Calculating the cost and capacity implications for local authorities implementing the Laming (2009) recommendations

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Contents

1. Background and aims and objectives

1.1 The 'Baby Peter' case, Lord Laming's Progress Report, *The Protection of Children in England*, and the government's subsequent action plan emphasise the importance of accurate and early identification of the needs of children and their families and the importance of quality assessments to inform plans and service responses (Laming, 2009; HM Government, 2009). Laming (2009) highlights the importance of 'robust and consistent implementation of policies and procedures' and the 'effective translation of these into day-to-day practice' (p.3-4). This report explores the cost and capacity implications for children's social care of responding to Laming's recommendations as they try to meet 'three essential requirements – to protect children and promote their well-being; to support families; and to make efficient use of local authority resources' (Dickens et al., 2007, p.598). Six of the 58 Laming recommendations are explored, with an emphasis on referral and assessment processes, case-loads, appropriate levels of supervision, training and support.

1.2 The study was commissioned by the Local Government Association (LGA) to provide unit costs, along with contextual information on the wider issues that impact on the implementation of the recommendations, for the forthcoming Spending Review. The timescales for completion of the study were short and all data were collected between October 2009 and January 2010.

1.3 The 'bottom up' costing methodology (Beecham, 2000) adopted has been successfully employed in a number of studies to explore the costs and outcomes of child welfare interventions (Ward, Holmes and Soper, 2008; Holmes, Westlake and Ward, 2008; Holmes, McDermid and Sempik, 2009). It allows for the development of a detailed and transparent picture of costs of providing a service, and of the elements that are necessary to support service delivery. This method facilitates comparisons of costs and allows for variations in costs according to the needs of children, decision making processes and approaches to service delivery to be considered.

1.4 The presented findings are based on national survey data provided by 46 local authorities and in-depth work carried out with nine authorities. This aspect of the study included: a survey of 34 frontline workers to explore case-loads, supervision, training and support; a survey of 33 frontline workers to obtain 'time use activity data' for the calculation of unit costs, plus additional 'time use activity data from 21 workers across two additional authorities participating in a related study[1] (total of 54 workers); interviews with safeguarding managers across the nine authorities and focus groups with frontline staff in four of the authorities to provide a greater insight into key practice issues. Further details of the methodology and response rates are outlined in Appendices One and Two.

1.5 The following sections of the report outline the key issues in relation to the six Laming recommendations identified in partnership with the project funders (LGA) at the commencement of the study, 11,15,16,19,20 and parts (1) and (3) of recommendation 24. These six recommendations are outlined in Box 1 below. Data from all of the elements of the study outlined in 1.4 above have been used to provide contextual evidence to assist with the interpretation of the unit cost data. Unit costs have been calculated where appropriate.

[1] Extension of the Cost Calculator for Children's Services to all Children in Need, funded by Department for Children, Schools and Families (Holmes, McDermid and Ward, forthcoming, 2010).

Box 1: Laming recommendations

19. The Department for Children, Schools and Families must strengthen *Working Together to Safeguard Children*, and Children's Trusts must take appropriate action to ensure:

- all referrals to children's services from other professionals lead to an initial assessment, including direct involvement with the child or young person and their family, and the direct engagement with, and feedback to, the referring professional;
- core group meetings, reviews and casework decisions include all the professionals involved with the child, particularly police, health, youth services and education colleagues. Records must be kept which must include the written views of those who cannot make such meetings; and
- formal procedures are in place for managing a conflict of opinions between professionals from different services over the safety of a child.

20. All police, probation, adult mental health and adult drug and alcohol services should have well understood referral processes which prioritise the protection and well-being of children. These should include automatic referral where domestic violence or drug or alcohol abuse may put a child at risk of abuse or neglect.

15. The Social Work Task Force should establish guidelines on guaranteed supervision time for social workers that may vary depending on experience.

16. The Department for Children, Schools and Families should revise *Working Together to Safeguard Children* to set out the elements of high quality supervision focused on case planning, constructive challenge and professional development.

11. The Department for Children, Schools and Families should revise *Working Together to Safeguard Children* to set out clear expectations at all points where concerns about a child's safety are received, ensuring intake/duty teams have sufficient training and expertise to take referrals and that staff have immediate, on-site support available from an experienced social worker. Local authorities should take appropriate action to implement these changes.

24. The Social Work Task Force should:

- develop the basis for a national children's social worker supply strategy that will address recruitment and retention difficulties, to be implemented by the Department for Children, Schools and Families. This should have a particular emphasis on child protection social workers;
- work with the Children's Workforce Development Council and other partners to implement, on a national basis, clear progression routes for children's social workers;
- develop national guidelines setting out maximum case-loads of children in need and child protection cases, supported by a weighting mechanism to reflect the complexity of cases, that will help plan the workloads of children's social workers; and
- develop a strategy for remodelling children's social work which delivers shared ownership of cases, administrative support and multi-disciplinary support to be delivered nationally.

1.6 Thirty three authorities (33/42) indicated that they had made changes to their referral, assessment or supervision processes following the release of *The Protection of Children in England* (Laming, 2009). There were variations in the actions taken across authorities, however, the most common responses were: an increase in managerial oversight of cases, strengthening audit systems and developments or changes to supervision policies.

1.7 Safeguarding managers reflected that their practice was largely in line with recommendations but that they had taken the opportunity to review this in light of Laming's recommendations and the Government's subsequent

response (HM Government, 2009). The high profile nature of child protection following media attention was perceived to have helped secure resources and/or given a renewed impetus to implementation of projects aimed at strengthening practice and promoting integrated working to safeguard children from harm. Overall, however, it became clear during the course of the study that making a clear distinction between practice pre and post Laming is problematic.

1.8 The study focuses on 'front door' delivery of services and the work of intake and referral teams. Data from the national survey revealed that the majority of teams (42:91%) continue to work on cases up to or beyond the completion of core assessments. Around a quarter of these teams (11) were holding children in need cases and were involved in either Section 47, child protection enquiries or completion of case work as part of the Public Law Outline. The wide remit of many teams may result in the prioritisation of child protection cases at the expense of children in need cases. There is also potential for workload and capacity issues to influence decisions on further action, particularly in borderline cases. Such issues require consideration in interpreting the implications of changing patterns of demand on teams and workflow.

1.9 A number of authorities had also introduced contact or screening teams to offer advice and information. Box 2 offers two examples of authority structures.

Box 2: Examples of authority intake and referral structures and remit

Authority X is a large shire with multiple area teams that deal with all contact and referrals. The teams also complete initial and core assessments when appropriate. If necessary they progress cases to initial child protection case conference or initial court hearing. Each of the teams comprises a team manager and deputy manager; six social workers and 1-2 unqualified fieldwork support officers. Two of the teams are multi-agency.

Authority Y is a metropolitan borough with a citywide children's social care response team. This team deals with all contacts and referrals. If an initial assessment is required the case is passed on to one of six district teams. Each of these district teams comprises three team managers; one senior practitioner and five social workers.

2. Recommendations 19 (1) and 20: Referral and assessment processes

The Department for Children, Schools and Families must strengthen Working Together to Safeguard Children, and Children's Trusts must take appropriate action to ensure:

- *all referrals to children's services from other professionals lead to an initial assessment, including direct involvement with the child or young person and their family, and the direct engagement with, and feedback to, the referring professional;*

All police, probation, adult mental health and adult drug and alcohol services should have well understood referral processes which prioritise the protection and well-being of children. These should include automatic referral where domestic violence or drug or alcohol abuse may put a child at risk of abuse or neglect. (Recommendation 19 (1) and 20)

2.1 Time spent and cost of contacts, referrals and initial assessments

2.1.1 The findings from frontline worker Survey B revealed considerable variations in the time social care professionals spent on responding to initial contacts and referrals. Activities include those outlined in Box 3 below. The development of the framework for the identification of these activities is outlined in Appendix One. It was evident from the 'time use activity data' and the focus group discussions that the reported activity times are based on workers completing all the processes and procedures outlined in Working Together to Safeguard Children (HM Government, 2006 and HM Government, 2009). However, having sufficient time for all of the tasks within the processes is determined by workload pressures and workers expressed concerns that tasks are likely to have to be prioritised when they experience increases in their workloads. Workers perceptions of the quality of assessments and the time spent on different activities within these processes are explored in more detail below and in Section 9 of the report.

Box 3: Initial contact and referral activities

- Initial contact phone call
- Case file check on management information system (MIS)
- Checked by team leader to allocate case
- Case file updated on MIS
- Fact finding/liaising with other professionals
- Initial reading of contact form and case records
- Direct contact with birth family
- Contact with other professionals
- Feedback to referrers

2.1.2 Reported social work time spent on activities relating to initial contacts ranged from 15 minutes to just over three hours. On average, social workers spent 49 minutes responding to initial contacts and team leaders spent 30 minutes managing each of these. Based on the average unit costs per hour (outlined in Appendix One) initial contacts cost £36.94. Referrals cost an additional £117.41, based on these taking 4 hours 40 minutes (mean average)[2]. This figure includes time spent on feedback to referrers, which took up to 30 minutes per referral (average 18 minutes).

2.1.3 There was also considerable variation in the reported time spent on initial assessments, with social workers recording that they spent between 4 hrs 40 minutes and more than 20 hours completing an initial assessment[3]. The mean average time spent by social workers was 10.5 hours. Administrators spent 30 minutes on average undertaking activity for this process. Data were only available from one team manager who reported spending 2 hours 25 minutes on an initial assessment. The average cost of an initial assessment (including time spent by the social worker, team manager and administrator) was calculated as £361.70.

