

The Business Case for Social Work with Adults

A Discussion Paper

December 2012

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Executive Summary

The care and support White Paper, Caring for our Future (1), says: 'Social workers have a **crucial role to play** in the reformed care and support system.' The College of Social Work agrees, but in a climate of austerity social work must be able to show not just that it makes a unique contribution to the lives of service users but that it makes financial sense too.

The 'business case' for social work with adults must demonstrate to employers that it is a false economy to scrap social work posts without first taking care to ensure that the short-term savings are not outweighed by the long-term costs. The point of this discussion paper is to indicate where social workers fit into modern models of care and sketch the outlines of an argument that the cost-benefit analysis comes out in their favour.

Dr Adi Cooper, director of adult social services in the London borough of Sutton, summarises the purpose of the business case well (2):

'If you have a better skilled workforce, the quality of what they do can improve and the quantity of ongoing care and support can diminish. For social workers, that is part of the equation: better outcomes plus less cost equals win-win.'

The government wants to see the integration of health, social care and housing in every locality, so that public money moves out of acute care into the community. We believe that social workers should have a leadership role in taking this policy forward because they are well qualified to coordinate these agencies in the interests of service users.

Modern social work is about promoting choice and control, supporting people to live independently as active citizens in their communities. As public funding evaporates and the state pulls back, this must be more than empty rhetoric. Social workers will be critical to giving the term 'active citizens' real significance because they are uniquely prepared by their education and training to foster the social capital that makes active citizenship in thriving communities a genuine possibility.

Social workers' responsibility for assessment and care management has been eroded, although care management itself is still very much alive in some areas in the unintended guise of the resource allocation system (RAS). While we are pleased that social workers are being freed from the shackles of care management, we have misgivings about their diminishing role in assessment.

Effective assessment requires highly skilled assessors, otherwise the danger is that the wrong decisions will be made resulting in a poor care package and much higher costs later. And assessment is merely the start of a new phase for a service user and social workers will often need to be involved at various stages of the journey if life chances are to be maximised.

Local authorities still spend too much on residential care for people who could live independently with the right support. One way to save money on residential care is to give social workers a prominent role in assessment and community development, taking an 'asset-based' approach to assessment that rests on a deep knowledge of the strengths of the individual, the family and the community.

The knowledge and skills social workers bring to promoting active citizenship in healthy communities has often been neglected in the implementation of 'reablement,' which has been seen as the magic bullet enabling people to live independently in their own homes.

Evidence is emerging that the focus of reablement on people's immediate home environment tends to leave the wider community out of the picture. In consequence, savings in the short-term can be accompanied by higher costs in the longer term. As one social worker in a reablement team told us: 'Social work is not just about assessment, or putting in a care package or putting in equipment. It is more complex and looks at the inclusion of older people.'

It is one of the main arguments of this paper that the 'social return on investment' that can come from good social work is often neglected in the standard cost-benefit analyses. Strong, inclusive communities with resilient individuals living as *part* of them – and the emphasis here is significant – can contribute to the public purse, whereas dysfunctional communities are a drain on it.

That is the whole point of allowing social workers, as the White Paper puts it, 'to focus on promoting active and inclusive communities, and empowering people to make their own decisions about their care.'

The financial benefits are only just beginning to be quantified. The London borough of Sutton has been in the vanguard of attempts to construct a business case and recently found that appointing a community development social worker in a deprived community resulted in a 15% reduction in statutory care packages (3).

Creative approaches to adult safeguarding and a workforce well versed in attachment theory are the kernel of Sutton's style of social work. It is, as its evaluation report says, a break with the care management model that bought services to alleviate social distress

rather than drew on the intrinsic capacities of people and their communities for dealing with it.

In our submission to the government prior to publication of the White Paper we talked about the ‘desire amongst social workers, service users, directors, and managers for the profession to be liberated from the care management strait-jacket so as to be able to be creative and focused on problem-solving in its approach to supporting users and carers.’ There is a clear professional and moral case for this kind of social work, but this paper aims to pave the way for a clear financial case too.

Introduction

Public sector cuts and the revolution occurring in the provision of adult social care have thrown the role of social workers into stark relief. At least in theory care management is becoming less dominant, as service users are given more power to choose care and support for themselves, and as ‘preventive’ models of care designed to keep older people out of hospital gain ground.

