

Children's Social Care Innovation Programme

Interim Learning Report
January 2016



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Foreword

This interim learning report is an important step in the progress of the Department's Children's Social Care Innovation Programme. When the Children's Minister, Edward Timpson, announced the Programme in October 2013, there were high ambitions for it: encouraging bidders to be bold and creative in testing new approaches and developing new practice; delivering evidenced improvements in the delivery of children's social care; and providing a template for the transformation of services across the country.

I'm delighted that, since then, 53 projects have been supported by the programme operating across over half of all top tier local authorities. It is early days to test their effectiveness, but those of us close to the Programme are seeing strong early indicators of both innovation and effectiveness. Local authority participants are positive too:

"With the help of the DfE team, we were given the opportunity to redesign services for vulnerable young people on the edge of care. We have transformed a service that is now not only inspiring but truly innovative."

"One of the most exciting and bold things to come out of DfE."

This report provides some early evidence of the learning we are seeing.

The children's social care system supported around 781,700 children 'in need' throughout the year ending March 2015, with local authorities spending around £7 billion during the year. This includes children with protection plans and those in care.

Achieving better outcomes for those children and securing better value for money in challenging fiscal circumstances is a priority for the Department and for the local authorities and social care Trusts with whom we work. Achieving the scale of change needed requires more than incremental improvements and cost reductions – it requires new approaches to practice and service delivery. Supporting innovation and creating the right environment to drive practice excellence is a key part of our overall vision for children's social care between now and 2020. This is outlined in our paper 'Children's social care reform: A vision for change'¹.

I hope this report will be useful in providing an overview of work being done across the projects and will encourage others to look at opportunities to innovate in their own context. This is, though, a point in the journey. Over the coming months we will continue to collect evidence of outcomes and we will work with projects to understand what is succeeding and what is challenging and supporting their innovations. The Spring Consortium's final learning report in summer 2016 and the evaluation reports from the Rees Centre will provide the next chapters of the story.

Graham Archer

**Director: Child Protection, Social Work Reform and Local Authority Performance
Department for Education**

Executive summary

A Why an innovation programme in children's social care?

Three prevailing factors shape the current picture of children's social care: increased demand, greater public accountability and pressure on public spending.

The demand on the children's social care system has been rising steadily. Reports of children suffering abuse and neglect rose by 10% a year between 2008 and 2012. In March 2015 the number of looked after children reached 69,540, its highest level for 21 years.²

In addition, public awareness of child protection is growing, with historical cases of child abuse increasing its public and media profile. While there remains zero tolerance of failure and strong demand for improvement, there is little appetite for, and in some cases considerable resistance to, replacing or decommissioning existing services.

Provision is costly. In an age of diminishing local authority budgets, costs in children's social care are increasing at a rate consistently higher than inflation; the total cost in 2014-15 was around £7 billion. It is also inconsistent, with wide variation between local authorities in terms of both outcomes and costs. Under the current inspection framework introduced in November 2013, Ofsted had inspected 59 of the 152 local authorities in England by June 2015, representing 46% of looked after children in the country. In three-quarters of local authorities the quality of services were judged adequate (requires improvement) or inadequate for overall effectiveness, with none rated as outstanding.³

These factors shape the mechanics and dynamics of the children's social care system. More important are the experiences and outcomes of the children, young people and families within it. Across a wide range of indicators, including education, employment, mental health, criminal behaviour and homelessness, children who are in or have left care have significantly worse outcomes than average.

There are, of course, examples of great practice across the sector. But the scale of these challenges requires an approach that goes further than incremental improvement or isolated examples of progress. Without significant, widespread intervention, there is little indication that improvement will happen at the depth and scale needed.

B The aims of the Innovation Programme

The Children's Social Care Innovation Programme is intended to find and fund bold new approaches to transforming outcomes for children and young people. Launched by the Children's Minister, Edward Timpson, in 2014, the £110 million programme supports 53 projects across England over two years to deliver three key objectives:

1. Increase the life chances of children who receive help from the social care system.
2. Create stronger incentives and mechanisms for innovation, experimentation and the replication of successful new approaches.
3. Achieve better value for money across children's social care.

Local authorities, the prime providers of social care services, lead just over half the projects in the Programme and are closely involved in many others. The other half of projects are led by a mix of voluntary and community organisations (23%); other public sector organisations, including NHS trusts and CCGs, police forces and universities (15%); and private organisations (7%). The majority of projects include partnerships, signalling an emphasis on integrated and multidisciplinary working.

The programme has sought to engage projects at different stages of the innovation process. Just under 20% of projects are in the earliest stage of **developing ideas**: gaining a deep understanding of their problem and context and developing ideas for potential solutions.

The bulk of projects, 60%, are **testing and improving**: taking promising practice, implementing and evaluating it at a larger scale. The focus of this stage is to demonstrate outcomes for children and young people while improving value for money and building a strong evidence base.

The remaining 20% of projects are **scaling and spreading** their approaches: diffusing innovation by generating compelling evidence for its effectiveness and creating demand from practitioners, commissioners and the public.

The Innovation Programme is not just a carefully selected portfolio of well designed innovation projects. It is a strategic intervention intended to introduce a step change in the way children's social care is designed, delivered, evaluated and paid for across the system. Each of the 53 projects has the potential not only to significantly improve outcomes for children locally, but to generate valuable learning for the system as a whole.

C Identifying problems of provision and systemic challenges

Each project has undertaken problem analyses for its local area and/or chosen cohort of children and young people. Taking this analysis as a whole, the three combined pressures of demand, accountability and combine and manifest as two sets of problems:

1. As problems of provision that directly affect **children, young people and families**. This includes placement instability; unclear aims and purposes for care for adolescents; a lack of support for birth families; difficulties in matching support to need; social workers spending valuable time on bureaucracy; and a lack of capacity to respond to 'new' problems such as FGM and CSE.
2. As systemic challenges that **leaders, commissioners and practitioners** experience as barriers to developing and implementing new approaches. These include limited capacity in local authorities; competing demands on local leadership; an overemphasis on compliance; disincentives for providers to innovate; fragmented and overcomplicated local systems; and poor data and evidence for decision making.

The 53 projects in the Innovation Programme are tackling these dual challenges through a range of interventions and approaches, all targeted at the points of the system that the innovation teams believe will best unlock capacity and change. These include:

- alternative models of social work practice;
- support for adolescents in and on the edge of care;

- targeted safeguarding, including child sexual exploitation and FGM;
- working with mental health and therapeutic models;
- tackling repeat removals;
- innovation in fostering and adoption; and
- supporting care leavers.

In addition, some projects are tackling whole-system change head-on, including learning from serious case reviews, rethinking family justice and developing new models of commissioning and finance. A full description of each project is available in the accompanying Directory.

D Leading innovation in children's social care

Through their work in tackling these specific challenges, the projects are exploring and demonstrating what it takes to lead innovation in children's social care. Key approaches required for leading innovation have emerged across four distinct levels of the system. Fundamentally, these approaches are about the relationships that must be built in order to create, embed, sustain and grow innovation – relationships between children, families and professionals; between professionals within organisations; between front-line agencies; and between providers, commissioners and policy-makers across the system.

1. Social work methods and practice that focus on strong relationships and shared decision-making.

- Balancing safe placements with supportive and secure relationships. This includes reducing avoidable placement moves, providing access to a consistent key worker and prioritising the existing bonds in children's lives. **NSPCC** is working with King's College London to test the New Orleans Intervention Model, an integrated infant mental health and social work approach to improve the quality of permanent placement decisions. **The Fostering Network** is introducing the Mockingbird Family Model to the UK, a hub model that offers better support for foster carers.
- Developing more personalised interventions and solutions. This includes finding new ways to listen to children and families, generating a shared understanding of need, and responding with creative, flexible models of support. An essential feature of Family Drug and Alcohol Courts, being rolled out by **the Tavistock and Portman-led** project, are the regular meetings between judges and parents that enable judges to form non-adversarial and genuinely supportive relationships with families. **Munro, Turnell and Murphy** is implementing the Signs of Safety model in ten local authorities, going beyond standard risk assessment to build a shared understanding of what families and children want to change.

2. A workforce culture that creates an enabling environment and common practice between professionals.

- Building a supportive environment for the professionals who work in children's social care. This includes integrated, interdisciplinary and cross-agency teams, developing new roles and career paths for social workers, and thinking differently about recruitment and retention. **Ealing's Brighter Futures** project is forming small, multi-skilled teams including teachers, psychologists and youth mentors to offer intensive family intervention. **Morning Lane Associates** is rolling out its Reclaiming Social Work model, training social work teams in systemic theory and shared case-working. It aims to create progression routes for social workers that allow them to continue in front-line practice.

