered with the GSCC (or one of the sister Councils in the rest of the UK) and must demonstrate they are qualified, of good character and willing to be held accountable to the Codes of Conduct. The title 'social worker' is protected in law and using the title without being registered is a criminal offence.

The GSCC has issued codes of practice for both social workers and employers to provide a clear guide for the standards and conduct that workers and their employers should meet. Registrants are required to comply with these codes of practice as a condition of continuing registration. A conduct process has also been set up to allow the GSCC to take action and investigate complaints against social workers in England. Social workers who breach the code of practice could be removed from the register through this process and therefore be ineligible to work as a social worker. Over 76,500 social workers and nearly 15,000 social work students were registered at 1st April 2007.

## 8.2 Proposed Regulation of Social Work Practices

The Better Regulation Commission (BRC) and its predecessor, the Better Regulation Task Force (BRTF) have issued a series of documents outlining the principles of better regulation. In March 2005, the BRTF published a report, *Regulation – Less is More*, which recommended a radical programme of reform to deliver a net reduction in regulatory burdens. The Government accepted the recommendations in full, including setting targets for a reduction in the administrative burden of regulation and introducing regulatory simplification plans across government departments. A recent report of the BRC, *Risk, Responsibility and Regulation – Whose risk is it anyway?* (Better Regulation Commission 2006), called for a more rational approach to risk taking in regulation. Its recommendations were also accepted by Government.

The regulatory framework for children’s social services balances the need to take risks and be innovative with the expectation that children and young people are properly protected. Any recommendations for changing the structures or mechanisms of provision would need also to achieve that balance, not to be too bureaucratic or burdensome and to avoid creating new regulatory bodies or pressures. In the case of social work practices, which are able to contract with local authorities to discharge statutory duties in relation to children in care, it is expected that regulation would largely conform to the current framework of inspection for bodies established outside the statutory framework.

Therefore the Working Group envisages that the following represents a suitable regulatory framework for social work practices, one that is both reliable and not too onerous and incorporates a good balance between existing and new requirements.

### 8.2.1 Current or existing regulatory requirements

- Registration with the GSCC for the social workers working in the social work practice – already a statutory requirement.
- Inspection of social work practices by Ofsted as part of the wider inspection of local authority’s children’s social services under Part 8 of the Education and Inspections Act 2006.
- Scrutiny of individual children’s cases in the social work practice by the Independent Reviewing Officer (IRO) as part of case reviews.

### 8.2.2 New regulatory requirements:

- Registration of the social work practice with Ofsted and approval to operate. This would include regular checks to ensure that SWPs continue to comply with the conditions of registration and approval.
- Development of a new set of Minimum National Standards on how social work practices should operate.

The above framework offers a lean and sound structure that offers both professional scrutiny (i.e. through registration with GSCC and case reviews with the IRO) and regulation of the service through the contract and inspection by Ofsted. A key component is the registration with and approval by Ofsted, which will ensure only those providers meeting certain standards and requirements are able to establish and operate social work practices. An additional benefit of this structure is that IROs would be genuinely independent of the organisations (the SWPs) whose

cases they are reviewing (unlike at present where they are employed by the local authority whose practice they are reviewing).

Changes to legislation would be necessary to enforce the new requirements for the registration of social work practices. Also, a new set of Minimum National Standards for social work practices would need to be developed to provide a standard and guide for Ofsted during registration and inspection. There would obviously be cost implications for introducing this new statutory requirement and discussions with Ofsted will be necessary to develop the process, to assess the costs and to determine the development lead in time. So, at present the Working Group envisages that the registration of social work practices would only be introduced after the piloting stage has finished. The pilots are likely to have enough interested stakeholders, including the Government, scrutinising their work that additional regulation requirements may not be necessary. However, further discussions with Ofsted will be required before a decision could be reached on whether pilots should register with Ofsted.

Therefore, the Working Group recommends that the Department for Education and Skills should:

- **Adopt the proposed regulatory framework for social work practices.**
- **Introduce legislation so that there is a requirement on social work practices to be regulated by Ofsted.**
- **Develop Minimum National Standards for social work practices which set the minimum standards of service and quality users can expect.**
- **Discuss with Ofsted whether there should be a requirement for social work practices to register with Ofsted during the piloting phase.**

# 9 Piloting

From the work done by the Working Group in developing a model for social work practices the following are the key issues that would need resolving in relation to piloting:

- The length and number of pilots
- Resources and support for pilots
- The contract
- Commissioning and de-commissioning of pilots
- Evaluation

## 9.1 Length and Number of Pilots

Members of the Working Group consider a one year pilot would be inconclusive in properly testing social work practices. The Group's preference is that pilots would need to run for at least two years, if not longer, to provide a sufficiently robust assessment. However, there is an issue whether this refers to two years from when the pilot actually starts or from when they have taken over responsibility for the full numbers of children, as it may take the SWP time to build up their caseloads. Therefore the Group recommends that:

- **Piloting should last for at least two years from when the social work practice has taken over responsibility for its full allocation of children.**

As to the number of pilots, the Group has already indicated that there are three different types of governance structures worth testing. However, a single pilot into each type of governance structure may not provide a robust assessment of each type. In addition there are regional and local factors that will differ across the country, as well as factors that will differ across a particular type of authority. It would also be desirable to allow for the possibility of pilots specialising in children with different needs (such as disabled or complex needs) or different age ranges. Therefore, it would be better to have several pilots in each of the three different governance types. The Group therefore, proposes that:

- **There should be 9 pilots in total (3 professional partnerships, 3 voluntary sector and 3 private sector) across a diverse range of local authorities.**

## 9.2 Resources and Support for Pilots

As social work practices are a new and radical reform proposal, the Group's view is that significant resources will be required to build the capacity and capability locally to pilot them properly. Local authorities already have the funding for the placements and services for looked after children within their budgets and it is this funding that should be used to fund the primary work of social work practices. Therefore, new resources will only be required to pump-prime and establish pilots and to support them once they are up and running.

In setting up the pilots, some pump-priming for both the local authority and the organisations running the social work practices will be necessary; otherwise it is difficult to see how pilots will be initiated. The local authority will need some pump-priming to provide them with the capacity and capability to put in place suitable personnel, systems and structures to commission and contract with social work practices and then to monitor their performance. The Working Group considers the actual contract and its management to be critical for ensuring the accountability and suitable outcomes for children. Therefore it is worth investing in this area, especially as members of the Group indicate that there is generally a lack of experience and expertise within local authorities around commissioning and contracting in this particular area.