Some argue that care management has merely popped up again in the unintended guise of the resource allocation system (RAS), but, if this is really an aberration rather than an objective, the question arises where *should* social workers fit into the new scheme of things?

The College of Social Work and its members back the following statement in the White Paper, *Caring for our Future*: ‘Social workers have a **crucial role to play** in the reformed care and support system. The role of social work is being transformed in order to focus on interpersonal support, to promote choice and control, and to better meet people’s needs and goals.’

But crucial though the role of social workers unquestionably is, local authority employers will still insist that a powerful case is made for it in the current economic climate. Public sector job losses are expected to continue up to 2017 as the Government implements its austerity agenda. The social work profession must strengthen its position by making a clear ‘business case’ for itself to demonstrate to employers that sacrificing social work posts is a false economy which will ultimately increase costs rather than reduce them.

Over the past year The College of Social Work has been taking a lead in this debate, partly through our London summit in February and subsequent lobbying of the Department of Health which resulted in a strong showing for social work in the White Paper. This discussion paper initiates the next phase in our campaign to defend and promote social work with adults by drawing together some of the existing thinking on the business case for it.

In the coming months we will build on the arguments presented here in consultation with our members as we elaborate our vision of a social work profession at the heart of adult social care.

Modern social work

The most recent authoritative statement on the role and tasks of social workers with adults was published two years ago by the Department of Health and the Association of Directors of Adult Social Services, among others, under the title *The Future of Social Work in Adult Social Services in England* (4). This document makes clear that local authority styles of social work must evolve from a paternalistic relationship with a caseload of 'clients' into a partnership with service users who aspire to be 'active citizens'.

And social work will strike out in new directions as the integration agenda being promoted by the government takes hold, joining up health, social care and housing, and shifting resource out of acute care into more cost-effective community solutions.

It will be argued here that many of these solutions need to have social workers at their heart, not least because they are best qualified to coordinate and join up the several efforts of formal and informal services to provide care and support in the community.

Social work with adults, carers and families, then, is having to reinvent itself. Social workers in adult social care cannot rely on the old verities of care management and must demonstrate their value as part of a workforce confronted by rising demand and less funding.

Modern social work is about supporting people to live as independently as possible, promoting choice and control over the care and support they need to overcome the difficulties presented by disability, age or mental health problems, among other things. As *The Future of Social Work in Adult Social Services* puts it:

'Social work's distinct contribution is to make sure that services are personalised and that human rights are safeguarded through:

- Building professional relationships and empowering people as individuals in their families and in communities;
- Working through conflict and supporting people to manage their own risks;
- Knowing and applying legislation;
- Accessing practical support and services; and
- Working with other professionals to achieve best outcomes for people.'

It pointed the way ahead to several areas of activity for social workers. While assessment, planning and review would continue to be important, social workers could find themselves doing more direct social work with a stronger therapeutic element. In particular, the DH/ADASS document suggested a trajectory for social work towards safeguarding, early intervention and prevention, and community capacity-building:

- **Social work and interpersonal support:** With the development of information, advice and advocacy services, support planning and brokerage, there are new roles for social workers alongside services led by people using services and their families. This will include support for carers and services for people who fund their own social care;
- **Social work and safeguarding rights:** Social work has an important role in community development work and promoting social cohesion, for example where disabled, mentally ill or substance misusing people are victims of hate crime;
- **Social work with families:** Social workers already help to break the cycle of generations of individuals trapped in abusive relationships, crime, substance misuse, poor health, unemployment and other factors. Their role in this work could be strengthened to support the current priorities for local authorities to create safe, healthy and prosperous communities.

The government's *Caring for our Future* White Paper published in the summer confirmed this direction of travel. After intensive lobbying by The College of Social Work (TCSW), following consultation with our Prospective Members, the government adopted many of our proposals. The White Paper highlighted the Social Work Practice Pilots, financed by the government and overseen by the Social Care Institute for Excellence, which 'aim to liberate social workers from case management, allowing them to focus on promoting active and inclusive communities, and empowering people to make their own decisions about their care.

Elsewhere in the White Paper, the government promised to work with TCSW to ensure that community development (eg peer support networks, befriending schemes) is built into future social work practice. It called for effective local safeguarding arrangements to identify abuse quickly and support people in maintaining control over their lives, while also proposing a duty on local authorities to commission and provide preventive services.