- Adopting evidence-based practice across the whole workforce. This includes making better use of evidence and data, growing whole-organisation cultures of learning and new models of training for the wider social care workforce. **Tri-Borough** is aiming to train 600 staff in systemic practice, motivational interviewing, parenting approaches and Signs of Safety. **Newcastle's Family Insights** model cuts bureaucracy by using needs-based segmentation, creating new social work units that focus on families with similar needs and characteristics.

3. Leadership and governance that brings teams and organisations together around a practical vision for improving the lives of children.

- A clear and shared vision, values and purpose that is championed by leaders but owned by everyone; that aligns values across the organisation; and which brings together teams from across multiple agencies. **Sefton Council** has focused on aligning values across organisations to give teams a clear, common purpose while setting clear expectations around professionals' ability to make sound independent decisions. **St Christopher's Fellowship**, which is piloting ways to keep young women affected by CSE safe in their own communities, is making good use of the authority and experience of its leadership team to support younger staff in managing effective partnerships and delivering innovation on the ground.
- Translating the vision into governance, structures, partnerships and ways of working. This includes multi-agency governance groups; engaging local authorities in the vision and distributing leadership. **Doncaster Children's Services Trust** is using a multi-agency partnership approach that includes a 'whole place' approach to training, data and budgets, and a shared risk methodology across social care, police, health, schools and early help services.

4. System conditions that enable new approaches to embed, flourish and scale.

- Designing new models of commissioning and funding, including collaborating with partners to enable joint commissioning, creating alternative funding and delivery vehicles; and decommissioning what does not work. **Cambridgeshire** and **Staffordshire** are working towards spinning out into staff-owned mutuals, allowing them to develop commissioning models more closely aligned to outcomes for young people. **Torbay's** approach includes delegating statutory functions to an existing third party provider and launching a new funding vehicle that will allow pooling of budgets across services, facilitating joint commissioning and external social investment.
- Balancing fidelity and practice at scale. This includes scaling models across multiple locations, and implementing evidence-based programmes that have been developed elsewhere. **Safe Families for Children** is building on an eighteen month pilot in the north east to extend its model to five regional hubs, a platform for expanding into an additional 25 local authorities in England. The hubs will balance fidelity to model with bespoke features and adaptations. **Cornerstone** is taking a phased roll-out approach, testing its model of support for adoptive parents through four Berkshire local authorities before extending to three London local authorities and then three in the south east.

These four levels are interdependent. Sustained, transformative and system-wide innovation is possible only when the right levers are being applied at every level. What the innovation projects are demonstrating is the breadth of ways in which these levers can be pulled. Some are tackling one of these ingredients in detail; many are tackling a number at once; some, like **Leeds**, **North Yorkshire** and **MTM**, are approaching all four in a push for innovation across all levels of the system.

Working across these four system levels is not easy. The projects are coming up against barriers that include judicial and regulatory restrictions to new practice and funding models; taking on and managing financial risk; difficulties in the recruitment required to build new teams; and the cultural and practical challenges inherent in working across partner agencies. The projects are finding a range of creative ways in which to overcome these barriers, demonstrating the capacity of leaders and practitioners in children's social care to make profound and complex change happen.

E Learning on behalf of the children's social care sector

Together and separately, the projects of the innovation programme represent a bold attempt to demonstrate what it takes to really make progress towards solving seemingly intractable problems in children's social care. The implementation phase of the Innovation Programme is still in its early stages. However, we are already seeing some clear themes emerging of the areas in which progress can – and should – be made:

1. Collaboration and reducing bureaucracy are empowering frontline staff to make a difference to children's lives.
2. Innovation in local authorities is occurring where there are coalitions across organisations with a shared vision and common values.
3. Co-producing care with children and young people is allowing practitioners to better match care to need.
4. By strengthening the relationships at the heart of children's lives, practitioners are better able to increase stability, work alongside birth families and support adolescents.
5. Integration of services can simplify fragmented systems and bring together the right blend of skills and expertise to help children and young people.
6. New models for funding and commissioning are giving local authorities the means to incentivise providers to innovate.
7. The system is demonstrating capacity to innovate to respond creatively to 'new' problems as they emerge.
8. Investment in innovation with rigorous evaluation has the potential to grow a culture of evidence-based practice.

The progress demonstrated by projects, the enablers to innovation they have identified and the system barriers they are uncovering all raise questions for the sector on how new approaches in children's social care can be best developed and supported. These questions will be explored further over the next six months of the programme.⁴

Introduction

The Children's Social Care Innovation Programme, led by the Department for Education and delivered by the Spring Consortium, is intended to find and fund bold new approaches to transforming outcomes for children and young people. Launched in 2014 by the Children's Minister, Edward Timpson, the £110 million programme supports 53 projects across England to work over a period of two years to stimulate, incubate and scale innovation across the sector.

This interim report is intended for leaders, managers and practitioners working in children's social care. It draws on the experience of the 53 projects at the midpoint of the programme, with teams having begun to implement their innovation projects. Its focus is the operational insights emerging from the Programme; the projects' analysis of the change needed to dramatically improve outcomes for children and young people; and the structural, practical and cultural changes that are enabling innovation to embed, flourish and scale.

Section A provides some background to the children's social care sector; three key pressures of demand, accountability and cost; and the case for innovation.

Section B looks at the aims of the Innovation Programme, the selection process and an overview of the participating 53 projects.

Section C looks at the problems of provision and systemic challenges that the projects in the Programme have identified and the specific foci of their work.

Section D provides insights into fresh approaches and ideas across the four distinct levels of the system:

1. how projects are changing social work methods and practice;
2. how projects are creating a supportive and evidence-based workforce culture;
3. how leaders are building a clear vision for change and how they translate it into practice; and
4. how projects are changing the system conditions in which innovation can succeed.

Section E concludes with a discussion of early indications of the potential for the projects of the Innovation Programme, together and separately, to make progress towards solving seemingly intractable problems in the children's social care system.

This interim report will be supplemented at a later date by a final report. In addition, a summative report of findings from the independent external evaluation will be published that centres on outcomes for children and value for money.

Section A

Demand, accountability and cost: a system under pressure

“Unless we do something substantially different, we will have to either restrict the number of children served, or reduce the quality/quantity of care given to each child. We have to innovate at scale – to get more and better service per pound spent.”⁵

DfE Innovation Programme problem analysis, January 2014

The publication of the Munro Review of Child Protection in 2011 acted as a call to arms for providers and practitioners in children’s social care, making clear both the need and the huge potential for radical change in the sector. In addition, the work of the Social Work Reform Board and the subsequent appointment in 2013 of a Chief Social Worker for Children and Families have helped to push social work practice to the forefront of reform in children’s social care.

Local authorities and independent providers alike have risen to the challenge. Examples of inspiring practice and ambitious system change can be found across the sector, driven by the values and extraordinary commitment of those who deliver care to the most vulnerable children. Where provision is outstanding, it is having a profound and sustained impact on the lives of children and families.

However, there has not yet been the step change needed in the quality of care and resulting outcomes across the sector as a whole⁶, with wide variation in local authorities’ performance against quality indicators. Under the current inspection framework introduced in November 2013, Ofsted had inspected 59 of the 152 local authorities in England by June 2015, representing 46% of looked after children in the country. In just over three-quarters of local authorities the quality of services were judged adequate (requires improvement) or inadequate for overall effectiveness, with none rated as outstanding.⁷ Placement stability, a key performance indicator for quality of care, did not improve at all between 2009 and 2014. In the year to March 2015, 33% of children had more than one placement per year and 10% had 3 or more placements.⁸

Across a wide range of indicators including education, employment, mental health, criminal behaviour and homelessness, children who are in or have left care have significantly worse outcomes than the average. Despite improvements in attainment for looked after children at Key Stages 1 and 2, GCSE results remain 40 percentage points below the average for children who are not looked after. In 2014, only 12% of children in care achieved 5 A*-C at GCSE, including English and maths, compared with 52% of all other children.⁹ In March 2015, 39% of the 26,330 former care leavers aged 19-21 were not in education, employment or training (NEET), compared with 14.7% of all 19-24 year olds. The cost of a young person being NEET at 19 is estimated at £56,000 per year.¹⁰

In addition, around a third of people who are homeless have been in care at some point in their lives, despite being a priority in law for access to housing.¹¹ In 2015, 7% of former care leavers aged 19-21 were in accommodation judged to be unsuitable.¹² Care leavers are disproportionately represented in the criminal justice system: in 2013, 6.2% of children in care aged between 10 and 17 were convicted or given a final warning or reprimand, compared with 1.5% of all children. An estimated one in four people in prison has been in care.¹³

The task of local authorities and their partners remains a complex one in the context of a sector under significant pressure and undergoing enormous change. Three prevailing factors shape the current picture of children's social care: increased demand, greater public accountability and pressure on public spending.