The Working Group also envisaged that organisations willing to run social work practices will also require some help in setting up the necessary infrastructure to run a practice. The Group considered that the degree of help would vary depending on the type of organisation interested in setting up a practice. Established organisations, such as national charities and voluntary groups and the private sector, would already have an infrastructure in place to call upon in establishing a social work practice. However, in the case of the professional partnerships (or other forms of employee-owned) model, where it is hoped social workers will come together to form a partnership akin to GP or legal practices, the Group believes that significant advice and support would be needed to establish them. Otherwise it is difficult to see them being set up, particularly as the social workers will be most likely coming out of local authorities to form them.

There might also be a case for supporting a local authority that had agreed to support one or more pilots to help with problems involved in funding overheads or other costs that the establishment of the pilots might create. This could be considered on a case by case basis.

Therefore, the Group is recommending that:

- **In establishing pilots there should be pump-priming funding:**
  - **for local authorities (a) to build up their commissioning, contracting and monitoring capacity and, (b) on a case by case basis, to assist with the funding of overheads; and**
  - **for the professional partnership organisational model of social work practices to help them set-up.**

To support the pilots the Group envisages that there would also need to be a national Steering/Implementation Group with relevant experts and policy makers, established within the Department to take forward the work. For example, work would need to be commissioned to develop a detailed contract with appropriate outcome performance measures. Also, pilot local authorities would need on-going advice and central support to help them through the commissioning and contract management processes. In addition some form of network or forum would need to be established for those involved in the pilots to share experiences, identify and resolve issues and problems as and when they arise. Therefore the Group recommends that:

- **The Department establishes a national Steering/Implementation Group, containing the appropriate range of stakeholders and expertise, to oversee the pilots, and makes sufficient resources available centrally to provide support to these pilots.**



### 9.3 The Contract and Payment System

It will be recalled from Section 6.1.6 that the Working Group recommends exploring the feasibility of a mixed outcome-based contract between the local authority and the SWP, providing a standard level of baseline funding, plus an outcome based bonus scheme. It is recommended that this work be included as part of the development of the pilots.

### 9.4 Commissioning and De-commissioning of Pilots

The Group considers the process for commissioning pilots needs to be well thought through and carefully planned. It is likely to consist of the Department producing a specification for the pilot and then inviting expressions of interest from local authorities. Having selected the local authorities it will be necessary to work closely with them to commission a suitable provider to run their social work practice or practices. The Group estimates that the commissioning process is likely to take a minimum of six months. This means that the selection of local authorities would need to be done possibly six to nine months before the pilot start date to allow the practice to be commissioned, be established and to build-up its caseload.

Similarly, some careful thinking and planning would need to be done about what happens after the pilots come to an end, particularly if disruption for children involved in the pilots is to be minimised. If after the pilot finishes and the local authority no longer wants to contract with the social work practice, then responsibility for the children will revert back to the local authority and suitable arrangements will need to be made to facilitate this shift. This should involve some form of transition period to allow a tapered transfer of responsibility back to the local authority. One possible way to achieve a tapered transfer could be for arrangements to be detailed in the contract; another would be to legislate for them. The Group felt pursuing the legislative route would provide a strong lever but it would be a rather broad and rigid way to de-commission pilots, with little opportunity to take account for local need, context or circumstances. Instead the Group considered that inclusion in the contract provided a more flexible route for de-commissioning pilots that could be tailored to meet local need.

There is also the issue concerning the status of the staff involved in the pilots, particularly the professional partnership model, at both the commissioning and the de-commissioning stage. Staff may transfer from the local authorities in which the pilots are located; or they may be new employees (or partners in the case of the professional partnerships). In each case consideration needs to be given to offering guarantees of employment to staff at the de-commissioning stage.

### 9.5 Evaluation

The Group considers that a thorough and robust evaluation of the pilots is essential, and that this should involve a comparison of the pilots' performance with those of selected local authorities acting as 'controls'. So far as possible, the comparison should be like with like; in particular, care needs to be taken that resource levels are comparable and that any observed differences in outcomes between the pilots and the controls can be attributed to the different organisational models and not to differences in resources. The Group also recognises the diversity of the care population and the disproportionate numbers of disabled children in care. Therefore, the evaluation will need to monitor, where possible, the impact of social work practices on different groups of looked after children, including those from different ethnic minorities and disabled groups.

At this stage the Group is recommending that the Department will need to develop a thorough evaluation strategy which will need to include some form of external evaluation for it to be credible. In addition, it has suggested that Ofsted should form part of any evaluation strategy. The Department will need to budget for a robust evaluation in its expenditure plans for social work practices.

Accordingly, in developing an evaluation strategy, the Group recommends that:

- **The performance of social work practices should be compared against the performance of three controls: (1) the pilot authority itself, (2) the performance of a 'best practice' local authority and (3) the performance of an average local authority to provide a fair assessment of their impact.**

# A.1 Division of Responsibilities

## Local Authority Children's Services Departments

- Taking a child into care.
- Revoking a care order (on the advice of the social work practice).
- Allocating children to a social work practice. The SWPs would have no discretion over the children they accepted, so as to prevent cream-skimming (i.e. the selection of easier or less costly children to care for). The local authority could allocate children on a geographical basis (such as all the children in a given area), or in a more discretionary fashion and could involve birth parents and children themselves in the decision.
- Setting the budget for the SWP. This could include the level of capitation, any special, performance related payments, and, where appropriate, training and research budgets.
- Drawing up a standard contract with the SWP. The contract should be consistent with the set budget and the payment arrangements.
- Monitoring the performance of SWPs against the terms and conditions of the contract. The monitoring should be of the same standard as that used for directly provided local authority services.
- Appointing the Independent Reviewing Officer (IRO) for each child allocated to the SWP. Through the IRO and case reviews monitoring the work of the SWP in relation to individual children.
- Drawing up their *Care Matters'* pledge, specifying and publishing the standards for their own corporate parenting.
- Ensuring the availability of (including managing the market for) specialist services.
- Dealing with complaints against SWPs.

## Social Work Practice

Other than those decisions above, the practice would have all decision making delegated to it in relation to looked after children except that which is not delegated below Director level in the commissioning local authority e.g. allowing a looked after children to get married. So this would include:

- Establishing a relationship with and building up the trust of the child. Managing the relationship with the birth family, foster parents and the foster parents' family.
- Drawing up a care plan for each child and liaising with the IRO with regards new care plans for all care order cases.