These aims sit four-square with the Professional Capabilities Framework owned by TCSW. For example, domains 7 and 8 of the PCF stress 'Intervention and Skills' – using professional judgement to intervene with individuals, families and communities to promote independence – and 'Contexts and Organisations', engaging with and adapting to changing contexts that shape practice.

So to summarise: The College of Social Work believes that social work will continue to have a leading role in adult social care as it develops. Assessment, planning and review are evolving but will remain intrinsic to social work, and there will be new opportunities in community development, safeguarding, prevention and early intervention, and interpersonal support, all of which our members are eager to embrace.

We must convince local authorities that social workers in adult social care are not optional. In fact, they are essential if councils are reliably to fulfil their duties under the National Assistance Act 1948 and subsequent legislation to ensure the welfare and safety of vulnerable people. This will continue to be the case when the draft Care and Support Bill eventually replaces existing legislation as a single, modern law for adult social care, including its several duties on local authorities to promote individual well-being.

In their amended advice note *Social Work in Adult Social Services* (5), the Association of Directors of Adult Social Services and Skills for Care state that local authorities will be 'mindful of fulfilling their statutory duties when making decisions in relation to the deployment of social workers'. The 'business case' for social work really starts here: the risk to a local authority of failing in its legal duties is great and, if the higher powers of the secretary of state or the courts are invoked as a consequence, the outcome can include having the duty to provide the service removed, financial penalties and loss of reputation.

Angela Jenkinson, head of quality assurance in the London 'tri-borough' councils (Kensington & Chelsea, Hammersmith and Fulham, and Westminster), puts it as follows: 'Social services authorities need staff who can be trusted to use the powers and duties of the authority to best effect to promote the welfare and safety of vulnerable people. This calls for a specialist knowledge of social welfare policy and law, a unique set of skills in understanding and working with people, and a specific set of professional values. Taken together, these three constitute professional social work.'

Pressures on social work

In a time of austerity local authorities have even greater need of a workforce that is properly trained and skilled to respond confidently to the changing social and economic context. More families are falling into poverty as benefits are pruned and jobs are lost. The skilled contribution of social workers will be essential and it is vital that a strong case is made for them.

But local authorities are having to implement financial cuts of 25% over the period 2011-2015. Adult social services departments will have to do more with less money as the population ages: for example, there are 1.5 million people aged 85 and over in the UK and this is predicted to double within 20 years. There are 750,000 people with dementia in the UK, a figure predicted to rise to more than 1 million by 2021.

Social work cannot be exempt from the resulting pressure on jobs and must demonstrate not just its social value, but its economic value as well. Do social workers provide value for money when compared with other staff as personalisation and prevention strategies tighten their grip on local services? As service users acquire personal budgets and exercise more control over their services, are so many social workers needed to carry out assessments? And, similarly, are as many social workers needed for assessments of older people when more of them are receiving 'reablement' which allows them to continue living independently in their own homes?

Opinions differ between local authorities. In Hertfordshire, for instance, 22 social workers' jobs were lost in older people and physical disability teams because of cuts to caseloads attributed to the county's reablement service.

Sarah Pickup, the council's director of health and community services, said the social workers were no longer necessary to meet the falling demand for assessments:

'It is true there will be fewer people employed by the council and others to undertake assessment and care management roles and this demonstrates a real improvement in value for money. The less money we have to spend on assessing people's needs and working out how to meet them, the better we are able to protect services that prevent needs arising, promote reablement and recovery and offer personalised support for those that need ongoing care.' (Community Care Adult Care Blog, 13 March 2012 <http://www.communitycare.co.uk/blogs/adult-care-blog/2012/03/cutting-social-work-numbers-helps-preserve-services.html>)

But elsewhere there has been more emphasis on the positive contribution of social workers to the new generation of services. Staffordshire is a case in point. Here it has been noted that reablement requires more than a 'within the home' intervention led by domiciliary care workers. As Staffordshire advanced practitioner Lyn Carter, who is part of the council's reablement team, told The College of Social Work journal, *Social Work Matters* (6):

'Reablement is not just about getting someone back on their feet. People have complex lives and there are complex cases out there. When you've got the occupational therapist looking at a person's physical needs, helping improve their mobility, you need the social worker to come in and deal with other issues like the carers' issues, the social issues.'