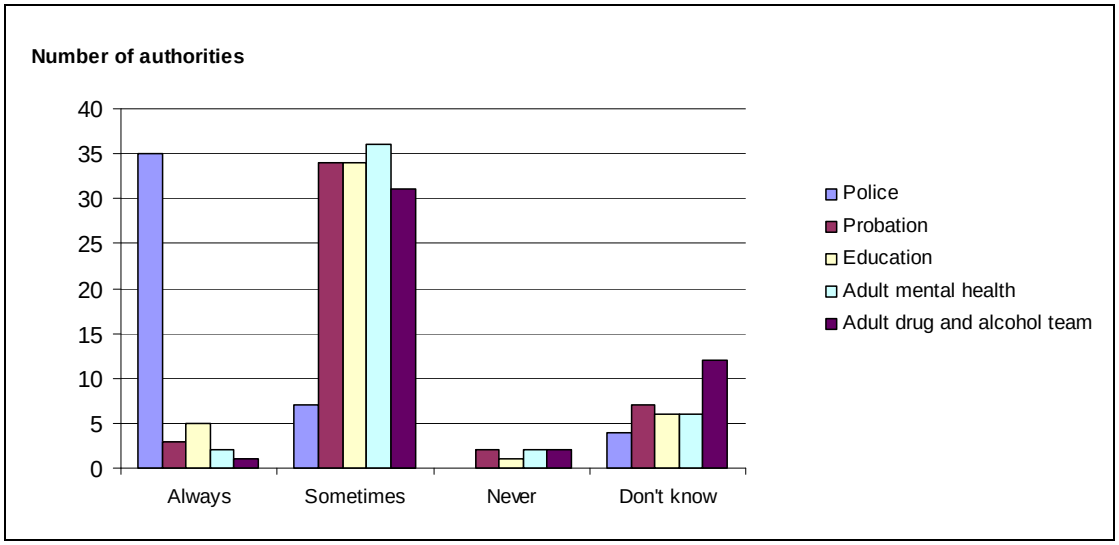
[2] The length of time recorded for a referral (after the initial contact activity) ranged from 2 ½ hours to more than 13hrs.
[3] A breakdown of all the activities undertaken for the completion of an initial assessment is outlined in Appendix One.

2.1.4 The figures presented above outline *average* time and figures. Findings from the wider costs and outcomes programme being undertaken at the Centre for Child and Family Research (CCFR) demonstrate that there can be considerable variations in the costs of social work processes, which are (in part at least) attributable to children's needs and circumstances (Ward et al., 2008). The wider programme of research has also identified variations in activities according to local policies and procedures. In the current study, frontline workers were asked to identify whether they tended to spend more or less on certain types of case, for example, cases involving drug or alcohol misuse, domestic violence or those in which assessments were being undertaken on sibling groups. On the whole, at the point of initial assessment there was not a strong indication, or a consensus between respondents, that specific circumstances or case types required considerable extra work. However, some workers did indicate variability in their activity on a case by case basis. Some workers also expressed difficulties recording times for *average* cases, and highlighted the importance of considering each case on an individual basis.

2.2 Referral practices and thresholds

2.2.1 Findings from the national survey did reveal variations in referral practices across agencies, as Figure 1, overleaf shows. Just over three quarters (76%) of children's services departments reported that the police 'always' referred cases when there were concerns that domestic violence, drug or alcohol misuse may be present in a family. On the whole, other agencies, including adult drug and alcohol teams, adult mental health services, probation and education 'sometimes' referred such cases. With the exception of those from the police, only a small proportion of referrals from other agencies were perceived to 'always' contain enough information to assist social care professionals in determining an appropriate course of action.

Figure 1: Referral practices across agencies where there are concerns that domestic violence, drug or alcohol misuse may be present in a family



2.2.2 The police were cited as having a good understanding of referral processes more often than any other agency. Sixty seven per cent of authorities judged police understanding of the referral *process* as 'good'. A lower percentage felt that their understanding of thresholds was good (43%), as Table 1, below, shows. The quality of referral information from the police was judged to be 'good' by 28% of local authorities in the survey. Health came second to the police in understanding of referrals and thresholds. The *quality* of referral information from Health was classified as 'good' by 39 per cent of authorities. This surpasses the 28 per cent of local authorities in the survey that judged police information to be 'good'. Interviews with social work managers and frontline practitioners revealed that there had been a rise in domestic violence contacts and referrals. While in part this was perceived to be attributable to improved recognition of the impact of domestic violence, which was welcomed, some professionals felt that many cases did not meet the threshold for statutory intervention and that they did not have the capacity to respond. One safeguarding manager suggested that the police were failing to consider the severity or impact of domestic violence on the child and were simply transferring information and thus responsibility to children's social care. Frontline practitioners also raised concerns about this. The importance of

support services within the community to support victims of domestic violence was also noted.

2.2.3 Table 1 below, provides further information on how children's services perceive other agencies understanding of thresholds, the referral process and the quality of information they supply. Qualitative findings indicate that some progress has been made in respect of inter-agency working and relationships but that there is still some way to go (see also France, Munro and Waring, forthcoming 2010).

Table 1: Understanding of thresholds and referral processes by agency

Understanding of thresholds	**Health**	**Police**	**Probation**	**Education**	**Youth Services**	**Third Sector**
Good	15	20	5	7	7	4
Reasonable	24	18	26	27	18	22
Poor	2	3	10	7	14	12
Don't know	5	5	5	5	7	8
Understanding of referral process	**Health**	**Police**	**Probation**	**Education**	**Youth Services**	**Third Sector**
Good	27	31	14	19	15	8
Reasonable	13	8	21	20	13	22
Poor	1	1	5	1	9	7
Don't know	5	6	6	6	9	9
Quality of referral information	**Health**	**Police**	**Probation**	**Education**	**Youth Services**	**Third Sector**
Good	18	13	8	7	4	4
Reasonable	20	23	25	28	21	24
Poor	2	4	6	4	11	8
Don't know	6	6	7	7	10	10

2.2.4 During the focus groups frontline workers also reported that the quality of referrals impacts on their capacity and the time taken to complete referrals:

"*sometimes the quality of the information that comes through is absolutely awful and it takes us time, a lot of time to go back and say, well, what did you mean by this because the information is awful […] and often it is the social care worker that gets stuck with it and they could use their time, much more productively than they do (LA D).*"

2.3 Changes in the volume of work and the impact of these

2.3.1 Local authorities participating in the in-depth work indicated that they had experienced an increase in contacts and/or referrals following the media attention surrounding the Baby Peter Case. However, some noted that increases in the volume of statutory work requiring allocation did not appear to be linked to the 'Haringey effect' alone. Changes in patterns of contacts and referral can place additional pressures on referral and intake teams and also influence workflow to longer term teams. While it may be viable to manage fluctuations in demand and increases in referral rates in the short term, sustained increases are likely to necessitate the appointment of additional staff. Examples of the changes in workflow and the cost implications of these are explored for two authorities in Boxes 4 and 5. The calculations are based on the figures explained in 2.1 above and summarised in Table 2 below.

Table 2: Summary of average unit costs

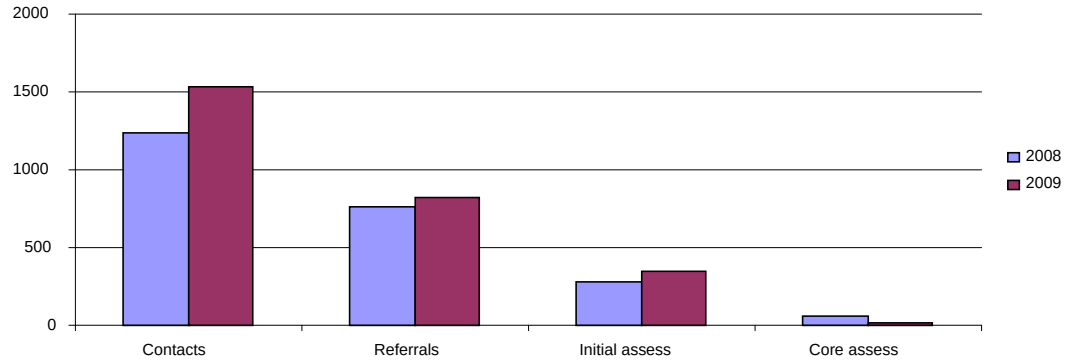
Process	**Average unit cost (£)**
Initial contact	36.94
Referral	117.41
Initial assessment	361.70
Core assessment[1]	660.45

[1] Time use activity data to calculate the cost of core assessments has not been collected as part of this study. The activity figure of 26 ¼ hours has been taken from Cleaver and Walker with Meadows (2004) and multiplied by the unit cost per hour for a social worker outlined in Appendix One.

Box 4: Case study one (Authority A)

Figure 2 below shows the number of contacts, referrals, initial and core assessments for Authority A over a three month period in 2008, and then for the same three months in 2009 (1 June to 31 August).

Figure 2: Contacts, referrals, initial and core assessments in Authority A



Over the same three-month period Authority A experienced an increase in both contacts and referrals (291 and 62 respectively). Using the average unit cost figures shown in Table 2 above the increase in unit costs was £10,749.54 for contacts and a further £7,279.42 for referrals. There was also an increase in the number of initial assessments, costing an additional £24,595.60. The additional work to meet increased demand falls on the intake and referral team.