- Allocating a lead professional (LP) for each child from among the partners and or staff of the practice. [NB. If possible, the SWP pilots should be merged with the lead professional pilots.] The level of authority/power being invested in LPs will be crucial to the role of SWPs.
- Choosing foster carers or residential placements. Changing them where necessary.
- Managing adoption proceedings (if established as a voluntary adoption agency).
- Commissioning Family Group Conferences.
- Choosing a suitable school.
- Monitoring the performance of the child at home and at school (attending parents' evenings).
- Ensuring the child is registered with a GP and dentist. For planned operations to sign consent after seeking views of birth parents and foster carers and advice of agency medical advisor.
- To monitor compliance with vaccination and immunisation programmes.
- Commissioning specialised services for the child (e.g. psychiatrist, psychologist, speech therapist).
- Co-ordinating activities. Planned events and inputs from various partners.
- Organising holidays in conjunction with carers. Undertaking risk assessments and authorising holidays abroad. Applying for and signing passport forms if necessary.
- Documenting data, and creating a database for inspection, research and development.
- Training of social workers.

If a child moves area, they remain the responsibility of the original SWP.

## Foster/Residential Home Carers

- Fostering day-to-day activities for the child. Daily routine. Ensuring proper diet and school attendance, providing entertainment.

## Regulators

- *General Social Care Council (GSCC)* – see main text.
- *OFSTED* – see main text.

## DfES

- Changing legislation to allow social work practices to be piloted.
- Providing pump-priming funding as in main text.
- Commissioning and establishing pilots.
- Providing on-going support to pilot authorities during the piloting phase.
- Developing and implementing an evaluation strategy for assessing the impact of SWPs.

## A.2 Draft Contract Framework

The following broad-brush draft contract is provided here in order to highlight the specific purposes of social work practices, and the role of the contract as a strategic instrument to achieve the policy objectives stated in the Green Paper. The draft illustrates how outcomes and performance indicators as policy objectives specific to social work practices can be specified right up at the front of the contract, and hence can guide a service specification that is based on research evidence and on professional judgement about how best to meet the needs of looked after children and to achieve better outcomes for them.

This draft is only a guide, since a complete contract between a local authority and a social work practice will have to be developed between the parties in preparation for piloting. The draft is based on a format already developed as a national contract for the placement of children and young people in voluntary or independent residential care. The present draft only fleshes out what is specific to social work practices, leaving out the more general issues of a contract. The draft pulls out some of the features that are central in the commissioning relationship between a local authority and a social work practice and the purposes and objectives underpinning the resulting service agreement.

An outcome-based contract entails that the monitoring of the contract will rely on reporting mechanisms in which progress on a given set of performance indicators is reviewed at regular intervals. The performance indicators should be specified in the contract and be recognised as leading indicators which point to improvements in future outcomes and would need to be reviewed on a regular basis. A social work practice is required to deliver predefined outcomes of services for looked after children based on the *Every Child Matters* outcomes framework. However, specific outcome indicators on *stability* and *continuity* have been emphasised in this contract, as the one of the leading objectives of social work practices in their role guiding the strategic and integrated approach to the entire planning, co-ordination and delivery of care and services for looked after children.

## **A draft contract**

### **Part A**

#### **TERMS AND CONDITIONS**

##### **Art. 1**

#### **Parties to the Agreement**

The undersigned parties, the Local Authority [...] on one hand (hereafter named LA), and the Social Work Practice [...] (hereafter named SWP) on the other, have reached the following agreement regarding the delivery of co-ordinated and comprehensive services for looked after children:

##### **Art. 2**

#### **The Agreement**

The term of this agreement will commence on mm.dd.yyyy and be completed mm.dd.yyyy. The SWP and LA accept and agree to comply to the terms and conditions listed in Part A under this contract. The SWP agrees to deliver its services in order to achieve co-ordinated provision of high quality services as specified in Part B under this same contract. Any changes to this agreement will have to be negotiated specially and agreed upon by both parties.

##### **Art. 3**

#### **Outcomes**

The SWP agrees to deliver services to be measured against predefined outcomes in which a) outcome-based performance indicators especially defined for looked after children and specific to this contract, number one, and b) outcome-based performance indicators based on the *Every Child Matters* outcomes framework, numbers two to six, are monitored and reported. The SWP agrees to deliver on the following outcomes:

1. Enjoy Stability and Continuity;
2. Be Healthy;
3. Stay Safe;
4. Enjoy and Achieve;
5. Make a Positive Contribution; and
6. Achieve Economic Well-being.

##### **Art. 4**

#### **Services**

The SWP agrees to assume the responsibility for children who are accommodated by the LA under Section 20 of the Children Act 1989 or subject to a care order under the 1989 Act Section 31 and who are expected to be looked after on a long-term basis, and carry out the statutory functions in relation to children's social services conferred to the LA under that same Act.

The LA agrees to refer each child in need of long term care individually and in a timely manner. In case of a referral of a child on care order under Section 31, the LA agrees to give the SWP a notice and share information about the child in question in good time before the end of care proceedings.

The SWP agrees to integrate and co-ordinate comprehensive care services for one hundred children from the LA. The parties agree that this figure can have a margin of plus or minus ten children.

The services to be delivered by a SWP include:

- a) Selection of an appropriate placement,
- b) Allocation of a social worker who will:
  - i. work in partnership with the child, the carers and the birth parents, in accordance with the principles of the Children Act 1989;
  - ii. provide regular support to the looked after child;
  - iii. provide regular support to the looked after child's birth parents, helping them access appropriate services to enable them to overcome those difficulties which prevent the child from returning home;
  - iv. provide advice to the looked after child and his/her carers;
  - v. maintain a relationship between the looked after child and their birth parent(s), sibling(s), other relatives and/or previous social or community networks when relevant; and
  - vi. lead a multidisciplinary approach to children's services when needed,
- c) Co-ordination and supervision of all age-specific services for each child placed within their care under this contract, such as health, education and related services,
- d) Access to and integration of specialist services such as speech therapy, special educational support, psychiatric or psychological services as and when needed,
- e) Commissioning of other services and activities not provided free of charge but necessary for the health and safety of the looked after child, and to the best of interest for the well-being of the child and his/her family.

On each referral, the LA agrees to provide the SWP with a Care Plan individually developed in co-operation with the child. The SWP agrees to deliver services within the range of those listed above and tailored to the needs of each looked after child and his/her carers and birth family as presented in the Care Plan and as further specified in Part B under this contract.

## **Art. 5 Reviewing Arrangements**

[Details of the arrangements for reviewing this contract (e.g. on an annual basis or as when requested by either party)].