The Audit Commission recently piled more pressure on social workers in its report *Reducing the Cost of Assessments and Reviews* (7), which argued that local authorities could save £180 million annually substituting less qualified staff for social workers in assessments and reviews. While there are reasons to be sceptical of this claim (see below), the report did add that local authorities should see social workers as key to the flourishing of new personalisation and prevention services.

What is clear is that social work in adult social care is having to remodel itself in this changing context of services. As the Social Work Practice Pilots are beginning to show, social workers are uniquely placed to construct the family and community networks people require to live independently without costly home care or residential care packages.

Social workers are, by training, experts in creating the kind of social capital that is essential if service users are to become 'active citizens' and which can be extremely cost effective for local authorities. These arguments are just beginning to emerge and the rest of this discussion paper will give a preliminary sketch of some of the main ones.

The emerging business case for social work with adults

The basic principle of the business case for social work was put succinctly by Dr Adi Cooper, director of adult social services in the London borough of Sutton, when she told *Social Work Matters* (2):

‘If you have a better skilled workforce, the quality of what they do can improve and the quantity of ongoing care and support can diminish. For social workers, that is part of the equation: better outcomes plus less cost equals win-win.’

When she spoke to a College of Social Work summit on social work with adults earlier this year (3 February 2012), Dr Cooper argued that social work could develop in a number of ways and that it was necessary for local authorities to ‘take risks’ to find out what worked. Most social workers, she pointed out, were hungry for change, adding that ‘we need to motivate, enable and support creativity and resilience to achieve outcomes and productivity’.

It is important to emphasise first, though, that there are compelling financial reasons for keeping a prominent social work role in assessment and review. The Audit Commission goes too far in suggesting that social workers should be shuffled off to deal only with complex cases.

Removing qualified staff from the payroll where simpler assessments are concerned may lead to short-term savings, but it may also result in services of impaired quality in which critical elements of risk, vulnerability and need are missed that a qualified social worker would have recognised and acted upon. If the pendulum swings too far in favour of ‘quick fixes’ through ill-considered reductions in staff costs, local authorities run the risk of costly reparative interventions, court proceedings and incidents requiring serious case reviews.

As the Audit Commission admits in the same report:

‘The key risk for councils is that they fail to meet vulnerable people’s needs. Poor assessments increase the risk of harm and bring higher costs later.’

This leads us to question whether the Audit Commission’s broad brush quality criteria were adequate: it asserted that there was no difference in service user outcomes for low-cost and high-cost councils on the basis of overall Care Quality Commission ratings and a ‘mystery shopper’ exercise that tests local authority responses to initial contact. It underpinned the report’s finding that the use by low-cost councils of more unqualified staff should be taken up by the rest.

But these measures are arguably too crude to identify the significant difference a social worker, equipped by training to observe the small, subtle particularities of each service user’s presenting condition, can make to that person’s quality of life. Managerialist policies tend to forget that service users often do not come as ‘sets’ of readily identifiable needs, but require those needs to be teased out, interpreted and met creatively from the social assets of the family and local communities.

It is easy to get assessments and follow-up interventions wrong with damaging consequences. For example, as the Audit Commission itself said, 'older people (who form the bulk of the client population) do not always present their needs accurately on first or subsequent contacts.'

Low-cost councils were said to carry out more assessments and reviews than high-cost ones. But this raises real questions about the way in which information about assessment and review activity is captured by local authorities themselves. For example, does the number of assessments recorded by a council refer only to formal, structured community care assessments or does it include the myriad ancillary interventions that are often omitted in standardised performance data?

Varieties of assessment

Some councils regard assessment as a straightforward means of deciding whether someone should receive publicly funded social care or not, whereas others see it as a service in its own right, helping people with multiple conditions to understand what options are open to them and to find community-based solutions to their needs and aspirations.

So it may well be that the range, depth and analysis provided by social work assessment and intervention has been underestimated. There is a critical skill in knowing when and how to intervene in somebody's life, taking into account the requirements of self-determination, public protection and the duty of care. Tragedy is often preventable, as the evidence shows, where practitioners are properly trained, supervised, and skilled in observation and theory, as social workers are, and properly supported by their employers and the systems within which they work.

