



NATIONAL FOUNDATION FOR EDUCATIONAL RESEARCH

The *value* of social care professionals working in extended schools

Anne Wilkin, Jenny Murfield, Emily Lamont,
Kay Kinder and Paul Dyson





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1 About the study

Introduction

Extended schools have featured in a range of recent government policies, including the Integrated Service Strategy that is set out in the Green Paper *Every Child Matters* (ECM) (HM Treasury, 2003) and the subsequent *Next Steps* (DfES, 2004). These documents promoted integrated working between education, social services departments and health services, supported by children's trusts, to better meet the needs of children (Cummings *et al.*, 2005). *Every Child Matters – Change for Children* (HM Government, 2004) referred to extended schools and children's centres as key to the ECM objectives of staying safe, being healthy, enjoying and achieving, making a positive contribution and achieving economic wellbeing. Indeed, extended schools are expected to work with local providers (and, in many cases, other schools) to provide access to a core offer of extended services. Amongst others, these include swift and easy referral to specialist services in order to meet the needs of pupils, their families and also the wider community.

These recent legislative changes, and developments such as the Common Assessment Framework (CAF) and the role of the lead professional, will likely see a new professional philosophy emerge and a much closer working relationship forged between social care and education professionals (Reid, 2005). As social care staff begin to work more collaboratively with education colleagues, the question of what role they should take, as well as what should be expected from them, becomes ever more pertinent. It is hoped that the 2007 consultation on the function of social work by the General Social Care Council will clarify this.

The majority of research conducted in the UK into extended school provision to date has mainly addressed the benefits for extended schools, together with the challenges of establishing them. Although research explores the logistics of schools working with a variety of agencies, very little has explored the service providers' perspective or, more specifically, has provided substantive detail on the role of social work professionals in such contexts. Given this lack of information, the current study aimed to provide a specific and dedicated focus on the service integration of social care professionals working with extended schools from the viewpoint of social care strategic managers, practitioners and service users.

Aims

The overarching aim of this research was to evaluate the impact of social care professionals working within the multi-disciplinary environment of an extended school. In order to achieve this aim, the study sought to:

- identify and audit a range of different examples (that is, different models) of coordinated and multi-agency activity between social care professionals and extended schools
- explore the value added element of involving social care professionals in extended schools
- ascertain the extent to which this arrangement provides an appropriate arena to fulfil the social care remit or service aims
- identify the benefits, challenges and key factors of this type of service integration.

Design and methods

There were four phases to the research:

- an audit of local authority practice
- telephone interviews
- case-study work
- a literature review.

Phase one: an audit of local authority practice

Pro-formas were sent to Heads of Children's Social Services in all 150 local authorities in England, encouraging them to identify examples of effective collaborative working practices between social care professionals and extended schools. Recipients of the pro-forma were asked to provide a brief description of the collaboration and specify a named contact who would be willing to take part in a short telephone interview in order to provide further information on the examples identified. Altogether, pro-formas were received from 57 local authorities (just over a third of all local authorities in England).

Phase two: telephone interviews

Short telephone interviews were conducted with the contacts provided by 38 of the responding local authorities (the contacts identified on the remaining 19 pro-formas declined to be interviewed, most often because of pressures on their time). The interviews involved a range of staff, including those involved with children's and/or family services (e.g. managers of children's services, integrated service managers, team managers for vulnerable children and strategic managers), and those directly involved with extended school provision (e.g. managers/coordinators of extended services or extended schools' remodelling advisors).

Phase three: the case studies

In-depth case studies were undertaken in six local authorities. The case studies were selected to cover a range of distinctive type of service provision, different working practices and different target groups. Face-to-face interviews were conducted with children and young people in receipt of services/provision and their parents, with strategic- and operational-level personnel, as well as with a range of key stakeholders, such as headteachers and social care managers (see Appendix 1 for a detailed list of interviewees in each of the case-study authorities).

Phase four: literature review

A brief review of the literature was conducted in order to identify key sources within the current literature that focused on social care professionals working with extended schools and services. Twenty-eight sources were considered to be most pertinent to the research objectives and were subsequently examined to draw out the key findings.

The report

This report is divided into four sections and draws on data from all three phases of the research. Following this introduction to the study, each section of the report begins with a boxed outline summary of what the literature says.

Section two describes the models of social care practice taking place in extended schools that were identified by the research, the rationale for undertaking such

work and typical activities conducted by social care professionals. It then addresses the question of whether or not social care professionals working in extended schools need to be qualified social workers and ends with a discussion of the appropriateness of locating social care professionals within the physical environment of an extended school.

Section three focuses on the key issues for consideration when introducing social care professionals into extended schools. It identifies the challenges that were perceived to have arisen as a result of this approach and highlights key factors for success. The section then outlines the benefits that might be expected from introducing this model of collaborative practice.

Section four concludes the report by drawing out the key messages to arise from the study.

Appendices to the report include:

- individual summary reports of social care practice in the six case-study local authorities
- sample information:
 - the achieved sample of pro-forma returns
 - roles/job titles of local authority staff interviewed in the telephone survey
 - details of interviews conducted during the case-study visits.

2 Models of social care practice in extended schools

What does the literature say?

- The Government wants all schools to offer extended services by 2010. All children and young people will have an entitlement to a universal 'core offer' of services comprising: wrap-around childcare; a variety of activities to extend and enrich learning; parenting support; swift and easy referral to specialist support services; and wider community access to ICT, sports and arts facilities, including adult learning (DfES, 2005).
- The recently published health and social care white paper *Our Health, our care, our say* (GB Parliament, 2006) emphasised the value of local services in addressing inequalities across the country and outlined the specific role that extended schools and children's centres could play in delivering this.
- Previous research has also suggested that there is a range of distinct 'social work' demands on primary school teachers that the provision of social care professionals could address (Webb and Vulliamy, 2002).
- Blewett *et al.* (2007) reported that the ECM agenda, which promotes the locating of social care professionals in accessible locations (such as schools), can counteract the tendency for them to be limited to 'reactive' work (i.e. in receipt of child protection referrals) and can enable them to work more proactively to 'both promote and safeguard the welfare of children in their areas'.
- Rose *et al.* (2006) noted that Family Key Workers in schools had the specific remit to: work with the school to identify 'at risk and vulnerable' children and young people; to plan and implement programmes of support for those children and families; to 'work at a level below which social services would normally engage' (i.e. at Tiers 1 and 2); and to 'monitor, record and report on progress'.
- Wilson and Hillison (2004, 2005) reported that social work trainees on placement in schools experienced a variety of work including providing:

individual support (e.g. counselling, support with behavioural and attendance issues, pupils with special educational needs (SEN)); group work (e.g. friendship groups, contributions to PSHE classes); support for parents/carers; and making the link between the school and the social care team.

- Boddy *et al.* (2007) outlined the role of a linked social worker based in two children's centres. This post, line-managed by social services, involved supporting the development of cross-agency working; providing support for children and families accessing the centre, as well as for other professionals; and supporting the implementation of the CAF.
- There is currently, however, a general paucity of information related to social care professionals working directly in extended schools and/or children's centres. Of the 28 examined, few articles specifically address the issue directly and only the last four outlined above describe specific ways in which social care professionals are working in extended schools.

Models of activity

From the responses of the 57 local authorities involved in the current study, the following models of social care practice emerged:

- A.** family/pupil support workers (largely unqualified social care professionals, based in or linked to extended schools (13 LAs) and/or children's centres (4 LAs))
- B.** experienced/qualified social care professionals (working with/linked to extended schools (13 LAs) and/or children's centres (2 LAs))
- C.** social work trainee placements in schools (6 LAs) and/or children's centre (1 LA)
- D.** training events/opportunities for school staff provided by social care professionals (6 LAs).

In addition, nine LAs were reported to be only at the planning stage of linking social care professionals into extended schools. In a further eight LAs, no plans were currently in operation for social care professionals to work with extended schools. The reason given for this was that the LA was either in the process of restructuring to an integrated Children's Service or was at the very early stages of extended school development.

Table 2.1 Models of social care practice

Model	Example
<p>A. Family/pupil support workers based in/linked to schools and/or children's centres</p>	<p>In one metropolitan authority, a team of family support workers (who are not qualified social workers) work with primary and secondary schools in the borough during the transition period. The primary schools identify vulnerable children who might struggle on transition to secondary school.</p> <p>In another metropolitan LA, every children's centre has a family link worker who provides: family support; the coordination of support services; and targeted support for hard to reach groups such as teenage parents, fathers, partners and families of prisoners. Alongside this, all children's centres in the authority have a linked Family Support Worker from the Family Support Service. These posts assume the traditional social work role, working only with higher tier referrals and referred families with a caseholder (e.g. the safeguarding and support team). In addition, five of the city's children's centres have full-time Family Support Workers who are based and located on-site. These professionals typically work with earlier intervention/prevention cases, mainly providing additional outreach support. One of their key roles is to work directly within the community and to engage and encourage use of the services offered at the children's centre. All three posts work very closely together and provide streamlined, consistent support to families.</p>
<p>B. Experienced/qualified social care professionals working with schools and/or children's centres</p>	<p>Social care professionals are team members of two Behaviour and Education Support Teams (BESTs) based in a metropolitan authority's two full-service extended schools. Their work has included piloting the CAF and acting as Lead Professional, as well as supporting the delivery of preventative programmes including one-to-one and group work.</p> <p>In a unitary authority, social care professionals have allocated time from the duty team (a 0.5 social work and family support post) for dedicated work with vulnerable children within local networks of primary and secondary schools and children's centres.</p>

<p>C. Social work trainee placements in schools</p>	<p>Two metropolitan authorities are in the second year of a joint pilot project with schools and a local university to place social work students into schools for their final placement. The placements have allowed the students to undertake a wide range of work with individuals, groups and families, establishing strong and positive relationship with those they support with as well as with school staff.</p> <p>In a unitary authority, social workers in training (SWITs) are based in secondary schools and work with some of their feeder primaries. SWITs conduct one-to-one work on issues such as bereavement and self-esteem, as well as friendship group work and family support. The work they are involved in varies from school to school.</p>
<p>D. Training events/opportunities provided by social care professionals</p>	<p>A unitary authority is using the British Association of Adoption and Fostering (BAAF) material to run 'Learn the Child' training events, facilitated by social care professionals, which bring together residential workers and teachers from extended schools to work more holistically with looked after children, i.e. by focusing on 'the whole child'.</p> <p>One London borough has developed an integrated working training programme, which has been rolled out to managers in schools (including extended schools) across the borough. The training, delivered by social care professionals, focuses on the implementation of the CAF. Child protection training for designated teacher networks is also offered.</p>

These models were not mutually exclusive, i.e. local authorities might be involved in more than one type of social care practice. For example, in one local authority, two models of practice were in operation: family support workers based in extended schools (Model A) and experienced and/or qualified social workers supporting schools, some of whom were school based (Model B). In one of the case-study authorities, three models of practice were in evidence: care officers running parent pop-in sessions and advice centres in extended schools (Model A), a full-time qualified social worker employed by one secondary school (Model B) and social work trainees on placement in primary and secondary schools (Model C). Detailed summaries of the social care practice being undertaken in each of the six case-study authorities can be found in Appendix 1 of this report.

The rationale underpinning models of social care practice in extended schools

Interviewees in the 40 local authorities where models of social care practice in extended schools were identified were asked for the rationale underpinning such activity. Overwhelmingly, responses focused on the Every Child Matters agenda. For example, the majority of interviewees identified service integration as the key rationale – locating social care professionals in extended schools was considered to be an effective way of working towards a fully integrated service for children and young people. Being able to provide swift and easy access to services and increasing the amount of preventative and early intervention work being undertaken were also commonly identified rationales, echoing the drive to strengthen preventative services.

The majority of interviewees suggested that the collaborative advantage afforded through social care professionals working in extended schools meant that social care and education had been able to make a greater contribution to the ECM agenda and meet the five outcomes for children and young people than they might have achieved by working individually.

At the same time, interviewees also felt that the ECM agenda had facilitated the integration of social care professionals and extended schools. ECM was described as the ‘catalyst for change’ as it had provided the impetus, status, and motivation to integrate services in order to achieve better outcomes for children and young people. In some cases ECM had driven service integration, in others it made it easier to achieve. Overall, it was believed to have provided a framework for all services to work with and a common point of reference with which to track progress.

Without [ECM], there is little that the services would have in common. Everyone is singing from the same hymn sheet and ECM has broadened their outlook. If it wasn't for the agenda it would have been a real struggle.

Extended schools coordinator

ECM has been the tool that people can identify with and say, well, although I sit in health or social care, or extended schools, I have a part to play...and it is actually coming from the Government.

LA strategic manager

ECM was said to have facilitated collaborative working practices and encouraged service providers to develop multi-agency teams in order to achieve integrated front-line working. The agenda was described as having ‘enhanced and renewed the emphasis on collaborative practice’ (social care strategic manager) and ‘opening the doors at a strategic level to work more closely together’ (extended schools coordinator).