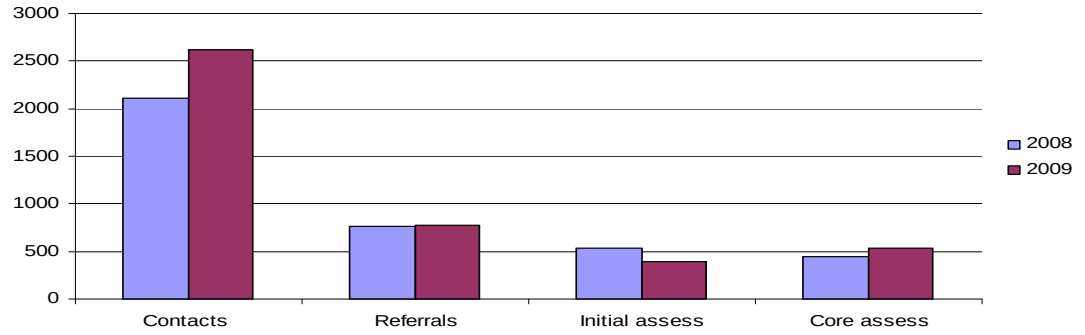
It was identified by the safeguarding manager in Authority A that further work needed to be done to develop the use of the Common Assessment Framework and that the team were spending a lot of time offering advice and support and signposting to other agencies. While the authority had experienced increases in contacts, referrals and initial assessments there was a reduction in the number of core assessments they undertook (62 down to 20) thereby resulting in a reduction in costs of £27,738.90. Within the authority in question core assessments are predominately undertaken by one of the longer term teams, not the intake and referral team, as such the reduction in core assessments does not immediately reduce pressure on the front door.

[4] A section 47 enquiry is a child protection enquiry under the Children Act (1989). The enquiry must always be formally carried out when there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm.

Box 5: Case study two (Authority C)

Figure 3 below shows the number of contacts, referrals, initial and core assessments for Authority C over a three-month period in 2008, and then for the same three months in 2009 (1 June to 31 August).

Figure 3: Contacts, referrals, initial and core assessments in Authority C



As with Authority A, there was an increase in the number of initial contacts in Authority C, with just over 500 more initial contacts in 2009. This is an increase in costs of £18,802.46. The number of referrals increased only slightly and there was a reduction in the number of initial assessments (a £53,893.30 reduction in costs for initial assessments). However, there was an increase in the number of core assessments, with an additional 88 core assessments being completed for the same three-month period in 2009. This is an increase of £58,119.60 in costs for core assessments.

Social work professionals identified a number of reasons for the increases they had experienced in contacts and referrals. These include: public and professional anxiety post Haringey; the additional pressure some families are facing in the current economic climate; and unmet need. Interviews with safeguarding managers and focus groups with social workers and team leaders revealed frustration at the requirement that *all* referrals to children's services from other professionals lead to an initial assessment. The tragic death of Baby Peter was seen to have increased other professional anxiety and concern and as such had led to an increase in contacts and referrals. To some extent other agencies were perceived by social work professionals to be divorcing themselves from their responsibilities meaning that intake and referral teams were spending a considerable amount of time determining which cases meet the threshold for statutory intervention. For example, LA C identified that they had seen a rise in Section 47[4] enquiries but that a significant proportion of these were not resulting in child protection plans. Social workers were then finding that there was a perfectly reasonable explanation that could easily have been ascertained by the referring professional. Other agencies anxieties were also seen to be having an impact upon deregistration of cases, which also has an impact on workflow.

2.3.2 The focus groups revealed that frontline practitioners managed increases in contacts and referrals by working longer hours. Similarly the vast majority of respondents for Survey A reported that they usually worked more than their contracted hours. The use of 'time off in lieu' (TOIL) was variable; with most (79%) taking TOIL some of the time. Baginsky and colleagues (2010, forthcoming) workload survey also found that over 50% of children's social workers were working additional hours. A worker in one of the focus groups highlighted the impact of working the additional hours:

"People are working at capacity all the time, and one of my concerns about that is for people's ability to plan and reflect and just emotionally, deal with crises, dealing with difficult cases and sadness. And I think it takes it toll, but it is one of those things that is difficult to quantify (LA D)."

Increasing levels of demand may also result in prioritisation of certain cases:

"Core work, child protection work and looked after work is the priority at the moment. CiN cases are not getting the support they need. For example, at ISA there are, about 14 CiN, well, they've got so many parental assessments, that the ones they are prioritising are core work, court work, the CP work. So where we've got a CiN case, where it might need some relationships work, or direct work its not, in fact we are not offering them the service at the moment at ISA (LA D)."

2.3.3 Recommendation 19 (1) had not yet been implemented in the four authorities that participated in the focus groups. During these focus group discussions frontline workers were emphatic that it would not be possible to take all referrals from other professionals through to an initial assessment (Recommendation 19 (1)) unless the capacity of the team was increased, or the quality of assessments was compromised. Workers in Authority B prided themselves on the completion of quality assessments and were extremely concerned that this level of quality could not be maintained if Recommendation 19 (1) was implemented. Furthermore, workers in Authority A raised concerns that the recommendation fails to recognise their expertise and professional judgement in assessing risk.

Cost and capacity implication scenario

In order to address Recommendation 19 (1) the capacity of intake and referral teams would need to be increased.

The annual unit cost of employing an additional social worker is **£39,098.64**.

If additional workers were to be appointed the costs of recruitment would also need to be considered.

2.3.4 Workers in Authority A reported that previously, on average, each social worker completed two initial assessments a week, more recently this had risen to three and was having an impact on the capacity of the team, and their time to complete tasks others than initial assessments. During the focus group discussion the team manager estimated that based on current referral rates, if all referrals from other professionals led to an initial assessment the average number of initial assessments per worker per week would rise to twelve; a 300% increase.

Capacity implication scenario

Based on the example from Authority A cited above and the 'time use activity data' outlined in 2.1.3, the average time taken for a worker to complete two initial assessments is 21 hours and constitutes more than half of the contracted working week.

This rise to three initial assessments per week suggests that on average a social worker in Authority A is spending 31 ½ hours completing initial assessments. This leaves six contracted hours per week for referrals, initial contacts, supervision and training.

2.3.5 Authorities B and D also estimated the increase in the number of initial assessments they would need to undertake if Recommendation 19 (1) was implemented. The anticipated increase in initial assessments in Authority B (based on current levels of referrals and initial assessments) was 50%, the estimated increase in authority D was approximately 100%.

2.3.6 As part of the national survey authorities reported the number of contacts, referrals and initial assessments they managed over a three month period in 2009 (1 June and 31 August). The figures available do not provide a breakdown on whether or not referrals were from a professional. However, the national data indicate that if all referrals over that three month period led to an initial assessment this would result in an estimated average increase of 91% (based on data from 36 authorities). The proportion of referrals that led to initial assessments was hugely variable across the authorities and the estimated increase was calculated to range from just 4% to 479%. This highlights the variability across authorities and obviously implementation of Recommendation 19 (1) would have a much bigger impact on those authorities that currently have low proportions of referrals going through to an initial assessment.

2.3.6 It was also acknowledged that failure to offer support and services early could result in the escalation of problems and necessitate higher level intervention at a later date. This also has longer term cost implications as well as having implications for the families concerned.

3. Recommendation 19 (2): Inclusion of all professionals

The Department for Children, Schools and Families must strengthen Working Together to Safeguard Children, and Children's Trusts must take appropriate action to ensure:

- *core group meetings, reviews and casework decisions include all the professionals involved with the child, particularly police, health, youth services and education colleagues. Records must be kept which must include the written views of those who cannot make such meetings.*

(Recommendation 19 (2))

3.1 Findings from the national survey reveal that other agencies attendance at core group meetings and reviews and submission of paperwork for these is varied, as Figures 4 and 5 show. Just under two-thirds (65%) of authorities indicated that health professionals attendance at meetings was 'good', although qualitative data suggests that this may mask some variations according to job role. Interviews with safeguarding managers revealed difficulties engaging GPs and health visitors (see also France, Munro, Waring, forthcoming, 2010; Thompsett et al., 2009).

Figure 4: Children's social care ratings of other agencies attendance at core groups and reviews

