

NASWE

For Every Child a Chance

Founded 1884

Learning Development & Support Service Education Welfare Service Case File Project

Summary of Findings from the Focus Groups

October 2008

Background

The National Association of Social Workers in Education (NASWE) is seeking to understand more about the needs of children coming to the attention of Education Welfare Services (EWS). As part of a CWDC funded project an audit of needs of children in touch with education welfare services from four local authority areas was carried out. The report highlights the reality of the casework that is currently being undertaken by EWOs and identifies common needs and service gaps not just within the EWS but also across a range of integrated children's services. To elaborate on the findings from the audit four focus groups were held which included practitioners from three of the four local authorities involved in the audits and a group of managers representing a number of local authorities across the UK. In total the focus groups involved 33 practitioners and managers.

The focus groups were loosely structured around a number of questions

- To what extent has your job has changed over the years, or more recently as a result of ECM?
- To what extent are you able to meet client needs?
- What links do you have with other groups within the LDSS family?
- What are the training and skills implications of the changing job role?
- What do you believe is the EWS contribution to Every Child Matters?

THE CHANGING ROLE OF THE EDUCATION WELFARE PRACTITIONER

There was general agreement that the nature of the job role had changed in that there was an expectation that much more complex work was undertaken, this was also reflected in the case file audits. This was attributed to a number of different factors not all a result of the ECM. Issues around social care thresholds of concern were common in all areas and practitioners felt that they were almost by default taking on work which should have met children in need criteria. The findings from the audits support this

*When I took on this job, you would identify the needs but you wouldn't have to fix them, or find the support yourself, but you would be able to refer it out. We would be the main referrers. We've visited this family and we've discovered the family needs this you know. I'm asking your service if you can provide it please. It's now become that if **we** don't offer it, very often doesn't get offered all, the support that the family needs.*

We do so much outside the box as well you know, we have examples of people chairing CHIN (Children In Need) meetings when social services are unavailable to do it, making referrals for schools into social care because they either haven't got the time or the experience to do it. So we do an awful lot in the way of which doesn't perhaps technically doesn't fall under our remit but do it for the sake of the child.

It seems to be that there's more social care involvement that we are referring on in comparison with when I first came into the services. More referrals maybe and an expectation that social care are not the only agency that call a child in need meeting, that we would be calling it and the expectation is that we would also chair that meeting. That was never heard of when I first came into the service, we would never have expected to do that role but I think more and more we are becoming the lead agency with the child

There were also concerns about lack of engagement from adult services, which are explored later in this report. Changes in the school workforce may have resulted in routine work being picked up by school staff. There were varied experiences on how effectively this was done, and variations in the quality of the relationships with school based staff working in improving attendance. The more recent changes that may be attributed to Every Child Matters (ECM) are mostly welcomed by practitioners and many believe that they have always been involved in a brokerage role, and recognise the lead professional role and a common feature of their existing practice.

I think everybody agrees with the agenda it's just the mechanics of actually changing the way you work to meet the agenda which I think some people, not all, they are in the minority but some people are struggling

Some felt that the CAF once embedded properly would be very positive for multi agency working and were supportive of the principles; however they were cautious that expectations might not be realised because of resources issues.

It's difficult though think about really because you have to wonder where it's going to lead you because the more skilled up you are the more you have to offer the more people expect you to offer..... and it comes back to exactly what are we being asked to do.

Are we being asked to skill ourselves up to offer the support or are we being asked to become more eloquent so that our referrals are more attractive?

Practitioners recognised not just a changing but in some instances a broadening of their welfare role, there was little doubt that their main motivation was too improve attendance and not to move into a generic family support role. What was clear is the practitioners, involved in what may be seen as a broader social care role did so only in the pursuit of improved school attendance, where they saw these issues directly impacting on parental ability to ensure attendance or the child or young persons ability to engage in education.

I think that highlights part of our problem, the job is about attendance but there are other things coming into play and we end up dealing with them.

ABILITY TO MEET CLIENTS NEEDS

The categories of need that were identified and highlighted in the case audit report were reflected in the discussions with practitioners and a small number of key themes emerged quite clearly in all 3 areas. Their perceived inability to meet identified needs related to issues of resources, their own and those of other services, in terms of both time and skills.