In two of the case-study authorities, interviewees stressed that their service integration pre-dated the ECM agenda. However, they felt that ECM had provided reassurance and confirmation of the positive impacts that this type of service collaboration could achieve. Interviewees also reported that they had gained a ‘motivational boost’ to continue to develop this model of practice.

Activities conducted by social care professionals

In terms of the types of activities undertaken by social care professionals working in extended schools, it was most common for local authority interviewees to report that this work was targeted at those children, young people and families who were below the threshold for specialist intervention (Tiers two and three), e.g. ‘families and children that need support but don’t quite meet the criteria for intervention from Children and Families’ (London Borough). Early intervention and prevention was thus very much the focus.

That said, within each of the models identified, social care professionals were involved in a wide range of different activities. The following tables represent an audit of the types of activities identified in the pro-formas completed and interviews conducted as part of this study. Whilst by no means a definitive list, it does provide a flavour of the variety of work being undertaken.

Table 2.2 Activities undertaken by social care professionals

Model A: Family/Pupil Support Workers (largely unqualified)	
In extended schools	In children's centres
<ul style="list-style-type: none"> • Supporting the delivery of preventative programmes for children and young people below the threshold for intervention, including those particularly at risk (i.e. LAC, young carers, vulnerable) • Rapid response casework • Parent/carers and family support such as parent drop-ins, family learning classes, managing challenging behaviour, child development, stress, and parenting adolescents and children with SEN and disabilities • General advice, support and guidance for young people and families • Transition work from primary to secondary schools • Anger awareness and management courses • Supporting the implementation of the CAF • One-to-one support for individual children and young people • Signposting to specialist services • Acting as the Lead Professional • Counselling and mentoring • Work around equality and respect, crime and anti-social behaviour, attendance, exam stress, bereavement, drug and alcohol awareness, smoking cessation, behaviour management and protective behaviours • Use of art therapy • Helping to build relationships between schools and families • Attendance at locality meetings 	<ul style="list-style-type: none"> • Support for families on a range of issues such as housing, employment, respite childcare and attendance at medical/health appointments • Outreach family support in the Children's Centre • Group work • Involvement in speech and language activities • Involvement in complex Child Protection cases such as developing and implementing Child Protection plans, writing reports for Child Protection conferences, support programmes and responding to crisis situations to avoid family breakdown • Liaison with other professionals and supporting them with core assessments • Signposting to specialist services regarding a range of issues such as welfare rights, drugs and alcohol, domestic violence and available financial benefits • Support during the transition from nursery to primary school

Table 2.3 Activities undertaken by social care professionals

<p>Model B: Experienced/qualified SC professionals working with schools and/or children’s centres</p> <ul style="list-style-type: none">• Higher Tier casework including Child Protection and crisis intervention work• Lower Tier casework• Parents/carers and family work• Work with children who have behaviour issues• Work and support around bullying• Development and use of the CAF• Focus on ‘swift and easy’ referrals• Advice and guidance for young people and families• Signposting to specialist services• Attendance at multi-agency meetings and management team meetings• Membership on the Social Inclusion Panel
<p>Model C: Social work trainee placements in schools</p> <ul style="list-style-type: none">• One-to-one support for individual children and young people• Group work including friendship groups and work with groups of disaffected youth• Family work and support• Work and support around bereavement, self esteem and behaviour and attendance• Breakfast club support• Supporting the implementation of the CAF
<p>Model D: Training events/opportunities provided by SC professionals</p> <ul style="list-style-type: none">• Child Protection and safeguarding training• ‘Learn the Child’ training, which brings together residential workers and teachers to look at the child holistically• CAF training for schools• Professional development days, supported by TDA, focused on multi-agency working• Training for school staff on how to engage children and young people with disabilities.• Termly designated teachers’ meetings for schools to discuss relevant issues

The tables of typical activities show that the roles and responsibilities of social care professionals, be they qualified social workers, social workers in training, or non-qualified social care staff such as family support workers, were very similar. All professionals worked with the young person and their family unit as a whole, and undertook activities related to advice, guidance, support and general sign-posting to other services. Despite these similarities, some interesting differences in role did occur.

First, family support workers and other non-qualified social care professionals appeared to have a heavier focus on early intervention and preventative work, chiefly working with those young people who were below the threshold for specialised intervention (Tiers two and three). In contrast, social workers, although still working with the lower Tier cases, more commonly engaged with young people and families who required specialist intervention and were typically classified as Tier four cases (i.e. where complex, unpredictable and long-term needs have been identified). Thus, family support workers and care officers focused on proactive, preventative work whereas social workers tended to have a remit of more reactive, crisis-intervention work.

Second, the activity undertaken by family support workers varied according to the point at which it was delivered (i.e. from a school or children's centre). For those family support workers operating in children's centres, activities were focused mainly around working with, and supporting, the family. However, family support workers based within the school setting worked with the child or young person in the first instance and engagement with the family, if required, tended to be a by-product of this. These subtle differences in focus are perhaps unsurprising considering the family/community focus of children's centres and the child-led focus of the school. However, if services are to become truly 'extended' into the community, family support workers based within schools may benefit from more proactive efforts to engage families.

Qualified versus unqualified?

As already noted, the models of practice for integrating social care professionals into extended schools and/or children's centres varied according to the level of social work qualification. Some models utilised qualified social workers, whilst in others, family support workers or care officers carried out the social care inter-

ventions. Interviewees from the case-study authorities were asked whether they felt it was always necessary to locate a qualified social worker in a school, and if not, whether non-qualified social care staff could adequately meet the level of need. The majority felt that social care staff working in extended schools did not have to be qualified social workers.

Four key reasons emerged for this view, largely focused on the fact that school needs are most often low-level or concerned with early identification and prevention of more serious problems (that would require qualified social worker intervention). These focused on:

- training/experience of needs within the school setting
- lack of stigma attached to non-qualified social care staff
- access to qualified support when required
- capacity issues.

Training/experience of needs within the school setting

Interviewees suggested that it was often more appropriate to base family support workers or care officers in schools, as opposed to qualified social workers, as the former two were more appropriately trained for this type of work and tended to have more experience of responding to the kinds of needs presented in the school setting.

My views were that they [care officers] were the individuals that had the most experience, and I wasn't of the view that it needed to be a qualified social worker to run a parent pop-in. Equally, my thinking around getting the care officers involved in that process wasn't that I felt that it was any less of an important role, it was just recognising the fact that I had two workers there that had that experience and were keen and interested and wanted to take on that role.

Implementation, policy and practice development officer

Lack of stigma attached to non-qualified social care staff

There is perceived to be a stigma attached to seeing a qualified social worker, but not to seeing their non-qualified colleagues. It was felt that service users (particularly parents) may be wary of accessing support from social workers, whilst accessing a care officer or family support worker might feel less threatening. In some instances, social care professionals were simply regarded as another member of the school staff, part of its repertoire of support.

Those parents who have experienced it now see them [care officers] in a more positive light – as people who are not just going to come in and take the children away from them. They are there to pro-actively support them and to help them through these difficult times that they are experiencing.

Primary headteacher

Access to qualified support when required

Interviewees suggested that one justification for using staff other than qualified social workers was that they could bring in the services and skills of a qualified social worker when necessary.

What we need to be doing is acknowledging those [preventative] services and supporting those services to get that bit right, whilst at the same time ensuring that we have the right level of support at the crisis end as well.

Implementation, policy and practice development officer

Where she [care officer] doesn't know an answer, she seeks out professional help.

Extended schools coordinator

Many non-qualified social care professionals received supervision from qualified social workers, or were closely linked to one at a central location.

Capacity issues

The final key reason for choosing staff other than qualified social workers was to ease capacity issues, particularly regarding the recruitment and retention of qualified social workers. Each case-study authority reported that they experienced

difficulties with recruiting and retaining their qualified staff (a problem arising nationally). Using other social care professionals was said to free up the qualified social workers to deal with the large number of higher-level cases, thus providing a more effective use of social care staff time. Reducing the workload of qualified social workers also helped with retention of current staff.

For me, it is about having a mixed economy – it is not an all or nothing thing. It is about meeting the needs of the community and mixing it up a little.

Coordinator, BEST

Only two interviewees felt that it was preferable to locate qualified social workers in extended schools. For them, this was the ideal model of service provision as it was perceived to provide more credibility for a social care role in schools. It was also suggested that using qualified social workers might help to reduce levels of stigma associated with the social care service and would mean that all levels of need could be met within a single location.

The appropriateness of an extended school environment

The school setting has not traditionally been recognised as a base for social care professionals. In light of this, interviewees from each case-study local authority (including local authority, social care and school-based interviewees at both strategic and operational levels) were specifically asked to consider the appropriateness of locating social care professionals in an extended school environment and what advantages or disadvantages, if any, that location might bring. Despite the non-traditional setting, the overwhelming majority of interviewees felt that extended schools and children's centres provided a suitable environment in which to base social care professionals, as well as an appropriate arena in which to fulfil social care's remit and service aims.

I think it is the best chance we have in terms of fulfilling that social care aim. It is allowing us to target those [disadvantaged] families in a very specific way and be based in neighbourhoods.

Extended schools remodelling adviser

Advantages of an extended school environment

The main advantage of locating social care professionals in extended schools was reported to be accessibility. As they are often centrally located in communities, and through the extended school agenda are becoming the centre of the community for service delivery, extended schools provide easy access to a range of services for pupils and their families in a convenient location. Being based in schools provided social care staff with quick access to pupils; conversely, pupils could access support when needed in a familiar and convenient environment. This access was often more discreet than taking time out of school to attend appointments at a separate location. Less stigma was felt to be attached to accessing services within an extended school than within social care offices. In primary school settings, school opening and closing times were believed to provide optimal access to services and to parents.

The environment of an extended school was also considered to be particularly appropriate when social care staff could occupy a separate building on the school site (sometimes shared with other service providers). This offered separate entrance points to the main school and facilitated alternative and independent opening times. This on-site, but slightly separate, location also enhanced service accessibility. However, it was recognised that schools do not always have the capacity for this type of facility.

Social care professionals based within main school buildings reported that they had an appropriate base from which to work, and had access to a range of other rooms where they could conduct group activities or one-to-one sessions. This was also the case for social workers in training who reported that there had been no difficulties in being provided with an appropriate base in a range of primary and secondary schools. Children's centres were also reported to provide excellent bases for social care professionals: they are purpose-built new environments designed to accommodate the needs of a range of service providers, and are perceived to appeal to parents.

Disadvantages of an extended school environment

Although the majority of interviewees felt that extended schools and children's centres provided a suitable location and environment in which to base social care professionals, a minority of interviewees acknowledged that there were a number of difficulties in creating an appropriate environment, some inherent in school

settings. It is worth noting that these barriers largely concerned social care services for parents, as opposed to services for pupils.

First, it was felt that the school setting could discourage some parents from attending as they may have had negative experiences of schooling. Furthermore, as schools are perceived to be the centre of the community, parents feared that they would not be able to access social care confidentially. Locating social care professionals in an extended school that provided services for its neighbouring schools could also cause difficulties, as parents and pupils were reluctant to access support from social care professionals based in schools other than their own.

Second, interviewees noted that an extended school environment might not always be appropriate if available rooms are in inconvenient locations in the schools. For example, in one school, the only available space for the social care professional was towards the rear of the school. This meant that parents had to walk through the school to access support, discouraging many parents from doing so.

Finally, in terms of supporting parents, two interviewees felt that an extended secondary school was a less appropriate environment than an extended primary school. This was due to perceived boundaries between schools and parents at secondary level, and the lower frequency with which parents come to the secondary school site.

Interviewees' confirmation of the appropriateness of the physical environment of an extended school as a location for social care professionals lends support to the further development of this type of service integration. Furthermore, the overwhelming majority of interviewees believed that an extended school provided an appropriate arena in which to fulfil social care's remit and service aims.

3 Social care professionals in extended schools: issues for consideration

What does the literature say?

Challenges

- The literature suggests that, as legislative changes are established and begin to gain momentum, a number of initial professional challenges may be encountered. For example, Hudson (2006) argued that because the Government has not insisted schools have a duty to cooperate (Section 10 of The Children Act (England and Wales Statistics, 2004)), there may be a tension between meeting the five ECM outcomes and the School Standards Agenda. He also noted how anecdotal evidence suggests that many directors of children's services are coming from an education background and that this may result in social care taking a lower priority over education and schooling.
- Boddy *et al.* (2007) reported that there is some concern that the traditional social care role (i.e. focusing on higher Tier work and Child Protection issues) is 'incompatible' with the new emerging community social care work. Entrenched views related to social care professionals may prevent the families from accessing services delivered by and from children's centres.
- Hallett and Birchall (1992) commented that mutual respect for professionals and their roles is fundamental for effective cooperation. Lack of respect and/or understanding was evident in issues such as stereotyping of people and roles, status assumptions and power struggles.
- There may also be practical issues to consider when basing social care professionals within an extended school site such as: a lack of space; issues of confidentiality; and whether a therapeutic service can or should be accessed on a school site. Findings from the first evaluation phase of Children Trusts, Realising Children's Trust Arrangements (University of East Anglia, 2005) revealed that parents did not think schools were the

best place to locate services. They expressed concerns about their confidential information being held within schools and preferred this to be placed with social services. They were also worried about the impact potential co-location could have in overburdening schools.

