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Dismantling the Blueprint: Buurtzorg in English Child Protection Social Work

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November 2019 saw the release of A Blueprint for Children's Social Care (hereafter the Blueprint) in England. The Blueprint proposes introducing the Buurtzorg model of community nursing into the child protection social work in England, and received widespread interest and publicity. Buurtzorg is a Dutch community nursing agency that is based on a specific model of small self-managing and non-hierarchical teams. The authors of the Blueprint suggest that rapid and large scale introduction of Buurtzorg into child protection social work would overcome many of the longstanding issues facing the profession in England. However, there are serious limitations to the suggestions outlined in the Blueprint and the Buurtzorg model does not translate well to child protection social work in England. Drawing on the work of Mark Fisher, this article examines the Blueprint under three core themes: consent and consensus, links with other neoliberal projects and failing forward. Ultimately it is shown that the Blueprint can be considered part of a wider project of implementing neoliberal policies and market solutions to children's social care in England, a process that is increasingly being led by large, profit driven global consultancy firms.

Keywords: Buurtzorg; child protection; social work; blueprint; capitalist realism.

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Word count: 6,995

Introduction

In November 2019 a proposal for reform of the children's social work system in England was unveiled in the form of *A Blueprint for Children's Social Care* (hereafter *the Blueprint*), calling for major changes to local authority child protection teams based on the Dutch Buurtzorg model of home-care nursing (McAlister et al, 2019). The Blueprint advocates that it should be implemented rapidly with minimal scrutiny or proof of value, in a similar way previous controversial reforms, such as Reclaiming Social Work (McGrath-Brookes et al. 2020). This article argues that this is likely to occur not as a result of the merits of the Blueprint, which has serious deficits and limitations, but instead because the model that the Blueprint proposes fits within the neoliberal framing that increasingly dominates social work in England. A key feature of contemporary neoliberalism is the reconfiguration of the state to work for capital, and this has become more pervasive, but also more disguised, since the financial collapse of 2008 (Fisher, 2009, Garrett, 2019). In line with this understanding of neoliberalism, this article will show that, far from being a radical and empowering model of change for social work that is claimed, the Blueprint is in fact a product of the international consultancy firm the Boston Consultancy Group (BCG) that has gradually become a central player in children's social work in England. In order to illuminate this critique, we will draw on the work of Mark Fisher, and in particular his seminal 2009 book *Capitalist Realism*, who argues that despite widespread recognition of the deficits of capitalism, we are no longer able to perceive alternatives, as "capitalism seamlessly occupies the horizon of the thinkable" (Fisher, 2009: 8). Three core themes will be examined: consent and consensus, links with other neoliberal projects, and the concept of failing forward. However, first the Blueprint, and the Buurtzorg model itself, will be explored.

The Blueprint

Founded on the principles of eliminating “overpaid managers, luxurious offices, and layers of bureaucracy”, Buurtzorg is a Dutch community nursing agency that was launched in the Netherlands in 2006 and rapidly expanded both nationally and internationally (Kreitzer et al., 2015: 40). Buurtzorg uses a specific model that involves self-directed and autonomous teams of up to twelve nurses performing all of the tasks required for 50 to 60 patients, with a focus on building relationships between the nurses and the patients, and with a stated goal of getting patients to a point that they no longer require nursing input (Kreitzer et al., 2015). A particularly important feature of the Buurtzorg model is that nurses are not answerable to line managers, and decisions are made collectively within the team; however, the option remains for nurses to seek advice from senior nursing coaches (Sheldon et al., 2017). The Buurtzorg model has been referred to as a “symbol” of change for its impressive ability to garner political support and funding (Johansen & van den Bosch, 2017: 71).

There have been a small number of Buurtzorg community nursing pilot studies in the UK, with positive findings reported in relation to lowering costs and raising patient satisfaction (Drennan et al., 2017; Lalani et al., 2019; Leask et al., 2020). However, these pilots also all reported significant difficulties related to the implementation of the Buurtzorg model in the UK context, most notably due to the specific cultural, regulatory and human resource systems. They also found that although nurses within these teams were more positive about their roles, many nurses declined job offers, or quickly left the teams when Buurtzorg was implemented, citing the flat hierarchy and lack of clarity around career progression as particular issues (Drennan et al., 2017; Leask et al., 2020). The Royal College of Nursing (2016) has also expressed significant reservations about Buurtzorg’s potential in the UK, including that it is ill-fitted to more complex needs that UK community nurses support, the system of insurance that the model relies on does not exist in the UK, and that there are barriers to implementation in rural areas and areas experiencing deprivation, both more common in the UK than the Netherlands.