The demand on the children's social care system has been rising steadily. In March 2015 the number of looked after children reached 69,540, its highest level for 21 years.¹⁴ Local authorities in England are responsible for just under 400,000 children in need, of whom nearly 50,000 have a child protection plan.¹⁵ This compares with 39,000 child protection plans six years ago when the children in need census began.¹⁶

While the national population of children is growing at a rate of 1.3% a year, the volume of assessments undertaken by social care is also on the increase. In 2014-15 there were 635,600 referrals to children's social care, 13.8% of which resulted in no further action being taken. Reports of children suffering abuse and neglect rose by 10% a year between 2008 and 2012.¹⁷

Public awareness of child protection is growing, with historical cases of child abuse increasing its public and media profile. The latest statistical release from DfE notes that, "anecdotal evidence from local authorities suggests that increased media attention on child protection leads to an increase in the number of referrals they receive".¹⁸ Widespread media coverage of high profile child protection cases has resulted in disapproval and dismay from the public and media; a strong aversion to risk; and an expectation of greater transparency and accountability in the conduct of all services working with vulnerable children.

Perhaps as a result, alongside zero tolerance of failure and strong demand for improvement, there is little public appetite for, and in some cases considerable resistance to, replacing or decommissioning existing services.

Pressure on public spending is increasing. In an age of diminishing local authority budgets, unit costs in children's social care are increasing at a rate higher than inflation¹⁹; the total cost in 2014-15 was around £7 billion.²⁰

Local authority spending on 'big ticket' items such as adult social care, housing, highways and transport has reduced in real terms since 2010. Spending on children's social care has held up in the same period, but is under increasing pressure as public sector budgets tighten and the search for efficiency savings extends into previously ring-fenced or priority areas.

Cost is also inconsistent, with wide variation between local authorities that cannot be accounted for by level or complexity of need, quality of outcomes or property prices. The vast majority (75%) of children looked after by local authorities are in foster care, at a cost of around £1.5 billion in 2014-15. The annual costs of foster placements per child range from £15,000 to £57,000 for councils' own foster care provision, and from £18,000 to £73,000 for voluntary, private or independent providers.²¹

The case for innovation

There are examples of excellent practice across the children's social care system. However, outcomes for young people remain inconsistent nationally, and the differences in outcomes between children within and outside the social care system are still far too great. The challenge facing local authorities and their partners is to make radical change that closes these gaps in the context of increasing demand, a risk-averse public and decreasing budgets. The scale of these challenges requires change that goes beyond incremental improvement or isolated examples of progress. Only through significant investment in solutions that can spread across the system will improvement be generated at the depth and scale needed to give all children the chances in life that they deserve.

Section B

The innovation programme in children's social care

The Children's Social Care Innovation Programme aims to tackle the challenges outlined in Section A by creating the space, resource and support for innovation to embed, flourish and scale within children's social care. The Programme has three key objectives:

1. Increase the life chances of children who receive help from the social care system.
2. Create stronger incentives and mechanisms for innovation, experimentation and the replication of successful new approaches.
3. Achieve better value for money across children's social care.

It was envisioned that project teams would achieve better outcomes for children and young people and increase value for money by rethinking their use of existing resources for programmes and interventions that do not currently deliver good enough outcomes, and reinvesting in innovative new approaches that do. This is in contrast to pure efficiency savings and cost reduction, which on the whole require providers to do less for less. In the Innovation Programme projects instead do 'different' and are required to demonstrate, through emerging evidence and robust value for money cases, how their innovation delivers better outcomes for children, young people and families.

In October 2013 the Programme launched with an open offer of support to the sector to simulate, incubate and scale innovative approaches. The response demonstrated the huge appetite for innovation: nearly 300 expressions of interest from across England were received within a three week period, a third of which were progressed to full application.

Selection was on the basis of six criteria, which focused on the ambition of projects to:

- significantly improve outcomes for children and/or young people in need of social care support;
- improve value for money;
- be successfully delivered;
- be sustained and mainstreamed;
- have an impact at a bigger scale; and
- be innovative.

Applicants were supported through workshops and coaching to improve their ideas and refine their applications. Proposals were presented to an Investment Board convened by the Department for Education (DfE) and comprising Isabelle Trowler, Chief Social Worker for Children and Families; Alan Wood, President of The Association of Directors of Children's Services (ADCS); Alfred Foglio, Managing Partner of venture capital firm GI Partners; and Emma Davies, Investment Principal at the Wellcome Trust. The Investment Board was chaired by Clive Cowdery, Founder and Chairman of Resolution Foundation.

The Board recommended support for 53 projects at a total spend of £100 million. In addition to financial support the projects were offered technical support and innovation coaching. Learning and evaluation programmes were established, with each project receiving support from an external evaluation team.²²

A strategic portfolio

The Innovation Programme is not just a carefully selected portfolio of well-designed innovation projects. It is a strategic intervention intended to introduce a step change in the way children’s social care is designed, delivered, evaluated and paid for across the system. It recognises that long-term problems cannot be tackled in isolation and that the causes are complex and multifaceted, so solutions are likely to be too. Each of the 53 projects has the potential to generate valuable learning for the system as a whole and to significantly improve outcomes for children locally.

The Programme covers all nine regions of England, with 59% of all local authorities in England involved in the programme either as a lead or partner organisation.

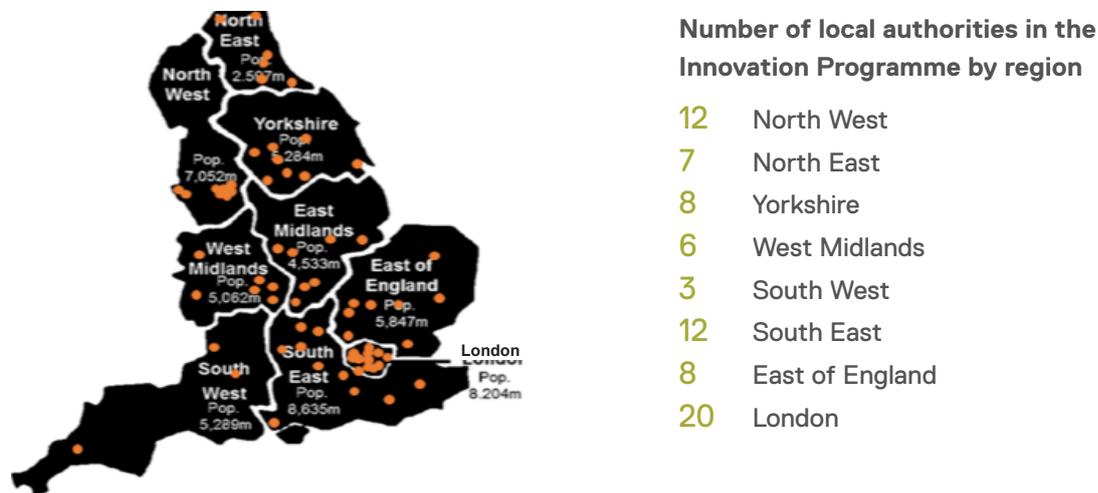


Fig 1. Spread of the projects across England

Local authorities, the prime providers of social care services, lead just over half the projects in the Programme and are closely involved in almost all the others. The other half of projects are led by a mix of voluntary and community organisations (23%); other public sector organisations, including NHS trusts and CCGs, police forces and universities (15%); and private organisations (7%). The majority of projects include partnerships, signalling an emphasis on integrated and multidisciplinary working.

The programme has sought to engage projects at different stages of the innovation process.

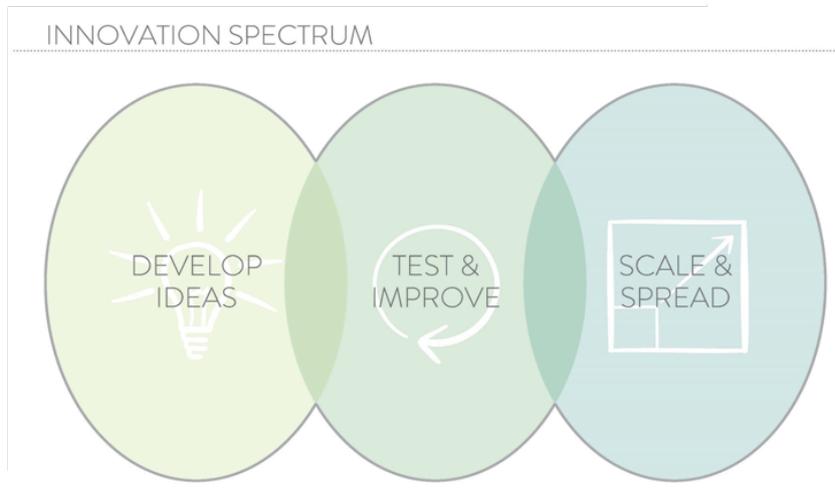


Fig 2. The innovation spectrum across which the 53 projects are distributed

Just under 20% of the projects are in the earliest stage of **developing ideas**: gaining a deep understanding of their problem and context and developing ideas for potential solutions.