**Art. 6**  
**Information and Communication**

The SWP agrees to gather baseline information concerning the developmental progress of all children for whom it assumes responsibility, using the Assessment and Progress Records from the Integrated Children's System, or equivalent measures agreed with the LA.

The SWP agrees to provide the LA with children's current status and change data at intervals to be agreed, on the outcome indicators further specified in Part B under this contract.

**Art. 7**  
**Monitoring of Service Provision**

[Reporting arrangements for inspection and visitation protocols, list of modifiable events.]

**Art. 8**  
**Breach of Contract and Termination**

[Permissible causes for serving notice for both parties e.g. payment failure, breach of statutory obligations, corruption, insolvency and failure to deliver agreed outcomes. Also includes arrangements for terminating the contract.]

**Art. 9**  
**Financial Arrangements**

[Payments, mechanisms for agreeing price adjustments, division of cost savings/increases]

**Art. 10**  
**Statutes and Regulations**

The LA and the SWP agree on the following accountability and regulatory framework for the SWP:

- a) To ensure minimum standards and quality of the workforce, the SWP's staff, professional or non-professional, will be registered with the General Social Care Council in a similar manner as all social workers.
- b) Performance management is ensured through monitoring of an outcome-based contract between the LA and SWP.
- c) Quality of care and services provided by the SWP is ensured by inspection on behalf of [LA and /or] OFSTED.
- d) Scrutiny of individual children's cases is carried out by the Independent Reviewing Officer (IRO) as part of the case reviews.

**Art. 11**  
**Sub-contracting**

[Clear definition of services which can or cannot be sub-contracted, mechanisms for monitoring sub-contractors quality, LA approval rights etc.]

**Art. 12  
Conflict of Interest**

[Arrangements for handling corporate or individual conflicts of interest and definition of what constitutes a conflict.]

**Art. 13  
Complaints Procedures**

[Responsibility for the practice to have a complaints procedure for users and to share this with the purchaser.]

**Art. 14  
Equal Opportunities**

[Details of the requirement for SWPs to comply with equal opportunity regulations for both users and staff.]

**Art. 15  
Best Value and Quality Assurance**

[Both parties agree to work together to achieve best value and provide details of how they will do that.]

**Art. 16  
Indemnity and Insurance**

[Responsibility for different types and levels of liability e.g. public, employer, professional, personal, sub-contractor cover.]

**Art. 17  
Records, Information, Data Protection and Sharing**

[Records management, information and data sharing protocols, application of data protection.]

**Art. 18  
Confidentiality**

[Generic policy on confidentiality and records return on closure of case.]

**Art. 19  
Standards in public life**

[Corruption, Nolan and other requirements.]

**Art. 20  
Disputes**

[Resolution procedure.]

**Art. 21**  
**Service Termination**

[Grounds for withdrawing an individual child from a SWP to cover safeguarding service failure for individual etc.]

**Part B**

**OUTCOMES, PERFORMANCE INDICATORS AND SERVICE SPECIFICATION**

The parties agree that services will be delivered to achieve a predefined set of outcomes listed in Art. 3, Part A under this contract.

The reporting and reviewing mechanisms agreed in Art. 7, Part A under this contract will focus on monitoring the outcomes, rather than the processes employed to achieve these outcomes.

The parties agree to jointly identify and select performance indicators officially recognised as leading indicators which point to improvements in future outcomes.

Detailed service specification will be undertaken by the SWP professional staff and based on the best of their knowledge about how to achieve the expected outcomes agreed between the LA and the SWP for their looked after children.

On the basis of the selected performance indicators and the proposed service specification the parties jointly specify and agree on measurements of progress to achieve expected outcomes.

For illustrative purposes, the following Articles 22-27 present each outcome category and the associated Tables provide examples of the types of performance indicators a LA and a SWP may identify for each category and the services that a SWP may specify. A few examples on expected outcomes are also included.

**Art. 22**  
**Stability and Continuity**

The SWP agrees to monitor and report on the quality and stability of children and young people's living arrangements, continuity of contacts and essential relationships experienced by all children placed in its care, and to measure progress and effectiveness by monitoring indicators which are known to be critical to improved future outcomes, and to provide the LA at routine intervals as agreed between the two parties under Art. 7, Part A, with data on the following indicators:

OUTCOMES	PERFORMANCE INDICATORS	SERVICE SPECIFICATION	EXPECTED OUTCOMES
<b>Enjoy Stability and Continuity</b>	<ul style="list-style-type: none"> <li>● Stability of placement.</li> <li>● Reasons for placement ending.</li> <li>● Numbers of children in temporary placements, waiting for more appropriate accommodation, and duration of such placements.</li> <li>● Numbers of children in placements appropriately matched for race, religion, language and sibling groups.</li> <li>● Children's satisfaction with the placement (through feedback from children themselves).</li> </ul>	<p>Selecting appropriate accommodation or foster placement.</p>	<p>For example: number of children with three plus placements in the previous year.</p> <p>Number of children in stable foster placements of two or more years duration.</p> <p>% of children whose experience falls inside what might be regarded as acceptable.</p>
	<ul style="list-style-type: none"> <li>● Stability of social worker or lead professional.</li> <li>● Contacts and contact time with social worker.</li> <li>● Staff sickness and turnover: average length of time social workers are employed by SWP at year end.</li> </ul> <p>Numbers of staff taking sick leave because of stress related conditions during year.</p> <ul style="list-style-type: none"> <li>● Child's satisfaction with social worker (Feedback from child themselves).</li> </ul>	<p>Allocating a leading social worker/lead professional committed to the looked after child's welfare and outcomes.</p>	<p>Numbers of children with same social worker throughout previous year.</p>

OUTCOMES	PERFORMANCE INDICATORS	SERVICE SPECIFICATION	EXPECTED OUTCOMES
	<ul style="list-style-type: none"> <li>● Contact arrangements.</li> <li>● Frequency of contacts and contact time with birth parent(s), sibling(s) or other relatives, for whom there is no prohibited steps order.</li> <li>● Children’s satisfaction with efforts to maintain contacts with birth parent(s), sibling(s), relatives.</li> </ul>	<p>Maintaining contact with birth parent(s), sibling(s), and relatives.</p>	

**Art. 23**  
**Be Healthy**

The SWP agrees to monitor and report on the quality of conditions critical to children and young people's physical, emotional, mental and sexual health, to measure progress and effectiveness of the appropriate actions taken to safeguard the overall health of their looked after children and improve on leading factors pointing to better future health outcomes of all the children and young people placed in its care, and to provide the LA at routine intervals as agreed between the two parties under Art. 7, Part A, with data on the following indicators:

OUTCOMES	PERFORMANCE INDICATORS	SERVICE SPECIFICATION	EXPECTED OUTCOMES
<b>Be Healthy</b>	<ul style="list-style-type: none"> <li>● Number of children overweight or obese.</li> <li>● Number of children with recorded signs of malnutrition or are underweight.</li> <li>● Number of visits to A&amp;E.</li> <li>● Number of visits to the GP.</li> <li>● Frequency of reported illnesses, i.e. number of days away from school due to bad health.</li> <li>● Children's own report on their health and well-being.</li> </ul>	<p>Co-ordinate and supervise all universal and age-specific health and medical services.</p> <p>Ensuring dental health care.</p> <p>Co-ordinate specialist health services e.g. CAMHS, substance abuse support etc.</p>	

**Art 24  
Stay Safe**

The SWP agrees to monitor and report on the quality of conditions critical to children and young people’s physical, emotional, mental and sexual safety, measure progress and effectiveness of appropriate actions taken to improve the living conditions and environment known to be important and leading factors pointing to better future outcomes of the children and young people placed in its care, and to provide the LA at routine intervals as agreed between the two parties under Art. 7, Part A, with data on the following indicators:

OUTCOMES	PERFORMANCE INDICATORS	SERVICE SPECIFICATION	EXPECTED OUTCOMES
<b>Stay Safe</b>	<ul style="list-style-type: none"> <li>● Safe from bullying and or discrimination.</li> <li>● Average waiting times for parents to receive specialist support.</li> <li>● Frequency of social worker visits to children placed with parent/own relatives.</li> <li>● Quality of relationships between child and foster carers.</li> <li>● Quality of relationships between child and birth parents.</li> <li>● Children’s, foster carers’ and birth parents’ satisfaction with placement and services.</li> </ul>	<p>Ensure and co-ordinate access to emotional health support, to sexual education and health support, and substance abuse support.</p> <p>Ensure and co-ordinate, appropriate educational and school support, and other related services.</p> <p>Provide advice and support to foster carers.</p> <p>Arrange for or make available family support services to birth parents.</p> <p>Ensure parents have timely access to specialist services (e.g. mental health, alcohol and substance abuse, domestic violence) when required.</p> <p>Take active steps and co-operate in creating and maintaining children’s school regular attendance, well-being and performance at school.</p>	<p>For example: Fall in % of 11-15 year olds who state they have been bullied and or discriminated against.</p>



### **Art. 25** **Enjoy and Achieve**

The SWP agrees to monitor and report on the quality of conditions critical to children and young people's educational, cognitive and language development, measure progress and effectiveness of appropriate actions taken to improve the conditions and environment known to be important and leading indicators pointing to better future outcomes for looked after children and young people placed in its care, and to provide the LA at routine intervals as agreed between the two parties under Art. 7, Part A, with data on the following indicators:

<b>OUTCOMES</b>	<b>PERFORMANCE INDICATORS</b>	<b>SERVICE SPECIFICATION</b>	<b>EXPECTED OUTCOMES</b>
<b>Enjoy and Achieve</b>	<ul style="list-style-type: none"> <li>● Number of children in good schools close to their placements.</li> <li>● Number of unscheduled changes of school.</li> <li>● School attendance or truancy rate among the child population in the SWP's care.</li> <li>● Exclusions among the child population in the SWP's care.</li> <li>● Educational attainments at school i.e. results in literacy and numeracy.</li> <li>● Children's satisfaction.</li> </ul>	<p>Making access to and integrate specialists services such as speech therapy, special educational support, psychiatric or psychological services when needed.</p> <p>Making access to or encourage children's engagement in leisure or sport activities.</p>	

**Art. 26**  
**Make a Positive Contribution**

The SWP agrees to monitor and report on the quality of conditions critical to children and young people’s sense of inclusiveness, social-psychological development and experience of personal achievements, to measure progress and effectiveness of appropriate actions taken to improve the conditions and environment known to be important and leading indicators pointing to better future outcomes for looked after children and young people placed in its care, and to provide the LA at routine intervals as agreed between the two parties under Art. 7, Part A, with data on the following indicators:

OUTCOMES	PERFORMANCE INDICATORS	SERVICE SPECIFICATION	EXPECTED OUTCOMES
<p><b>Make a Positive Contribution</b></p>	<ul style="list-style-type: none"> <li>● Children in secondary schools participating in election of school or college council.</li> <li>● Number of children active in sport or members of a sport club.</li> <li>● Number of children participating in drama-, music or other club/leisure extra-curricular activities.</li> <li>● Number of children in voluntary or community engagement.</li> <li>● Number of looked after children receiving final warnings, convictions, and ASBOs.</li> <li>● Percentage of children showing positive change in emotional and behavioural development (i.e. a fall in e.g. SDQ scores).</li> <li>● Children’s satisfaction.</li> </ul>	<p>Commission services and activities not provided free of charge but necessary for a children’s development of:</p> <ul style="list-style-type: none"> <li>a) social inclusiveness,</li> <li>b) self-awareness,</li> <li>c) empathy,</li> <li>d) self confidence, and</li> <li>e) social skills.</li> </ul> <p>Making access to and oversee children’s or foster carers’ use of CAMHS or other relevant services when necessary.</p> <p>Making access to and encouraging children’s engagement in voluntary work, leisure or sport activities.</p>	<p>For example: Reduced level of offending.</p>

**Art. 27**  
**Achieve Economic Well-being**

The SWP agrees to monitor and report on the quality of conditions critical to children and young people's educational and skill development, opportunities and future career, to measure progress and effectiveness of appropriate actions taken to improve the conditions and environment known to be important and leading indicators pointing to better future outcomes for looked after children and young people placed in its care, and to provide the LA at routine intervals as agreed between the two parties under Art. 7, Part A, with data on the following indicators:

OUTCOMES	PERFORMANCE INDICATORS	SERVICE SPECIFICATION	EXPECTED OUTCOMES
<b>Achieve Economic Well-being</b>	<ul style="list-style-type: none"> <li>● Number of children in post-16 education or training.</li> <li>● Number of pathway plans completed.</li> <li>● Numbers in accommodation post care.</li> <li>● Children's satisfaction.</li> </ul>	<p>Inform and encourage children to have post-16 education or vocational training.</p> <p>Encourage and facilitate discussion with children and foster carers about future opportunities.</p> <p>Co-operate with providers of services to care leavers.</p>	

## A.3 Child Care Services in Transition: Some Lessons from International Experience

Child care systems in many countries have been and still are undergoing substantial changes. However, the idea of professionally-led, independent social work practices akin to GP practices in the UK seems to be quite a unique and innovative approach to challenges facing the care system.