Despite these issues, the Blueprint purports to build on the popularity of Buurtzorg and examines how to apply its principles to children’s social care, and specifically child protection social work in England (MacAlister et al., 2019). In line with the justifications for Buurtzorg, the Blueprint outlines how contemporary social work is “too bureaucratic” and that “layers of management are excessive” (p.9). In order to overcome these issues, the Blueprint suggests that social workers operate in small self-managing teams in geographically specific locations, with a focus on peer supervision and accountability rather than having an allocated team manager. It is suggested that each social worker would be responsible for ten families, or 14

children, with weekly team meetings to discuss cases with the rest of the team. Beyond these family facing teams of approximately eight social workers, there would be three support teams: the enabler team, the insight team and the strategy team, each with different functions around administration and external support (MacAlister et al., 2019). While the authors of the Blueprint acknowledge that their proposal will not solve every problem that social work faces today, the list of proposed benefits implies that it will solve most of them, including: increasing face-to-face time with families, reducing caseloads, creating more continuity of relationships, empowering social workers, increasing time for team meetings and supervision, reducing demand for services, improving staff morale and motivation, increasing staff retention, reducing the number of children in care, keeping more families together, enhancing social work skills, and reducing paperwork and emails, all while not increasing local authority budgets (MacAlister et al., 2019). This is all the more impressive a list of claims within the context of the current funding deficit in children's services in England, predicted to reach at least £3 billion by 2024/25 (Cromarty et al., 2019).

As well as the Buurtzorg model, the Blueprint draws on popular management literature, including the work of Laloux (2014) and Dignan (2019), both of whom advocate for self-managed teams and cite the Buurtzorg model as an inspiration. Laloux (2014) presents the analogy of a pyramid in conceptualising organisations, with frontline workers who “toil away” at the bottom feeling disempowered, and those at the top having to deal with constant power games, infighting and politics, suggesting that the system as it is currently constituted does not work for anyone (p.3). He uses a colour system to examine different types of organisations, based on moving from red, where teams are categorised by a clear division of labour and command authority, through amber, orange, green and finally teal, where organisations work as living organisms that are self-managed and orientated towards realising their potential. Dignan (2019) similarly makes an argument for self-managed teams, providing various explanations for how and why bureaucracy as we know it today has developed. For example, he uses the term organisational debt to explain how self-sabotaging rules and processes often develop as a result of the almost automatic managerial reaction to something going wrong. Dignan (2019) suggests organisations should instead seek to be evolutionary in nature, whereby “self-management is the dominant organising construct” (p.244). However, while these popular texts are cited, what is lacking in the Blueprint is any engagement with the academic literature looking at how bureaucracy and managerialism manifests specifically in social work.

The Blueprint draws on several government reports, including the Munro (2011) report on child protection, that raised concerns around “the demands of bureaucracy” impacting on social workers’ capacity to work directly with children and families (p.6). Notably though, Munro (2011) made no recommendation about moving to self-managed teams, and instead points to social workers’ concerns around “statutory guidance, targets and local rules that have become so extensive that they limit their ability to stay child-centred” (p.6). Indeed, as will be discussed more below, far from removing these aspects of the social work role, the Blueprint actually has significant potential to exacerbate them, and removing managers takes away an important potential safeguard for social workers. As Munro (2011) herself outlined, a key role of managers in social work is to “manage the anxiety that the work generates... unmanaged anxiety about being blamed was identified as a significant factor in encouraging a process-driven compliance” (p.107). This point is demonstrated in an ethnographic study carried out by Gibson (2019), where historical examples of social workers being “named and shamed” were shown to encourage social workers to take actions they knew would not have a positive impact on service users, but safe in the knowledge that they were following procedures (p.117).