The bulk of projects, 60%, are **testing and improving**: taking promising practice, implementing and evaluating it at a larger scale. The focus of this stage is to demonstrate outcomes for children and young people while improving value for money and building a strong evidence base. The aim is to mainstream this activity and make it sustainable.

The remaining 20% of projects are **scaling and spreading** their approaches: diffusing innovative ideas and practice; scaling and growing successful models and approaches; and spreading innovation to new organisations, places or contexts.

A full description of every project in the Programme is available in the accompanying Directory.

Section C

Identifying problems of provision and systemic challenges

In [Section A](#) we explored the pressures on the system and the need to rethink how children's social care is designed and delivered to create significantly better outcomes for children and young people and better value for money. The projects' analyses of these pressures at a local level echo the DfE's analysis of the system as a whole.^{23, 24, 25} For those within the social care system, these combined pressures are felt acutely as two distinctive but related problems:

1. Problems of provision that directly affect the experiences of **children, young people and families**.
2. Challenges faced by **front-line practitioners, commissioners and leaders** in trying to develop and implement new approaches.

Problems of provision that directly affect children, young people and families

The projects have prioritised a series of persistent, long-standing and acute operational issues known to have serious adverse effects for social work practice. These are problems at the point of interface with children, young people and families.

- **Instability and inconsistency of placements and relationships.** Children value consistent, positive relationships above all else in their experience of the care system. Frequent moves, exacerbated by high turnover among social workers and multiple key workers from different agencies, are a barrier to forming the attachments and sustained relationships that are crucial to children's wellbeing and development.
- **Unclear aims and purposes for adolescent placements.** For young children, care is often the only viable solution in a crisis, to keep them safe from neglect or abuse and with an expectation of permanence away from the birth family. With older children things are less clear. Though 75% of teenagers return to their birth families after a relatively short period looked after, 40% will re-enter care within five years.
- **A lack of support for birth families.** Once a young person enters care, achieving change in the family becomes much more difficult. The success of a child's return relies heavily on the extent to which the root cause for their removal can be addressed. Insufficient work with families prior to return means that repeat removals are all too common, with serious consequences for both the child and the family.
- **Difficulty in matching support to need.** Placement decisions can be influenced disproportionately by short-term considerations relating to risk management, with insufficient attention paid to longer-term needs. Over time this has led to provision that tends towards placements suitable in a crisis, with little diversity in the range of residential options available.

- **Social workers spending time on bureaucracy.** Social workers report that too much of their time is spent in assessment over intervention. They are often forced to resort to ‘doing to’ or ‘doing for’ families, rather than working alongside them.
- **Lack of capacity and skills to respond to ‘new’ problems.** The effect on children and young people of emerging issues including child sexual exploitation (CSE), female genital mutilation (FGM) and child and adolescent mental health are, as yet, poorly understood. Front-line professionals can lack the tools and resources required to tackle the prevention, safeguarding and treatment needs inherent in these issues.

Challenges faced by leaders, commissioners and practitioners

In addition, the projects have identified system challenges and barriers to innovation that are experienced by those working within the system, whether developing and implementing promising new practice locally or implementing proven practice from elsewhere.

- **Limited capacity in local authorities.** Local authorities, on the whole, struggle to find the capacity (time, energy and resources) or access the capabilities (skills, knowledge and methods) to either innovate in-house or commission innovation from external providers. Insufficient high-quality training is available in particular for relational skills and therapeutic approaches.
- **Competing demands on local leadership.** Political and appointed leaders of local authorities face urgent challenges that make it difficult to prioritise innovation, with a widespread perception, partly driven by public expectations, that this will risk a fall in the standard and consistency of existing provision.
- **Over-emphasis on compliance.** Some regulatory and legal constraints, especially concerning safeguarding, are conservatively interpreted and could be managed better to create more freedom to innovate. Practitioners feel overburdened by scrutiny, with performance management tending to reward compliance over innovation.
- **Disincentives for providers to innovate.** Contracts rarely incentivise providers to innovate, often holding them to account for demonstrating incremental progress against existing performance measures. There is little evidence or consensus about what metrics providers should be using to measure and demonstrate success.
- **Fragmented and overcomplicated local systems.** Integration at all levels remains a persistent challenge, with collaboration and partnership arrangements expensive and hard to sustain. In particular, divisions between health and social care and adult and children’s services cause delays and duplication.
- **Poor data and evidence for decision-making.** High quality and readily available data are in short supply, meaning that a case for change is hard to establish and comparisons between the effects of new and existing practice difficult to make. Poor knowledge management means innovation, where it does occur, often fails to spread.

The aim of the Innovation Programme is to tackle these local and system-wide challenges in tandem, with each project identifying the points of the system that are to them most problematic – and most important – in driving transformation.

Section D

Leading innovation in children's social care

Through their work in tackling the challenges outlined in [Section C](#), the projects are exploring and demonstrating what it takes to lead innovation in children's social care. The development of key approaches across four distinct levels of the system have emerged as crucial in supporting and enabling innovation:

1. Social work methods and practice that focus on strong relationships and shared decision-making, by:

- a) balancing safe placements with supportive and secure relationships; and
- b) developing more personalised interventions and solutions.

2. A workforce culture that enables professionals and fosters learning, by:

- a) building a supportive environment for professionals; and
- b) adopting an evidence-based theory of practice for the whole workforce.

3. Leadership and governance that brings teams and organisations together around a practical vision for improving the lives of children, by:

- a) creating a clear and shared vision, values and purpose; and
- b) translating the vision into effective governance, partnerships and ways of working.

4. System conditions that enable new approaches to embed, flourish and scale, by:

- a) introducing new models of commissioning, funding and delivery; and
- b) balancing fidelity and flexibility at scale.

These four levels are interdependent. New practice will fail to embed without a workforce culture that supports practitioners to learn and adapt. Embedding new ways of working together requires strong and collaborative leadership. And any innovation will remain locked at source without the surrounding conditions in place to grow. Sustained, transformative and system-wide innovation is possible only when the right levers are being applied at every level. What the innovation projects are demonstrating is the breadth of ways in which these levers can be pulled.

Working across these four system levels is not easy. The projects are coming up against barriers such as judicial and regulatory restrictions to new practice and funding models; taking on and managing financial risk; difficulties in the recruitment required to build new teams; and the cultural and practical challenges inherent in cross-agency working.

The following section sets out some of the ways in which projects are working to overcome these barriers to innovate across the children's social care system.

1 Social work methods and practice that focus on strong relationships and shared-decision making

Creating the right environment of support and ensuring a consistent framework of practice is crucial. It ensures that professionals are able to apply their own judgement and use the methods and approaches they believe will best support children and families. Projects are approaching this by:

Balancing safe placements with supportive and secure relationships

- reducing avoidable placement moves;
- providing access to a consistent key worker; and
- prioritising existing bonds in children's lives.

Developing more personalised interventions and solutions

- finding new ways to listen to children and families;
- generating a shared understanding of need; and
- responding with creative, flexible models of support.

Balancing safe placements with supportive and secure relationships

“Helping children and families involves directly working with them and therefore the quality of the relationship between child and family and professionals directly impacts on the effectiveness of help given.”²⁶

The Munro Review of Child Protection

A consistent finding from research across children in care, vulnerable young people and criminal justice is that strong, supportive relationships based on mutual caring and trust are what make the difference to young people's life outcomes. More pressingly, approaches that focus on the depth, quality and longevity of relationships are not only evidentially better in terms of outcomes; they are also what children themselves value most. Evidence from nef²⁷, NSPCC²⁸, the Munro review and DfE policy papers on social care shows that children value consistent, positive relationships above all else in their experience of the care system.

Reducing avoidable placement moves to maintain relationships

More than 20% of those entering care aged 13 or older have had three or more placements in a year²⁹, causing relationship breakdown across family, carers, friends and professionals and huge disruption to education and children's sense of belonging.

The **Fostering Network** has identified poor carer retention rates and too few options for residential placements as causes of instability and are aiming to raise the status of foster carers working alongside social workers as part of a collaborative 'team around the child'. The Network is introducing the Mockingbird Family Model to the UK, a well-evidenced fostering model established in the USA that clusters trained foster carers and kinship carers around a 'hub carer'. The hub carer does not foster a child themselves and provides two respite beds for other carers in their network. The hub also provides supervision, training, support and shared activities. This leads to more stable placements, increased retention rates for carers and improved relationships between young people and their birth families.

In **South Yorkshire's Empower and Protect** sub-regional delivery model foster parents and – if appropriate – birth parents are trained to better support children who are victims of, or at risk of, sexual exploitation. The approach is grounded in evidence that the success of recovery and reduction of risk is dependent on attachment, not on the traditional safeguarding approach of containment or removal.