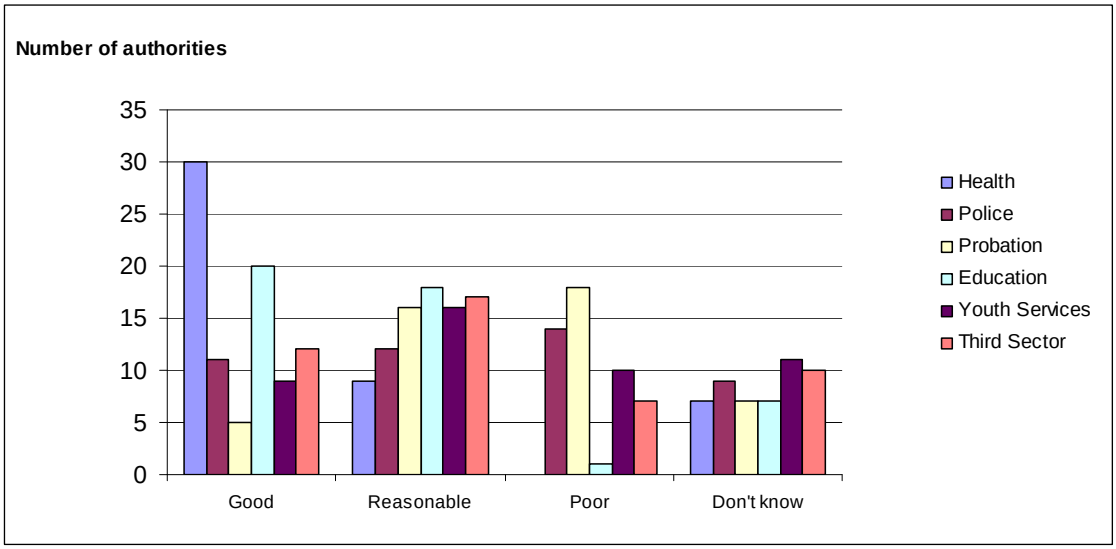
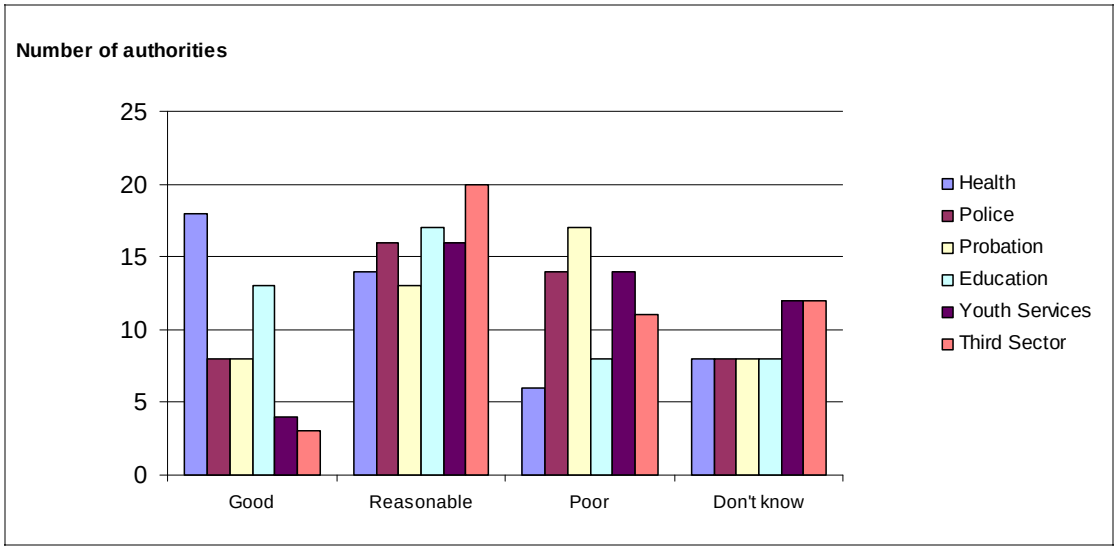


Figure 5: Children's social care ratings of other agencies submission of written reports for core groups and reviews



3.2 Findings from the national evaluation of Local Safeguarding Children Boards also demonstrate that the time and contributions made by other agencies to coordinate and ensure the effectiveness of work to safeguard children from harm are not insubstantial (France, Munro and Waring, forthcoming, 2010).

Cost implication scenario

Inclusion of other professionals at core group meetings, reviews and involvement in casework decisions will have an impact on the wider costs to other agencies. The impact on children's social care costs is likely to be minimal. However, workers indicated that meetings tend to last longer when more professionals are involved.

4. Recommendation 19 (3): Working together

The Department for Children, Schools and Families must strengthen Working Together to Safeguard Children, and Children's Trusts must take appropriate action to ensure:

- *·formal procedures are in place for managing a conflict of opinions between professionals from different services over the safety of a child.*

(Recommendation 19 (3))

4.1 Thirty out of the forty six local authorities that completed the national survey indicated that they had a formal system in place to manage conflicts of opinions between professionals from different services over the safety of a child, however, in more than half of the local areas (17/30) these formal mechanisms were used infrequently (less than four times a year). Interviews indicated that on the whole differences of professional opinion were negotiated and discussed between individual workers and that it was relatively rare for issues to escalate to the point where formal procedures were used to address conflicts of opinion.

Cost implication scenario

The cost of the time taken to set-up a formal system to manage conflict of opinions needs to be considered.

To meet the requirement of Recommendation 19(3) 35% of the authorities that responded to the national survey need to be put these procedures in place. To do so is likely to include the involvement of the Head of Service, or equivalent senior manager at a unit cost of around £74.29 an hour.

5. Recommendations 15 and 16: Supervision

The Social Work Task Force should establish guidelines on guaranteed supervision time for social workers that may vary depending on experience.

The Department for Children, Schools and Families should revise Working Together to Safeguard Children to set out the elements of high quality supervision focused on case planning, constructive challenge and professional development. (Recommendations 15 and 16)

5.1 Guaranteed levels of supervision

5.1.1 Findings from the national survey indicate that the majority of local authorities have a formal supervision policy in place (91%:42). There was little variation in the reported frequency of supervision with most authorities (85%) reporting that supervision sessions are held monthly. In a minority of authorities supervision sessions are held more frequently, either fortnightly or at three weekly intervals. All but two authorities reported that supervision was held more frequently for newly qualified staff, with the frequency increasing to either fortnightly or weekly sessions.

5.1.2 The frontline workers that completed Survey A reiterated these findings. More than two-thirds (71%) of the respondents reported that they received monthly supervision, most of these workers indicated that this frequency was sufficient; three suggested that they would prefer fortnightly supervision sessions. Six workers reported that their supervision sessions occurred less frequently than once a month or were carried out on an 'ad hoc' basis. All but one of these workers indicated that they would prefer more frequent sessions, either monthly or fortnightly.

5.1.3 The supervision sessions lasted on average between one and two hours, all but one of the workers reported that the length of the supervision sessions was sufficient. The quality of the supervision was rated to be

‘satisfactory’ or better, with the majority of workers reporting that supervision was either ‘good’ or ‘excellent’ (29:85%).

5.2 Supervision content

5.2.1 In relation to Recommendation 20 and the content of supervision sessions, the vast majority (96%) of the authorities from the national survey reported that supervision sessions cover all the elements outlined in Recommendation 20 (case planning, constructive challenge and professional development).

5.2.2 The responses from the frontline workers for Survey A, along with the focus groups participants in authorities A and D, suggested that in reality the supervision sessions do not always sufficiently cover professional development, or address workers welfare needs. Workers reported that supervision sessions predominantly focused on case planning. Two thirds of the frontline workers reported that more time should be spent on constructive challenge of practice and professional development. A third reported that more time should be spent addressing their welfare needs. During the focus groups, front line practitioners also identified the importance of time for reflection and the opportunity to discuss the emotional impact of cases:

“I would like some of the supervision time to help with prioritising work and to explore the effects of the work on me as a person. Most of the time now in supervision is spent on case-loads (LA I).”

“More opportunity to discuss practice and decision making as well as reflection session (LA H).”

5.2.3 These findings are consistent with those from Baginsky and colleagues recent research on frontline social work. This also revealed that supervision today is more focused on case management than in the past and that workers identified the need for and importance of more time for reflection, challenge and psychological support (Baginsky et al., forthcoming, 2010).

Cost implication scenario

The unit cost of a supervision session lasting one and a half hours is **£86.90** per frontline social worker.

If additional supervision sessions were carried out at three monthly intervals to allow sufficient time for professional development and to address workers welfare needs, this would be an annual increase in costs of **£347.60** (per worker).

If the frequency of supervision sessions was increased to fortnightly to allocate sufficient time for professional development and addressing welfare needs, this would be an annual increase in costs of **£1,216.60** (per worker). For a referral and intake team with five social workers and three family support workers this would be an additional annual cost of **£9,407.72**.

5.2.4 It was evident from the focus groups in all four authorities that supervision is welcomed both as part of formal sessions and on a more informal basis, not only with the team manager but with other colleagues within the team. Workers in Authority B welcomed their team manager's 'open door' policy that allowed for ongoing informal supervision and the discussion of specific cases or issues when the need arose. This message was reiterated by workers in Authority D, as one social worker reflected:

"I think we get good supervision and our manager is very approachable so we frequently have informal supervision in between which is vital. We also work in a supportive team, which is essential in light of the stressful nature of our work (LA D)."

5.2.5 Furthermore the focus group discussions drew attention to the importance of a cohesive, stable and supportive team. The importance of supportive working relationships and team ethos were also highlighted in the interviews with safeguarding managers:

"Continuity and stability are an important factor in working in front line teams, which needs to be addressed. Supervision and support has been lacking

recently which impacts on the service we provide and how we manage our case-loads (LA H).”

6. Recommendation 11: Training and support

> ***The Department for Children, Schools and Families should revise Working Together to Safeguard Children to set out clear expectations at all points where concerns about a child's safety are received, ensuring intake/duty teams have sufficient training and expertise to take referrals and that staff have immediate, on-site support available from an experienced social worker. Local authorities should take appropriate action to implement these changes.***
>
> (**Recommendation 11**)

6.1 Training

6.1.1 Information relating to training was obtained from the frontline workers that submitted Survey A. The reported number of days spent on training between December 2008 and December 2009 ranged from 0 to 20. The average number of days spent training was just under seven.

6.1.2 Half of the workers reported that they considered that the level of training over the past twelve months was sufficient. Of those that did not consider the level of training to be sufficient the majority (73%) cited that casework had been given priority over training. The issue of prioritising tasks was also raised at the focus groups and in responses to Survey A. This is highlighted by a social worker from Authority D below:

"It is difficult to strike a balance between having further and ongoing training which is beneficial and still having time to complete all work required on your case-load (LA D)."

