

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

Lisa Holmes, Centre for Child and Family Research¹

Introduction

The 'Baby Peter' case, Lord Laming's Progress Report, The Protection of Children in England (2009) and the government's subsequent action plan (HM Government, 2009a) all emphasised the importance of accurate and early identification of the needs of children and their families and the importance of high quality assessments to inform plans and service responses.

The Centre for Child and Family Research at Loughborough University was commissioned by the Local Government Association (LGA) to explore the cost and capacity implications for children's social care of implementing Lord Laming's (2009) recommendations (Holmes et al., 2010b). The potential financial and capacity implications were explored for six of the 58 recommendations (numbers 11, 15, 16, 19, 20 and 24), with an emphasis on referral and assessment processes, case-loads, appropriate levels of supervision and training and support. The research was carried out between October 2009 and February 2010 and was commissioned to provide unit costs of key social care activities and processes relating to the six recommendations listed above, along with contextual information on the wider issues that impacted on the implementation of the recommendations (see Box 1).

Box 1: Laming recommendations

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.*

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.*

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:*

- 1) *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;*
- 2) *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.*

24. *The Social Work Task Force should:*

- 1) *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;*
- 2) *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;*
- 3) *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*
- 4) *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 Assistant Director, Centre for Child and Family Research, Loughborough University, Leicestershire, LE11 3TU.

Method

A national survey was completed by 46 of the 152 local authorities in England, and in-depth research was carried out in nine authorities. The in-depth research included an online survey of 34 frontline workers to explore case-loads, supervision, training and support; an online survey of 33 frontline workers to obtain 'time use activity data' for the calculation of the unit costs; 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. Additional 'time use activity data' was utilised from a related study to explore the costs of services provided to all children in need (Holmes et al, 2010a).

Unit costs were calculated using a 'bottom-up' approach (Beecham, 2000; Ward et al., 2008). Unit costs per hour for each of the types of practitioners were then calculated, based on the relevant schema in Curtis (2007). The unit costs are displayed in Table 1.

Table 1: Unit costs per hour¹

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

Key findings

Contextual issues

This study focused on 'front-door' delivery of services and the work of social care intake and referral teams. Data from the national survey revealed the wide remit of the teams. The majority of teams (91 per cent) worked with cases up to or beyond the completion of core assessments; around 25 per cent of these teams were also holding children in need cases and were involved in Section 47, child protection enquiries or completion of case work as part of the Public Law Outline.

All of the authorities that participated in the in-depth research reported that they had experienced an increase in contacts and/or referrals following the media attention surrounding the Baby Peter case. Furthermore practitioners reported that they had managed the increase in contacts/referrals by working longer hours; they also expressed concern about the longer-term sustainability of working the increased hours.

Around three quarters of the participating authorities (33) reported that they had made changes to their referral, assessment or supervision processes following the publication of The Protection of Children in England (Laming, 2009). The most frequently cited changes were an increase in managerial oversight of cases, strengthening of audit systems and adaptations to supervision policies.

The study identified that it was problematic to make too clear a distinction between practice pre- and post-Laming and safeguarding managers reflected that their practice was largely in line with the recommendations. However, practitioners did highlight particular concerns about the implications of implementing recommendation 19(1), shown in Box 1.

¹ The unit costs have been based on salary information provided by two participating local authorities and then calculated using the social care schema outlined in Curtis (2007). The figures were adjusted so that training was not included; instead, training was included as a separate activity based on actual number of days spent on training.

² Salary scales were not provided for family support workers. Therefore the unit cost per hour was taken from Curtis (2007).

Recommendations 19(1) and 20

Time spent and cost of contacts, referrals and initial assessments

The activities that constitute the initial contact and referral processes were based on those outlined in *Working Together to Safeguard Children* (HM Government, 2006; 2009b). Practitioners reported that having sufficient time for all of the tasks was determined by workload pressures, and they expressed concerns about prioritisation of tasks and the impact on the quality of assessments.

The findings from the online surveys revealed considerable variations in the time social care practitioners spent responding to initial contacts and referrals. The reported time spent by social workers on initial contacts ranged from 15 minutes to just over three hours, with an average time of 49 minutes per initial contact, and an additional input from the team manager of 30 minutes (on average). Based on the unit costs outlined in Table 1, the unit cost of an initial contact was £36.94.

The unit cost of a referral was an additional £117.41, based on an average activity time of 4 hours and 40 minutes (range of 2.5 hours to more than 13 hours). This includes time spent on feedback to referrers, which was reported to take an average of 18 minutes per referral.