There are also many contradictions within the Blueprint that urge caution. For example, there is a tension between claims within the Blueprint that the current system leads to a lack of trust in social workers alongside attempts to undermine social workers who may not be able to adapt to the Buurtzorg model, a point that will be discussed in more detail later. The Blueprint also suggests that local authorities will have to tailor the model to their own specific context, while at the same time dictating very specific parameters around the number of social workers per team, the number of cases per social worker, and even how often cases should be discussed. There is also a contradiction between suggestions that this model “could be achieved within existing local authority budgets” (p.7) and the regular suggestions that funding and investment will be required, including that implementation in each local authority will cost £5-7 million (MacAlister et al., 2019). Further confusing this issue, the Blueprint states that it is not about making savings, whilst simultaneously stating that all the positive benefits can be achieved within current local authority budgets. At a time of massive funding shortfalls in children’s services, claiming that this would not be a cost saving strategy by these services is disingenuous at best. The Blueprint also cannot get away from the fact that the Buurtzorg model of community nursing is frequently promoted as a cost-saving model, a claim that comes despite research showing that Buurtzorg may just shift the costs elsewhere, and when whole system

costs are totalled, including those of other services involved, the per-patient cost of Buurtzorg patients is commensurate with those receiving care outside of Buurtzorg (Gray et al., 2015).

The limitations of the Blueprint are not only apparent based on what has been included, but also what has been excluded. For example, there is only a cursory mention of how small team models have previously been trialled and introduced in UK social work contexts, and no in depth engagement with these previous attempts is made beyond stating that “change remains piecemeal and is taking place in spite of the system and not because of it” (MacAlister et al., 2019: 11). Outside of an acknowledgement that it exists, there is no discussion in the Blueprint of Buurtzorg Jong, an organization that applies Buurtzorg principles to youth work, which would seemingly be substantially more relevant to learn from than the experiences of community nursing teams. Most egregious, the Blueprint provides no examples of the Buurtzorg model being applied to a child protection context anywhere in the world, but still talks of scaling up the model in England as if it is a foregone conclusion, stating: “a pilot should be set up with the intention of transforming an entire service within a defined period of time” (MacAlister et al., 2019: 45).

Despite this omission, there have indeed been attempts to apply similar principles to Buurtzorg in child protection contexts, including a particularly pertinent and recent example also stemming from the Netherlands: ChildProtect (*Jeugdbescherming*). ChildProtect is a child protection organization that supports around 10,000 children at risk in Amsterdam, including those under a court order (Kokes, 2017). There are a number of similarities between ChildProtect and the proposals in the Blueprint that warrant examination, most notably the use of small, family facing teams where each social workers has a caseload of 10-14 families and weekly team meetings are held to discuss cases and provide peer support (Wauters & Dinkgreve, 2016; Kokes, 2017). Other similarities include the anti-bureaucracy rhetoric, the need for a bespoke IT system and the use of specialist consulting support teams. However, there are also important differences between this model and the one advocated for in the Blueprint. Most notably, the complexity of the issues involved in child protection has meant that the supportive role of team managers remains integral to ChildProtect, with each family facing team being supported by a team manager and a senior case manager (Kokes, 2017). Furthermore, if the Blueprint had instead invoked the example of ChildProtect, arguably a much more pertinent example of Dutch small-team reorganisation, then it would have had to come to terms with the fact that the restructure into small, family facing teams led to 40% of existing staff leaving the service, and opened the door for child protection social workers to be

replaced by non-social work professionals, including police officers (Wauters & Dinkgreve, 2016).

Also excluded from *the Blueprint* is any mention of poverty or austerity, despite the central place these issues have in shaping child protection practice today (Webb & Bywaters, 2018; Featherstone et al., 2019). This links with the failure of the *Blueprint* to engage in depth with previous attempts to move towards social work community models in the UK and elsewhere, because doing so and explaining why previous efforts have failed to achieve the benefits promised by the *Blueprint* would have opened up discussions around some of these broader, and more difficult to address, systemic issues. As a result of this limited focus, Beresford et al. (2018) have suggested that any application of the Buurtzorg model to social care contexts in the UK should be seen as little more than another page in the ongoing search for magical elixirs and quick fixes, which ultimately serve to divert attention away from the real difficulties people who rely on social care services are experiencing.