6.1.3 Workers reported that ideally an average of ten days a year should be allocated for training. The cost implications of this are explored in the scenario below.

Cost implication scenario

The unit cost per day of training is **£188.70** (based on a 7 and a half hour working day). This gives an average annual cost of **£1283.16** for training for each worker.

If the level of training was increased to ten days per year this would be an annual increase in cost of **£566.10** per worker.

For a referral and intake team with five social workers and three family support workers this would be an additional annual cost of **£4,180.50.**

6.1.4 Workers, both as part of their response to Survey A and during the focus groups, commented on a lack of appropriate courses that met their training needs. Frontline workers in Authority B reported that often the most appropriate and useful training courses were one off courses, making it difficult for everyone in the team to attend.

6.1.5 Carpenter and colleagues (2009) study of inter-agency training found substantial gains in knowledge and self-confidence regarding roles and responsibilities following attendance at training courses. Perceptions of staff training needs in the current study varied across areas, but included:

- Management of the assessment process
- Understanding of risk and protective factors
- Analysis of information to inform plans
- Recording and evidencing decisions
- Presenting evidence in court
- Approaches to working with and assessment of parents with learning difficulties

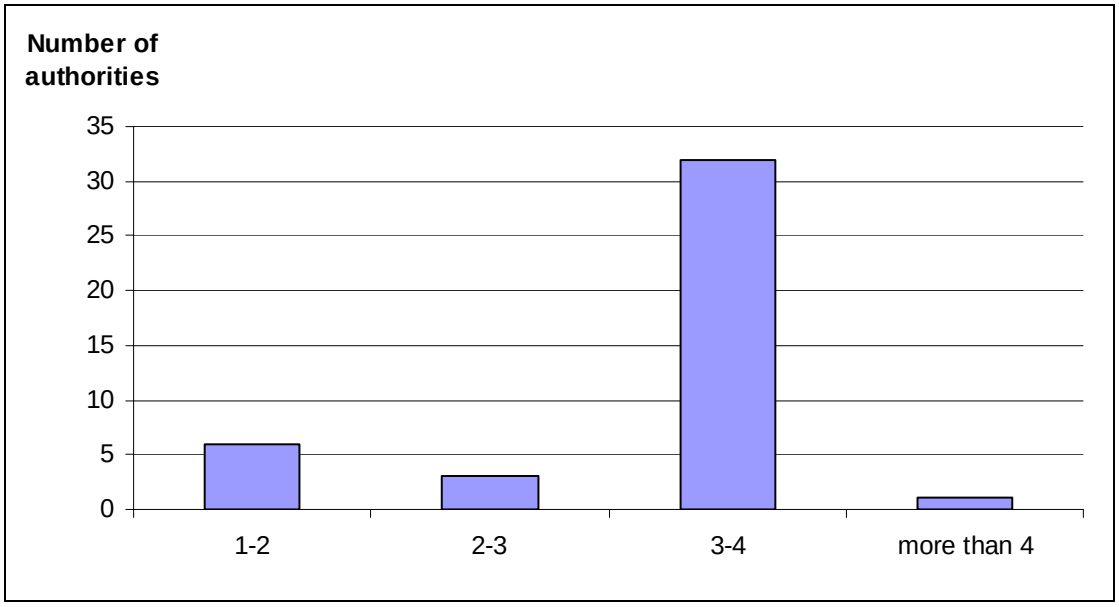
6.1.6 A number of authorities had developed training programmes aimed at addressing performance issues identified during audits and as a means of ensuring that workers were equipped with the skills needed for practice. Focus group respondents also emphasised the importance of recognising that

child protection is a specialist area requiring specific skills and expertise and that training needs to reflect this.

6.2 On-site support

6.2.1 As part of the national survey the authorities were asked to report how an 'experienced worker' is defined. This breakdown is shown in Figure 6 below. For the majority of authorities an 'experienced worker' is defined as having between 3 to 4 years post qualifying experience.

Figure 6: Definition of an experienced worker



6.2.2 Of the 46 authorities that submitted the national survey the vast majority (45) reported that their intake and referral teams have immediate, on-site support from an experienced worker. The number of authorities with a formal policy on the number of experienced and qualified staff members within their intake and referral teams, was much lower, with more than two thirds of respondents reporting that their authority did not have a formal policy in place. However, a number of authorities reported that there were informal policies in place or that they were in the process of developing a formal policy.

6.2.3 The frontline workers also reported the availability of on-site support from an experienced worker. Of those that were not defined as one of the

experienced workers (n=18), just over a third (7:38%) reported that support was always available, a third reported that support was available most of the time and the remainder reported that they only had on-site support some of the time.

Cost implication scenario

To ensure that workers have on-site support from an experienced worker at all times it might be necessary for some authorities to recruit additional, experienced workers.

7. Recommendation 24: Recruitment and case-loads

The Social Work Task Force should:

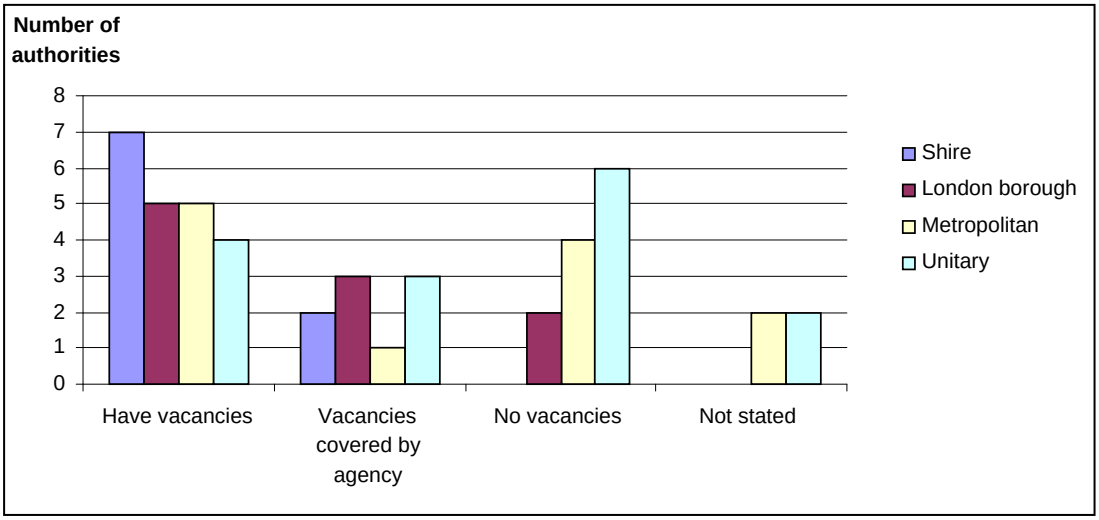
- *develop the basis for a national children's social worker supply strategy that will address recruitment and retention difficulties, to be implemented by the Department for Children, Schools and Families. This should have a particular emphasis on child protection social workers;*
- *work with the Children's Workforce Development Council and other partners to implement, on a national basis, clear progression routes for children's social workers;*
- *develop national guidelines setting out maximum case-loads of children in need and child protection cases, supported by a weighting mechanism to reflect the complexity of cases, that will help plan the workloads of children's social workers; and*
- *develop a strategy for remodelling children's social work which delivers shared ownership of cases, administrative support and multi-disciplinary support to be delivered nationally.*

(Recommendation 24 (1) and (3))

7.1 Recruitment and retention

7.1.1 Data from the national survey reveals that around two thirds (65%) of the authorities had vacancies within their intake and referral teams, although a third of these were being covered by agency staff. Figure 7 below shows the vacancy rates by authority type. It is evident from this data that the shire authorities were the most likely to have vacancies within their intake and referral teams. Interviews also revealed the challenges that some local authorities experienced recruiting and retaining staff with the necessary skills and experience. Issues concerning recruitment and retention were seen to be a symptom of the low status of social work, as well as the specific demands of child protection work and the anxieties this provokes.

Figure 7: Intake and referral team vacancy rates, by authority type



7.1.2 Staff vacancies and the use of temporary, agency staff can limit opportunities to develop stable and supportive teams. Securing an appropriate balance between experienced and newly qualified workers within teams was problematic in a number of areas. LA G and LA H identified particular difficulties recruiting team managers, posts that were seen as critical to drive improvements in practice and support and direct teams. Senior managers were keen to try and avoid reliance on agency staff because this is an expensive solution. Questions were also raised about the quality and commitment of agency staff. This, alongside instability within teams could affect morale and effective team working.

7.2 Workload management and case-loads

7.2.1 The majority of local authorities reported that they did not have a formal workload management policy in place. However, 80% of authorities indicated that they weighted cases loads, most commonly against all three of the following criteria: Complexity of case; Case type (i.e. child protection, child in need); and Experience of worker (i.e. newly qualified, experienced). Seventy-two per cent also had systems in place to monitor case-loads over time in relation to changes in case complexity.