The reported time spent on an initial assessment ranged from 4 hours and 40 minutes to more than 20 hours. The mean time spent by social workers to complete an initial assessment was 10.5 hours. The unit cost of an initial assessment was £361.70, including the activity by the social worker, team manager and administrator.

Recommendations 15 and 16

Supervision

The findings from the national survey indicated that the majority of the local authorities (91 per cent) had formal supervision policies in place. There was also little variation in the reported frequency of supervision, with most (85 per cent) citing monthly supervision sessions. Furthermore, nearly three quarters (71 per cent) of the workers that completed the online surveys reported that they considered the supervision to be sufficient. The supervision sessions were reported to last between one and two hours on average, and all the workers rated supervision as 'satisfactory' or better, with 85 of them rating their supervision either 'good' or 'excellent'.

Frontline workers reported that supervision sessions focused predominantly on case planning, and two thirds reported that more time should be spent on constructive challenge of practice and professional development. A third of the workers reported that more time should be spent addressing their welfare needs. However, additional time would be required to incorporate these elements into supervision sessions.

Recommendation 11

Training and support

Between December 2008 and December 2009, the reported number of days spent on training ranged from 0 to 20, with an average of just less than 7 days. Half of the workers reported that this level was insufficient, and the majority (73 per cent) cited prioritisation of case work as the reason for insufficient time spent on training. Workers reported that, ideally, ten days a year should be allocated for training.

Recommendation 24

Recruitment and case-loads

Data from the national survey identified that around two thirds (65 per cent) of the authorities had vacancies in their intake and referral teams, although a third of these were being covered by agency staff. Furthermore, interviews with safeguarding managers highlighted the challenges of recruiting and retaining staff in intake and referral teams. The perception of the low status of social work, along with the specific demands and anxieties of child protection work, were cited as causes of recruitment difficulties.

Data supplied by frontline workers indicated a considerable variation in case loads, ranging from 9 to 24 children or 4 to 29 families per social worker in the referral and intake teams. Nearly two-thirds of the workers reported an increase in case loads in the previous six months and three-quarters reported a need to prioritise tasks and specific types of cases.

Conclusion

The study revealed that exploration of the cost and capacity implications of Laming's recommendations are complex, and that there was not a clear demarcation pre and post the Laming report. It was also apparent that authorities were concerned about the increase in contacts and referrals and the impact this had on their capacity.

Of the six recommendations, practitioners were most concerned about the implication of recommendation 19(1), and the impact that this would have on already increased referrals. As a result of these findings, the LGA proposed a five-point plan to ensure social work reforms result in the best possible protection of vulnerable children. The LGA argued that the government should revise its policy on Laming's recommendation 19(1), that all referrals from professionals should lead to an initial assessment as this was likely to have the biggest impact on social work teams.

Following publication of the study report, the Government decided that local authorities should be responsible for making the decision on whether to conduct an initial assessment: that is, discretion has been reintroduced (HM Government, 2010).

References

- Beecham, J. (2000) *Unit costs – not exactly child's play: A guide to estimating unit costs for Children's Social Care*, Joint publication from the Department of Health, Dartington Social Research Unit and the Personal Social Services Research Unit, University of Kent, Canterbury.
- Curtis, L. (2007) *Unit Costs of Health and Social Care 2007*, Personal Social Services Research Unit, University of Kent, Canterbury.
- HM Government (2006) *Working Together to Safeguard Children*. A guide to inter-agency working to safeguard and promote the welfare of children, The Stationery Office, London.
- HM Government (2009a) *The protection of children in England: action plan*. The government's response to Lord Laming, The Stationery Office, London.
- HM Government (2009b) *Working Together to Safeguard Children: Consultation document*. A guide to inter-agency working to safeguard and promote the welfare of children, The Stationery Office, London.
- HM Government (2010) *The Government's Response to Lord Laming: One Year On*, The Stationery Office, London.
- Holmes, L., McDermid, S., Soper, J., Sempik, J. & Ward, H. (2010a) *The costs and outcomes of child welfare interventions: extending the cost calculator methodology to include services to children in need*. Report to Department for Children Schools and Families, Loughborough, Centre for Child and Family Research, Loughborough University.
- Holmes, L., Munro, E.R. & Soper, J. (2010b) Calculating the cost and capacity implications for local authorities implementing the Laming (2009) recommendations, Local Government Association, London.
- Laming, Lord H. (2009) *The Protection of Children in England: A Progress Report*, The Stationery Office, London.
- Ward, H., Holmes, L. & Soper, J. (2008) *'Costs and Consequences of Placing Children in Care'*, Jessica Kingsley, London.