A good assessor sets out to create a complete picture of someone's situation, strengths, capabilities and aspirations. Social workers are trained and recruited on the basis that they have the cognitive and emotional depth fully to grasp people's care and support needs and networks through the assessment process. They will want to ascertain the individual's desired outcomes and the way in which they want to achieve them, as well as the risk factors and measures to manage them.

All this points to the grain of truth in the Audit Commission's findings, namely that social work must free itself from the care management straitjacket imposed on it in the early 1990s. Assessment is the start of a journey whose destination ought to be a fulfilling life for someone who was once too ill or disabled to have one. The moral rationale is obvious, but there is a financial rationale as well for investing in social work as the only effective way to make it happen.

If anything, the quality bar for assessments has been set higher by the policy of health and social care integration, and the growing challenge of providing for people with chronic and long-term support needs in the community.

For example, a project in St Helens involved investing in five additional social workers for

the integrated hospital discharge team substantially reduced the numbers of medically fit patients in acute beds. According to the evaluation report (8), published in March 2012, the social workers were 'fundamental to the success of the project'.

Their role was to conduct complex assessments and plan hospital discharges, which, between December 2011 and February 2012, much increased the speed at which healthy patients vacated acute beds. The numbers occupying acute beds fell from an average of 40 over a week to just five and there was a 17% reduction in delayed discharges.

The St Helens project clinched the business case for funding the additional social workers for a further year. But, as the evaluation report indicated, it was about more than saving on the cost of acute beds; it commented that the project had also 'improved outcomes for service users and ensured that they can transfer to settings more appropriate to their needs.'

Other local authorities are also establishing new models of assessment, information and advice-giving, and early intervention. But social work is too often prone to be an untapped resource which, if it were utilised properly, would support local authorities and partner agencies in finding meaningful, ethically sound and personalised solutions enabling people to live well.

These solutions should start with assessments that consider the strengths ('assets') locked up in individuals, their families and their communities. Ultimately they involve building social capital, community development, assessing risk and working with families, communities and partner agencies to enable people to take risks that the rest of us regard as our right.

It requires social workers who think creatively (and cost effectively) about meeting the needs and aspirations of the population they serve. Restrictive care management processes do not allow social workers the autonomy to work with vulnerable people in this way, yet its potential for steering people away from high-cost, high-dependency residential and home care services is still unrealised in too many localities.

Councils still spend approximately half of social care funding on residential care for publicly funded clients, while self-funders often enter residential care unnecessarily, become dependent before their time, and later turn to the local authority to finance expensive placements for longer than would otherwise have been the case when their money has run out. Many of these people could live independently as part of their communities, given a more imaginative use of social workers by their local authority employers.

Central Bedfordshire's Social Work Practice Pilot (see 'Modern social work' section above) experimented with 'network meetings,' which social workers ran with service users, their families and other associates, where safeguarding concerns had arisen. Emily White, the council's safeguarding vulnerable adults manager, says:

'A standard response to situations where the caring role has broken down may be

to increase services, if only for monitoring purposes, or even to remove the person to residential care. This will rarely be the person's first choice, and an expensive option. If individuals and their families can be supported to find their own solutions that avoid the input of council commissioned services, these are not only likely to be more personalised, but could see a reduction in costs to local authorities. Social workers are equipped to be able to support individuals to think about their options and provide that additional support to ensure their goals are met over a period of time.'

Social return on investment

And these are just the tangible savings that would appear in a simple cost-benefit analysis. As the Measuring What Matters programme, run by the New Economics Foundation (NEF) think tank has sought to show, the 'social return on investment' from public spending is seldom quantified or even recognised.

Cuts to services may have immense long-term costs which are simply ignored by the public agencies responsible for them. The practical effect of an expert intervention tends to be measured over a short timescale, coinciding with the cycle of staff appraisals, rather than on the harder-to-measure but just as important public benefits that may accrue years hence.

A NEF conference paper on the programme is tellingly entitled: *Seven Principles for Measuring What Matters: An approach to avoiding false economies* (9). In the paper, Elis Lawlor says:

'In the absence of information about other kinds of value, narrow cost considerations can become the primary basis on which decisions are made. This can lead to false economies – savings being achieved in the short-term at the expense of more significant costs over the longer term... For example, if work done with an unemployed person to help them build their social networks results in them starting a business five years later, the chain of events that led to this is difficult to unpack.'