Although these changes exhibit similar trends, including the increasing diversity of the service delivery systems, they do have different drivers. They are either a direct result of public policy change in child care triggered by bad performances of the system and tragic events, or they emerge as a result of adjustment strategies in which service providers are responding to changes caused by broader policy reforms or a more long-term policy development. For instance, in south Australia and many states in the United States (such as Michigan, Kansas, Illinois, Florida and Texas) changes in the system followed a comprehensive overhaul of what was seen as poorly performing services, and in Ontario, Canada, a series of government reforms were triggered by a series of inquests into deaths of children who had received child welfare services in the 1990s. In Denmark, the foster care system is adjusting to major structural change and in Sweden foster care services have been undergoing more gradual profession-driven changes.

Changes in child care systems have in common the following: there is a clear separation between commissioning and the provision of services, they have privatisation as an ingredient, and they affect or are more directed towards the supply-side of the care system. More precisely, they apply to the definition of tasks and responsibilities, where to draw the line between commissioning and provision, the public and the private sectors, and to the various means by which this division is established and managed. However, they also vary greatly in degree and motives.

The demand-side of the child care system stays similar across countries like UK, Sweden, Denmark, Australia and the US, i.e. financing, child protection services and assessment of needs remain the responsibility of public authorities and public services. In Canada, however, financing is public but child protection services and assessment of needs are in the hands of private non-profit organisations operating at arm's length from the Ministry. These private non-profit organisations hold both a commissioning and a provider role, but in the other countries usually social services departments keep the commissioning role. In general, needs for foster care placements are growing, the length of time in a foster placement is increasing, there is more emphasis on

placements with foster carers as opposed to residential care, and there are increasing concerns about outcomes and the life chances of looked after children and young people. A call for more stability and continuity in the lives of children looked after by public authorities is a common feature across those countries. Australia, New Zealand and Canada have in common an overrepresentation of indigenous children in care which has a supply-side effect since kinship care is prevalent and a distinctive and institutionalised feature of the care systems (Australian Institute of Family Studies 2005).

On the supply side of the care systems in the earlier mentioned countries we find public as well as private provision of services in which independent private non-profit fostering services have developed from a more voluntary based system. In addition these services are now becoming increasingly more professionalised in the sense that more members of their staff who deal with looked after children and their fostering families have professional qualifications, mostly qualified social worker status. Alongside the public service organisations, these independent organisations provide foster care placements and various related services such as counselling, health and educational support services, training and support for foster carers, and regular visits and monitoring of the looked after child or young person.

## Scandinavia

In Denmark and Sweden the public provision of foster care services is the dominant mode with private provision only on a small scale. Local authorities are the biggest providers and they have been commissioning services from independent, private non-profit, highly professionalised providers. Public and private provision has been seen as running hand-in-hand, since the private organisations have been an important source of support, reserve capacity and innovation, akin to the UK experience (Sellick 2006).

**In Sweden** the process of change has been gradual and a part of a development of spontaneous privatisation where professionals have gone privately and then provide back various types of services to local authorities. It is a profession-driven privatisation pursued as a strategy for professionalisation (Dellgran and Höjer 2005) and as a response to increasing demand for high quality, knowledge-based services for children in foster care (Nilsson 2007). In the field of foster care and services for looked after children a number of independent organisations work in partnership with local authorities all over Sweden offering local authorities information, professional expertise and practical advice, and a range of services for foster carers and their children. Some operate as interest groups raising awareness and improving the standard of services for looked after children (Familjehemmens Riksförbund website).

**In Denmark** the balance between the level of public and private provision seems to be going in an opposite direction compared to Sweden, i.e. moving from private back to public provision of foster care services. The public sector in Denmark is undergoing centrally-driven, major organisational restructuring involving large scale mergers of local authorities designed to improve their capacity to plan, finance and deliver a comprehensive set of services. Fewer but larger local authorities are increasingly providing the full scale foster care services themselves and reducing the amount of services commissioned from private providers.

In an attempt to maintain their share in the provision of foster care services, private providers are struggling to compete with local authorities. However they are adjusting by developing their services and moving into new areas within the child care service sector (Holm-Petersen 2006).

Local authorities (LAs) do commission services from the private providers but often on an unplanned basis similar to “spot purchased” services purchased by LAs from independent fostering agencies (IFAs) in Britain (Sellick 2006).

In 2005, one LA (Hilleröd kommune) formed a public-private partnership with one of these private providers operating in the Copenhagen region (Fredriksborg Amt Family Care) in which the partners have established a more formal and long-term contract to co-operate<sup>5</sup>. The main objectives are to simplify administrative processes, improve coherence and continuity in the overall process of foster care placements and in implementing the care plan, and to explore ways of cost-containment without reducing quality of services (Familjeplejen Danmark 2006).

Overall, Sweden and Denmark have much in common with the UK system of services for looked after children and young people (Sellick and Connolly 2002, Sellick and Howell 2004). For example, although providing only a small proportion of the total services provided for looked after children, a growing number of independent fostering providers has become increasingly more professionalised and staffed by qualified social workers, social pedagogues, teachers specialised in services for children with special educational needs and/or social workers trained as family therapists. Most social workers have a background in child care services inside the public sector, a considerable experience and expertise in this field of service provision, and are frequently cooperating with their professional colleagues in the public sector that have a similar mind-set share the understanding of the process of planning services for children.

Also, the working arrangements do have more in common with what has been termed in the UK as “spot-purchasing” of services (Sellick 2006). However, the lessons from these countries offer little by means of independent evaluation in terms of measuring outcomes of services, whether in measuring contract performance or outcomes for the children. Countries with a larger scale publicly financed, privately provided foster care services may be more helpful in providing information based on experience from applying outcome-measures, performance indicators and various payment schemes.

## The Anglo-Sphere

In South Australia and in Michigan, Kansas, Texas, Florida, Ohio, Illinois and some other states of the US, the changes form a part of liberalisation strategies introducing market principles into public services and as such are politically planned or policy-driven. The aim, with an already large private sector in this field of service provision, in most cases is now to complete the separation between commissioning and provision and to eliminate a dual foster care system by outsourcing all foster carer services, i.e. a complete transfer of foster placement and related services to the private sector through the use of performance-based contracts. By operating agencies providing both services and contracts for the same provision the public sector was, in fact, regulating itself. The route towards better quality of foster care services is seen to be about building a stronger accountability by eliminating a potential conflict of interest. That involves a complete separation of the roles of commissioning and provision of services, in which public authorities are left with the role of commissioning and regulation with a greater emphasis being placed on contracting skills and strengthening of contract monitoring and licensing (Barber 2001, Barber 2004, Texas State Comptroller 2004).