Other projects are building partnerships between education and care providers, focusing on the practical and emotional barriers that create fragmented journeys through education. Some are working alongside schools to ensure smooth transitions; others are providing education in care settings.

Tri-borough Alternative Provision (TBAP) is an academy sponsor providing alternative provision to 330 young people in the tri-borough London authorities. Each year, a small number of young people leave TBAP as a result of placement breakdown, family crisis or the need for respite care. As a response, it is developing a short-term residence providing education and therapeutic care in a rural setting for young people in or on the edge of care. It is using closer collaboration between social workers and educators to find the best ways to keep children in school, minimising disruption to their education and to their bonds with teachers and friends. Likewise, **Priory Education Services** is combining education, care and mental health support in a residential home over an average of three months. Staff comprise residential care professionals, teachers and therapists, with access to psychological support and high-intensity CAMHS where appropriate. Once a child is ready to leave, the care team liaise with home, school and carers to manage a smooth transition back into family, education and care placements.

Maintaining a consistent key worker relationship

For young children and for adolescents, frequent moves, exacerbated by high turnover among social workers, means that attachment can quickly become a serious issue. Children with insecure attachment experience low self-esteem and confidence, exhibit poor social skills and are more likely to suffer from mental health problems.³⁰ Older children can resort to risky behaviour and it becomes harder to help them, for example to deal with substance abuse or gang culture, as they reject placements.

Many of the innovation projects are focused on ensuring access to a consistent key worker for children, families and young people, even when that professional is part of a multi-disciplinary team. This requires social workers to have a high level of resilience and perseverance in forming bonds, often in the face of resistance from young people themselves.

Sefton Council is developing a 'hub and spoke' adolescent service across police, youth offending, mental health and addiction, underpinned by evidence-based approaches including social pedagogy and restorative practice. The team includes young people as apprentices who have experience of the service. **Doncaster Children's Services Trust** is creating a multi-agency team, across social care, police, health and schools, which includes two new roles: a domestic abuse navigator and police specialist. The team maintains one key relationship with children to reduce the number of 'start again' relationships that families often experienced. **Stockport Council** is developing a shared model of practice across professionals in its multi-agency hub aimed at minimising the 'start again' experience.

Prioritising the existing relationships in children's lives

The projects are prioritising, strengthening and protecting the existing, positive bonds in children's lives, whomever these might be with. In addition, they are demonstrating that this requires a shift in the ways in which social workers view their role and position themselves – from a decision-maker on

behalf of the child, to a facilitator of decisions alongside the child and family. For **St Christopher's Fellowship**, whose staff are trained in social pedagogy, the priority is to develop highly staffed residential care provision in the young person's home community, enabling girls at risk of CSE to maintain existing relationships rather than being placed out of area and/or in a secure children's home.

For adolescents, these relationships centre on each young person's control over the course of their journey into adulthood. **Stoke-on-Trent's** The House Project, a housing solution built on co-operative principles led by young people, gives adolescents the skills and ownership to live independently and make decisions about their futures. **North Yorkshire's** No Wrong Door hub offers a variety of accommodation options, including residential care home beds, emergency residential beds, foster family placements, supported accommodation, supported lodgings and bespoke placements. Whether young people choose to live independently, try a family placement, go back into education or find employment, they are continuously supported in their journey by their key worker.

For younger children, the methods and approaches being trialled focus on their ability to engage with and understand what is happening to them, and the consistency of adult relationships in their lives. **Tri-borough** is developing a new model of proactive social work, working closely with families to identify those who would benefit from intensive help at key stages such as secondary school transfer. Smoothing these transitions, at whatever points they occur, is helping to prevent family breakdown and maintain relationships.

Fundamentally, these models show the need to make decisions that are designed to increase attachment and long-term wellbeing, not just decrease risk. NSPCC is working with King's College London to test the **New Orleans Intervention Model (NIM)**, successfully implemented in the USA. The NIM uses an integrated infant mental health and social work approach to improve the quality of permanent placement decisions so that children can experience appropriate nurturing care as early in life as possible. Decisions about a child's care are informed by changes in the strength of the child-parent attachment relationship following extensive assessment and treatment, rather than a static assessment of risk. In its original setting the NIM model has demonstrated a reduction of up to 68% in the repeat maltreatment of children returned home from care, and a reduction of up to 75% in the risk of harm to other children in the same household.

Developing more personalised interventions and solutions

“Services have become so standardised that they do not provide the required range of responses to the variety of need that is presented.”³¹

Munro

Many of the innovation projects are finding ways to create targeted, personalised interventions within systems that are often prescriptive and restrictive in terms of what these interventions should be. The key is to find new ways to listen to children and families that build a shared understanding of real need, both short- and long-term; and responding to this need with creative and flexible models of support.

Finding new ways to listen to children and families

From social work avatars at the **University of Kent** to flexible housing for care leavers in **Calderdale** to **South Yorkshire Empower and Protect's** support for foster carers, the Innovation Programme teams

with a deep understanding of the lives and needs of young people, parents and carers.

An essential feature of Family Drug and Alcohol Courts, being rolled out in a project led by **Tavistock and Portman NHS Foundation Trust**, are the regular meetings between judges and parents that enable judges to form non-adversarial and genuinely supportive relationships with families. Likewise, Family Group Conferences, as used by project teams including **Daybreak, Leeds** and **Islington**, focus on children and young people on the brink of court proceedings and work to build strong support networks.

A key element in **Pause**, which aims to support women who have had children repeatedly removed, is being creative and persistent in exploring different ways to enable women to talk about their experiences, hopes and fears. From traditional conversations to activities such as shopping and swimming, the model values the experience and views of the women it supports. It combines this with 24 hour support, and places complete trust in each practitioner's judgement as to how best to support the women in their care.

The work of **Barnardo's and the LGA** to prevent FGM includes flexible approaches to gathering knowledge about the women and girls it seeks to support. The project aims to shift attitudes and behaviours and facilitate a whole-community response to prevention and protection. Specialist social workers will provide support, including through court proceedings, and co-ordinate psychological and medical specialist care. Comprehensive training will be provided to over 500 health and social work staff to address gaps in knowledge on how to identify and protect women and children.

Generating a shared understanding of need

The creation of multi-agency teams is providing opportunities to build family- and child-centred evidence into a better developed and shared understanding of need. New methods for collecting data and evidence are being trialled by projects in every part of the system, from initial assessment to success measures based on child-centred outcomes.

Hertfordshire's principle of 'less monitoring, more engagement' has led to 22 multi-disciplinary child protection teams of social workers, domestic abuse, substance misuse and clinical psychologists. Social workers are being trained to a high level of skill in motivational interviewing, and are able to deliver intensive and holistic support. This is underpinned by a new database that records children and parents' own assessments of their circumstances and needs, giving teams a shared understanding and freeing up social worker time to spend with families.

Doing What Counts and Measuring what Matters is a project led by **Islington Council**, changing the way children's social care is delivered based on experience and data. Social workers are trained in motivational social work so they can develop plans alongside children and families. To support this, the team is developing a new model for motivational risk assessment and management.

Responding with personalised, creative and flexible models of support

From targeted safeguarding to new models of foster care to preventing repeat removals, innovation projects are establishing clear visions and values of tailoring support to the needs and assets of children and families. Where the projects have done the most complex work over the last six months has been in translating this understanding of need and the conditions required into creative models of support that can respond to emerging issues such as female genital mutilation (FGM), child sexual

exploitation (CSE) and children and young people's mental health.

Barnardo's has identified low trust and low engagement between social services and affected community groups as a barrier in tackling FGM, alongside an absence of frameworks, guidance and legal precedents. In addition to its work on whole-community responses and protection, Barnardo's is running a knowledge hub to collect, analyse and share learning, offering a 'marketplace' of tools and resources.

In **Surrey** the lack of specialist out-of-hours provision for children with mental health problems results in placement breakdown, unnecessary emergency admissions to A&E and overnight police detention – all expensive services that make little contribution to recovery and wellbeing. Extending its HOPE day service out-of-hours, and including two respite beds, Surrey Council hopes to respond better to the mental health and emotional needs of adolescents during a crisis.

In **Wigan**, raised awareness of CSE is causing a spike in the number of children in secure placements, which the team describes as an inappropriate system response with poor outcomes. Wigan and Rochdale councils have identified the underlying causes as an absence of an evidence base for how to deal with CSE, coupled with extreme political and public scrutiny. These have led to over-reliance on secure accommodation as a default response that is not in the best interests of the child. The aim is to test a more flexible hub-and-spoke social care service model with 30 young people in Wigan and Rochdale.

Similarly, **Durham County Council** aims to open a new unit at **Aycliffe** secure children's home, to test an extended step-down service to support young people who have been sexually exploited to make the transition to independent living. This includes work with **Barnardo's** to develop and roll out a therapeutic training programme, and the use of mentors provided by the charity Odysseus to support young people in their transition back into the community.