Just as the public benefit of work done with an unemployed person can be difficult to quantify over a short time-span – work which is therefore an easy target for cuts – so the social and economic value of social work in the lives of individuals and their communities may be overlooked. Lawlor argues:

'The sad truth about public service provision in the UK is that this kind of common sense is too often obscured by financial expediency. The needs and aspirations of those on the receiving end of government economic and social programmes are being neglected in a cost-conscious culture that knows the price of everything and the value of nothing. Success is being judged on the basis of a narrow set of outputs that are relatively easy to measure, instead of weighing what really works for individuals – and what delivers lasting benefits to communities.'

Social workers are uniquely situated to produce the kinds of social and economic outcomes that may not register in a standard cost-benefit analysis but which strengthen communities and the lives of the people in them. More resilient communities contribute to the public purse; dysfunctional communities are a drain on it. That is the whole point of allowing social workers, as the White Paper puts it, 'to focus on promoting active and inclusive communities, and empowering people to make their own decisions about their care.'

Social return on 'Troubled Families' initiative

The government's controversial 'Troubled Families' initiative is an example of a policy whose logic depends on a 'social return on investment'. Over the next three years the Prime Minister has pledged to 'turn around' 120,000 troubled families who currently cost the public purse £9 billion every year. Most of it is spent on reacting willy-nilly to their troubles, whereas the government claims that only £1 billion of it is spent on trying to turn around their lives in a targeted, constructive way. The Troubled Families initiative has a different philosophy: cure the illness, not just symptoms which continually recur.

The initiative asks local authorities to invest £10,000 in each family, £4,000 of which is to come from central government on a payment by results basis. These families may be without work and have a record of crime, anti-social behaviour and school exclusions. They may also have a history of child abuse or neglect, and problems associated with mental health, substance misuse or domestic violence.

A key worker is usually appointed to implement a rigorous regimen of support and may call on a battery of therapeutic services to build the family's strengths, such as youth offending, parenting, drugs treatment, anger management and educational psychology programmes. What should emerge at the end of it is a fully functioning family as part of a smoothly interlocking community.

The 'social return on investment' goes beyond the money eventually saved, to turn families who sap the strengths of the community into families who contribute to it. Rather than allow human potential to go to waste, lasting solutions are found so that it can be used profitably. That, at least, is the theory.

The significance of all this for social work ought to be self-evident. Plugging individuals and families into their communities is pre-eminently a social work skill. They are ideally placed to carry out the key worker role the Troubled Families initiative envisages, and the underlying principle can be generalised to all manner of situations in which the rift between individuals or families and their communities must be healed. In the government's view, the economics of the initiative are clear:

'...to develop new ways of working with families, which focus on lasting change, recognising that these approaches are likely to incur extra costs but that they will result in a shift in the way we work with these families in the future – **reducing costs and improving outcomes**' [Our emphasis](10).

Social return on ‘reablement’

To take another very different example, it is precisely this role of social work to promote active citizenship in healthy communities that has often been neglected in the implementation of reablement. Reablement has been seen as the magic bullet which will enable people to live independently in their own homes. They are “re-enabled” to do everyday home tasks for themselves after a stay in hospital with less need of costly packages of home care. A 2007 study for the Department of Health found that up to 68% of people no longer needed a home care package after an intensive six-week period of reablement.

But evidence is emerging that reablement has fallen short of its potential because of a narrow focus on supporting people in their own homes. In *The Home Cure* (11), a report published by the think tank Demos in June, the authors claim that, while reablement moderately reduces care costs over the longer term, it does not always reduce health costs as hospital readmissions are higher than they should be. Their research had identified...

‘... a narrow application of reablement to focus just on “within the home” tasks, rather than enabling older people to re-engage with their community networks; a cliff-edge of support ceasing after the six week period without adequate steps taken to ensure that a “reablement ethos” follows to maintain the good work achieved during the intervention...’

The authors wanted to draw lessons for housing providers, but the moral of the story goes wider. Referring to the ‘considerable potential’ for reablement to become more cost effective, the report calls for a ‘more holistic approach to reablement embedded as best practice’:

‘Such an approach strives to achieve independence in one’s community, not just in one’s home. This means using reablement to help people maintain or regain their social networks, and reconnect with past activities and hobbies.’