5 An arrangement Sellick (2006) has referred to as “a middle position” of local authorities and IFAs entering into service level or contractual agreements in Britain, a position being in between “spot purchasing” and “outsourcing” all or most of foster care responsibilities to private or voluntary agencies.

## Dangers of Monopoly: South Australia

Independent evaluation of the South Australian case has not been positive. Under the requirements of Australia's National Competition Policy, foster care services in South Australia, responsible for recruitment, assessment, training and ongoing support of foster carers were put out to public tender in 1997. After reviewing all of the tenders a decision was made to award the metropolitan area services to two different independent providers. Under intense lobbying of the Minister for Family and Community Services by one of the agencies, that decision was overturned and both metropolitan areas were awarded to that agency (Barber 2001). In consequence, the competitive tendering in South Australia resulted in a monopoly provision of services in the metropolitan areas as some established foster care providers lost their funding and were squeezed out, and thus a capacity to deliver and compete for foster care services in the future was lost.

## Managed care and outcome-based contracting: The US experiences

US states' experiences can offer some lessons from experimenting with various models of performance indicators, outcome measures and payment systems under the guidance from the US General Accounting Office (GAO) and professional scrutiny of standards for child welfare services by the Child Welfare League of America (2003).

A study by the US General Accounting Office (2000) highlighted innovative financial approaches used in foster care in 27 localities across 14 states. It found that a number of states and localities were using managed care initiatives, and that they set performance standards, and incorporated financial incentives in their contracts to hold foster care providers accountable for performance and results. For example, in Philadelphia (2003) the Division of Social Services developed contract language directing foster care providers to measure their results through client outcomes, and worked with providers in developing its model. Philadelphia foster care providers are paid based on how well they can achieve positive outcomes for foster children.

In most of the 27 initiatives studied by GAO, states and localities had contracted with experienced private non-profit, community based providers – many of whom had had a long history of providing child welfare services for states and localities. As managed care entities operating under a capitated payment scheme, these providers take lead responsibility for co-ordinating specified child welfare services for a defined population of children and families. As a single point of entry to the service system, the managed care entity usually must provide, create, or purchase a wide range of services to meet the needs of children and families. If not providing services itself, this primary contractor may develop and sub- contract with a network of service providers to make available the services that referred clients need.

However, there were some variations in the way states and localities organised their managed care model (GAO 1998, GAO 2000). The managed care arrangements generally fell into one of the four following managed care models:

### 1. Public Agency Model:

A public model maintains the traditional management and service-delivery structure while the public agency incorporates managed care elements into its own practices and existing contracts with service providers. Illinois is an example here. Illinois began performance contracting in 1997, received an award from the Harvard Innovations in American Government programme in 2000, and has been pointed out as a good



example for other states to follow in designing outcome-based contracts (Texas State Comptroller 2004 ; 260-263) (further details overleaf).

## 2. Lead Agency Model:

In this model a public agency contracts with a private entity that is responsible for coordinating and providing all necessary services – either directly itself or by sub-contracting with a network of service providers – for a defined population of children and families. Michigan and Kansas have adapted this model. Five contractors and 25 non-profit providers offer foster care services and programmes in Kansas (by Nov. 2003). The University of Kansas works with the Department of Social and Rehabilitation Services to provide training and evaluation services for the private foster care agencies. Researchers at the Heartland Institute describe the privatisation of foster care in Kansas as a great success (October 2003) (Texas State Comptroller 2004; 263-264) (further details overleaf).

## 3. Administrative Services Organisation Model:

A public agency contracts with a private organisation for administrative services only, and direct services are structured as in the lead agency or public agency models. Massachusetts has combined this model with a lead agency model. Massachusetts took an incremental approach and did not introduce performance standards in the lead agencies' contract until the third year of operation, and sufficient information had been collected to establish a baseline from which to set standards. Massachusetts has reported increased overall costs of its initiative mainly due to increased administrative costs, but reported better outcomes since more children had moved from residential treatment to less restrictive settings.

## 4. Managed Care Organisation (MCO):

A public agency contracts with a private organisation as in lead agency model, but the MCO arranges the delivery of all necessary services by sub-contracting with other service providers and does not itself provide direct services. Indiana adapted this model but no reports on outcomes were provided in the GAO's study in 2000.

In every initiative the state or locality had continued to conduct all child protection functions related to investigating reports of child maltreatment including recommending to the courts whether a child should enter the child welfare system for protective or any other services. A child enters the managed care system on the basis of a referral from the state or locality to the managed care entity. In some initiatives the states and localities also maintained its presence by retaining the authority to approve contractors' decisions related to reducing a child's level of care.

To monitor more effectively the progress of children and families and hold service providers accountable for their services, states and localities were taking steps towards a more performance-based and results-orientated approach. While moving from a process-monitoring environment to a performance-based approach, data systems have become the linchpin between a state's or a locality's efforts to identify and measure outcomes and thus fully implement such a performance-based, result orientated system.

The GAO study from 2000 identified common outcome measures used to determine the success of performance-based contracting initiatives. Outcomes and measures are grouped into five categories including 1) safety, 2) permanency, 3) well-being, 4) stability and 5) satisfaction.

The initial evaluation of these initiatives found that about half of them moved greater numbers of children into permanent homes, and often more quickly, than conventional programmes. The study also cited improvements in school performance, family relationships and parenting skills.

Kansas (2003) was the first state in the US to completely outsource its adoption, foster care and family preservation programmes and, with considerable public controversy, shift them to managed care or “capitated” payment methods in 1997. In 2000 the “managed care” model, which had paid a flat rate per child, was changed to a system that reimbursed contractors monthly based on the number of children they serve. Kansas Action for Children, an advocacy group for children’s welfare issues commented that the managed care model had several problems, the foremost being a lack of attention to prevention programmes and services that keep children out of foster care in the first place. The Child Welfare League of America released a report in 2003 analysing the Kansas experience the report found that Kansas had moved too fast to full outsourcing in just one year and identified four major issues that should be taken into account by other states contemplating a similar system. These were: 1) rapid systemic changes are not advisable, 2) reliable cost data are crucial, 3) outsourcing will not necessarily control costs, and 4) outcomes and performance measures are critical and must be refined based on experience (Child Welfare League of America 2003; 49-61, 64-71).