- In addition, when social care trainees began placement work within schools in Hull (Wilson and Hillison, 2004, 2005), some practical challenges included: whether a desk for the trainees would be provided; whether there would be enough sustained work at the school/s to meet the placement practice requirements; and what would happen for the trainee social workers during school holidays.

Benefits

- A range of positive benefits is cited in the literature regarding collaboration between social care and education professionals. These benefits are on a number of levels and relate to: the child, young person and their family; the school; and the professionals.
- Benefits for professionals include: the breaking down of professional barriers and stronger links between different agencies; positively altered perceptions of social care within the community; a higher focus on safeguarding issues amongst professionals; a quicker referrals process; and support in the use of the CAF amongst, and from, other professionals (Wilson and Hillison, 2004, 2005).
- Benefits cited for schools and/or teachers include: a reduction in teaching time spent on pastoral issues; a more positive and nurturing school ethos, with a comprehensive support service offered and provided to pupils/students by the school; a reduction in anti-social problems in the school; and improved attainment and attendance (Wilson and Hillison 2004, 2005; Jenkins and Polat, 2006; Rose et al., 2006).
- Children, young people and their families were thought to benefit from: an easily accessible service that is provided by a non-teacher, in a confidential and non-stigmatising way; greater support during times of trauma (i.e. bereavement); positive personal benefits (i.e. improved mental health); services that reach those who are below the social care threshold for intervention; and a link between them, the school and other agencies (Wilson and Hillison, 2004, 2005; Jenkins and Polat, 2006; Rose *et al.*, 2006; Boddy *et al.*, 2007; Cummings *et al.*, 2007).

This section presents the issues for consideration when integrating social care professionals into extended schools that were identified by local authority and case-study interviewees. It focuses on the challenges encountered, together with key factors for success and then outlines the benefits that might be expected as a result of this model of collaborative practice.

Challenges

As might be expected, the research identified that introducing a major service development, such as the locating of social care professionals within extended schools, is not without its challenges. However, these challenges were not considered by interviewees to be insurmountable and were being dealt with in various ways in each of the local authorities involved in the study.

Four main challenges common to both social care and school professionals recurred. These focused on:

1. the cultural changes required as a result of integration
2. understanding the roles and responsibilities of social care/education colleagues
3. capacity
4. thresholds for social care intervention.

Each of these four main challenges has been identified in previous research as being a key issue for multi-agency working. Equally, the key factors highlighted by interviewees in order to successfully overcome these four main challenges have been widely documented as elements of good practice (for example, see Atkinson *et al.*, 2002; Atkinson *et al.*, forthcoming; Hallett and Birchall, 1992; Lessard *et al.*, 2006). Thus, these findings are not new, but their very recurrence bears testimony to the fact that effective multi-agency working is something that is not necessarily easily achieved and requires the commitment of everyone involved, all of which takes time and a possible investment of resources.

Table 3.1 Challenges common to social care and school professionals

<p>Challenge 1: The cultural changes required</p>	<p>Key factors for success</p>
<p>A key rationale for locating social care professionals in extended schools was reported to be in order to respond to the ECM agenda, which promotes service integration. However, many of the professionals interviewed during the course of this study perceived social care and education services to have quite distinctive cultures, both of which would need to change if integrated services were to become a reality.</p> <p><i>I think it is breaking down those barriers that have been engrained into our two careers and professions for years (Service Manager, children and young people’s department).</i></p> <p>Professionals in each of these services were perceived to have their own ways of working, procedures and protocols, as well as their own technical language and jargon.</p>	<ul style="list-style-type: none"> • A commitment and ‘buy-in’ at strategic level to integrated working and achieving the five ECM outcomes for children, young people and their families – <i>a truly multi-agency, children’s service mindset</i> (Extended Services Adviser). • Developing a common terminology so that shared ground for working practices could be established.
<p>Challenge 2: Understanding roles and responsibilities</p>	<p>Key factors for success</p>
<p>Closely linked to changing culture and attitudes was the need to understand the roles and responsibilities of other services. Entrenched views and institutional barriers made it initially difficult for some social care and education colleagues to integrate. Neither profession fully understood each other’s roles and responsibilities and learning to work together in this new climate had proved challenging.</p> <p><i>I think changing the view of schools, which tends to be a bit insular, and trying to develop a much more open approach from school management about the value of input from other professionals [is challenging]. It is about establishing those equal but different elements of partnership – I think schools find that quite difficult (Head of Community Education).</i></p>	<ul style="list-style-type: none"> • To get the message over about the changes to the way in which services are operating, making clear what the extended services’ core offer entails and how that fits with social care imperatives. • Instituting a strategy around marketing and publicising services across the professional community, in order to inform and update people about what is happening.

Table 3.1 Challenges common to social care and school professionals *continued*

<p><i>Schools work at a much faster pace than social care, ... schools work to timetables and have a more uniform approach – this requires a culture change for social workers (Attendance and Social Welfare Manager)</i></p> <p><i>[It is] about more of an understanding of where education is coming from and the pressures, responsibilities and challenges within education – and equally where social care is coming from (Implementation, Policy and Practice Development Officer).</i></p>	
<p>Challenge 3: Capacity</p>	<p>Key factors for success</p>
<p>The capacity to develop and sustain new initiatives around social care and extended schools was seen as an issue, particularly in relation to funding and resource implications. A concern was that fixed-term funding might lead to interventions being introduced which could not ultimately be sustained, thus raising expectations that could not be met. Once initial or 'start-up' funding had been exhausted, some interviewees reported an emphasis on seeking funding from a range of alternative sources.</p> <p>Other capacity issues related to service restructuring and staffing, particularly the recruitment and retention of social workers. For example, high vacancy rates were reported in a number of local authorities (up to 40 per cent in one) with social workers choosing more 'attractive' options such as preventative work in the extended schools in preference to remaining in specialist services. Integrating different models of working practice was recognised as challenging and appropriate training was considered vital.</p>	<ul style="list-style-type: none"> • A genuine multi-agency approach to reshaping budgets. • A bottom-up approach where localities are instrumental in determining local priorities, although with a clear view of how that fits into the broader overall picture. • The development of a shared set of policies and procedures, together with a comprehensive training programme to ensure that staff are skilled to a consistent level and can offer the high quality support required.

Table 3.1 Challenges common to social care and school professionals *continued*

<p>Logistical issues such as a lack of appropriate accommodation/space were also identified as a challenge, particularly where confidentiality was important. However, interviewees were keen to point out that the practical problems of finding suitable space did not inhibit a commitment to integrated working.</p> <p>Finding space is one of the biggest challenges. We are just open about it and share – if I can have a professional here helping us to do our job, we bunch up and make room (Headteacher, secondary).</p>	<ul style="list-style-type: none"> • Creating, or adapting existing, bases in school as appropriate locations for social care professionals.
<p>Challenge 4: Thresholds for social care interventions</p>	<p>Key factors for success</p>
<p>Tensions around threshold levels were reported, in particular that education colleagues felt these were too high. Social care professionals work alongside educational professionals who provide a service to all, whilst social care is a service that is available to all, but not universally accessed by all. There are clear criteria for the provision of services in social care, together with thresholds of need, and decisions are made accordingly. This was sometimes felt to be difficult for teachers in schools with social care staff on site to understand.</p> <p><i>It's hard for [school staff] to think that [social care staff] are on site and why can't they deal with each child</i> (Extended School Manager).</p> <p>Social care professionals in extended schools were increasingly becoming involved in a wider range of activities than had traditionally been the case. This was reported to put pressure on social care managers who were having to recognise a much wider remit of services than previously.</p>	<ul style="list-style-type: none"> • Greater clarity over the issue of social care thresholds. • The involvement of partner agencies in any consultation and review of thresholds. • Subsequent dissemination to frontline staff and managers across all partner agencies. • The involvement of Local Safeguarding Children's Boards in terms of training and increasing awareness of this issue.

In order to look more specifically at the challenges and key factors for success that individual stakeholders might experience, analysis also sought to reveal the distinct challenges for social care professionals, school staff, and also young people, their families and the local community. These are set out in the tables that follow.

Table 3.2 Challenges specific to social care professionals

Challenge		Key factors for success
Partnership working	Difficulties in co-location and changes in working practices were identified. These were seen to be time consuming developments, requiring lengthy change processes.	<ul style="list-style-type: none"> • Streamlined communication and information exchange. • Appropriate IT and monitoring systems so that different professionals can access relevant information quickly. • Clear partnership arrangements and remits. • A multi-agency steering group. • Multi-agency training. • Equity amongst partners.
Managing expectations	Teachers were reported to often have unrealistic expectations of what social care professionals in schools could achieve and how long it would take to impact. Demonstrating the impact of a service that is in the very early stages and that has a focus on early intervention and prevention work, was seen as problematic, but also an important way of ensuring 'buy-in'.	<ul style="list-style-type: none"> • Consultation to ensure that the most appropriate services are put in place, being responsive to local need. • Ongoing evaluation and review – a key way of producing evidence to persuade people that something works.

Table 3.2 Challenges specific to social care professionals
continued

<p>Social work trainees on school placements</p>	<p>Challenges associated with this particular model of working included: ensuring the trainees met their competencies for their qualification; having trained school staff to manage the trainees on site; and trainees valuing the placements as ‘real cutting-edge social work’.</p>	<ul style="list-style-type: none"> • Appropriate management structures to support trainees in school and opportunities for supervision (something not currently embedded in the culture of education). • Clarity over roles and expectations.
<p>Perception of the work as core business</p>	<p>Establishing the work in schools as part of social care professionals’ ‘core’ business and not add-on activities was seen as a challenge.</p>	<ul style="list-style-type: none"> • School professionals adopting a more holistic approach. • Increasing awareness of external agencies and the contribution they can make in schools.
<p>Engaging the local community</p>	<p>Engaging, and embedding services within, the community was seen as challenging; traditionally, social care services have been negatively perceived (i.e. child protection).</p>	<ul style="list-style-type: none"> • Consultation about, and greater awareness raising of, services that can be provided.

The challenges specific to social care professionals that were identified in the research relate very much to a lack of understanding – of each other’s priorities, expectations, boundaries and, at least to begin with, of the mutual benefits that can result from successfully working together. The value of joint training and/or awareness raising as a means of enhancing mutual understanding, removing barriers and breaking down stereotypical images was consistently emphasised by interviewees. Greater awareness of the benefits to be gained from this type of service collaboration could encourage a cultural shift, more realistic expectations and an acceptance of work in extended schools as a core function of social care.

Table 3.3 Challenges specific to school professionals

Challenge		Key factors for success
Resistance	Some initial resistance to, or resentment towards, having social care professionals in school was noted. Overcoming this sense of mistrust, which was closely linked to a lack of understanding about the social care role, was seen as challenging for some teachers.	<ul style="list-style-type: none"> • Involvement of schools in the design and delivery of services. • Ensuring schools sign-up to and 'own' the initiative. • Clear, well-defined decision-making processes. • Clarity over roles and responsibilities for the accountable body, but also for other elements of the partnership. • Regular communication and information sharing. • Recognition by schools of the availability of a broader range of support from different professionals.
School priorities	The challenge was believed to be in changing school priorities from being solely education focused to being more social care orientated. There was still felt to be a degree of tension for schools between recognising and meeting individual needs and also achieving high results.	
Cluster working	There was some evidence of potential tension between a school that was hosting a social care service and its cluster of schools. The challenge for social care is ensuring equity within the cluster, whilst for the host school it is in recognising that the social care worker needs to serve the other schools and will not be available to them at certain times.	
Governance	Challenges around school governance and the role of social care were reported. For governors, there were issues relating to site security and access, for headteachers, difficulties arose as a result of their accountability for people working in the school.	
Communication	A lack of communication with social care professionals was noted, especially concerning the exchange of information about a child in the school.	

With the advent of the extended schools agenda, social care professionals are beginning to work more closely in, and with, the local community: ‘It’s no longer [social care] professionals waiting in their ivory towers for clients to come to them, this is the hub of the community now’ (Children’s Centre Manager). As such, the long-held negative perceptions of social care need to be tackled in order to make this endeavour a success. Placing social care professionals in school settings can be seen as one way of addressing such misconceptions and making the service both more acceptable and accessible. At the same time, it is important to recognise that it may take some time to work through some of the challenges, for example levels of supervision, mutual expectations and engagement with the local community.