Unfortunately, despite all these issues, those opposed to the *Blueprint* are likely to face an uphill battle to resist its swift implementation. The *Blueprint* has an impressive list of backers and financial support behind it, including Isabelle Trowler, the Chief Social Worker for Children in England, and Yvette Stanley, the National Director for Social Care at Ofsted, both of whom are thanked for their “significant contributions” (MacAlister et al., 2019: 3). Three organisations are explicitly listed as collaborating in the formation of the *Blueprint*: Frontline, the Centre for Public Impact (CPI) and Buurtzorg Britain and Ireland. However, three of the nine authors work directly for the international management consultancy firm BCG, and three work for CPI, which is a foundation created by BCG. The lead author of the *Blueprint*, Josh Macalister, is also the CEO and founder of Frontline, an organisation providing social work training in England that lists BCG as one of their founding partners (Baker, 2013). Considering seven of the nine authors have a direct professional link with BCG, it is not hyperbole to state that this *Blueprint* is a BCG vision for the future of child protection in England. This influence can be understood as part of a wider global trend of management consultancies extending their work and influence into the governance of social life (Lavalette, 2019). However, like most examples of philanthrocapitalism, BCG would not be undertaking this work if they did not think that they could do ‘well’ while doing ‘good’ and ensuring their ongoing influence and profitability in new markets (Giridharadas, 2018). The importance of having these established connections has been played out to an alarming extent in relation to the recent crises of Brexit and Covid-19, whereby the government has circumvented the usual procurement processes to

award large contracts directly to management consultancy firms without competition, all in the name of expediency; unsurprisingly BCG has been a major beneficiary of contracts in both instances (National Audit Office, 2019; Evans et al., 2020).

Consent and Consensus

Neoliberalism does not survive and propagate by top down edicts, but instead through the veneer of consent and consensus (Fisher 2009). This need to demonstrate consent and consensus raises serious questions for the authors and supporters of the Blueprint: how can a top down, opaquely consulted proposal led by an international management consultancy firm be said to be really listening and empowering social workers and those they support? In order to alleviate this contradiction, the authors of the Blueprint have almost deliberately employed the concept of capitalist realism as described by Fisher (2009), presenting the Blueprint as something so blatantly obvious and common sense as to render any questions related to validity or representation to mere background noise in the face of the overarching messages of radical change and hope. The Blueprint does attempt to demonstrate consultation, stating that it was drafted following consultation with 40+ social workers and 40+ “leaders and influencers” (MacAlister et al., 2019: 12). However, only one of the nine authors is a registered social worker, and little information is provided as to how this consultation was actually carried out. The information that is provided suggests that the authors were highly selective in their consultation approach. Most notably, in the acknowledgements section of the Blueprint, only eight specific social workers are thanked, including at least six former employees and students of Frontline, one of the organisations behind the Blueprint. The Frontline Fellowship, made up of more than 1,000 graduates of Frontline programmes, was also central to the consultation process from the beginning (Martin, 2019). However, it is notable that only 38.1% of the Frontline Fellowship is made up of those working as frontline social workers (Frontline, 2020). A longer list of those consulted is provided in the appendices, where 47 individuals are listed. However, none those listed have their title as ‘social worker’ (although there is one ‘senior social worker’ and one ‘principal social worker’). If this sample is representative of the professionals who were consulted, then it raises serious questions about how sincere the authors were about capturing a broad range of social work perspectives.

Unsurprisingly based on this model of consultation and development, the Blueprint has serious and concerning implications for frontline social workers (MacAlister et al., 2019). The authors of the Blueprint call for “near total decision-making power” to be devolved to social workers (p.21), while also suggesting that “the proposed model requires high quality social workers to

succeed” (p.48) and there should be a process of “compassionately exiting” all others (p.18). It is important to contextualise the shift in responsibility, and the Blueprint in general, within contemporary English social work and the neoliberal systems that dominate it. Social workers frequently rate their working conditions as some of the worst in the UK (Ravalier, 2017; Ravalier & Biochat, 2018). The authors of the Blueprint do claim that there is a “vicious cycle” in social work, causing social workers to leave the profession in high numbers, destabilising the morale and working conditions of the general workforce and causing a cascade effect in which more social workers leave the profession, further destabilising the workforce (MacAlister et al., 2019: 10). However, rather than looking at how to better support and resource social workers, the Blueprint sees the solution as placing more responsibility, and implicitly more blame when things go wrong, on the shoulders of frontline social workers (McGrath-Brookes et al. 2020).