The Illinois (2004) Department of Children and Family Services used a contract which specified that, when private child placing agencies reunite foster children with their families, the reunification must last for at least 12 continuous months if the agency is to claim a positive performance outcome. Thus the agency must work diligently to ensure the reunification process is successful. Illinois uses a system of bonus payments to enforce quality contracting provision. It offers bonuses to contractors that move more than a specified percentage of their caseload into permanent living arrangements. Illinois has been particularly recommended as a good model for an outcome-based approach for all foster care services (Texas State Comptroller 2004; 30).

### Short-lived regulation: Ontario, Canada.

The Canadian story provides a different lesson. In Ontario, the biggest province in Canada with a population of 12.6 million, the government's role in child protection is to legislate, fund and monitor the child welfare system. The Ministry of Children and Youth Services in Ontario (the Ministry) is responsible for services to children and youths. The Ministry sets policy and provides program design for child welfare. Under the provisions of the Child and Family Services Act (the Act), the Ministry contracts with 53 local not-for-profit children's aid societies (CASs) for delivery of the legislated Child Welfare Services Programme in their respective jurisdictions (Ministry of Children and Youth Services Website 2007).

As part of the Child Welfare Services Programme, child protection services are provided by a single local CAS in each 53 areas all over Ontario. Each CAS operates at arm’s length from the Ministry and is governed by an independent volunteer Board of Directors. The CASs have exclusive responsibility for the provision of the services under the Act. The Ministry's nine regional offices monitor the CASs in their regions.

Children's Aid Societies are private-non-profit organisations operating at arm's length from the Ministry. When a child has, on court order, become a Crown ward, Children's Aid Societies assume the parental responsibility for the child, and they plan and provide a full range of children's protection services in their respective area, i.e. the intake processes, needs assessments, care planning and decision-making processes about service specification and delivery. In other words, they hold both a commissioning and a provider role. In this respect, they take up similar functions as local authorities in Britain. But, while they are private organisations, they also have a monopoly provision of child protection services in their respective areas. In that position they obtain a monopoly of information and knowledge about how professional judgements and administrative practices intersect and the resulting effect that intersection has on quality and costs.

In 2006 the Ontario Auditor-General published his first value-for-money audit report of the Child Welfare Services Programme. The report found that under the Programme, transfer payments from the Ministry to the CASs in Ontario had begun to increase substantially in the late 1990s and by 2004/05 these had more than doubled. The overall transfer payments had increased at a significantly higher rate than the key underlying service volumes. While the CASs' expenditures net of CAS-generated funds more than doubled between the 1998/99 and 2004/05 fiscal years, the key service volumes, including the number of families served increased by only about 40% (Auditor General 2006; 60). Moreover, although the Ministry had three accountability mechanisms to help ensure that it received value for money from the CASs, there was no evidence in most cases that Ministry staff even reviewed these reports or followed them up with CAS staff to ensure that necessary corrective actions were being taken.

There were some systemic reasons for this dramatic rise in Child Welfare Services expenditure which date back to events in the 1990s. After a series of inquests into the deaths of children who had received child welfare services in 1998, the Ministry of Community and Social Services, then responsible for Children's Services, had responded by launching the Child Welfare Reform in 1998-2000. This included amongst other things a new funding framework (1998), an introduction of a mandatory, standardised risk assessment tool (1998), the Ontario Risk Assessment Model (ORAM), and legislative changes (2000) adding emotional harm and neglect to the list of conditions for which children required protection.

It has been consistently noted by observers that imposition of a standardised risk-assessment system has the effect of erring on the side of caution, and thereby increasing the number of children deemed to be in need of protection. The ORAM is often referred to as a "deficit model" of assessment because it highlights areas in which families are deficient and identifies those things families are unable to do. A more balanced means of assessment, often characterised as a "strength-based model" still considers the risk factors for a child or family, but also highlights what a family is able to achieve and what strengths children's services can draw upon from the extended family or the community. These strengths can often be used to provide care and support while requiring less formal and costly intervention from child welfare authorities (Auditor General 2006; 42). Since the implementation of ORAM in Ontario the number of families referred to the child welfare system has nearly doubled and the types of cases being referred have changed dramatically (Ministry of Children and Youth Services 2005).

In 2004 the Ministry of Children and Youth Services (it had just been established and taken over children's welfare services from the Ministry of Community and Social Services) created the Child Welfare Secretariat to address the key conclusions of a newly published Child Welfare Programme

Evaluation. The Child Welfare Transformation Agenda, a strategic plan for a flexible, sustainable and outcome oriented service delivery model, was launched in 2005.

## Conclusions

There is not much to be found in international literature resembling the idea of social work practices akin to GP practices in the UK. This idea seems to be quite innovative and thus deserves to be explored by ways of piloting in which a carefully designed model, sensitive to the particularities of the UK context should be tested.

In designing a pilot and developing the new UK model of services for looked after children, there are some lessons to be learned about the systemic effects of a policy-driven intervention. These include:

- the dangers of a monopoly (Australia);
- the development of strategic instruments such as contracts based on performance indicators and outcome measures linked to payment systems and financial incentives (various US experiences);
- the role of the purchaser/provider split in creating more independent and autonomous decision-making, and thereby driving professionalisation (Scandinavia); and
- the range of models illustrating where to draw the lines of division of tasks and responsibilities, between commissioning and provision and between public and private provision, ranging from a very narrow model (Scandinavia) to a complete model (Ontario, Canada).

The key lesson from Canada relates to the issue of regulation. Like in the case of Victoria Climbié in England, deaths of children who had received welfare services in Ontario had initiated a stream of policy programmes and accountability mechanisms. The Canadian story is well captured in John Kenneth Galbraith's dictum: "*The life-cycle of the regulator is very short*". At the beginning, in a flush of determination, a policy reform is implemented and numerous reporting practices and reviewing mechanisms to ensure accountability are put in place. There is then a period of routinisation of procedures. But soon reports are written, but not read and no actions follow. The regulators then may become sociable with the regulated or "captured", and regulation becomes ineffective. It may take a crisis or alarming statistical indicators to trigger a new cycle.

Internationally, child welfare services are in a state of transition. Elements of devolution, diversity, flexibility, incentives, outcome-focused measurements, performance indicators, and spreading of best practice based on research evidence are common ingredients in those changes. Policies and programmes including various mixtures of these elements are marking a cultural shift in this field of public services.

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