The challenges identified specifically for school professionals are largely concerned with the challenges of extending provision and thus opening up the site to other services and service users, as opposed to specifically working with social care professionals. Other research evidence (Atkinson *et al.*, forthcoming) suggests, and the current research corroborates, that changes towards a multi-agency and more integrated approach to service delivery, certainly in its early stages, can result in inevitable challenges, in particular those associated with adapting to new practices and developing understanding of different working cultures. As such, initial resistance and/or mistrust, particularly by the host professionals, are perhaps not entirely unexpected elements of any change process.

School staff may benefit from greater understanding of the benefits that extending provision can bring for their own role, which would, in turn, increase their receptiveness to other professionals working within their school and sharing their space and resources. Greater commitment from all school staff to the extended services agenda and joint working is vital, in order to ensure that this is seen as an integral part of the school’s approach.

Table 3.4 Challenges specific to young people, families and the local community

Challenge		Key factors for success
Location on the school site	Perhaps ironically, a challenge identified by a number of young people arose from the very fact that the service was based in their school. For some, leaving lessons to see the social care worker posed problems: 'it might be a good lesson'; in one case-study school, the headteacher expressed concern that some students might be using appointments with social care staff to 'get out of lessons'. For other young people, being reminded in class that they had an appointment was difficult, they did not necessarily want other students to know.	<ul style="list-style-type: none"> • Greater communication between school and social care staff. • Clarity about referral procedures and confidentiality issues. • Adopting a more child- and family-centred approach to service delivery.
Stigma	Some parents were reluctant to engage in services delivered from a school site because of the stigma attached, either through negative past experiences of schooling, or negative views of social care, 'no matter how warm and inviting the room might be and the worker that is working in there' (LA Manager).	<ul style="list-style-type: none"> • Increasing positive perceptions of social care through greater information sharing and awareness raising.
Need not being met	For some families, there was a perception that, as a result of funding restraints, social care services tended to prioritise those young people and/or families with more complex needs, at the expense of early intervention and preventative work. Equally, for vulnerable young people and their families, it was seen as particularly important to ensure that interventions could be sustained.	<ul style="list-style-type: none"> • Integrating consultation and planning with ongoing evaluation in order to determine the success of an intervention (a key part of sustainability).
Lack of knowledge/awareness	For local communities, the only challenge identified was a lack of community knowledge about what services were available to them and where/how to access them.	<ul style="list-style-type: none"> • Involving young people, families and the local community in consultation about, and the design of, services.

In order to overcome the challenges for children, young people and families, there is a need for greater levels of awareness of the social care service provided in the school and of social care itself. Greater opportunities for consultation and involvement in decision-making could help to break down the negative perceptions of social care and avoid uncertainty around the level of service they can provide and, in some instances, information about what can be offered.

As the extended school agenda develops, to meet the targets for 2010, it is likely that pupils, parents and families will become more familiar with the school site as a central point for a range of services. Thus, over time, it is likely that many of the challenges highlighted in this research as being associated with these groups will no longer assume the same level of significance.

Benefits

In spite of the challenges identified, interviewees in the local authorities involved in the study were clear that there were also a number of benefits that could be cited as a result of social care professionals working within extended schools. Three overarching benefits for social care and school professionals, for young people, their families and the local community featured consistently in interviewees' accounts. These were:

1. earlier identification of needs and quicker access to services
2. a better understanding of roles and responsibilities between social care and education colleagues
3. a more coherent, holistic package of support.

These benefits are expanded upon below and accompanied by verbatim examples of how they were expressed by interviewees.

Table 3.5 Overarching benefits for social care and school professionals, young people, families and the wider community

Overarching benefits	
Locating social care staff within extended schools had resulted in earlier identification of needs and, where necessary, quicker access to other services .	<i>Having a social worker on site has been incredibly beneficial in terms of discussing issues or concerns at an earlier stage (Service Manager, children’s social care).</i>
A ‘breaking down of barriers’ between social care and education was noted and a strengthening of relationships as a result. It was thought that greater mutual understanding and knowledge of each other’s professional roles would be developed, as would a common professional language. In one school in which a qualified social worker was based, a reduction in the number of child protection referrals was reported which was said to be due to the increased understanding of both education and social care roles that had developed.	<i>It has helped to develop more of an understanding of where education is coming from and the pressures and responsibilities, and the challenges, within education. It is helping to dispel some of the myths. We are all working to the same goal, but we have a slightly different way of getting there (Implementation, Policy and Practice Development Officer).</i>
Greater joint working was reported to have resulted in a more coherent, holistic package of support with the child at the centre.	<i>It goes back to this notion...about the team around the child. Instead of viewing our service provision as the main issue it is about actually relating it back to the child that needs to be the centre (Service Manager, children and young people’s department).</i>

These three overarching benefits have been identified in previous research (Atkinson *et al.*, forthcoming) as the desirable outcomes for services and service users as a result of greater service integration, itself a key element of successful delivery of the ECM agenda and achieving the five outcomes for children and young people.

In addition to the three overarching benefits above, a number of other benefits were identified that related specifically to each of the different groups (i.e. social care professionals; school professionals; children and young people; families and the wider community). These are presented in the following tables with verbatim quotes as elaboration.

Table 3.6 Benefits specific to social care and school professionals

Benefits for social care professionals	
An increase in professional support for staff was identified as agencies had greater shared responsibilities. This was particularly the case for qualified social workers who saw fewer referrals as a result of earlier intervention ork.	<i>Having someone based in the children's centres ... in the long term will mean that we won't have such calls on our qualified social workers, and we will be able to look at more generic work and types of functions across children's services (Commissioner for Children's Services).</i>
Service duplication was avoided through greater multi-agency working.	<i>It is valuable because it is diagnosing overlapping priorities and avoiding duplication (Extended Service Adviser).</i>
Benefits for school professionals	
Enhancement of schools' capacity to meet national and local targets , including ECM outcomes.	<i>We have helped schools to meet the ECM key targets, particularly Be Healthy, Stay Safe and Enjoying and Achieving. One of our secondary schools has been Ofsteded [sic] and one of the outstanding features was their childcare processes, and [the Pupil Support Worker] was highlighted (Team Manager, pupil support workers).</i>
Improved communication between schools and families was noted as the social care professional acted as the conduit or 'middle person' between the two.	<i>The schools involved are reporting improved relationships with families and improved communication (Multi-agency Team Coordinator).</i>
Schools saw improvements in attendance and behaviour because children and young people were more engaged and 'ready' for learning. As a result, teachers were reported to be less pressured and so able to focus on teaching.	<i>With the early intervention focusing on attendance at reception age, it has really helped the primary school to up their attendance. This has obviously helped the school, which has then helped the pupils because then they are in school learning much more and it has helped the parents who perhaps weren't so sure that if they had a day off it wouldn't matter (Full-Service Extended Schools Manager).</i>

Table 3.7 Benefits specific to children and young people, to families and to local communities

Benefits for children and young people	
<p>Improvements in learning and wellbeing (including confidence) were noted, particularly for young people who had significant levels of need but who were often overlooked, because they were quiet, got on with their work and had no behaviour problems.</p>	<p><i>The projects are increasingly bringing in evidence of effective outcomes for children. What we are finding is an overall 30 per cent reduction in risk factors across the whole group of kids referred to us. Where they go through the multi-agency panel process, we are seeing up to 40 or 50 per cent improvement (Area Manager, children’s social work).</i></p>
<p>The tensions and stigma young people attached to social care work were reduced because the professionals involved were located on the school site and had become regarded as part of the general school community.</p>	<p><i>It definitely breaks the stigma. The families and the children are much happier to become involved with a multi-agency support team, have social care involvement at an early stage and it is called something else other than social services (Head of Extended Services).</i></p>
<p>The number of assessments young people had to undergo with different agencies was reduced, thus resulting in a reduction in the time young people spent out of the classroom. This was reported to be because a social care professional working in the extended school could undertake all/most assessments.</p>	<p><i>It prevents them [children] undergoing different assessments and stops referrals being a way of ‘passing the buck’ (Senior Project Officer).</i></p>
Benefits for families	
<p>Parents, carers and families received greater support in relation to their child, i.e. the right service for the right family at the right time.</p>	<p><i>It is supporting the parents and families in managing children’s emotional needs (Team Manager, pupil support workers).</i></p>
Benefits for local communities	
<p>Communities had greater knowledge and awareness of services within their locality and knew where to go for help.</p>	<p><i>Generally speaking, there is improved knowledge of professionals, of what is available within those communities and how they [communities] might access it (Head of Vulnerable Children).</i></p>

There is clearly a range of perceived benefits for all stakeholders involved in this type of service integration. Improvements in the system mean that issues are dealt with immediately and are not passed on through a confusing system of different professionals. Young people and their families can benefit from much earlier identification of need and quicker access to appropriate support.

Reports of the reduction in stigma surrounding social care and of a greater mutual knowledge and awareness of services indicate that for some, the initial challenges identified earlier, have not been insurmountable. This is promising for the maturity and future development of this type of service integration. The case studies selected for this research were all at different stages of collaboration, but had at least begun that journey, and thus, the benefits highlighted here may be a reflection of these specific examples of more long-standing partnership working. Encouragement can be taken from those who have successfully moved through the early stages of the change process and have begun to embed an integrated approach in schools. Interviewees at this stage espoused the benefits that this type of service collaboration could offer, and were keen to state that the challenges that resulted had not proved insurmountable.

4 Concluding comments

The implementation of the ECM agenda requires closer, more integrated working between education and a whole range of other services, including social services departments and health services, to better meet the needs of children (Cummings *et al.*, 2005). The extended school has been identified as being the most likely base for this range of services and as being key to meeting the five ECM objectives of being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic wellbeing (DfES, 2004). This has a number of implications both for extended schools and for the services involved.

To deliver the ECM agenda successfully, extended schools are increasingly required to develop strong partnerships with other agencies and to provide a wide range of services for pupils, their families and the wider community (DfES, 2004). This research has shown that integrating social care professionals into extended schools represents a significant shift in working practices for both agencies. It involves a period of change across children's services, which (certainly in the early stages) will result in inevitable challenges, particularly those associated with understanding and adapting to different working practices and cultures. This study identified the emergence of four main models of social care practice. These were not mutually exclusive (i.e. local authorities might be involved in more than one type of social care practice) and equally, could be adapted to best respond to local needs within schools' capacity limits. Interviewees felt that by placing social care professionals in schools, all parties were able to more adequately meet the outcomes of ECM and were able to provide a coherent, holistic package of support. They also felt that it enabled the earlier identification of needs and quicker access to services.

Although the school has not traditionally been recognised as a base for social care professionals, interviewees from social care and education largely reported that an extended school can provide an appropriate environment in which to fulfil their service remit, and can meet their logistical needs (e.g. available space, arrangements to secure confidentiality, easy access for parents). The research suggests that where logistical difficulties were encountered, these were not insurmountable. As such, this provides encouragement for other local authorities or schools considering the development of this type of service.

This research also highlights that social care professionals in schools and children's centres are largely focusing on prevention and early identification of problems. By implication, family support workers or care officers (as opposed to qualified social workers) are often being utilised in the school setting and are successfully meeting the lower-level needs. Where cases require higher level intervention, these are swiftly referred on to more qualified colleagues. This type of skill distribution could ease the current pressures on the recruitment and retention of qualified social workers as a result of more manageable workloads and a greater capacity to focus on higher level cases. The overarching perspective emerging from this study was that, in these early stages, non-qualified staff can undertake the social care role and remit within the extended school environment.

Traditionally, one of the main barriers to effective multi-agency working has been a lack of understanding of different professional cultures, discourses and priorities (Atkinson *et al.*, forthcoming; Atkinson *et al.*, 2002). Indeed, interviewees in the current study spoke of entrenched difficulties between education and social care that have limited collaborative working. The findings suggest that the extended school environment can provide an appropriate arena in which to strengthen multi-agency relationships, breaking down barriers to effective working and developing a common language across services. Interviewees also reported that long-standing tensions between social care and education were dissipating as a result of social care professionals working within extended schools.

To conclude, linking social care professionals and extended schools emerges as a successful way of integrating services, to provide a holistic and effective response to ECM, to shift entrenched working practices and to enhance willingness for joint initiatives. It also offers greater opportunity for preventative work and could ease workload pressures for qualified social workers. Finally, there is a clear research opportunity to go beyond this study to investigate the longitudinal impacts of social care professionals working in extended schools. This is particularly the case as almost all interviewees recognised that they were at the early stages of integrating social care professionals into extended schools.

Appendix 1: The case studies

The six case-study summaries that follow are based on the data generated throughout the case-study phase of the research in six different local authorities. Each case study was selected to represent a range of different types of service provision, working practices and target groups.