The reasoning behind this from a neoliberal perspective is that precarious working conditions are actually seen as important for a market driven workforce, and so there is minimal impetus for improving these areas (Garrett, 2019). This can be seen demonstrably by the fact that despite the growing evidence of unacceptable working conditions for social workers, a recent Children Social Work Health Check survey sent to all principal social workers in England found that only 6% saw staff wellbeing as a key area of development going forward (Local Government Association, 2019). Through shifting the focus to changing team structures and makeup, the Blueprint effectively provides a justification for local authorities to continue to neglect social workers’ working conditions in this way, while still claiming to be making a positive and, in the words of the Blueprint “radical”, change (MacAlister et al., 2019: 11). In the context large funding deficits delegating responsibility for resource management to frontline social workers is also likely to seem highly palatable to the local authority leadership. However, while this responsibility will be transferred under the Blueprint’s proposals, it seems highly unlikely that any real control will be transferred or that social workers will be empowered. As Fisher (2009) describes, despite neoliberal models being habitually touted as anti-bureaucratic, the tendency of neoliberal reform is in fact to increase and expand bureaucracy and accountability measures. Although layers of management may be removed, the measures of surveillance and control are reinstated through a process of “auto-surveillance”, facilitated by information systems and data gathering (p.41). The data collected is then subject to regular audit by external reviewers, and because it is uncertain exactly when or if the collected data will be reviewed, the worker is placed within a permanent and perpetual

panopticon of recording and reporting (Foucault, 1979). The Blueprint is clear that social workers in these new teams will still be expected to comply with all existing legislation, Ofsted frameworks, existing regulation, and recording and reporting required by government bodies and other partners, as well as a new system of “checks and balances” monitored by the strategy team (MacAlister et al., 2019: 19). This means that the Blueprint does not address the core issues raised by Munro (2011) and others about bureaucracy and managerialism that were discussed above, but in fact appears to introduce a new layer of bureaucracy monitored by a more distant and dislocated ‘strategy’ team.

Harris (2019) outlines how information technology systems play a central role in how social workers are controlled and monitored in their work. Echoing Fisher’s interpretation of control societies, he describes how “social workers do not know when surveillance will take place, but have to comply with the computerised requirements on the basis that surveillance could take place at any time” (p.139). For social work, a profession that comes under regular political and media scrutiny, and where social workers are highly vulnerable to being blamed when things go wrong, the impetus and motivation to effectively complete the data collection requirements is even more pronounced (Gibson, 2019). It is therefore not a coincidence that the Blueprint proposes introducing a new IT system, and that many of the targets that will be used to monitor the success of the Blueprint are outlined in numerical terms, allowing for simplified data collection (MacAlister et al., 2019). As Fisher (2009) highlights, in these contexts “targets quickly cease to be a way of measuring performance and become ends in themselves” (p.43) and “what you will be graded on is not primarily your abilities... so much as your diligence as a bureaucrat” (p.52) feeding the system. Without team managers to put the data into context (sickness, absence, poverty, pandemics), these accountability mechanisms will be the presumptive measure on which good social workers are rewarded, and other social workers are treated to the non-specific process of “compassionately exiting” (MacAlister et al., 2019: 18).

Contrary to the assertions in the Blueprint, Harris (2019) outlines how historically team managers have frequently been key allies for social workers in resisting some of the managerial elements of practice. Several recent studies into local authority social work have reiterated this point, finding that staff discontentment and attrition can increase when restructuring involves the removal of supportive managers (Moore, 2019; Ferguson et al., 2020). In fact, far from being a reason why social workers feel overwhelmed and leave the profession, social workers describe supportive team managers as an important factor in why they stay (Frost et al., 2018). In a recent Department for Education study involving 3,302 social workers, the majority were

positive about their line management in relation to every metric, including 82% agreeing they were open to ideas, 81% agreeing that they recognized a job well done and 79% stating they have confidence in their line manager (Johnson et al., 2020). Social workers also raised the important role that a supportive line manager can play in terms of handling workload pressures, and the importance of being able to report issues “up the ladder” (p.66).