Case study

North Yorkshire County Council 'No Wrong Door' for adolescents

Young people who enter care during their teenage years tend to spend considerable periods in residential care. They are more likely to have placement breakdowns and can follow a path of multiple placements, over time becoming distrusting of positive relationships, disengaging from education and training and falling into patterns of risky behaviour.

North Yorkshire County Council has identified the point of transition out of care as being particularly under supported. There is often insufficient planning and support for young people to re-engage with family relationships or form strong new relationships with carers. This is partly because of the diversity of level and complexity of need in this group, and partly because residential care is often considered to be a short-term, emergency response rather than a planned intervention. The No Wrong Door model aims to provide young people with the stability, skills and support whenever they need it to successfully manage these difficult points of transition; and, more broadly, the transition from adolescence to adulthood.

No Wrong Door is a hub comprising a multi-disciplinary and integrated team including clinical psychologists, speech therapists, family circle workers, education training and employment support, placement support workers and homelessness support. These practitioners work together in a single space with a common theory of practice based on the Signs of Safety framework including evidence-based social work methods such as restorative practice, family group conferences, therapeutic crisis intervention and motivational interviewing. This shared practice model informs staff recruitment and supervision.

The hub operates in two locations and offers a variety of accommodation options, including residential care home beds, emergency residential beds, foster family placements, supported accommodation, supported lodgings and bespoke placements, which are often denied to young people with more complex needs. Whether young people choose to live independently or try a family placement, whether they want to go back into education or find employment, they are consistently supported by their key worker on their journey. Together, they develop a timeline and a plan of action which is reviewed regularly and which enables the young person to acknowledge the progress he or she has made.

An evaluation of the 12 month pilot project revealed that 86% of adolescents remained at home through this successful out-of-care support, with reduction in remands and crisis presentations. The North Yorkshire team is refining the model and developing a framework and business case for implementation in other local authorities.

Early insights from implementation

Instilling a new culture

North Yorkshire has embraced restorative practice and Signs of Safety as evidence-based theories of practice that are adopted across the whole service. This provides a common framework, enabling all

staff to talk to one another in the same professional language about the same children. This has been achieved through mandatory training in restorative practice for the whole workforce at an advanced level previously only offered to managers. This is refreshed every year, and in-house trainers have been recruited so that training does not have to be bought in. Every member of staff, including senior leaders, is given a personalised training plan.

North Yorkshire has maintained a focus on how this culture is exemplified in adult and professional relationships – how managers relate to staff, and how staff interact with one another – in addition to professionals' relationships with children and families. Reducing the number of beds in children's homes has released funds to redeploy into the hub, and to invest in children's home managers who can shape the culture of their teams. A key aspect has been to monitor and assess culture and practice, collecting data on not just who takes part in the training but the impact on practice, development and outcomes.

Partnerships and political sponsorship

Strong partnerships have been developed with police, districts, housing providers and CAMHS. Partners are continuing to invest more resource, and are committed to the success of the No Wrong Door model. Political sponsorship and high profile political support from the DfE has created interest from other local authorities, with the team speaking at national conferences and creating a residential care innovation forum for Yorkshire and Humber.

Engaging young people in design and development

North Yorkshire undertook a consultation with young people that highlighted the importance of a key worker who “sticks with them”. Referred from one service to another, young people are repeatedly assessed in a way that requires them to retell their stories and repeat processes. This can lead the young people to “give up” before they get access to a service. The research informed the hub's integrated model, centred around a key worker who assesses the young person once and structures access to further support.

Case study

Munro, Turnell and Murphy Rolling out the 'Signs of Safety' model

Child protection services around the world are facing similar challenges. With an increasing number of children taken into care for increasingly longer periods of time, social workers are often overwhelmed and under significant pressure. This often locks them into a defensive compliance culture, underpinned by unnecessary bureaucratic procedures at the expense of meaningful interactions with families. The consequence of this is a loss of professional expertise and, correspondingly, not achieving the best outcomes for children and families.

Munro, Turnell and Murphy (MTM) is a consultancy headed by Professor Eileen Munro, working to roll out the Signs of Safety (SoS) approach to social work in 10 local authorities. SoS is an integrated framework for how to do social work that goes beyond standard risk assessment by encompassing the strengths and insights of a whole family. The social worker works in partnership with the family to determine their key concerns and what is working well, so they can build a shared understanding of what the family and children want to change. The assessment is based on a simple protocol which includes the voice of children and families and reduces the administrative burden. Through reflective practice, social workers learn to better listen to families and develop a more facilitative rather than prescriptive role. The relationship between the social worker and the families changes; families are able to take more responsibility for the changes they want to see and outcomes for children can be improved.

SoS is not new to the UK. However, MTM believe that the model is not reaching its full potential because it is not always applied with fidelity, often being embedded in systems that do not support the practice. MTM is working with Brent, Bristol, Leicestershire, Lincolnshire, Norfolk, Suffolk, Tower Hamlets, Wakefield, West Sussex and Wokingham to address this challenge and to implement the model with attention to the operational and cultural change required for it to flourish. Where local authorities are making slower progress, the MTM team helps diagnose what could be working better and provide targeted support to help make those changes. MTM aims to identify what national system conditions and local organisational structures are needed for the model to generate greatest impact for families and to empower social workers to deploy the model confidently.

Early insights from implementation

Aligning policies with practice

Aligning policy and structure throughout an organisation is challenging but critical to successfully embedding SoS. Some of this must be done at a local level, but MTM is also developing ways to support this nationally through new quality assurance measures which will include feedback from families and changes to information management systems. This includes applications that can be used on mobile devices while the social worker is visiting the families, reducing the time spent in the office on reporting. MTM is looking at how to both integrate these applications into existing system and design an alternative system founded on the SoS model.

Aligning Ofsted inspection processes with Signs of Safety

MTM has been successful in gaining constructive engagement from Ofsted, which has been open to exploring the ways in which the Signs of Safety model can inform the shape of its inspection processes to adequately assess practice with families. The success of SoS in many other jurisdictions and the wide scale of this model in children's services have been key to this engagement.

Leadership commitment

The experience from across participating local authorities is that support from leadership is crucial in implementing Signs of Safety. Implementing the framework requires a bottom-up and top-down approach to cultural change, with policy and organisational processes shaped by the Signs of Safety practice. Senior managers, who see SoS as a solution to budgetary pressures, have embraced the new framework and have been key to embedding it more widely.

Workforce culture

Courses and workshops for partner local authorities are delivered by practice leaders who have implemented SoS themselves and know what to look for. This model aims to train as many professionals as possible in the new approach, to quickly spread new values and principles across the local authority. When staff are asked about managing risk and uncertainty and the emotional support received from their organisation, SoS training is positively correlated with better approaches to shared risk and better emotional support.

Many local authorities are undergoing structural reorganisation, causing delays, increased workloads and budgetary pressures, all of which make the integration of SoS more challenging. However, where the SoS framework is being embedded well, it appears that staff may become more motivated to stay with the organisation, increasing continuity for families and reducing the need to train new staff.

2 A workforce culture that enables professionals and fosters learning

“A major challenge in building a more responsive child protection system is helping a wide range of professions to work together well in order to build an accurate understanding of what is happening in the child or young person’s life, so the right help can be provided.”³²

Munro

The sector tells us that what makes the biggest difference to outcomes for children are the actions and support of those closest to them: foster carers, special guardians, adopters, residential workers and birth families. Demonstrated throughout the projects is that professionals, and in particular social workers, are not just the focus of change but the key agents of making change happen. Projects are meeting this challenge by:

Building a supportive environment for professionals

- introducing integrated, interdisciplinary and cross-agency teams;
- developing new roles and career paths for social workers; and
- thinking differently about recruitment and retention.

Adopting an evidence-based theory of practice for the whole workforce

- making better use of evidence and data;
- growing whole-organisation cultures of learning; and
- new models of training for the wider social care workforce.

Building a supportive environment for professionals

The projects are testing the structures and relationships that give professionals the skills, resources and freedom to make sound, nuanced and practical decisions that are based on their own judgement and supported by colleagues. What these changes have the potential to create is a huge shift in autonomy for social workers: not just in making decisions but to be genuinely creative in the ways in which they work with children and families; with partner agencies; and with each other.

Integrated, interdisciplinary and cross-agency teams

The aim of many of the projects is to create integrated, interdisciplinary and cross-agency teams that provide a range of support and insight broader than that of one professional. This includes:

- integration at delivery, such as multi-service hubs and residential placements;
- integration in resources, for example social workers having easy access to clinical and therapeutic support for families; and
- integration in case work; for example, shared caseloads and supervision.