A report last year from Helen Sanderson Associates, *A New Reablement Journey*(12), takes a similar view. It says that reablement services tend to take a one-dimensional approach, missing opportunities to ‘look at what natural, mainstream or community supports could be available to support the person to reconnect with friends and their community.’

In Staffordshire, reablement is part of a new integrated adult social care service within the NHS, the Staffordshire and Stoke-on-Trent Partnership Trust. It is delivered by the Trust’s Community Intervention Team whose staff include social workers, occupational therapists, physiotherapists, community psychiatric nurses, rapid response nurses and a team of home carers. The holistic understanding that social workers bring to their collaboration with service users in reconnecting them with their communities was highlighted by team member Mary Whale, who told *Social Work Matters* (5):

'Reablement gives you the chance to go back to that traditional social work way of working. You know you can go back time and time again to see a person. Social work is not just about assessment, or putting in a care package or putting in equipment. It is more complex and looks at the inclusion of older people. As social workers, we are trained to look at those factors outside of reablement. We work in a very complex and holistic way. So the social worker is always key to a good service.'

Community social work

Cost-effective inclusion of older people is an objective of a community social work trial instigated by Adi Cooper in Sutton. It is being evaluated as part of the business case for social work. The London borough has been running the pilot scheme for about a year, having appointed a social worker to work with 30 older people with personal budgets in a deprived area. The aim is to build community capital and social cohesion. 'Over time, we expect that the capacity building and support will reduce the need for longer term care,' Dr Cooper says (2).

Early results are promising. The evaluation of phase one was done in June 2012, after a year, and achieved an average reduction in statutory care packages of 15% for 30 long-term users of services in a deprived community in the north of Sutton. Service user feedback was 'extremely positive', according to the draft evaluation report, and previously unknown community networks were identified that gave support and widened choice for the users.

Among the initiatives in phase one was a timebank, in which individuals receive specific kinds of support in return for giving support of other kinds to other people. As Dr Cooper says: 'Then you are reducing cost to the local authority because in effect you are using the capacity of that individual to give something back that is useful to somebody else and the capacity of the local community to give back support.'

Phase two began in August 2012 and is a more ambitious attempt to embed the same community social work principles across the whole borough. A new team, comprising a senior practitioner, six social workers, a community care assessor and a community art therapist, will take all new referrals (except hospital discharge) and screen them to ensure the correct care and support pathways are followed.

Most of the team have previous experience of community social work and have been briefed to find out about local resources, develop social capital by building resilience in individuals, families and communities, and divert people away from statutory services by calling on the skills of the voluntary sector.

This includes opening up access to informal networks of support so as to reduce reliance on formal services. Social workers take an 'asset-based approach' to community care assessments, considering kinship networks, neighbours and friends, and putting particular emphasis on assessing risk to the individual and how it can be mitigated through support from the family, informal networks and the voluntary sector.

Active citizenship and risk

Giving people choice and control, in keeping with the personalisation policy, means empowering them to take the ordinary risks that everyone else regards as commonplace. It might be a disabled person who catches the night bus home or forms a personal relationship that has an element of risk. There might even be an abusive element to it, but in an otherwise fully consenting relationship which the individual values.

Helping service users to manage risk sensibly is the role of social workers and is known as 'risk enablement'. Risk enablement, placed at the centre of a safeguarding policy overseen by social workers, is critical if service users are to be active citizens in flourishing communities. The role of social workers is to work with the service user to understand what risks can happen and how they can be minimised. The thing is not to say 'No', but to say 'Yes' and how can we do it?

This kind of 'positive' safeguarding is at the heart of community capacity-building, whereas 'negative' safeguarding which denies vulnerable adults their right to take sensible risks can be an expensive investment. Social workers should, as the care and support White Paper says, be partnering community organisations to connect people to peer-support networks and befriending schemes when they might otherwise be at risk of isolation, and to promote ways of preventing harm and intervening early if there is a risk of significant harm. Not only is this approach to safeguarding likely to be less costly in terms of formal care provision, but the good quality, consistent and trusting relationships based on open communication that are part of it are particularly important in person-centred social work practice.

According to Adi Cooper, the complexity of situations in safeguarding requires a workforce with assertive and competent assessment and evaluation skills. She says: 'Evidence to date shows that the majority of safeguarding investigations end up in more care or monitoring. That doesn't tell me that we are empowering people to take risks.'

