

RESEARCH BRIEFING

EVALUATION OF A LONDON BOROUGH COMMUNITY SOCIAL WORK PILOT (2013-2014) AND A FOLLOW-UP EVALUATION (2015)



EVALUATION OF A LONDON BOROUGH COMMUNITY SOCIAL WORK PILOT (2013-2014) AND A FOLLOW-UP EVALUATION (2015)

2013-2015

PROJECT TEAM Professor Marian Brandon, Dr Penny Sorensen, Sue Bailey, Dr Pippa Belderson, Professor Sara Connolly and Dr Ann Anka

FUNDER A London borough

WHY IS THIS STUDY IMPORTANT?

Community Social Work (CSW) involves social workers helping to develop the capacity of local communities to fill some support needs of older adults. This could be in the form of low-level practical support with volunteers providing that little bit of help around the house or garden for example, or through providing good, accurate information about services which can help older people to stay independent and in control of their lives. The idea is that reducing isolation and strengthening community networks can help prevent a decline in health and wellbeing. Indeed, recent UK policies in health and social care place an emphasis on preventative work and early intervention to improve health, independence and wellbeing for adults with care needs. There is also a focus on reducing costs. At the heart of the Care Act 2014 is the wellbeing principle, which assumes that the individual is the best judge of their own wellbeing, of what is important to them, and the outcomes they wish to achieve in day to day life. The initial evaluation of the community social work pilot took place before the Care Act 2014 was implemented in April 2015 and the pilot was the borough's response to the personalisation agenda being proposed, i.e. giving people choice and control over their care and support provision. The pilot aimed to reduce dependency on statutory services by working with adults who were vulnerable but not yet eligible under the Fair Access to Care Services (FACS), the criteria at the time.

The follow up evaluation took place from June to November 2015 and aimed to provide a study of the practice of community social work in the borough in the light of a reorganisation of the team in February 2015 reducing staff numbers by over half. The community social work (CSW) team plays a strategic role in generic adult social work by providing early intervention services enabling clients to maintain a level of independence and allow clients to retain or regain community membership. The team uses a model of practice based on 12 intensive weekly meetings with clients. This is extended to 20 sessions in complex cases and for some, for example in the case of hoarding, the intervention is open-ended and dependent upon need. This evaluation and follow-up is important to provide a deeper understanding of what is working well, and what is working less well, for adults with care needs, particularly in the climate of cuts to services.

AIM OF THE STUDY

Initial evaluation of the community social work pilot

The aim of the study was to answer the following research questions:

1. What is already known about community interventions in the UK?
2. How are professionals working within the community social work team?

3. How is the service perceived by stakeholders?
4. How is the service experienced by the service users?
5. What are the costs and benefits of the service to the local authority?

Follow-up study

The main aim was to provide a follow-up evaluation in light of the substantial changes to the service. More specifically, the review considered the following questions:

1. How do clients experience this preventative approach?
2. How do team members approach the work?
3. What is the impact of the approach on shared working with other agencies?
4. What are other agencies' perceptions about the work and how it meets their own agency priorities?
5. What are the outline costs of this new way of working?

HOW WAS THE STUDY DONE?

The initial review involved qualitative and quantitative methodology and included:

- Tracking and quantitative analysis of referrals into the CSW team – from August to October 2013 using data supplied by the borough. These data were used to ascertain number and features of the referrals, as well as demographic characteristics of the clients (age, gender, ethnicity, living circumstances, and postcode area). The data related to a cohort of 256 cases referred to the team during a 10 week period between the weeks ending 04/08/13 – 13/10/13.
- Costing analysis – Data was collected on professionals' use of time from a time structured diary of their work with up to five separate cases over four weeks. Data were analysed to examine the distribution of staff time between activities, such as direct face-to-face client contact, phone contact with clients, and contact with other professionals regarding the case. This was in order to estimate costs per case.
- Two 3 hour developmental workshops – all nine professionals involved in the CSW team, took part in these workshop. Topics discussed included what was working well, what not so well, and the support/training needs for the staff. The researchers originally intended to

interview service users that had experienced the community social work pilot way of working, but could not find any that would agree. Instead, case studies were developed from material presented at these workshops to demonstrate in some depth the nature of the work undertaken by the CSW team with their service users.

- Observation of a steering group meeting for local community based agencies – to provide insight into what resources were available in the local area and the connection between local agencies and the CSW team.
- Interviews – with 3 ex-team members, two managers, a stakeholder, and two members of the borough’s Promoting Independence Prevention team.
- Regular meetings with the management team

All interviews, workshops, discussions, and meetings were transcribed and analysed using thematic analysis. Many aspects of the study remained the same in the follow-up evaluation so that comparisons could be made and changes determined. In addition to research methods in the original evaluation, 13 service users participated in the follow-up study – 12 were interviewed by telephone, and one answered interview questions in writing. Telephone interviews were also conducted with the three social workers and two managers in the newly restructured team. Telephone interviews with six external stakeholders who had experience of working with social workers from the team were also conducted. At the start and end of the CSW intervention 18 service users were asked to rate their satisfaction with life. Twenty service users were asked to identify their desired and achieved goals. This goals data, from 20 service users, was provided by the borough on a ‘before and after’ Word document table, and the data were analysed to ascertain what changes had occurred for each individual, and for the group of clients as a whole.