The make-up of these teams varies according to the needs of young people. For [Gloucestershire County Council](#) this means combined assessment and planning as standard across youth offending, social care and mental health. For [Ealing’s Brighter Futures](#) it means small, multi-skilled teams offering intensive interventions to prevent family breakdown, including teachers, psychologists and youth peer

mentors. **Hampshire's Family Intervention Teams** are seconding in specialist domestic abuse, substance misuse and mental health practitioners to children in need teams. The **Royal Borough of Windsor and Maidenhead** is working in partnership with Family Friends, a local voluntary organisation, to test an approach basing social workers with family support workers in two hard-to-engage and very different communities: Pakistani-Mirpuri families in Maidenhead and armed services families in Windsor.

Where teams themselves are not interdisciplinary, many projects are working to increase access to resources and referrals across agencies. This includes social workers having easy access to CAMHS and clinical/therapeutic support for families, in addition to resources such as respite and residential care. **Wigan Borough Council**, in a joint project with **Wigan CCG**, is establishing a combined team of social care and CAMHS professionals to provide crisis and step-down support for children in or at risk of entering care. The team works alongside a repurposed residential home providing respite care and short-term placements, in addition to a group of specialist foster carers. In **Durham**, the council is building alliances with third sector organisations to increase the capacity of services to support families at different stages of need. Harnessing this expertise and capacity should reduce caseloads for social workers, ensuring they can work intensively with those most in need.

Creating an environment in which teams can work together successfully is crucial. Some projects are merging the different cultures that come with multi-disciplinary teams. Others, such as **Surrey** and **Ealing**, are taking a 'bottom up' approach with staff to build a new culture for these teams, independent of the health, education and social care skills that comprise them. This has helped to allay concerns from practitioners working in big, diverse teams would erode their individual professional identities, and has focused on the benefit to all of sharing knowledge and developing new skills.

Key to integrated delivery teams has been to make sure they are backed by high quality and flexible admin support: all-round trouble shooters who can get practical things done for families. Projects like those led by **Hampshire** and **Sefton** have put in place dedicated social work co-ordinators or project managers, highly skilled administrators who can release social workers' time to enable them to deliver more effective interventions. This ensures work is done at the right level, with professional time focused on intense work with the most vulnerable families.

New roles and career paths for social workers

Important to new teams and roles has been developing career paths that enable managers to practise direct work with children, ensuring experienced staff can progress while staying in practice. This maintains links between management and developing practice, while also providing stronger supervision, mentoring and coaching links to teams. A key aspect of **Morning Lane's** Reclaiming Social Work model is the recognition that, in traditional children's social work models, the best social workers can only progress by becoming team managers and are lost as front line practitioners. In training training social work teams in systemic theory and shared case-working, it aims to create progression routes that maintain and strengthen front-line practice. **Frontline** is developing Firstline, a leadership programme for first line managers in children's social work to act as catalysts for change by improving the wider system and quality of practice within their organisation.

Integrated teams create the opportunity for social workers to direct the work of other professionals and/or play specialist roles, rather than being generalists across all aspects of their work. **Durham County Council** is redesigning its social care workforce into 10 integrated teams split over five areas of the county. Teams are led by social workers who have a reduced caseload, made possible through

better use of social work specialists who deliver specific parts of a family's support plan. Reflective supervision is provided by a senior social worker. Underpinning the model is an award-winning Stronger Families workforce development programme, focusing on family mediation and restorative practice; a pre-birth assessment toolkit; parenting programmes; and family engagement.

Projects including those led by [Sefton](#), [Ealing](#) and [Catch-22](#) are looking at how to build teams around the social worker that can provide more tailored support while reducing caseloads. Working with Cheshire East, [Catch-22](#) is piloting a new approach to delivering services for children in need in Crewe. A 'pod' structure allows some services to be delivered by non-social work qualified practitioners, freeing up social work time to focus on the highest risk cases. The aim is to challenge the existing professional structures that can restrict the proactive interventions required to help young people. The pilot will test whether this approach can reduce caseloads and escalations to child protection status.

Thinking differently about recruitment and retention

Changing team structures and creating multi-disciplinary approaches has required rethinking internal and external recruitment. Across the Innovation Programme, projects are varied in their approach to recruitment. Some have identified the staff required very quickly, while others have waited until project structures are in place. Some have recruited project managers and professionals internally, creating new roles for existing staff; others have focused on recruiting new kinds of professionals from outside.

There have been challenges to recruitment across the board. Temporary contract offers, bureaucratic processes and the difference in terms and conditions between agencies have made building mixed teams difficult. Recruiting for specialist roles, including substance misuse roles, mental health workers and multilingual practitioners, has been particularly problematic due to a lack of support and the need in some projects for work out of hours or on a consultancy basis. Service-level agreements have made the recruitment of clinical staff more complex, and a discrepancy between the salaries in charities and the rates available for agency work has exacerbated an underlying shortage of people with the right combination of skills.

The projects are taking many approaches to combat these challenges. [Catch-22](#) has advertised jobs as explicitly not requiring professional qualifications. This has created a much better mix of skills and practitioners who are not necessarily social workers by trade. Other projects, such as those led by [Achieving for Children](#), [Islington](#) and [Sefton](#), are recruiting staff based on emotional intelligence and values in addition to knowledge, critical reflection and analysis. [Ealing](#) and [Catch-22](#) have run recruitment processes involving panels of young people, and have focused on the enthusiasm and flexibility of staff to work in new and different ways. A key concern and focus in Ealing has been to avoid a two-tier system – that those working in the 'old' way do not feel like they are second best.

Retention has been an ongoing issue for some projects, with a high turnover of staff. This is an issue across social care, and exacerbates the difficulty in bringing people into a new set of processes and cultures. The projects are tackling this on two fronts: future-proofing teams by ensuring staff are recruited based on shared values, purpose and commitment; and bringing existing staff into the emerging cultures in ways that are inspiring and motivating.

In one project, a higher than usual number of rejections at the second stage of interview threw into question the abilities of the existing cohort of social workers to operate at a more senior level. In addition, tensions have arisen when internal staff have applied for new roles and have not been

viewed as appropriate. The project team has responded by developing an additional recruitment point at an earlier stage of the social workers' career path, to build a pipeline of relevant staff through development and training.

Adopting an evidence-based theory of practice for the whole workforce

As the Munro Review argues, evidence-based practice does not just mean using a method that has evidence of “some degree of effectiveness”³³. Instead, it means drawing on the best available evidence; integrating this with a social worker's own understanding of a child and family's situation, values and preferences; and informing their decision about the most appropriate support. It relies absolutely on the skill, judgement and knowledge of professionals across the care sector, and requires a high level of critical thinking.

One aim of projects in the Innovation Programme is to find and define these operating frameworks and overall approaches that underpin how everyone works with families, assesses risk, builds relationships and provides support. Shared evidence-based frameworks for the whole workforce are beginning to provide the flexibility and permission, as well as the professional toolkit, for practitioners to make decisions based on professional judgement. In addition, these approaches are serving as a shared professional language that teams can use to support one another to learn and develop.

Better use of evidence and data to inform practice

Better use of data, and gathering and valuing new forms of evidence, allow social work teams and partner agencies to build a rich picture that goes to the heart of the fundamental question: are we improving the lives of children and young people? This question reframes data collection from measurement of activity and compliance, to measurement of outcomes and experience. Key to this is collecting evidence directly from children, young people and families about their experiences of the system – not just after the fact, but in real time. This allows professionals to alter their practice swiftly if needed, in addition to building up a shared understanding of the needs of the child. In [Hertfordshire](#) an improved recording system allows children, families and significant adults to input data directly into social workers' notes, creating a fuller picture of experience and effectiveness. As part of its Project Crewe programme, [Catch-22](#) is running an RCT to test if its new model – centred around support plans that are co-produced between families, children and non-social work qualified family practitioners – is successfully breaking down the traditional division between the roles of professionals and families, often a barrier to parents seeking early support.

The approach of the [National Implementation Service](#) includes high-quality research trials, as part of a theme across the projects of establishing better use of data to inform practice. [Newcastle's Family Insights](#) aims to support more families to stay together safely. Its social work model cuts bureaucracy by using needs-based segmentation, creating new social work units that focus on families with similar needs and characteristics. Data analysts are embedded within social work teams, allowing teams to develop a more detailed understanding of the needs of families facing similar issues. In addition, the project team is creating a learning and teaching organisation alongside Northumbria University to share learning on which interventions work best for particular families, and to contribute to the design and delivery of social work education and continuous professional development.

Whole-organisation cultures of learning

The focus on evidence and evolving practice is producing a shift towards a whole-organisational culture of learning that encourages critical thinking, challenges judgements and makes changes when things don't work. This includes more reflection on practice across all levels and opportunities for observations and coaching that create richer feedback to continually improve practice. New styles of management are encouraging social workers to reflect critically, develop alternative hypotheses and be open to multiple lines of enquiry.