Parenting support

Practitioners in all 3 areas identified a need to be able to offer a greater level of parenting support, and to be able to offer this at an early stage. Whilst some had received ad hoc parenting training there was a reported need for more access to this type of training, ongoing support for this work and a greater level of skills with which to engage hard to reach parents.

I think we need some more training in skills to use with parents, the theory behind it. Because we go on a one day course, we are all fired upand enthused then it all fades away.

Practitioners in all three areas identified a need for support to the parents of primary aged children where they believed it would have the greatest long term impact and voiced frustration a never having sufficient resources to tackle the preventative as well as the more entrenched poor attendance. As a consequence there was recognition that for parents of teenagers they also need to develop skills at engaging and working with young people in their own right.

Early Intervention

The issue of early intervention was discussed in all of the groups. Practitioners felt that they could achieve much more with the families they work with if they were able to intervene earlier. Many believed that the emphasis on reducing unauthorised absence, though important had meant an increasing shift of resources to secondary schools. In some cases it was felt that young people had become too disaffected or parents had lost too much control for them to be able to influence a positive outcome. There was recognition that working with the primary sector required a different approach.

I think we need to think about how we intervene earlier. My personal opinion is that we should think about how we engage primary schools. If we are going to do early interventions with families often families have several children, who have attendance problems, we have a core group of families if you like, who are very difficult to reach and we need to be intervening earlier. At the moment most of our work is around secondary schools, I think with the priority schools, if we can get the systemic stuff right and only deal with the hard core cases in secondary then that can make a massive difference to school attendance as a whole.

We need to think about how we develop our work around a greater emphasis on primary work, which is a different environment in itself to a secondary school.

I think that everybody here would say that the problems start at primary school. If you get in there first then hopefully the problems will decrease the further up the ladder you go,

Parental needs

The practitioners highlighted parental issues and in particular alcohol and substance misuse, mental health difficulties and domestic violence. There was a common frustration with the lack of services from adult care and even where services were willing to get involved, where parents failed to engage cases were closed leaving EWS practitioners with unresolved issues for which they do not have the resources to deal with. Worryingly, contact with adult services was in at least 2 areas were virtually non-existent. The nature of EWS work and the legislative framework around compulsory school attendance makes the EWS as much a key partner with adult as with children's social care.

I wouldn't really know who to speak to in adult services

The only reason I would know who to speak to is that my next-door neighbour works for adult social care but that's it.

Even where it identified that there is a problem that needs support it is hard for (children's) social care to get them (adult services) involved

A lot of them do one visit but if they don't engage..... one family I've got, the parent has learning difficulties and mental health issues and I'm struggling to get her any support. When I do get support for her if she doesn't engage by one or two appointments they just close the case and then it comes back again and gets re referred.

One of the difficulties you will have here and especially with mental health workers working with adults is that their remit is for the adult and not necessarily the impact of the adult condition on the child, that's a separate issue and I think there's been a couple of cases in this authority that have had dire consequences.

RELATIONSHIP WITH THE LDSS FAMILY

EWS practitioners did not really identify themselves with the LDSS occupational grouping. Learning mentors and connexions advisors were not frequently mentioned during the discussions. There were reports of effective and ineffective relationships with learning mentors and connexions advisors and this seemed to depend not on structures and mechanisms in place to support collaboration but on individual practitioners. Another factor is the

diversity of roles and responsibilities particularly among learning mentors, which often caused confusion. Another group, parent support advisors (PSAs) though not part of the LDSS family received similar comment. There was also mention of the difference in ethos among the services, which they felt to be at odds with their own. However it should be recognised that the EWO role, although it has a consistent set of core duties relating to its statutory role, there are significant variations in ethos and practice across the country which may be just as confusing for others.

I think our links are more with social care. Our links with them..... they come to us for advice on legal things and school systems.

I've got links with social care because of the casework we do and the assessments and everything that we do. I think we divide after the sort of initial assessment, we divide don't we, we can go down the legal route, the prosecutions, where as they will go down a different legal route so I think initially we are very similar, the agenda is the child, I think we are very much with social care then we divide.