Case-study 1 (Model A) is a large urban metropolitan city in the north west of England. Each of its Children's Centres has a Family Link Worker as well as a linked Family Support Worker from the Family Support Service. In addition, five Children's Centres, which require more targeted outreach support, have a Family Support Worker who is based on-site.

Case-study 2 (Model B) is a metropolitan urban city in the West Midlands of England. The two Behaviour Education Support Teams (BEST) within the LA are based on two Full Service Extended School secondary sites, although both serve a cluster of 13 schools (primary and secondary). BEST (1) is located in temporary accommodation in the grounds of the school whilst BEST (2) is located directly within the school building.

Case-study 3 (Models A and C) is an urban unitary City in the East Midlands. The LA has developed a locality-based working strategy, which sees the City split into three localities. The Strategy aims to put in place more streamlined 0-19 provision, linking Extended Schools and Children's Centres together. Currently, there are Family Support Workers based in some of the Children's Centres but, eventually, there will be Family Support Workers based in all Extended Schools. Social work trainees' also take-up placements at the Children's Centres.

Case-study 4 (Model A) is a mixed county LA in the south east of England. A team of 11 Children, School and Families Pupil Support Workers is based in 15 schools (six primary and nine secondary) across the four areas of the county, within which they conduct early intervention work that has been referred direct to them by the school. They are not qualified social workers but provide access to 'lower-level' social care expertise for children and young people within the school.

Case-study 5 (Models A, B and C) is a large rural county authority in the north of England. The LA has parent pop-ins/advice centres in primary schools in

some of its locality areas. A full-time qualified social worker is also employed by a secondary school in one locality area. Finally, social care trainees also have placements in some of the primary and secondary schools across the locality.

Case-study 6 (Models B and C) is an inner London Borough. There is a full-time qualified social worker based in one extended school setting within the LA, although there are plans for qualified social workers to work across four clusters of schools (up to 10 schools in each). There are also four social work trainees on placement in the school. Two of these are supervised by the social worker and two are supervised by other staff in the school, with the use of a 'long arm' practice supervisor.

Case-study 1: Use of family/pupil support workers (Model A)

Context

A large urban Metropolitan City in the North West of England. The LA has historically suffered from considerable levels of deprivation, with many of the authority's Super Output Areas being the most deprived in the Country and within Europe. However, the LA is currently working against a backdrop of substantial regeneration and building work, which is hoped will address some of the deprivation issues. The LA has Children's Trust arrangements in place.

Background and rationale

The Children's Centre staffing structure, which represents a range of professionals, is based around core services, including outreach support in the community. Each Children's Centre in the LA has a **Family Link Worker** (centres that have a reach of over 800 have two) and a linked **Family Support Worker** from the Family Support Service. In addition, five Children's Centres, which require more targeted outreach support, have a **Family Support Worker** who is based on-site.

The authority has been working on this agenda (i.e. social care professionals working in Children's Centres and extended schools) for approximately five years and the Family Support Workers have been based within Children's Centres since Autumn 2005. The driving rationale behind this collaborative practice was to deliver integrated family support services from Children's Centres that provide universal services and targeted services for vulnerable groups, a continuum of support (early intervention/prevention), and 'post statutory' family support. Children's Centres provide a range of services along a continuum of support and are key to the delivery of the LA's Parenting Strategy.

Model of practice

Each Children's Centre in The LA has a **Family Link Worker**. These posts are key to early intervention service delivery and provide: family support, the coordination of support services; and targeted support for hard-to-reach groups such as teenage parents, fathers, partners and families of prisoners. Alongside this, all Children's Centres in the authority have a linked **Family Support Worker** from Children's Services' Family Support Service (a representative from the Family

Support Service attends steering groups meetings). These posts assume the traditional social work role, working only with higher Tier referrals and referred families with a case holder (e.g. the safeguarding and support team), providing intensive hands-on practical support. Finally, in five of the City's Children's Centres, there are also full-time **Family Support Workers** who are based and located onsite, and managed through Children's Services' Family Support Service. These posts typically work with earlier intervention/prevention cases, mainly providing additional outreach support. One of their key roles is to work directly within the community and to engage and encourage use of the services offered at the Children's Centre. All three posts work very closely together and provide streamlined, consistent support to families.

Every case that is **referred** to the Family Support Service must have a case holder. As such, linked Family Support Workers engage with the more complex social work cases, including those children and young people aged 0-18 who are: on the child protection register; in placements; and those relating to issues of neglect. When referrals are received, both the Family Support Worker and the case holder visit the client, thus ensuring transparency and understanding between the client and the services. The Family Support Worker based within the Children's Centre and the Family Link Worker can both receive referrals from Centre staff, professional agencies and parents.

Family Support Workers (either based in, or linked to, Children's Centres) and Family Link Workers engage with children, young people and families for different **durations**, which is often dependent on the level of need and complexity of the case. All targeted support has a clear structure, defined objectives and takes a holistic approach to working with the child/young person and their family. The **frequency** with which the Family Support Workers provide support also varies. For example, there may be an intensive week of support required by a client which will involve face-to-face contact from the Family Support Worker every day and sometimes twice per day, seven days per week. Other times, the support may be a telephone call once a week.

The **activities** undertaken by the Family Link Worker and the Family Support Workers (linked and based in the Centres) are listed below:

Family Link Worker	Linked Family Support Worker	Based Family Support Worker
<p>Support the Children's Centre Co-ordinator and Children's Centre team in the provision of support and support services for children and families.</p> <p>Provide outreach and targeted family support for vulnerable/hard to reach families.</p> <p>Work closely with partner agencies including health professionals to support parents in meeting their children's needs.</p> <p>Designated staff member for teenage parents.</p> <p>Facilitate teenage parent drop-in groups.</p> <p>Partnership work with Family Support Services, the Neighbourhood Early Years Service and the Ethnic Travellers Achievement Service to support families.</p> <p>Provide information and sign post to relevant agencies.</p>	<p>Assist and support families by contributing to the development and implementation of Child Protection Plans, Child In Need plans, Support Programmes, to help assess the needs of children, to help prevent home/placement breakdown and reduce and manage risk.</p> <p>Respond to crisis situations to avoid family breakdown</p> <p>Contribute to planning and organisation of an appropriate range of resources, to liaise with other professionals, statutory, voluntary and community resources to ensure the best possible service is provided.</p>	<p>Advice, support, guidance in respect of all parenting issues.</p> <p>Signposting to relevant local community based services i.e. Domestic Violence Project, Welfare rights, benefits agency, drug and alcohol services etc.</p> <p>Support with housing issues</p> <p>Promote and support engagement with Children's Centre services</p> <p>Support engagement of parents with job centre plus</p> <p>Support transition between nursery/school</p> <p>Support attendance at medical/health appointments.</p> <p>Network with local community based services in order to ensure families are informed of services available to them.</p> <p>Maintain accurate/reflective electronic records in accordance with Core Practice Standards.</p>

Benefits

Professional benefits include: greater multi-agency working and integrated provision, particularly around the neighbourhood agenda and shared professional responsibility; a move towards a prevention/early intervention approach and a reduction in more expensive reactive, restorative services; greater professional capacity in that social care professionals are based in Children's Centres thus affording economies of scale; professional development with the 'cross fertilisation of skills and ideas' and a greater understanding of roles and responsibilities; and the continuum of family support service delivery.

Two main benefits are cited for the **school/teachers**. These are the immediacy with which the Family Support Workers are able to react to a referral from the school and greater communication between education colleagues and social care professionals resulting in earlier interventions and the prevention of crisis-situations.

Benefits for **pupils, parent/carers and the wider community** include: greater consistency and continuity of care for children and their parents/carers; a 'one-stop-shop' of provision in the centre of the community where parents/carers and professionals can meet on a level playing field; a less stigmatised service whereby individuals are able to build up relationships with the Family Support Worker and where greater progress is made with the family.

Challenges

In terms of **professional** challenges, these include: professionals understanding each others' roles with staff having different perspectives and working practices; community engagement with social care staff, when members of the community may perceive their role as 'policing' rather than enabling; managing a number of competing priorities within a set budget; no evidence of an immediate reduction in referrals coming through to social care primarily because more time is required before early intervention/prevention work will have a significant impact; and perceived restrictions by some agencies on whether a Family Support Worker can work with a family because of where the family lives (even though there are no postcode restrictions on Children's Centres as there were with former Sure Start Programmes).

Two key challenges for the **school/teachers** were identified. These relate to there still being an issue around the threshold for referrals and interventions for

social care support. Some schools consider the threshold to be too high and that support and intervention should come in at a lower level. In addition, the zero to five age range of Children's Centres is seen as being restrictive and that there is a gap in provision for the over fives.

In terms of **pupils**, the only challenge identified is the zero-to-five age range receiving support and the over fives being too old for Children's Centre interventions. It was felt that support 'dropped off' at this age.

Key factors

At **LA level**, key factors include being responsive to the individual needs of communities avoiding service duplication and making services attractive and accessible for the community.

Children's Centre-level key factors include having 'the right people managing the Children's Centres', having the 'right groups of services' in the Children's Centres and having a cross-section of professionals in place (i.e. from health, social care etc).

What would enhance the service further?

More Family Support Workers in general and, specifically, more Family Support Workers based within Children's Centres are considered the main ways in which the service could be enhanced further. Funding has recently been secured for Family Support Workers to be based in all 24 Children's Centres across the City. The LA is also currently looking at developing a 'common workforce', which will see staff change to a single qualification. This will result in staff being 'skilled-up' to work in a range of different services including Children's Centres and Family Support Services.

Case-study 2: Use of experienced/qualified social care professionals (Model B)

Context

A metropolitan urban city in the West Midlands of England, which is split into three Neighbourhood Management Areas. The LA has a mixture of affluent and deprived areas, with New Deal for Communities and Excellence in Cities funding being targeted in the most disadvantaged wards. The LA has a shadow Children's Trust in place and there is a Director of Children, Learning and Young People who comes from a social care background.

Background and rationale

The LA is driving towards the provision of front-line services that are accessible to all children and young people. Extended schools are the main vehicle through which services are being delivered, although Children's Centres, community centres and youth centres are also key places of service delivery. In line with ECM and the Change for Children agenda, the authority is also focusing on early intervention and prevention work within a climate of multi-agency working. The Behaviour Education Support Teams (BEST) are central to this preventative work and are considered an important move towards more integrated services.

The LA has been working on joining together agendas around health, social care and education for approximately three years. There are two Full Service Extended Schools (FSES) within the authority and two BESTs have been piloted and are still in operation in both. These two teams have been developed differently with one BEST being coordinated by an educationalist and one being coordinated by a qualified social worker.

Model of practice

The two Behaviour Education Support Teams (BEST) in the authority are based on two Full Service Extended School secondary sites, although both serve a cluster of 13 schools (primary and secondary). BEST (1) is located in temporary accommodation in the grounds of the school and, thus, some physical distance and separation is apparent between the main school building and the BEST (1)

office. In contrast, BEST (2) is located directly within the school building. The service assumes a self-contained floor within the school. Both BESTs employ Family Support Workers and Education Welfare Officers, amongst other professionals in their multi-disciplinary team.

The majority of **referrals** to the BESTs come through the schools and teachers the teams are working with. Referrals are occasionally made by parents or pupils who are self-referring and come to the BEST offices directly to seek help, support and guidance. The **target group** for the work of the BESTs are predominantly those young people demonstrating behaviour and attendance issues. However, because of the level of deprivation and disadvantage in the locality, the teams also specifically focus on supporting Looked After and Accommodated Children (LAC) and young carers. There is also a strong emphasis on supporting parents/carers and a number of parenting programmes/courses are run for this purpose.

The **frequency** and **duration** of the support provided to children, young people and their families varies depending on individual needs. On average, BESTs support is provided for between five and eight weeks. However, for some children and young people, the support is ongoing or there are specific projects last longer (i.e. for a year).

The two BESTs provide support work to children, schools and families primarily around behaviour and attendance issues. Staff from the BESTs are engaged in 1:1 and group work and undertake **activities** including: anger awareness and management courses; counselling; mentoring; self-esteem work; equality and respect work; crime and anti-social behaviour; attendance awareness/improvement; exam stress; parenting support and courses; transition work (i.e. from primary to secondary); and signposting to other services. The BESTs have also included piloting the CAF and acting as the Lead Professional with other agencies.

Benefits

Professional benefits include: an enhanced awareness amongst schools/teachers about what services and support social care can provide; a move away from working in professional silos and towards a holistic approach; one common form of assessment; professional development where different skills and knowledge can be shared; and a greater immediacy in response when referrals are made.

Benefits for the **school/teachers** include: easier access to advice and support from social care; quicker referrals because of the enhanced liaison/communication with social care staff; the development of a common language; and reduced numbers of permanent exclusions within schools.

For **pupils**, the benefits include: easier and quicker referrals so that their needs are being met with more immediacy; improved behaviour and levels of attainment; and the provision of a service that pupils/students know they can access when they need help.