KEY FINDINGS

- At the time of the original evaluation, what team members thought was community social work (CSW) included connecting with community hubs, community centres, GP surgeries, and libraries. The aim of CSW was to use these connections to work in a preventative way by promoting resilience and delaying the need for more costly services. However, team members felt that the service was introduced too quickly and was not planned well which meant that many workers were unsure what CSW actually is and how it differs from good social work practice.
- The original evaluation found that the majority of the clients (71%) were aged 65 or over, approximately two thirds were female, and 88% of referrals were for people of white ethnicity. About 40% of service users were living alone, demonstrating the potential extent of social isolation. Almost three quarters had a physical disability, frailty, or sensory impairment.
- From the clients’ scores it is clear that by the end of the service there has been a favourable shift in their ‘satisfaction with life’. After the service, people were far more positive; 11 of 18 the (61%) were satisfied to some degree (including extremely). Prior to the service only 7 of the 18 (39%) were satisfied/slightly satisfied.
- Twenty service users identified 57 goals between them, across eight different aspects of their life: health and wellbeing; housing; financial; education and employment; community; relationships; safety; and identity. While five clients had only one goal identified, six people had four or more goals set with the maximum being seven. Prior to the service the most frequent rating given to various aspects of their lives was ‘poor’ (39%) followed by ‘average’ (32%), while after the service the most frequent rating was ‘average’ or ‘good’.
- Most referrals in the original study resulted in assessments. A total of 37 referrals were recorded as requiring no further involvement and 17 were awaiting allocation to a social worker. Only three people were recorded as receiving ‘Community Social Work’ or ‘Information and Advice’. From this information it appears that CSW was scarcely occurring.
- Social workers felt there were barriers to carrying out community social work including: lack of time and resources; difficulties working with other professionals (particularly health); and organisational structure in terms of the referral and screening process. There was not congruence between the perceived roles of a community social worker and the actual work of most of the team members. They felt that they were still working in a reactive, crisis-driven way as opposed to preventative ways of working - having to prioritise higher risk cases at the expense of low intensity preventative work. At the end of the original evaluation, morale was reported to be low as social workers struggled to do community social work under challenging conditions.

- At the time of the follow up, there was much more clarity within the team about its remit, but other stakeholders were not as clear about the work of the team, despite evidence of joint working and good professional relationships.
- The team was smaller but had a protected case load. However, other stakeholders were disappointed about the reduced capacity of the CSW team.
- Service users' experiences of being involved with the CSW team varied due to the many different needs and problems experienced. On the whole there was a lot of satisfaction but a few participants, particularly those with complex issues, felt that their needs had not been completely met.
- There was considerable evidence of the ability of social workers to engage with clients and undertake relationship based practice, and this was highly valued by service users. Social workers felt that the Community Social Work model of practice offered them the opportunity for greater autonomy to use core social work skills and values to work intensively with clients to prevent, reduce and delay the need for care and support.
- Staff reported that they were supported by monthly supervision sessions and meetings which include reflective learning with other members of the team. They also had interagency meetings, with partners such as the Promoting Independence team, once a month.
- Interestingly, in the original evaluation 35% of social workers' time was spent working directly with clients either face to face or on the phone, whereas the follow-up found that nearly half of social workers' time was spent in this way.

KEY RECOMMENDATIONS FOR POLICY AND PRACTICE

- Managers need to bear in mind that close interagency working relationships are key to community social work practice. There is

considerable potential for sharing knowledge, both informally due to co-location and more formally through regular multi-disciplinary meetings. This could benefit stakeholders, social workers and the population they support. This would also address the issue that other agencies and clients were not clear about what the CSW team actually did.

- There are opportunities for more work within communities but also for connecting individuals to their communities. It may be that more innovative ways of engaging people with others in their community need to be considered if a cycle of crisis and intervention is to be avoided. Many of the issues expressed by clients were issues that could have been addressed by having a more robust social network.
- In the light of difficulties in connecting clients to their communities it is important for services to implement a more structured review process after the intervention has ended. Although clients are encouraged to contact the team if the need arises in the future, it may not be enough to wait until there is another crisis before checking on the progress of individual clients. Three month and 6 months reviews could be planned to address this. The reviews could include the wellbeing measure 'satisfaction with life' which would provide a way of auditing the service and the sustainability of progress made by individuals.

STRENGTHS AND LIMITATIONS OF THE STUDY

Strengths

The projects triangulated data from staff, clients and stakeholders to build up an in-depth picture of the service from a number of perspectives.

Limitations

Study sample size was small and the evaluation was of a particular service commissioned by the service itself. The findings, therefore, may not be generalizable to other populations.

FIND OUT MORE

Prof. Marian Brandon | m.brandon@uea.ac.uk

CENTRE FOR RESEARCH ON CHILDREN AND FAMILIES

School of Social Work, Faculty of Social Sciences, Elizabeth Fry Building,
University of East Anglia, Norwich Research Park, Norwich NR4 7TJ

DIRECTOR Professor Marian Brandon