I would have to say my links are into social care as much as any other agency if not more, either through CAF team or through my own work it's far more, child protection, CHIN meetings core groups you name it. Just all the time, you have to maintain, it's not always easy, the relationship with social care.' Cos I do think they feel that sometimes we are treading on their toes and they think why we are doing that

Practitioners more readily saw their workforce links with social care, perhaps not unsurprisingly considering the services historical roots. Their statutory responsibilities also influence their relationship with families and other services.

IMPLICATIONS FOR TRAINING AND SKILLS

I think with regards to training, on a more general thing, what this has raised for us is the type of training that we are going to need to deliver integrated services we don't currently get access to

The EWS traditionally recruited from a wide range of backgrounds with many staff having no recognised qualifications in a related field. The development of the LDSS NVQ 4 is relatively recent and it's impact on the quality of practice unknown. In one local authority, whilst staff had heard about it, to date they had no access to the NVQ, there were no supporting structures in place locally to deliver it and no plans to pursue this in the near future. In the other local authorities, some staff had been able to access the NVQ but there were differing views about its usefulness. Previous work by NASWE highlights concerns from practitioners about the usefulness and fitness for purpose of the NVQ and the variations in the quality of services from NVQ providers.

I think their needs to be more about working with and engaging with families, I think it should be in more depth.

If you are going to intervene early you need to understand it. You have to have access to proper training and be able to make the links and we don't have that at the moment. Again, the impact of loss and trauma, these are all social things that really underpin a lot of children's attendance at school but they are not understood by school, not understood by ourselves, we understand it a little bit better than schools but we still don't understand it in any depth to offer a meaningful intervention with it. And I think in an integrated team all the team has to understand these issues.....how are we going to be trained, how is the service going to delivered?

In terms of their professional development, practitioners clearly identified a need to address practice issues that reflected their clients and believed that they needed a better understanding of the adult issues mentioned above- mental health, alcohol and substance misuse and domestic violence. Practitioners identified a very broad range of knowledge that they required. There was general agreement that the job role had changed in that there was an expectation that much more complex work was undertaken. This was a reality reflected in the case file audits. This was attributed to a number of different factors not all a result of the ECM. Issues around social care thresholds of concern were common in all areas and practitioners felt that they were almost by default taking on work which should have met children in need criteria.

In one local authority practitioners had been able to access some training that would otherwise not been available to them - second level child protection training for example, housing and domestic violence another. This they believed was a result of the broadening of responsibilities under ECM. Access to training and development remains ad hoc and limited by resources (time and money) and to a large extent delivered upon request to those who want it rather than being seen as an issue for up skilling an entire service.

THE EDUCATION WELFARE SERVICE CONTRIBUTION TO EVERY CHILD MATTERS

Practitioners did not yet feel that there was a corporate responsibility for tackling persistent absence, especially with those families where there was significant problems although there was some confidence that this would in time be developed. Although it was recognised that much has been done to ensure that schools have responsibility for attendance, similar in roads had not yet been made with adult and children's social care and with health where links were still proving difficult. In one local authority a good example of practice can be seen where regular meeting with health service practitioners provides an effective priority system that enables very serious cases to bypass usual waiting times and be prioritised avoiding what is in educational attainment terms a very costly delay. This practice was evident in part of one large county

authority but was not happening in another part of the same county despite their best efforts, so it is likely to be a result of personalities rather than systems and structures that have been the factors for success.

Practitioners believed that their statutory powers were a very effective lever with which to engage families who were reluctant to accept support. This was not simply an issue about using enforcement with parents who failed to cooperate but the fact that parental or for that matter a young person's engagement was not a condition of a service being offered. So whether families consented or not, the practitioners were unable to close files and relinquish responsibility so it was in everyone's interest to be able to offer the breadth and depth of support needed at the earliest time. The fact that the EWS threshold for involvement was at a relatively low level of concern puts them in a unique position to deliver early intervention either directly or in conjunction with other service providers, possibly via the CAF, hence their recognised need for highly developed assessment skills.

Practitioners believed they could contribute much more given the resources to undertake a greater depth of casework rather than skimming the surface with some families. Many however felt the daily tensions of trying to support the child more holistically within the family context whilst maintaining relationships with schools. This differed between the local authorities, as there were distinct differences in the levels of resources, which is reflected both in attitudes to family work and their ability to deliver a level of support that they felt was needed.

Practitioners were in no doubt about their contribution to the five ECM outcomes and remained committed to their focus on school attendance.