The benefits for **parents/carers** and **the wider community** are: that they only have to deal with one lead professional and not a range of different agencies; and that some of the specific BEST projects have included regenerating the local area and positively reducing the levels of crime.

Challenges

Professional challenges include: the host school wanting more dedicated social care professional support, despite the BESTs having to work with all schools in the cluster; creating an initial awareness about the remit of BESTs and encouraging schools to refer cases; getting buy-in/commitment from all agencies; a lack of understanding and a ‘clash of cultures’ between social care and education; change in general; and funding and the allocation of resources.

Challenges for the **school/teachers** include: a lack of understanding about the nature/remit of the BESTs and uncertainty over when to make referrals; the host school seeing the BESTs as their dedicated service; the host school not having the jurisdiction to influence the BESTs despite them being located on their site; increased paperwork for staff; and the difficulties associated with getting different professional cultures (education and social care) to work together in a more integrated way.

In terms of **pupils**, challenges include confusion that members of the BESTs are teachers and, sometimes, the lack of immediate action when a pupil/student is referred but is then referred back.

Logistical challenges centred on the appropriateness of the school site as a base for the BESTs and whether it would be better located within the community. It was felt that, although working, the school location did make some parents reluctant to visit and that the team did not have many ‘walk-in’ referrals as a result.

Key factors

LA level key factors include: listening to frontline staff about what will/will not be successful in how social care professionals work with and in extended schools; the co-location of teams as opposed to virtual teams; buy-in and commitment from all agencies involved in the integration process; and long-sightedness (i.e. not expecting immediate results and giving services time to develop).

At **school level**, key factors include: all staff involved in the integration process having an understanding of both professions and their own ways of working (social care and education); good communication between schools and social care; and shared training.

What would enhance the service further?

There was a call for greater longevity and assurance that the BESTs would continue to exist post-2008. The teams, which have been operational for less than two years, were thought to both need additional time to develop and grow so that more impact of their work could be shown. Alongside this, it was also thought that there should be more BESTs populated across the city, thus working with a greater number of school clusters. Some interviewees thought that the service could be further enhanced by having a more defined target group. It was thought that the BEST would benefit from prioritising the more severe cases/families as opposed to focusing on early intervention and prevention work. In contrast, other interviewees thought that there should be more general parental support offered by the teams and that work should be offered to a broader range of young people and not just the current age range of years 7 to 9. Finally, it was thought that the service would benefit from school staff being given more time to liaise with the BESTs so that an understanding of the services/support the teams are able to offer schools could be more overt. A menu of services that the BESTs offer would be advantageous and reduce any uncertainty over when schools should or should not refer.

Case-study 3: Use of family/pupil support workers and social work trainee placements (Models A and C)

Context

An urban unitary city in the East Midlands. The authority has considerable levels of deprivation and is ranked low on the Indices of Multiple Deprivation in, for example, income, health, liveability and crime. In 2004, the LA developed their first full-service extended school. Following this, a number of other schools were invited to take part and develop their extended services. In 2006, a head of Children's Services was appointed and an extended schools re-modelling advisor was formally put in post to manage the extended schools/services agenda.

Background and rationale

The locality-based working strategy. The need for continuity of support was the principle driving force behind the locality-based working strategy. The LA does not want to see services finish once a child reaches the age of five and, instead, wants Children's Centres and Extended Schools to provide a continuum of support.

Family Support Workers in Children's Centres. Referrals to the original Sure Start programmes were often complex and related to higher Tier work. However, the expertise and structure of the team (i.e. whether there were social care professionals) often determined how these cases were dealt with. Subsequently, Family Support Workers were seconded into the programmes to address these more complex referrals. In recognising the need to provide targeted services (including social care support) to some of the LA's most deprived wards, the City developed two Centres that were not part of the original Sure Start programme. Social care staff were based within these Centres to determine how social care worked with other services from one location.

The LA is at very early stages of development and has been working with the concept of social care professionals in extended schools and Children's Centres for approximately six months. However, progress within this short period of time is considered great and the LA now has a clear outline of how it wishes to pursue the agenda and develop 0-19 provision.

Model of practice

The LA has developed a locality-based working strategy which sees the City split into three localities. The Strategy aims to put in place more streamlined 0-19 provision, linking Extended Schools and Children's Centres together. Currently, there are Family Support Workers based in some of the Children's Centres but, eventually, there will be Family Support Workers based in all Extended Schools. The LA employs the majority of Family Support Workers, although some are commissioned specifically to undertake pieces of work, thus operating under service level agreements. Professional backgrounds vary, with some Family Support Workers possessing a professional social work qualification and others having more vocational qualifications. Social work trainees also take up placements at the Children's Centres, thus enabling them to develop an early understanding of what social care work in a Children's Centre is like.

Referrals to the Family Support Workers are mainly through case identification by partners from Health and Social Care, although a number of parents/families self-refer. The reasons for referral vary, ranging from issues related to advice and support around parenting skills or for contact learning purposes when a client's child has been taken into care. Due to the Children's Centres being located in the authority's most deprived wards, the social care intervention/support provided by Family Support Workers is mainly targeted at low-income families. In addition, the zero to five age range of Children's Centres results in the majority of work focused on early intervention and prevention. However, the Family Support Workers also work closely with social workers, particularly on higher threshold work such as Section 17 and 47, of the *Children Act 1989* (Great Britain. Statutes, 1989).

The **frequency** and **duration** of support provided by a Family Support Worker varies according to whether it is a high or low family support case. Typically, support involves regular phone calls, home visits and general liaison.

The majority of **activities** undertaken by the Family Support Workers are aimed at early intervention and prevention work, although higher Tier work is also undertaken. Typical activities include: outreach family support in the community as well as in the Children's Centre; parenting advice and support; booking respite child-care; carrying out duties in line with a Child Protection Plan; writing reports for Child Protection conferences; and supporting other agencies with core assessments.

Benefits

Professional benefits include: social care staff providing expert knowledge of safeguarding and relevant legislation which they are able to translate in a way that other professionals and the community can understand; the breadth of experience, expertise and understanding that a range of professionals bring when based in a Children's Centre; greater partnership working and services not being too 'precious' about working with a family on their own; efficiency and cost-effectiveness of joint-working (i.e. joint training, planning and reviewing sessions); and the breaking down of entrenched stigmas where social care professionals are negatively perceived by other staff.

The only benefit identified for the **school/teachers** is that education colleagues will develop a better understanding of social care in terms of roles and also thresholds of intervention (i.e. what constitutes a referral to social care).

Benefits for **pupils, parent/carers** and **the wider community** include: accessible services delivered from a 'one-stop-shop' environment; services which meet and address a whole spectrum of needs (i.e. from Tiers 1 to 4); ease with which professionals can signpost families to other services; and the prevalence of males within the social care profession, thus providing a 'healthy mix' for clients.

Challenges

Professional challenges include: bringing professionals from a range of backgrounds together and trying to integrate different models of working practices; bridging the divide between social care and non-social care staff and addressing professional perceptions (i.e. that social care are the only professionals with the skills and expertise to case-manage referred children, young people and families); developing appropriate IT and monitoring systems where different professionals can access information about a client very quickly; finding or building suitable bases for the number of professionals to be located; and funding issues and the implication that if a social care professional is based in a Children's Centre then the Centre should fund their post.

For **parents/carers** challenges include overcoming perceptions of schools, many of which may stem from their own bad experiences as a youngster, and trying to encourage them to engage with services delivered from a school setting.

Key factors

Identified key factors include: having ‘buy-in at every level’ and ensuring that there is a very clear directive in terms of what the LA is aiming to achieve; a well-trained and developed workforce, including ongoing and joint training so that Family Support Workers can offer high quality family support to the community; and making explicit that Children’s Centres and Extended Schools provide a continuum of support and are ‘married up as one’.

What would enhance the service further?

More resources, capacity and also greater dialogue between the different services are thought important ways in which the service could be enhanced further. In addition, there is a feeling that more Children’s Centres across the city would benefit the service. However, considering the number of changes the LA has currently been undergoing, some staff would like to see a period of stability and time of ‘bedding-in’.

Case-study 4: Use of family/pupil support workers (Model A)

Context

A mixed county LA in the south east of England with a combination of rural and urban areas. On the whole, the authority is quite an affluent one, but there are pockets of deprivation in three particular urban areas. The Children, Schools and Families (CSF) department within the County Council is responsible for the education of children, young people and adults across four geographical areas, or 'quadrants', of the LA.

Background and rationale

The ECM agenda, and particularly the 'Enjoy and Achieve' outcome within that, reinforced the recognition within the LA that there is only so much schools can do in isolation. An integrated, more holistic approach (i.e. with 'the child at the centre') had been the thrust when the CSF department was introduced in 2001, thus placing the LA 'ahead of the game' in terms of its conception of integrated services. However, there are still problems with the recruitment and retainment of social workers in the authority. For example, there are currently 180 qualified social worker posts in the county, 70 of which are vacant, resulting in the perpetual use of agency staff and, it is believed, hampering the development of the integrated agenda from the point of view of social care. The concept of 'communities within consortia of schools' underpins the county's approach to extended schools and Children's Centres. In the future, all services will be clustered around these communities using the consortia as bases from which to work.

CSF workers have been working in schools in the authority since 2002. When extended schools came into being, a number of headteachers recognised the value that drawing such support into the school would bring. The CSF workers became known as CSF Pupil Support Workers in 2005. The work began as a pilot project for one year and was offered to schools as a free service. They originally targeted schools where attendance and exclusion rates were causing concern. Following a recent review, the service is due to be expanded and mainstreamed from September 2007, with participating schools paying a contribution.

Model of practice

A team of 11 CSF Pupil Support Workers is based in 15 schools (six primary and nine secondary) across the four areas of the county, within which they conduct early intervention work that has been referred directly to them by the school. This ‘rapid response casework’ is designed to help prevent the escalation of problems, which might otherwise necessitate the further intervention of more specialist services. They are not qualified social workers but provide access to ‘lower-level’ social care expertise for children and young people within the school. A number of the CSF Pupil Support Workers are based in two schools, spending half their time in each. Each worker is based in his or her own Area Office during the school holidays.

Referral to the CSF Pupil Support Worker would be from the school, for example, via a head of year or a multi-agency team. Reasons for referral could include issues related to behaviour, attendance, peers/friendship groups, self-esteem, bereavement, divorce, self-harm, depression, suicidal feelings, and family problems. As such, there is no particular **target group**, the service is available to any young person experiencing difficulties in school.

The **duration** of the support varies. The intention was for it to be for a period of six weeks but in reality it is often much longer. The length of time depends on each individual case but is monitored and reviewed regularly and each case would have a formal end to it. Every piece of casework is logged on a website which collects the data according to certain **evaluation criteria** (including assessment and outcome). The 2005/06 evaluation reported positive outcomes for 97 per cent of the primary casework and 91 per cent of the secondary casework. The young people and parents also provide feedback through evaluation forms, ‘so there is objective evidence about what we are actually doing’ (CSF Pupil Support Worker Team Manager). The **numbers** of young people seen by each worker also varies, for example, from eight in one school to 30 in another.

Activities undertaken by the CSF Pupil Support Workers might include: early intervention work with children and young people experiencing difficulty to help ‘get them back on track’ (one-to-one and group work, often involving discussion and activity worksheets); information and advice for teenagers; bereavement counselling; art therapy; anger management; drug and alcohol awareness; smoking cessation.

Benefits

Professional benefits include: support for the LA's and schools' behaviour and achievement strategies; improved links between schools and other professional bodies, which maximises efforts to achieve strategies, breaking down barriers; the removal of stigma associated with social workers and family centres; the school location, which brings 'huge benefits professionally' for the Pupil Support Workers as they occur where the work is actually happening; professional learning and personal growth.

Benefits for the **school/teachers** include: the addition of a valuable resource for the school in terms of responding to pupils' difficulties with 'a foot in both camps'; an expansion of the school's knowledge and expertise in dealing with vulnerable children; the knowledge that someone is there to deal with difficult issues which takes pressure off teachers and leaves them free to teach; issues dealt with more quickly which prevents escalation and leads to fewer exclusions; support for schools in meeting ECM targets; a more positive perception of the school amongst the local community (i.e. no longer seen as a 'problem' school); and Pupil Support Workers contributing to information sharing processes and meetings (i.e. CAF).

For **pupils**, the benefits include: the knowledge that someone is there for them, to listen to them, someone they can trust; a growth in confidence and self-esteem; feeling happier and less moody; feeling safe and increased access for all pupils through the school site location of the Pupil Support Workers.

Benefits for **parents/carers** and the wider community include: support for families in managing young people's emotional needs; the time and expertise received by children (seen as 'invaluable' by parents ('it gives you peace of mind')); good relationships among children, families and the CSF Pupil Support Worker (who is afforded more time to build relationships); greater involvement of parents/carers in the children's schools; and signposting to other services for parents/carers.