Links with other Neoliberal Projects

It is important not to look at the Blueprint in isolation from broader reform efforts in social work in England, or it could be dismissed as an unfortunate anomaly. It is beyond the scope of this article to fully examine the ideological, financial, personal and professional connections between various reform efforts in contemporary social work, and indeed these have been covered in depth elsewhere (Jones, 2019; Tunstill, 2019; McGrath-Brookes et al., 2020). However, two brief examples will be provided here to illustrate these how the Blueprint fits within this wider puzzle: Frontline and the National Assessment and Accreditation System (NAAS).

As stated above, the lead author of the Blueprint, Josh MacAlister is also the founder and CEO of Frontline, a social work training organisation that was proposed and introduced (also with the support of BCG) on the basis that social workers at the time were not “high-quality” and that there was a need to recruit the “the best and the brightest” into the profession (MacAlister et al., 2012: 25). The Frontline model has been criticised for avoiding the complex and contested policy context of social work in favour of focusing on a false dichotomy between “good” and “bad” social workers (Tunstill, 2019: 66). This perspective fits well into the Blueprint’s stated desire to separate out social workers who can and cannot function under the new model of working. Further solidifying the link with Frontline is the requirement listed in the Blueprint for “committed and courageous leaders” (Macalister et al., 2019: 41). Considering claims from Frontline (2020) that it wishes to create a “movement of leaders” (p.13), it is likely that the authors foresee the leaders who will implement the Blueprint as stemming from this specific talent pool, a presumption backed up by the evidence presented above that the consultation primarily involved social workers involved with the Frontline organisation.

Another controversial contemporary reform has been the introduction of the NAAS, introduced in 2014 as an attempt to create a national measure of competence in children’s social work in England, implemented through a standardised model of assessment and accreditation, and with

a stated aim of improving public confidence in social workers (Department for Education, 2017). The NAAS has been critiqued for being expensive (with once again large contracts going to management consultancy firms), being based on false premises around a crisis in public confidence, ignoring the systemic problems in social work and a lack of evidence for the model, all leading to a union boycott, the persistent missing of targets and the need to pay social workers to participate (Tunstill, 2019; Cardy, 2020). While the Blueprint doesn't explicitly invoke the NAAS, it does suggest that all social workers in these new teams "must be assessed" and that "this may require changes to the way social workers are trained and accredited" (MacAlister et al., 2019: 48). The fact that Isabelle Trowler, the Chief Social Worker for Children in England and strong proponent for the NAAS is thanked in the Blueprint for her "significant contribution" (p.3), and was involved in the early discussions around developing the Blueprint (Martin, 2020), further suggests that these two projects are closely aligned in ideology and goal. Stemming from this, it does not take much imagination to envisage a scenario in the near future where the Blueprint is rolled out nationally, and the NAAS is used to assess social workers who are eligible to join these teams.

Failing Forward

The neoliberal logic that if one fails to meet certain mandated criteria, then the fault is with the individual, rather than the systems around them, is fundamental to the way the Blueprint describes social workers, and is also a key feature of capitalist realism as described by Fisher (2009). That logic, however, seemingly does not extend to the authors of the Blueprint, who already have a decidedly poor track record in relation to instituting change and reform in children's social work, a track record that should lead them to be far more modest in their aspirations for the Blueprint (McGrath-Brookes et al., 2020). This is most notable in the case of the lead author, Josh MacAlister, whose track record of running Frontline has been mixed at best, with a series of news reports over the past year suggesting some serious issues with the basic functioning of that organisation. This includes concerns that Frontline was trapping students in the programme with large exit fees (Graduate Fog, 2019), attainment rates are rapidly dropping (Turner and Blackwell, 2019), and failures to meet contractual obligations (Turner, 2020). These revelations stand alongside a litany of additional concerns raised about the programme since its inception, including that it rewards privilege and imbeds inequality (Hanley, 2019), is negatively impacting on other courses (Moriarty & Manthorpe, 2018), that graduates are unlikely to remain in the profession for long (Duggan, 2017) and the narrow curriculum (Tunstill, 2019). However, rather than taking a step back and questioning whether

he has the requisite knowledge, skills and experience to be a leader in the arena of social work, a profession in where he has no qualifications or practice experience, MacAlister has instead set his sights outside of social work education to propose changes to the entire social work system through the Blueprint.