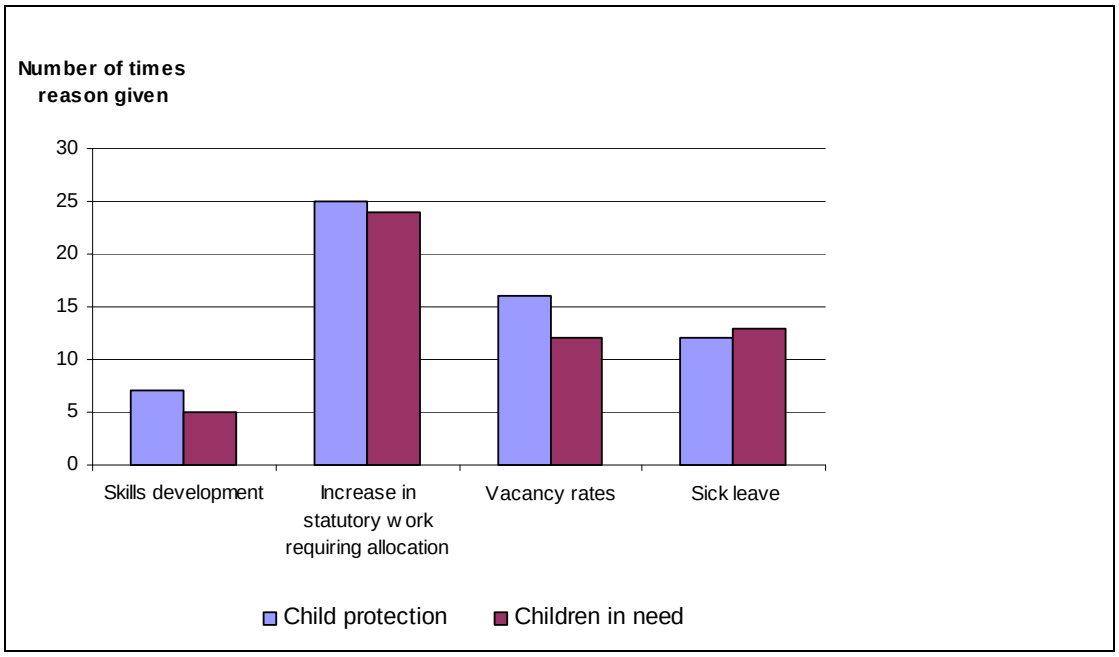
7.2.2 Data supplied on maximum case-loads indicated an average case-load of 14 cases per child protection worker and 22 cases per child in need worker (range 12 -55). It should be noted that there were variations in definitions of

cases, with some authorities providing case-load figures based on numbers of children, while other considered the number of families social workers were working with.

7.2.3 Findings from the frontline worker survey also revealed that there were considerable variations in case-loads, ranging from 9 to 24 children or 4 to 29 families per intake and referral team social worker. Analysis revealed that there was not a correlation between case-loads and number of years of post-qualifying experience. Newly qualified workers, with less than one year post-qualifying experience, reported both the lowest case-loads and some of the highest.

7.2.4 The majority of frontline workers surveyed (63%) reported an increase in case-loads over the past six months. Of the 34 respondents, only four reported that their case-loads were always manageable. The majority of the workers reported that their case-loads were manageable, most or some of the time (41% and 38% respectively). While all the workers reported that they could manage their case-loads at least some of the time, the majority reported that they did have to prioritise tasks (26:76%). Of the 26 workers that reported the need to prioritise tasks, the majority (16:62%) indicated that direct work with children and their families would be prioritised before other tasks. The national data suggests that the majority of authorities 'occasionally' exceed maximum child protection and children in need case-loads. The reasons for this are outlined in Figure 8 below.

Figure 8: Reasons for exceeding maximum case-load allocations



7.2.5 Frontline staff and managers in the focus groups emphasised that they cannot simply turn cases away because they have 'reached' capacity. Therefore, increases in the volume and/or complexity of workloads means that, without additional staffing, practitioners either have to work longer, or reduce the time they spend on other activities. The timeliness of service responses may also be affected; with workers reporting a tendency to prioritise assessments that needed to be completed within statutory timescales. There is, however, a risk of delay and drift on cases that on the basis of presenting information are low priority.

"It's not unmanageable, but we are not getting through things as quickly as we would like to (LA A)."

"It is always busy. A year ago it was busy, but manageable. Following Baby Peter, the numbers became, well a significant increase, in all referrals, but in terms of CP work, that rose dramatically. The knock on was that investigations went up, the number of people subject to investigations went up and out court work went up as well. Where as you get fluctuations like that in a day, or a report comes out for a team, the funding for a team like this is done on a yearly basis, so there hasn't been any additional resources as a result of it (LA D)."

7.2.6 Workers in the focus groups also outlined that as workloads increase they have less time to work directly with children and their families and to build up trust with families. The issue of the proportion of time spent on direct work with families is explored in more detail in Section 9.

"we are actually moving away from social worker, we are case managers, we haven't got the time to develop relationships with any of the families. We're just jiggling things about and getting other services involved. (LA D)"

"its all about relationships and developing quality relationships and if you haven't got those, you haven't got the information to assess. Why would anyone tell you the truth? You need them to trust you and you can only get that by giving them time and getting them to trust you. And that's difficult if you are cancelling appointments because you have something else coming in, jiggling your case-load. (LA D)"

8. Cost and capacity implications: national impact

8.1 The issues raised and unit costs outlined in Sections 2 - 7 are based on the implications for individual teams or authorities. It is evident from the data that a number of referral and intake teams will struggle to cope with further increases in referrals or if they implement a policy in which all referrals from professionals lead to an initial assessment. The quality of assessments is also likely to be compromised, with workers having to prioritise specific tasks, this was highlighted by workers participating in the focus groups.

8.2 The national cost implication scenarios below are based on an estimated cost to increase the number of workers in intake and referral teams nationally. These estimations are based on the number of unitary, metropolitan, shire and London Boroughs and survey data on the average number of teams in each of these types of authority. This yields an estimate of 422 intake and referral teams nationally. Further details on the calculation of the number of teams are included in Appendix One.

National cost implication scenario to implement Recommendation 19 (1)

As outlined in Section 2, three authorities provided data on the estimated increase in workload if all referrals from professionals led to an initial assessment. These ranged from a 50% to a 300% increase in the number of initial assessments that would need to be undertaken.

Based on a team of five social workers and the estimate of 422 intake and referral teams, nationally between 1055 and 6330 additional social workers would be required to maintain workloads of three initial assessments per worker per week.

As outlined in Section 2 there are wide variations in the workload implications of implementation of recommendation 19 (1) between authorities, as the case examples demonstrate. The range of unit costs of employing the additional workers are between £41 million (based on Authority B data and a 50% increase) and £247 million (based on Authority A data and a 300% increase).

Using the estimated average increase of 91% from the national survey, 1920 additional workers would be required. The cost of the additional workers would be in the region of £75 million.

If additional workers were to be appointed the costs of recruitment also need to be considered.

8.3 The unit costs for recommendation 19 (1) outlined above are modelled on the current level of activity reported by the focus group participants in Authority A. However, as outlined in Section 2 the team raised concerns about the sustainability of their current workloads.

8.4 The scenario below outlines the estimated national unit costs based on the Laming recommendations where it was evident that there are cost and capacity implications for local authorities.

National cost implication scenario of implementing the Laming recommendations

The completion of two initial assessments per week was considered by frontline workers to be an achievable and sustainable level of activity (see Section 2). If training was increased to ten days per year and supervision is increased in line with the cost scenarios for recommendations 15 and 16 to cover professional development and welfare needs (outlined in Sections 5 and 6), this would allow on average, around 13 hours per worker, per week, to deal with initial contacts and referrals.

Based on this level of activity, an average team of five social workers would require an extra 7 social workers. This includes social workers maintaining the level of activity outlined above, once Recommendation 19 (1) is implemented. The extra social workers would also require support from additional team mangers or deputy team managers. Based on current, average ratios, this would be the equivalent of an extra one full time team manager and one part time (0.2 contract) per team.

The cost of these additional workers, based on the estimated 422 intake and referral teams nationally would be £116 million.

This does not include recruitment costs or the time of senior managers to put new systems in place.

8.5 These national cost implications need to be considered within the wider economic context. This report has been prepared as Britain is just starting to

come out of the most severe and synchronised recession since the Great Depression, with a record national debt to pay off. The implication of this is that any future government will have to cut costs and reductions in expenditure on public services are therefore planned. The government has decided 80% of the savings will come from spending cuts over four years starting from 2010 and it has been suggested that this implies average spending cuts across departments of 9.3% over this four year period. While all parties say they want to protect ‘frontline’ public services, it is health and education that are identified as priorities, implying that children’s social care services may be subject to cuts. This is a concern that was raised by all the safeguarding managers in the in-depth study, and was re-iterated across the focus groups. Unfortunately, as authorities are attempting to reduce costs the need for children’s social care services, by contrast, is increasing. Recent research (Hills et al., 2010; Kenway, MacInnes and Parekh, 2009) shows that the number of UK children living in "severe poverty" rose in the four years before the recession and the increase in unemployment during the recession is likely to have increased the number of children in need. This implies that local authorities will have to make very tough decisions in providing for children’s needs while satisfying government demands for spending cuts.

9. Keys issues that impact on the implementation of the Laming recommendations

9.1 The previous sections of this report have focused on the key issues in relation to the six Laming (2009) recommendations that were the focus of this study. Further analysis of the data has identified five broad inter-related key themes that are summarised below.

9.2 Volume and capacity

9.2.1 As outlined in Section 2, local authorities reported an increase in contacts and referrals. Referral and intake teams may spend a considerable amount of time signposting to other agencies and responding to contacts that do not meet the threshold for statutory intervention. Fluctuations in levels of demand within intake and referrals teams and increases in the number of cases requiring allocation place additional pressure on teams and can impact on the time available for other activities, including supervision and training.

9.2.2 The implications of changes in patterns of demand and volume of work need to be considered within the context of the capacity of the wider children's services department and throughput of cases and workflow to other longer term teams.