Challenges

Professional challenges include: shaping the support to the needs of the particular school; the level of cultural change brought about by integration (e.g. different terminologies, working practices etc.); partnership working; establishing trust and understanding; workload (particularly when working across more than one school); communication issues in some schools; and the need for additional professional support when working above the level of early intervention.

Challenges for the **school/teachers** include: finding an appropriate space within school to house the Pupil Support Workers (bearing in mind issues of confidentiality); ensuring the support is still helpful to teachers without breaching confidentiality; the cultural change required of headteachers; ease of access which can mean that workers are seeing too many young people (i.e. ensuring appropriate referral routes and keeping it organised); and time and budget constraints (especially regarding the roll out of CAF).

In terms of **pupils**, challenges include: the sheer scale of children's needs, the numbers accessing the service and whether this is appropriate for them and ensuring that the right person is working with the child for the right length of time.

For **parents/carers** challenges include ensuring that the support is not seen as punitive and reassuring them that it is not their fault that their child has been referred.

Key factors

At **LA level**, key factors include: having a 'licence to operate' (e.g. having the capacity and remit to work with students, families and other professionals in a cross-boundary way); 'winning hearts and minds' in order to facilitate integrated working.

School-level key factors include: getting everyone on board with the idea; ensuring the right person works with a child for the right length of time; having a school site location; effective non-managerial support in school for social care professionals and appropriate evaluation of the service.

At an **operational-level**, a key factor is the need for good team relationships and practices (e.g. effective collaboration and communication).

What would enhance the service further?

It was felt that the service could be further enhanced by increasing the number of Pupil Support Workers in the authority's schools. This is currently taking place and is believed to be indicative of how positively the service is perceived. For some workers, being based in one school rather than split across more than one school site was seen as preferable and this is an issue that may well be addressed by the employment of more personnel. The mainstreaming of the service will need to be carefully handled so that management and training issues do not become a concern for Pupil Support Workers.

Case-study 5: Use of family/pupil support workers experienced/qualified social care professionals and social work trainee placements (Models A, B and C)

Context

A large rural county authority in the north of England with significant pockets of urban deprivation and rural isolation alongside some very affluent areas. Six locality groups have been established to take responsibility for particular geographical areas. Within each locality, operational managers from across Children's Services develop individual locality plans.

Background and rationale

Social care professionals have been working with extended schools since the inception of the extended schools agenda and, as such, the LA is considered to be quite advanced in terms of integration. Formal structures within the six locality groups are in place to facilitate cross-agency working.

The LA received Children's Trust Status, which provided a degree of flexibility and autonomy to develop new creative ideas and encouraged individuals to work in different ways. The advent of extended services also provided an opportunity for the authority to reflect upon the relationship between schools, service providers, young people and parents and redress some of the capacity difficulties within social care. Extended School Coordinators identified shared areas of concern, namely that parents and young people were not benefiting from swift and easy access to services. This initiated the development of parent pop-ins and advice centres.

Model of practice

This authority has examples of three models of practice:

A There are **parent pop-ins/advice centres** in the primary schools in some of the locality areas. Care Officers and Social Workers run these sessions in addition to staff from other agencies. Tailor-made accessible facilities are provided to house staff in school.

The **duration and frequency** of the pop-ins/advice centres is typically a half-day session, once a week in each school. An evening session is also held at a local community centre for working parents to access.

The parenting pop-ins/advice centres provide an outlet for parents/carers to receive information, advice, guidance and emotional support regarding all aspects of parenting. **Activities** offered include: support around managing behaviour (e.g. 'positive' parenting, behaviour charts etc), SEN, disability, child development, stress and parenting adolescents. At some pop-ins/advice centres, parents can access specialist support regarding health-related issues (e.g. sleep routines, bed wetting etc.) and issues around money/debt management.

There is no **referral process** as the parent pop-ins/advice centres are drop-in facilities. However, teachers in schools often signpost parents to the service. In addition, ongoing support can be provided either through the pop-ins, home visits or signposting onto a Family Links or Parenting Adolescents programme.

B A full time qualified social worker is employed by a secondary school in one locality area.

C Social care trainees also have placements in some of the primary and secondary schools across the locality. Typically, the social workers in training are placed in schools for 100 days, five days a week, from 9am until 5pm. They usually have a shared office base from which to conduct their activities. However, during the school holidays, activities are run in local family support centres.

The **duration and frequency** of support by social workers in training varies. They typically deliver one-to-one sessions or small group sessions (five pupils) with pupils during school hours. The timing of their sessions varies each week so that pupils do not consistently miss the same lesson. Sessions typically last from half an hour to an hour although they also provide pop-ins sessions for bullying and transition.

Activities undertaken by social workers in training, centre largely on support for self-esteem and bereavement. Support is also provided for: bullied young people; the transition to secondary school; school refusers; behavioural issues; and attendance. They have also: worked with children with SEN, foster children and looked after children new to the area, done group work with disaffected students and carried out anger management sessions. Finally, they have also linked into PSHCE and with the parent drop-ins, parenting strategies and home-school liai-

son. During their time in the family support centre, the social workers in training are also involved in initial assessments.

The heads of year **refer** pupils on to the social worker-in-training via a specially devised form. They seek parental consent once the pupil has agreed to see the social worker in training.

Benefits

Professional benefits include: a better understanding of the issues that schools are regularly dealing with; fewer barriers and language differences between education and social care; improved lines of communication; recognition of a shared agenda; the ability to carry out more preventative work alongside higher level work; opportunities to consider pooling budgets to achieve shared outcomes; and improved client accessibility for social care staff.

Benefits for the **schools/teachers** include: easier access to specialist support and advice; headteachers being able to focus on managing the school rather than dealing with child protection issues; easier signposting of parents to sources of support; social care issues being dealt with in a more timely manner; an improved knowledge base of school staff as they access advice; more focused pupils in lessons as a result of social care intervention; and the prevention of problems from escalating.

Benefits for **pupils** include: better home lives through increased advice and support for parents; improved levels of confidence and self-esteem; reduced incidences of bullying; bereavement support; reduced need for referrals onto specialist services; easier access to support leading to increased take up of support; greater assurance that they have someone to turn to; and improved inclusion in school.

Benefits for **parents/carers** and the **wider community** include easy and convenient access to information and advice and links into parenting programmes and a range of services beyond the pop-ins.

Challenges

Professional challenges include: managing professionals' expectations of the service/intervention; accepting that these interventions take time to develop; appreciating other services' performance indicators/targets; difficulties for social

workers in training in non-traditional settings (e.g. schools); difficulties over ownership of the initiative; cultural barriers; securing teaching staff commitment; and avoiding boundary crossing.

Challenges for the **schools/teachers** include understanding why social care professionals are based in school and accommodating sessions with pupils during lesson times.

Challenges for the **parents/wider community** include dispelling feelings of mistrust, suspicion and negative perceptions of social care and marketing the service so that parents recognise it is not a service for ‘bad parents’.

Logistical challenges include: marketing the service most appropriately; keeping parents, schools and the community informed; sustainability; competing pressures on resources; reluctance of some parents to access services offered on the school site; finding the space to accommodate social care professionals; where to run sessions during school holidays; and a lack of guidelines and procedures to follow as it is such a new initiative.

Key factors

Identified key factors include: finding common ground; having existing structures that support extended schools; willingness to work in a multi-agency capacity; individual enthusiasm and drive; building upon existing good practice; the ECM agenda; local authority strategic support; support from senior management in schools; and clear channels of communication, including regular meetings, reviews and planning.

What would enhance the service further?

It was felt that having limited resources encouraged the authority to be more creative and work more collaboratively and as such, local authority staff did not call for additional resources or funding. Instead, local authority interviewees felt that the service now needed a way of measuring impact in order to promote service viability and to secure commitment at a senior level across a range of services. However, additional funding was seen as crucial by Extended Schools Coordinators in order to place social care professionals in more schools. Time to embed the service and having more sources of support for social workers in training, who are based in schools, was also considered important.

Case-study 6: Use of experienced/qualified social care professionals and social work trainee placements (Models B and C)

Context

An inner London Borough with high levels of need deprivation and one of the fastest growing child populations in Europe. There are pockets of serious deprivation alongside some of the wealthiest parts of the country, bordering as it does on wealthy areas of the City. There is a long established community from the UK but there is also a large Bangladeshi and Somalian population.

Background and rationale

The high levels of need and the number of Child Protection referrals within schools in the LA highlighted the need for social care professionals to work within the school setting. There was an open view and willingness to work in partnership in order to develop joined-up services to support the most vulnerable children and young people. In addition, it was also recognised, and later reinforced by ECM, that there was a need for a different context of work, which focused on early intervention, safeguarding and achieving better outcomes for children and young people.

Model of practice

Following a successful pilot project, which saw an experienced qualified social worker based in an extended school setting, the LA moved to having a permanent identified service in the school. Currently, there are plans for qualified social workers to work across four clusters of schools (Local Area Partnerships) which have up to 10 schools in each.

The social worker in the case study school is employed full time, although he/she does have other projects and development work to do. There are plans for the qualified social worker to have some involvement in terms of the wider extended schools strategy, chiefly because of his/her experience in this setting.

There are also four social work trainees on placement in the school. Two of these are supervised by the social worker and two are supervised by other staff in the school, with the use of a 'long arm' practice supervisor.

Referrals are managed by the school's weekly multi-agency meeting. The full range of extended school staff attend this meeting, including the social worker and social work students, welfare staff and the school council. Children and young people with welfare issues alongside education and academic attainment issues are discussed and a plan to support them is devised. Young and vulnerable children at risk of not achieving any of the five outcomes are the **target group**.

The **duration** of the support varies. There is no fixed period of time for a referral to be open and engagement can be prolonged as necessary. There are, as yet, no formally defined **evaluation criteria** but figures for referrals are maintained and there is evidence of a significant reduction in Child Protection referrals. There are also feedback mechanisms such as questionnaires from service-users. The **numbers** of young people seen by the social worker also varies but can include 10-12 intensive cases and a further 20-25 cases of monitoring and linking with other professionals. It is understood that workloads will evolve as the Local Area Partnerships are developed.

Activities undertaken by the qualified social worker include: crisis intervention; person-centred and task-centred work; work around behavioural issues; and bullying. The social worker also advises the school on Child Protection issues.

Benefits

Professional benefits include: a strengthened relationship between social care and schools, particularly around understanding of roles and responsibilities; the provision of social care expertise, knowledge and experience within schools; quicker identification of needs and subsequent referrals; and joined-up thinking becoming a reality.

Benefits for the **school/teachers** included the opportunity to discuss issues or concerns at an earlier stage; greater advice and support about social care issues; and a developing knowledge base within the school.

For **pupils**, the benefits include: a change in the image of social care and social workers; easier access to a social worker; a quicker referral; and positive impacts on levels of confidence and self-esteem.

Benefits for **parents/carers and the wider community** include families having earlier contact with social care so problems are prevented from escalating and a change in the typical stereotype of social services leading to a greater willingness to engage.

Challenges

Challenges for **professionals** include: changing cultures and entrenched ways of working; ongoing issues about roles and responsibilities; where to base the social workers within the Local Area Partnerships; and managing the demands/expectations of the host school whilst working across a cluster of schools.

Challenges for the **school/teachers** include: communication and information exchange with social care professionals; overly high expectations of the social care service despite it having limited capacity; and the issue of referral thresholds.

For **pupils** and **parent/carers** the only challenge identified was overcoming the negative perceptions and stigmas of social care which prevent them from engaging.

Logistically, there were challenges around the allocation of (appropriate) space for the social care professional to work within the school.

Key factors

At **LA level**, key factors include: the capacity of managers to think outside their role; a willingness to change roles and responsibilities whilst retaining professional expertise; and being prepared to share and work together.

School-level key factors include: absolute support and leadership from the head-teacher; a willingness to enable the integration of the social care professionals such as having a ‘can do’ approach to accommodation; time and financial resources to undertake the integration; and weekly meetings of key professionals.

At an **operational level**, key factors include: senior management support in both school and social care; and an understanding of thresholds for social care services.

What would enhance the service further?

It was felt that the service could be further enhanced by a systematic evaluation of the pilot to ensure that resources were allocated appropriately in the future. It was also thought that the provision of more social workers within school would be beneficial, as would the continually developing understanding between social care and education professionals.

Appendix 2: Sample information

Appendix 2 provides information on the sample for the study. It includes tables showing:

- the achieved sample of pro-forma returns by type of authority (compared to the type of authority nationally)
- the roles/job titles of LA staff interviewed in the telephone survey
- the number and type of interviews conducted overall during the case-study phase
- the number and type of interviews conducted within each of the case-study authorities.