This durability in the face of failure could be explained in part through a *saviour mentality*, exhibited frequently by social entrepreneurs who profess to be change agents through injecting business solutions into complex problems, despite a lack of knowledge or experience in the areas they desire to change. As Flaherty (2016) outlines:

in most cases, failure never even slows saviours down. They are experts in ‘failing up’. Though they may leave wreckage in their wake, they win praise and jobs as analysts and advisors. No one in power seems to notice or care what they left behind. In the social circles of entrepreneurs, failing means that you take risks, and failure is worn as a mark of pride (p.32).

Epitomising the wearing of failure as a mark of pride, CPI, one of the organisations behind the Blueprint, have an ongoing project they have dubbed *Failing Forward*, where they present failure in local government as an important part of innovation and learning (CPI, 2020). However, the focus of failing forward as outlined by CPI does not include anything about learning to stop entrusting the destiny of our public services to private organisations and management consultancies whose suggestions and projects have consistently failed to yield their promised results.

This ideological positioning is built into the model outlined in the Blueprint, and the authors include a number of fail-safes to ensure that in event that the ambitious promises of the Blueprint are not realised, they will avoid blame and scrutiny, while still having gained personal benefits, esteem and connections that they can package into their next project or endeavour. This is most notable in the way that social workers are positioned as the focus of blame and scrutiny throughout the Blueprint, with the implicit suggestion that if the new model struggles it will be the fault of those inadequate social workers (MacAlister et al., 2019). However, there are other important mechanisms built into the model in more explicit ways. For example, the Blueprint pilots are suggested to be undertaken within a “heat shield”, whereby there is a commitment to protecting and supporting the pilot teams from “undue interference” in their work (p.44). This suggests that any pilot of the Blueprint will be protected from the systemic stressors that social workers experience on a regular basis, the very factors that the

Blueprint is proposing to address. The metrics of success for the pilot are also explicitly outlined by the Blueprint, rather than being left up to local authorities, social workers and managers to determine themselves based on their local contexts. Even if pilots fail to achieve these pre-determined metrics of success, the authors have ensured that this can be blamed on scale or a lack of funding, notably in the following quote: “the full benefits of this model are only realised at full scale so a pilot should be set up with the intention of transforming an entire service within a defined period of time. If central government are serious about empowering social workers they could back a full scale pilot with specific innovation funding” (p.45). Finally, the authors of the Blueprint suggest that even if the new model starts to create problems and issues for teams, these can be attributed to the “autonomy and transparency” of the teams, meaning that mistakes are just being more effectively highlighted, rather than being generated by the model itself (p.40). Taking all this into account, it is unclear under what circumstances, if any, the authors of this Blueprint would consider the implementation or a pilot to have failed.

Conclusion

This article has outlined a significant number of issues with the model proposed in the Blueprint. If there is to be a move towards smaller community teams, this should be led from below, in collaboration with social workers and the communities they will be working in, not enforced in a standardised manner from above by people whose expertise lay in management consultancy. Interestingly, several months after the Blueprint was published one of the authors not associated with BCG, Brendan Martin, the managing director of Buurtzorg Britain and Ireland, withdrew his support for the Blueprint as drafted, suggesting that the emphasis on organisational restructuring rather than working with social workers and service users from the ground up was misguided (Martin, 2020). Not only does this indicate that there are significant concerns in the very foundations of the Blueprint, but also that not all those involved remain convinced of its viability. However, the history of social work reform suggests that social work leaders can be stubborn in their support for failing projects, even if these come at the expense of social workers and those they support, as in the examples provided above of Frontline and the NAAS. The ‘failing forward’ of these projects and their proponents should not be normalised and celebrated in child protection social work, where social workers are entrusted with the wellbeing, safety and at times the very lives of some of the most marginalised and vulnerable children in society.

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