9.2.3 Furthermore, with increased pressures on capacity there is a risk that less time and resource is invested in cases where there are not immediate child protection concerns. The absence of early intervention and preventative services may lead to the escalation of need in the future, and therefore have longer term cost implications.

9.3 Interagency working

9.3.1 Understanding of respective roles and responsibilities and trust are important to facilitate information sharing and effective inter-agency working (Ward et al., 2004). Quantitative and qualitative findings suggest that inter-

agency working relationships are improving but that continued work is required to develop these further (see also France, Munro and Waring, forthcoming, 2010). The responses from the national survey in relation to the willingness to share information, trust and inter-agency communication are detailed in Table 3 below. Focus group respondents reflected: 'integrated work has come a long way' but there is still a lot to do, with some agencies still struggling with identification of child protection cases (LA C).

Table 3: Willingness to share information, trust and inter-agency communication by agency

Willingness to share information	Health	Police	Probation	Education	Youth Services	Third Sector
Good	31	32	23	27	20	14
Reasonable	7	7	12	11	10	18
Poor	0	0	3	0	4	2
Don't know	8	7	8	8	12	12
Trust	Health	Police	Probation	Education	Youth Services	Third Sector
Good	24	23	14	15	15	14
Reasonable	12	14	16	18	13	17
Poor	1	0	7	3	5	3
Don't know	9	9	9	10	13	12
Inter-agency communication	Health	Police	Probation	Education	Youth Services	Third Sector
Good	24	29	12	20	15	9
Reasonable	13	9	17	17	15	23
Poor	1	1	10	1	6	4
Don't know	8	7	7	8	10	10

9.3.2 Embedding the Common Assessment Framework was seen as important in terms of improving inter-agency working and ensuring that cases receive an appropriate service response. The Common Assessment Framework (CAF) is a standardised approach to conducting assessments of children's additional needs and deciding how these should be met. All local authority areas were expected to implement the CAF, along with the lead professional role and information sharing between April 2006 and March 2008.

9.3.3 Local authorities reported reluctance by other professionals and agencies to act as the lead professional in cases. Social work professionals perceived reluctance by other agencies to manage risk and an inclination to transfer responsibility to children's social care. This meant that social workers were investing considerable time on cases involving children with additional needs that fall below the threshold for social care intervention and that could be safely managed with targeted support in the community. This relates to the confidence, willingness and ability of professionals from other agencies to case hold and their perceptions about 'appropriate' thresholds.

9.3.4 There were indications that the Police did not filter or assess domestic violence, or drug/alcohol misuse cases and virtually all the participating authorities reported that they received a high volume of automatic referrals for these types of cases. Questions were raised about the appropriateness of many of these, as many were cases that did not meet the threshold for intervention. The volume of cases and the filtering process required considerable time investment.

9.3.5 Variability in local authority relationships with other agencies were identified. This reflected historical differences in relationships in local areas and organisational cultures. However, there were indications that some of the positive judgments in the national survey (see Table 3 above) may have masked anxieties about referring cases and difficulties engaging those in particular job roles. The interviews with safeguarding managers and the focus groups identified that GPs and teachers were often difficult to engage (see also: Baginsky, 2000; France, Munro and Waring, forthcoming, 2010).

9.4 Recruitment and retention of staff

9.4.1 Issues concerning the recruitment of sufficiently skilled and experienced workers to the intake and referral teams were common. As outlined in Section 7, difficulties in this respect can result in heavy reliance on agency staff, at a higher cost and with budget implications. It may also impact upon the morale and performance of the team.

9.4.2 Authorities also reported difficulties retaining staff, particularly within the referral and intake teams. As reported in Section 5, workers reported that whilst they were generally happy with the level and quality of supervision, the focus of this was on case management. It was identified by a number of staff that they would value additional input and support with their professional development and in relation to the emotive nature of their work:

"*People are working at capacity all the time, and one of my concerns about that is for people's ability to plan and reflect and just emotionally, deal with crises, dealing with difficult cases and sadness. And I think it takes it toll, but it is one of those things that is difficult to quantify (LA D).*"

9.5 Electronic recording, management information systems and the Integrated Children's System (ICS)

9.5.1 Frustrations and difficulties were raised in the interviews with safeguarding managers, focus groups and in responses to the frontline worker surveys about electronic recording, management information systems and the Integrated Children's System.

9.5.2 The design and appropriateness of management information systems was cited as having an impact on the efficiency of practice, with workers reflecting on difficulties when the system 'is down' or is slow because of too many users. These are issues that have been documented elsewhere (see Garrett, 1999; 2003; Audit Commission, 2002; Munro, 2004). They have also become more apparent since the introduction of the Integrated Children's System (ICS) (see Bell et al., 2008; Seneviratna, 2007; Burton and van der Broek 2008; Broadhurst et al., 2009; Holmes et al., 2009).

9.5.3 Furthermore, workers highlighted that the ICS 'exemplars' were not designed to reflect practice and that often too much time was taken on duplicating information. They did however feel that if the management information systems were better designed then capacity would be increased.

"There is quite simply not enough time in the day to complete all the work required and to a good standard. I feel unable to spend much time completing direct work with children, young people and their family's due to

the magnitude of the paperwork that we have to complete (LA G)."

"The management information system is unreliable and if the system is down you cannot complete a large proportion of the paper work. In the average working week 75% of time is spent completing paper work (LA D)."

"The introduction of ICS has increased stress levels and reduces the time we are able to dedicate to direct work with children and families. The new report structures are not appropriate and are not fit for purpose. The level of duplication is a waste of time and does not make anybody safer. Although it is clear that there is a lot of potential with the system but at present it is overly time consuming and the constant pressure to be up to date with paperwork sometimes seems to be considered a higher priority (LA D)."

9.5.4 The issue of not having sufficient time to work directly with children and their families was raised in all four of the focus groups and is consistent with findings from wider research undertaken by CCFR since 2001. Social workers working with looked after children reported that between 80 and 90% of their time is spent on indirect based activities (Holmes et al., 2009). Similarly preliminary analysis of the research to extend the methodology for all children in need (see Holmes, McDermid and Ward, forthcoming) suggests that workers spend similarly high proportions of their time completing indirect tasks.

9.5.5 Analysis of the 'time use activity data' collected for this study supports the findings above. Workers reported that on average they spend between 30 and 210 minutes in direct contact with the child and/or family when completing an initial assessments (an average of 81 minutes). This activity constitutes 13% of the average total time spent on the completion of an initial assessment.

9.5.6 The 87% of reported time spent on indirect activities includes: information gathering, liaison with other professionals, discussing the case with the team manager, travel for visits and paper work. Almost half the time spent (48%: 5 hours) on indirect activity during an initial assessment is associated with the completion of paper work and/or electronic recording.

9.5.7 Social workers reported that they did not always have sufficient time to spend working directly with children and their families as they would like. They felt that this was detrimental to their practice and prevented them from building up trust and good working relationships with families:

"There is more time spent on filling in forms in this profession. As a practitioner there is always a concern that I may not be getting to know the real issues in a family that I may be able to identify if I was visiting the children and families that I work with more often. Whilst there is an important need to have the work that you undertake evidenced, there is also a need to balance these issues on a daily basis (LA G)."

9.5.8 As noted above, workers also expressed frustrations about electronic recording systems. Modifications to these could potentially reduce the time spent on indirect activities and free up time that could then be spent on direct work with families.

9.6 The social work profession, public image and media portrayal

9.6.1 The issues raised in Sections 2 - 7 were reported to be exacerbated by the media portrayal of social work. Low morale and anxiety about vilification and/or fears concerning another 'Baby Peter', may increase the time frontline staff spend considering cases. Again, this has cost and capacity implications.

9.6.2 The low status afforded to social workers was also perceived to impact upon the court decision-making process. A number of authorities felt that courts were refusing applications that children's social care felt were necessary to protect children. This was perceived to be influenced by the Human Rights Act 1998 but also by virtue of the fact that social workers are not always recognised as experts in the court arena (see also, Munro and Ward, 2008; Ward et al., 2006; Ward et al., forthcoming). It was also noted that 'experts', such as hospital consultants are not expected to wait in court all day to give evidence, but that social workers are, meaning they are not able to use the time available more effectively. The time spent waiting in court has been raised in other studies in relation to the costs of obtaining a care order (Ward et al., 2008). Workers reported that to obtain a care order they would

spend on average 20 hours waiting in court.

9.7 Finance and budget

9.7.1 All the authorities that participated in the interviews reported concerns about the financial implications of the increasing volume of work they are experiencing. These concerns are heightened by the current financial climate and expected budget cuts within children's services when demand for services has increased. Professionals identified that the children's services budget was particularly vulnerable given the lack of 'ring fencing'. The pressure on other agencies budgets may also lead to a reduction in available services to meet the needs of vulnerable children and their families, once again increasing the burden on children's social care.

10. Conclusion

10.1 The study revealed that exploration of the cost and capacity implications of Laming is complex and that the demarcation between practice pre and post Laming is blurred. Authorities indicated that in a number of areas existing practice was in line with Laming's recommendations and therefore they did not need to implement multiple changes to policy or practice.

10.2 Following the publication of the Laming report authorities had reviewed their practices and many had made, or were in the process of making some changes to referral, assessment and supervision processes. Managers and frontline staff indicated that developments were not only attributable to Laming and the subsequent Government response, but were part of ongoing work within authorities to improve practice and promote effective inter-agency working.