Table A2.1 Achieved sample of pro-formas

Authority Type	Returned pro-formas by type of authority		Type of authority nationally	
	(N)	(%)	(N)	(%)
Unitary	22	39	47	31
County	14	25	34	23
Metropolitan	13	23	36	24
London Borough	8	14	33	22
Total	57	100	150	100

Percentages may not all add up to 100 due to rounding.

Table A2.2 Roles/job titles of LA staff interviewed in the telephone survey

Area Manager, Children's Social Work	Extended Schools Consultant	Multi-Agency Team Coordinator
Assistant Director for Children and Families	Extended Schools Remodelling Advisor	Principal Manager for Family Support Services and the Referral and Assessment Services in Children and Families Social Services
Assistant Director Locality Services	Extended Services Advisor	
Assistant Director of Children and Young People's Service	Extended Services Coordinator	Senior Project Officer
Behaviour Improvement Programme Coordinator	Extended Services Strategy Manager	Service Manager for Children and Young People's Department
BEST Team Leader	Group Manager in Children's Social Care	Service Manager for Early Intervention and Family Support Services
Children's Development Manager	Head of Business Unit, Family Support	
Children, Schools and Families Pupil Support Worker Team Manager	Head of Community Education	Service Manager, Family Support
Children Services Manager	Head of Extended Services	Service Manager for Social Inclusion/Principal Educational Psychologist
Commissioner for Children's Services	Head of Vulnerable Children	Strategic Service Manager
Coordinator of the Play Project	Implementation Policy and Practice Development Officer	Team Manager for Vulnerable Children
	Manager of Accessible Services	
	Manager for Workforce Development	

Table A2.3 Interviews completed during case-study visits

Interviewees	No. of interviews
Local authority (strategic level) – including Heads of ICSs, Service Managers, Heads of social care	18
School (strategic level) – including Headteachers, Deputy Headteachers, Heads of student support	13
School (operational level) – including Extended School Coordinators	3
Social care (operational level) – including Pupil Support Workers, Care Officers	9
Young people – years 8 to 13	11
Parents/carers	12
Total	66

Table A2.4 Interviews by case-study

Type of interview	Case-study 1	Case-study 2	Case-study 3	Case-study 4	Case-study 5	Case-study 6
Local authority (strategic level)	<ul style="list-style-type: none"> • Commissioner for Children’s Services • Commissioner for Social Care • Family Support Team Manager • Children’s Centre Coordinator 	<ul style="list-style-type: none"> • Manager for Accessible Services • 2X Coordinator of BEST 	<ul style="list-style-type: none"> • Extended Schools Re-modelling Advisor • Head of Children’s Centres • Locality Team Manager for City South Children’s Centres • Workforce Development Manager for Children’s Centres • Children’s Centre Strategy Manager 	<ul style="list-style-type: none"> • PSW Team Manager • Head of ICS • Head of Social Care 	<ul style="list-style-type: none"> • Integrated Children’s Services Policy and Development Officer • Extended Schools Coordinator 	<ul style="list-style-type: none"> • Service Manager, fieldwork. Children’s Social Care.
School (strategic level)	<ul style="list-style-type: none"> • Headteacher of primary school • Children’s Centre Manager 	<ul style="list-style-type: none"> • Full-Service Extended Schools Manager • Headteacher of secondary school 		<ul style="list-style-type: none"> • Acting and ex headteachers (joint interview) • Head of Student Support Unit 	<ul style="list-style-type: none"> • Training Manager • Headteacher of primary school • University link for social workers-in-training 	<ul style="list-style-type: none"> • Headteacher of secondary school • Assistant Headteacher of secondary school with responsibility for Inclusion • Attendance and Social Welfare Manager

Table A2.4 Interviews by case-study

Type of interview	Case-study 1	Case-study 2	Case-study 3	Case-study 4	Case-study 5	Case-study 6
School (op. level)		<ul style="list-style-type: none"> • SENCO 		<ul style="list-style-type: none"> • Extended schools coordinator 		<ul style="list-style-type: none"> • Attendance and Social Welfare Manager
Social care (op. level)	<ul style="list-style-type: none"> • Two x Family Support Workers 	<ul style="list-style-type: none"> • Education Welfare Officer • Learning Mentor 	<ul style="list-style-type: none"> • Key Family Support Worker 	<ul style="list-style-type: none"> • Two x Pupil Support Workers 	<ul style="list-style-type: none"> • Social worker in training 	<ul style="list-style-type: none"> • Social Work Practice Manager
Young people		<ul style="list-style-type: none"> • Three 13 year olds 		<ul style="list-style-type: none"> • One Y8 • Two Y9 • One Y10 • One Y11 • One Y12 		<ul style="list-style-type: none"> • One Y9 • One Y10
Parents/ carers	<ul style="list-style-type: none"> • One parent 	<ul style="list-style-type: none"> • Two parents 	<ul style="list-style-type: none"> • Two parents 	<ul style="list-style-type: none"> • Four parents 		<ul style="list-style-type: none"> • Three parents

References

- Atkinson, M., Jones, M. and Lamont, E. (forthcoming). *Multi-Agency Working and its Implications for Practice: a Review of the Literature*. Reading: CfBT.
- Atkinson, M., Wilkin, A., Stott, A., Doherty, P. and Kinder, K. (2002). *Multi-Agency Working: a Detailed Study* (LGA Research Report 26). Slough: NFER.
- Blewett, J., Lewis, J. and Tunstill, J. (2007). *The Changing Roles and Tasks of Social Work: a Literature Informed Discussion Paper*. London: General Social Care Council.
- Boddy, J., Wigfall, V. and Simon, A. (2007). 'Re-discovering community social work? An evaluation of a social worker based in children's centres', *Community Care*, June.
- Cummings, C., Dyson, A., Muijs, D., Papps, I., Pearson, D., Raffo, C., Tiplady, L. and Todd, L. with Crowther, D. (2007). *Evaluation of the Full Service Extended Schools Initiative: Final Report* (DfES Research Report 852). London: DfES.
- Cummings, C., Dyson, D., Papps, I., Pearson, D., Raffo, C. and Todd, L. (2005). *Evaluation of the Full Service Extended Schools Project: End of First Year Report* (DfES Research Report 680). London: DfES.
- Department for Education and Skills (2004). *Every Child Matters: Next Steps*. London: DfES.
- Department for Education and Skills (2005). *Extended Schools: Access to Opportunities and Services for All. A Prospectus*. London: DfES.
- England and Wales. Statutes (2004). *Children Act 2004. Chapter 31*. London: The Stationery Office.
- Great Britain. Parliament. House of Commons (2006). *Our Health, Our Care, Our Say: a New Direction for Community Services* (Cm 6737). London: The Stationary Office.
- Great Britain. Statutes (1989). *Children Act 1989. Chapter 41*. London: HMSO.

Hallett, C. and Birchall, E. (1992). *Coordination in Child Protection: a Review of the Literature*. London. HMSO.

HM Government (2004). *Every Child Matters: Change for Children*. London: DfES.

HM Treasury (2003). *Every Child Matters* (Cm. 5860). London: The Stationery Office.

Hudson, B. (2006). 'Now for the hard work', *Community Care*. 11-17 May, 34–35.

Jenkins, P. and Polat, F. (2006). 'The Children Act 2004 and implications for counselling in schools in England and Wales', *Pastoral Care in Education*, **24**, 2, 7–14.

Lessard, G., Lavergne, C., Chamberland, C., Damant, D. and Turcotte, D. (2006). 'Conditions for resolving controversies between social actors in domestic violence and youth protection services: towards innovative collaborative practice', *Children and Youth Services Review*, **28**, 511–534.

Reid, K. (2005). 'The Implications of *Every Child Matters* and the Children Act for schools', *Pastoral Care in Education*, **23**, 1, 12–18.

Rose, R., Smith, A., Ali, S. and Gray, T. (2006). *Extended Services in and Around Schools in Derbyshire*. Northampton: University of Northampton School of Education, Centre for Special Needs Education and Research.

University of East Anglia (2005). *Realising Children's Trust Arrangements: National Evaluation of the Children's Trust. Phase 1 Report* (DfES Research Report 682). London: DfES.

Webb, R. and Vulliamy, G. (2002). 'The social work dimension of the primary teacher's role', *Research Papers in Education*, **17**, 2, 165–184.

Wilson, L. and Hillison, K. (2004). 'A time and place', *Community Care*, 23 September, 40–41.

Wilson, L. and Hillison, K. (2005). 'Back to School for social work students: developing quality practice learning opportunities in schools', *The Journal of Practice Teaching in Health and Social Work*, **6**, 2, 43–60

Other sources

Allnock, D., Akhurst, S., Tunstill, J. and Ness Research Team (2006). 'Constructing and sustaining Sure Start Local Programme Partnerships: lessons for future inter-agency collaborations', *Journal of Children's Services*, **1**, 3, 29–38.

Anning, A., Cottrell, D.M., Frost, N., Green, J. and Robinson, M. (2006). *Developing Multi-Professional Teamwork for Integrated Children's Services: Research, Policy and Practice*. Maidenhead: Open University Press.

Barker, J., Smith, F., Morrow, V., Weller, S., Hey, V. and Harwin, J. (2003). *The Impact of Out of School Care: a Qualitative Study Examining the Views of Children, Families and Playworkers* (DfES Research Report 446). London: DfES.

Barker, J., Smith, F., Morrow, V., Weller, S., Hey, V. and Harwin, J. (2003). *The Impact of Out of School Care: a Qualitative Study Examining the Views of Children, Families and Playworkers* (DfES Research Report 446). London: DfES.

Boddy, J., Potts, P. and Statham, J. (2006). *Models of Good Practice in Joined-up Assessment: Working for Children with 'Significant and Complex Needs'*. London: University of London, Institute of Education, Thomas Coram Research Unit.

Bond, K. and Farrar, M. (2006). *What Are We Learning About...? Community Leadership in Networks*. Nottingham: NCSL.

Capacity and NDNA. (2005). *Childcare: Good Business for Families and Communities*. Nottingham: NDNA.

Carson, G. (2004). 'The full works', *Children Now*, 28 January – 4 February, 20-21.

Chase, E., Goodrich, R., Simon, A., Holtermann, S. and Aggleton, P. (2006). 'Evaluating school-based health services to inform future practice: lessons from "Teen Talk" at Kidbrooke School in Greenwich', *Health Education*, **106**, 1, 42–59.

Craig, J., Huber, and Lownsbrough, H. (2004). *Schools Out: Can Teachers, Social Workers and Health Staff Learn to Live Together?* London: Hays Group UK.

Frost, N. and Lloyd, A. (2006). 'Implementing multi-disciplinary teamwork in the new child welfare policy environment', *Journal of Integrated Care*, **14**, 2, 11–17.

General Social Care Council, Social Care Institute for Excellence, Children's Workforce Development Council, Commission for Social Care Inspection and Skills For Care (2007). Roles and Tasks of Social Work in England. Unpublished report.

Goddard, T. (2004). 'Schools for everyone', *Community Care*, **4**, 12–13.

Goveas, A. (2006). 'Integration the key to child health (health and social care white paper)', *Children Now*, 8-14 February, 12–13.

Joseph Rowntree Foundation (2005). *The Provision of Integrated Services by Family Centres and New Community Schools*. York: Joseph Rowntree Foundation.

Kendall, S., Lamont, E., Wilkin, A. and Kinder, K. (2007). *Every Child Matters: How School Leaders in Extended Schools Respond to Local Needs*. Nottingham: NCSL.

Petrie, P., Moss, P., Cameron, C., Owen, C., Potts, P., Simon, A., Wigfall, V. and Cage, M. (2006). 'Working together: inter-professional working in multipurpose children's settings', *TRCU Update*, July [online]. Available: <http://www.ioe.ac.uk/trcu/newsJuly06.pdf> [11 January, 2007].

Pollitt, C. (2003). 'Joined-up government: a survey', *Political Studies Review*, **1**, 1, 34.

Sale, U.A. (2003). 'Social services staff to play major role in schools offering new services', *Community Care*, 24 April, 14–15.

Snell, J. (2006). 'How should social services work with education'. *Community Care*, 2 November.

Sure Start Extended Schools and Childcare Group (2006). *The Governance and Management of Extended Schools and Sure Start Children's Centres* [online]. Available: <http://www.surestart.gov.uk/publications/?Document=1850> [11 January, 2008].

Townsley, R., Watson, D. and Abbott, D. (2004). 'Working partnerships? A critique of the process of multi-agency working in services to disabled children with complex health care needs', *Journal of Integrated Care*, **12**, 2, 24–34.

Weinstein, J., Whittington, C. and Leiba, T. (Eds) (2003). *Collaboration in Social Work Practice*. London: Jessica Kingsley Publishers.

Wheatley, H. (2005). 'Caring after hours', *Community Care*, 1 September, 38–39.

Wilkin, A., Lamont, E., White, R., Kinder, K. and Howard, P. (2007). *Schools as Community Based Organisations*. Reading: CfBT.



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