Instead, she says, professionals should be able to balance investigations with personalisation, risk-enablement and protection so that people are not wrapped in cotton wool. Skilled social workers should be able to unravel the complexities of an individual's predicament so that, perhaps after an investigation, they are able to support them to take risks and manage their own lives. Once again the social return on investment is evident, so much so that Dr Cooper has sent all her frontline staff on an adult safeguarding post-qualifying course.

She also reflects some of the concerns raised earlier in relation to the Audit Commission's assessment report. Her argument is that by investing more time at the beginning in a skilled assessment and taking the 'asset-based approach' mentioned earlier, the care and support needs that the local authority has to provide for in the longer term are reduced. All her social workers are being trained in attachment theory to help them understand interpersonal dynamics when working with vulnerable people with complex needs.

Social work as relationship-building

This goes well beyond what she describes as the ‘sausage machine’ style of assessment typical of conventional care management. ‘Adult social workers have been deskilled by care management over the past 20 years,’ she says. ‘The model is a very process-driven approach in terms of assessment, care planning and identifying need. We have lost the skills of relationship-building and reflecting. The attachment-based work is to help social workers going into complex situations, particularly where there are issues of loss or identity, to look below the surface of presenting needs and understand more about what is going on.’

By building resilience among individuals and their carers in this way, social workers ensure that they are more robust and better able to cope with life’s challenges. As the evaluation report on phase one of Sutton’s community social work trial said: ‘This is a significant shift in social work practice away from the narrow care management model that sought to buy services to alleviate social distress rather than dealing with the underlying human condition.’

Restoring these skills, unique to social work, is one of the main aims of the Social Work Practice Pilots, mentioned in the care and support White Paper and overseen by the Social Care Institute for Excellence on behalf of the government. The evidence is that these pilots are ‘liberating’ social workers from care management in order to promote active and inclusive communities, as the White Paper puts it, and enhance the lives of the people who live in them (13).

It has been argued here that good social work is about maximising the strengths and capacities of people who would otherwise be highly dependent. As the costs of high dependency services like residential and intensive home care continue to rise, local authorities will increasingly find that intelligent, proactive investment in social work pays dividends. In short, they should spend now to save later.

Next steps

This discussion paper gives only a flavour of the financial arguments that The College of Social Work believes can be made for investing in social work. We are planning a programme of work to bolster the ‘business case’ for social work. In particular:

- We will assemble more evidence for the ‘business case’, based wherever possible on a financial analysis demonstrating the cost benefits of social work interventions, relating defined outcomes to given social work inputs;
- We will identify model integrated care pathways of which social workers are part and which have demonstrable value in terms of cost-effectiveness and user satisfaction;

- We will publish case studies from social workers and service users which testify to the benefits of good social work in cultivating social capital and building resilience among individuals and their families, reducing reliance on statutory care services.

References

- (1) *Caring for Our Future: Reforming Care and Support*, Department of Health, July 2012.
- (2) *Social Work Matters*, The College of Social Work, April 2012
- (3) Evaluation report on Sutton community social work pilot, forthcoming
- (4) *The Future of Social Work in Adult Social Services in England*, Department of Health et al, 2010
- (5) *Social Work in Adult Social Services*, Association of Directors of Adult Social Services, July 2012
- (6) *Social Work Matters*, The College of Social Work, September 2012
- (7) *Reducing the Cost of Assessments and Reviews*, Audit Commission, August 2012
- (8) *Enhanced Integrated Hospital Discharge Team and Community Care Project Evaluation Report*, St Helens Council, March 2012
- (9) *Seven Principles for Measuring What Matters: An Approach to Avoiding False Economies* (Conference Paper), Ellis Lawlor, New Economics Foundation, November 2009.
- (10) *The Troubled Families Programme: Financial Framework for the Troubled Families Programme's Payment by Results Scheme for Local Authorities*, Department for Communities and Local Government, March 2012
- (11) *The Home Cure*, Demos, 2012
- (12) *A New Reablement Journey*, Jenny Pitts, Helen Sanderson, Amy Webster and Louise Skelhorn, Helen Sanderson Associates, 2011
- (13) *Social Work Practices: Social Work Practice Pioneers (Mid-point Report)*, Social Care Institute for Excellence, November 2012