10.3 It is apparent that authorities are concerned about the increase in contacts and referrals and the impact that these have had on the capacity of their 'front-door' services and the workflow of cases through to longer term teams. Furthermore, managers and frontline workers were concerned about the impact on the quality of assessments, thresholds for intervention and staff morale if these increases are sustained in the future.

10.4 Whilst Section 9 of the report has outlined national cost implications and the evident short fall in social workers and team managers if current workloads are maintained, or if Recommendation 19 (1) was implemented, given the current economic climate and forthcoming budget cuts in public services the recruitment of additional staff within children's social care is unlikely. The difficulties surrounding the recruitment and retention of social workers also mean that authorities are likely to encounter problems securing additional staff. In light of these issues it may be beneficial for authorities to consider whether they could make efficiency savings, for example, by streamlining processes, improving management information systems, or promoting more effective use of the CAF to reduce the time workers are

spending on these tasks thereby freeing up more time respond to ‘appropriate’ referrals and undertaking necessary assessments.

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Appendix One

Methodology

National survey

An online survey was distributed to all local authority children's services departments in England to explore the organisation, policy and procedures in place for referrals and initial contact with children and their families.

In-depth study (Phase two)

To contextualise the findings from the national survey, the research team sought to select a sub-sample of ten authorities to explore core issues in greater depth. Phase two authorities were selected based on authority type, geographical location and model of service delivery. The authorities were contacted to arrange an interview with the Head of Safeguarding, or equivalent. The purpose of these was to obtain further insight into existing policy and practice and the challenges and issues that implementation of the Laming recommendations were raising for authorities.

The Phase two authorities were also required to facilitate the completion of follow-up surveys by front line staff from referral and intake teams. Two surveys were distributed, the first focused on case-loads, supervision, training and support (Survey A), the second was designed to collect 'time use activity data' to form the basis of unit cost calculations (Survey B). Authorities were asked to identify ten workers to complete each of the surveys.

Follow-up semi-structured focus groups were planned in half of the Phase two authorities. These were set up with frontline practitioners and were designed to provide a greater insight into key practice issues, how workers prioritise their tasks and time, along with the practice implications of implementing the Laming recommendations.

Calculation of unit costs

The framework utilised for this study builds on work being undertaken by the research team to extend the Cost Calculator for Children's Services, for all children in need (Holmes, McDermid and Ward, forthcoming). This Department for Children, School and Families (DCSF) funded research is being carried out across four local authorities where focus groups have been undertaken to inform the development of a framework that outlines the processes associated with supporting Children in Need. This framework builds on the Core Information Requirements Process Model (Department of Health, 2001) and Working Together to Safeguard Children (HM Government, 2006). This study also utilises the 'time use activity data' collected by questionnaire across the authorities participating in the CiN costs research and as such incorporates this into the Survey B data outlined above. The frontline worker Survey B breaks down the relevant process into component parts to identify all the activities that are undertaken. The identified activities for an initial assessment are outlined in Box 6 below.

Box 6: Initial assessment activities

- Preliminary discussions with team manager or deputy team manager
- Initial visit to family
- Travel time for initial visit
- Case file updated on MIS
- Fact finding/liaising with other professionals
- Write up of initial assessment
- Feedback to referrers
- Read contact form and case history
- Locate and read back files when needed
- Sign off/agreed by manager

The Unit costs for this study have been calculated using a 'bottom up' methodology (Beecham, 2000). The approach identifies the personnel associated with each support activity, or service and estimates the time they

spend on it. These amounts of time are costed using appropriate hourly rates. The method therefore links amounts of time spent to data concerning salaries, administrative and management overheads and other expenditure.

The unit costs outlined in Table 4 below are based on the 15% plus a lump sum for capital overheads based on estimates by Knapp et al. (1984), and contained in the PSSRU annual compendium (Curtis 2007). Research has recently been completed by the research team at CCFR in partnership with the University of Bristol to explore overhead costs (Selwyn et al., 2009). This work was undertaken as part of a study to explore overhead costs in relation to adoption services. A coding framework has been developed that is now being trialled and verified in a number of other research studies being undertaken by CCFR. The findings from this work suggest that overheads should be calculated at between 40% and 60% as opposed to the values actually used, which are described above. If the true costs of foster care provision, including overheads, were known local authority expenditure would be shown to be even greater than it appears. However, top-level management and capital overheads are likely to be funded from a separate budget. Therefore, the 15% figure plus capital overheads has been used in this study.

The salary figures used for the unit costs shown below are based on an average calculated from the salary scales provided by two of the authorities participating in the wider CiN costs study.

Table 4: Unit costs per hour[1]

Job title/ role	Unit cost per hour (£)
Social worker	25.16
Family support worker[2]	20.00
Team manager	32.77
Administrator	14.79
Service manager	49.48
Head of Service	74.29

[1] The unit costs per hour have been calculated based on the social care schemas outlined in Curtis (2007). The figure has been adjusted so that training is not included in the number of working weeks, instead training has been included as a separate activity outlined in Section 6 of the report.

[2]Salary scales have not yet been obtained for family support workers. Therefore the unit cost per hour has been taken from the PSSRU annual compendium of unit costs (Curtis, 2007).

Calculation of national cost implications

The national cost implications included in Section 9 of the report are based on the number of teams per authority type provided by the authorities participating in the national survey. Thirty three authorities provided details of the structure of their referral and intake teams, including the number of teams. The total numbers of teams, by authority type are shown in Table 5 below. These totals were then extrapolated for the total number of each authority type across England, to provide an estimated number of intake and referral teams in England (422).

Table 5: Total number of teams, by authority type for the participating authorities (n=33)

Authority type	**Number of intake and referral teams**
Shire	42
London Borough	16
Metropolitan	13
Unitary	22
Total	**93**

Appendix Two

Response rates

National survey

In total 46 local authorities submitted national surveys along with accompanying documentation, including policy and procedure documents, organisational charts and audit tools. The authorities are detailed by type in Table 6 below.

Table 6: National survey response by authority type

Authority type	**Frequency**
Shire	9
London Borough	10
Metropolitan	12
Unitary	15
Total	**46**

In-depth study (phase two)

A total of 23 authorities volunteered to participate in the in-depth, second phase of the study. Fourteen authorities were approached, of these three declined to participate, two of these cited service pressures as the reason that they would not be able to commit to Phase two of the study. Two authorities did not respond to the invitation to participate, therefore in total nine authorities were included in the in-depth work. The geographical region and authority type for the nine participating authorities are outlined in Table 7 below. In addition, the region and type of the four wider CiN costs study authorities are detailed at the end of Table 7.

Table 7: Phase two authorities

Authority	Region	Type
A	South East	Unitary
B	North West	Metropolitan
C	London	Inner London Borough
D	West Midlands	Shire
E	North West	Metropolitan
F	North West	Shire
G	North West	Unitary
H	East	Unitary
I	East	Shire
CiN A	North East	Metropolitan
CiN B	Yorkshire and Humberside	Unitary
CiN C	London	Inner London Borough
CiN D	East Midlands	Shire

The Comprehensive Area Assessment ratings for the phase two authorities were predominantly 2 (adequate) and 3 (performing well), one of the authorities was rated as 4 (excellent) in December 2009.

Of the authorities that either declined or did not respond to the invitation, these represented three other regions across England; Yorkshire and Humberside, the South West and West Midlands. Of the 23 authorities that volunteered there were a disproportionate number from the North West region that accounted for 31% of all the volunteers.

As outlined in Appendix One, the nine Phase Two authorities were asked to identify 10 frontline workers to compete each of the two surveys. For some of the smaller authorities this was difficult given the total number of frontline workers in the referral and intake teams. The response rates for the two frontline worker surveys are shown in Table 8 below.

Table 8: Response rates for frontline worker surveys

Authority	Survey A	Survey B
A	3	2
B	0	10
C	3	2
D	7	3
E	0	0
F	3	6
G	9	5
H	7	5
I	2	0
Total	**34**	**33**

Survey A respondents

The 34 responses submitted for survey A have predominantly been completed by social workers (24:71%). The remainder were submitted by two managers, four senior practitioners, three social work assistants/social care workers and one link worker. Most (30) were employed on a full time basis,

Survey B respondents

A total of 33 responses were submitted for Survey B. As outlined above this survey focused on gathering 'time use activity data' to form the basis of the unit cost calculations. Additional data for this aspect of the study has been made available by the authorities participating in the wider CiN costs research study. This includes additional questionnaire responses from authorities CiN A and CiN C. With the additional data from the CiN costs authorities a total of 54 responses have been analysed and utilised for the calculation of the unit costs.

As with Survey A the majority of the respondents were social workers (76%:41). The full break down of respondents by job type/role is shown in Table 9 below.

Table 9: Survey B respondents by job title/role

Job title/ role	Number of respondents
Social workers[1]	41
Team managers	7
Family support workers[2]	4
Administrators	2
Total	**54**

[1] Responses from senior practitioners (n=3) have been included in the analysis of data from social workers for the calculation of unit costs.

[2] One of the family support worker responses was from a senior FSW.

Focus group discussions

Focus group discussions were held with frontline workers in Authorities A-D. These discussions focussed on workers perspectives of quality service delivery and any issues that impact on the delivery of best practice. Each of the focus groups lasted between 45 minutes and an hour. The discussions were attended by a range of frontline staff, detailed in Table 10 below. The participants in the focus group in Authority C were predominantly frontline managers, the other three focus groups were predominantly attended by social workers.

Table 10: Focus group participants

Authority	Number of participants
A	13
B	10
C	16
D	12
Total	**51**