In **Leeds**, 1,500 staff from across the local authority have been trained in the use of family group conferences and restorative practice, with 36 trained as facilitators; in the first six months of the project 500 family group conferences have taken place. The aim is for 6,000 staff to be trained in restorative approaches by the end of the Programme. Likewise, **Tri-Borough** aims to train 600 staff in systemic practice, motivational interviewing, parenting approaches and Signs of Safety. **North East Lincolnshire** is training staff in a 'safer communities' approach comprising a blend of family group conferencing, Signs of Safety, restorative practice and outcomes-based accountability.

Projects including **Sefton** and **Tri-borough** are fostering a culture of continuous improvement, with significant additional investment of staff time in professional development. In addition, **Tri-Borough** has developed a reflective coaching programme to promote action learning rather than monitoring. The project team is building learning mechanisms within the organisation, specifically a framework of observation, feedback and coaching to change practitioner behaviour and consolidate training.

Learning from success goes hand-in-hand with learning when things go wrong. **NSPCC's** work on serious case reviews is being run as a proof of concept that SCRs they can – and should – act as points of rich learning. Together with the Social Care Institute for Excellence, the project is developing and testing mechanisms that both improve the quality of SCRs and enable better use of the learning that emerges from them. This includes a pilot project around the central commissioning of five SCRs, involving professionals in creating materials and testing these with Local Safeguarding Children Boards. The intention is to provide sufficient evidence to justify a national SCR hub for improving their quality and use.

Many of the projects are explicitly learning on behalf of the wider system, setting a strong tone of knowledge sharing and of agencies supporting one another to learn and improve. The **Council for Disabled Children** is leading a partnership of five local authorities in a one-year project testing new approaches to social work assessment and determining accurate thresholds for service provision. **Barnardo's and the LGA** are establishing a National FGM Centre that will provide services and share learning to prevent new cases and support girls and women affected by FGM.

New models of training for the wider social care workforce

This learning culture is not confined to the practice of social work. **Doncaster Children's Services Trust** is creating a multi-agency team across social care, police, health and schools, with the aim of upskilling everyone who interacts with children on ways of engaging with young people and families. **Safe Families for Children** is extending an early intervention and respite care pilot from the USA in which volunteers provide respite care for families during times of crisis, while **Hampshire County Council** is developing and training a network of volunteers to work with children and families in their communities.

A group of projects are focused specifically on the training and learning offer for foster carers and adoptive parents, supporting them to meet the needs of the children in their care and connecting them to wider networks of advice and guidance. **Ealing's Brighter Futures** is developing offers of intensive training for foster carers that includes wrap-around 24-hour support. **Hackney's FLIP** project is working with 50 carers, building their capacity to meet the needs of teenagers. The **Compass Centre**, led by **Norfolk and Suffolk Foundation Trust**, is building on the success of its therapeutic education services to create a Virtual Residential School that will offer training, consultation and supervision to foster carers. **Cornerstone** is aiming to increase and sustain the pool of appropriate adoptive parents through a wraparound service that includes therapeutic parenting training.

Case study

London Borough of Islington Doing What Counts and Measuring What Matters

Islington Council is undertaking whole-service transformation designed to make social work practice more skilled, purposeful and effective. Its project has been informed by previous work to trial Motivational Social Work (MSW), a form of counselling initially developed in relation to alcohol problems that look at reducing people's resistance to seeking and accepting help. Despite the positive reception to MSW training by staff, an RCT did not show significant change in outcomes for children and young people. However, Islington generated two important lessons from this work: 1) the need to align administrative processes with social work practice, and 2) the value of action research as a learning tool to improve social work practice on an ongoing basis.

The Innovation Programme has presented an opportunity for Islington to build on this experience and transform its social work practice. The team is co-designing a new operational model with frontline staff, alongside work to train first-line managers to enhance reflective skills; review the roles and tasks of social workers; and make changes to recruitment and supervision, information management and legal processes. The project has two strands to realise this ambitious vision: Doing What Counts and Measuring What Matters.

Doing What Counts aims to embed a Motivational Social Work model of practice. MSW is grounded in principles of motivational interviewing, task-centred social work and motivational risk assessment and management. It aims to strike the right balance between risk, strengths and solutions, placing a strong emphasis on creative challenge from supervisors and generating multiple hypotheses about what is happening within a family. Recruitment processes have been changed to focus on emotional intelligence and values in addition to skills relating to knowledge, critical reflection and analysis.

Measuring What Matters aims to develop a new monitoring and evaluation framework for assessing the quality of practice against the outcomes that really matter to children and families, rather than what is easy to measure. This will include new metrics and new ways of generating data and evidence. Practice evaluators are embedded in social work teams to observe them in action, with evaluators meeting families separately to get an understanding of their experience of services and how these have made a difference to them. This data will be shared swiftly and in a format that can usefully inform performance management. The team will share the learning generated through out the project with the wider sector and discuss its potential use for Ofsted inspections.

The move to more collaborative ways of working within social work practice is being used as an opportunity to develop best practice in a way that improves each social workers' autonomy and capacity to reflect. MSW positions social workers as the key agents of change within the professional network, with the aim of reducing social workers' dependency on external agencies and experts. The social worker role is supported through reflective group supervision and access to in-house multi-disciplinary input.

Insights from early implementation

Aligning values and principles across the organisation

A dedicated MSW practice lead has enabled coaching and reflection about the need to embed the principles of MSW in the culture across the system. This incorporates a new model of supervision, which is stimulating broader conversations around what other internal interactions look like in an MSW culture. Aligning workforce culture takes time, and the project team has been paying close attention to the anxieties of non-social work professionals in how changes will affect them. Acknowledging the importance of such fears and facilitating open conversations between all parts of the organisation – even those who are not directly involved in the new model – has been key.

Aligning management practice and systems with the vision

Taking on board lessons from their earlier testing of the use of MSW techniques, Islington is changing approaches to management, recruitment and supervision. It has found using the framework in recruitment to be critical to finding the right people who can intellectually and emotionally engage with the new approach. In particular, this requires a supervision style that steers away from directive, accountability focused supervision to provide a more reflective space to support practice and develop robust interventions. In addition, Islington is changing the way in which it conducts meetings and reviews, as well as re-assessing quality frameworks and risk assessment.

Creating effective learning tools

Social workers are audio taped five to six times during the year to evaluate the extent to which they demonstrate the seven key principles of MSW – evocation, empathy, purposefulness, autonomy, collaboration, child focus and clarity of concern. Embedded evaluators use the MSW coding tool to evaluate social workers' practice, and the practice coaches provide a coaching session, commenting on areas of good practice and areas for support. The data is fed into the practice report which is used to evaluate the quality of service delivery overall.

Case study

London Borough of Ealing Brighter Futures: building consistent relationships around adolescents

In the face of substantial budget reductions, coupled with rapid population growth, Ealing has prioritised developing a sustainable model for children's services that is centred on the needs of the most vulnerable adolescents. The process began with research into the needs and wishes of young people in care. This highlighted the importance of three factors, as described by young people themselves:

- having choice and control in the decisions that affect them;
- living locally, ideally with their birth family but, if not, in family placements with people with whom they can make strong and permanent connections; and
- having one lead worker who stays with them throughout their journey into adulthood.

Brighter Futures is an intensive engagement model that aims to prevent placement and family breakdown; to promote the empowerment of teenagers and families; to increase continuity of support; and to reduce the number of children and young people who become looked after. It consists of five key elements:

1. A consistent key worker who knows the family well and who can support them to move through difficult times. Teenagers and families will be able to choose their key worker, who may or may not be a social worker.
2. Prioritising foster placements over residential care placements. Ealing is aiming to increase the pool of local foster carers so that adolescents can be placed in stable and long-term placements. Foster carers and support workers will be trained in the same approaches to enhance their understanding and management of the impact of early childhood trauma and attachment, focused on building trust with young people.
3. Devolving power and decision-making closer to the child and the key worker. Ealing is testing a range of tools including adolescent-led personalised budgets; 24-hour support helplines; extending the role of peer mentors; developing education, training and employment opportunities; providing new efficient referral pathways; and providing more leisure activities. This gives staff greater autonomy to make decisions and pull together a package of support for the children they know best.
4. Providing help and support when it is needed, including the use of youth workers who more traditionally work in the evening and at weekends.
5. Multi-disciplinary teams in which fostering support workers, youth workers, youth justice workers, social workers and specialists in domestic abuse and CSE will work closely together in integrated teams around a small group of young people and families.

The implementation of the programme requires key changes in workforce culture, with staff enabled to be effective advocates for children and families and to assume more responsibility. This change is

underpinned by a new structure for three casework teams: two for adolescents on the edge of care who work with the young person and their family, and one for looked after children and foster carers. The teams are overseen by a social worker operations manager and each team has a social worker team manager, clinical psychologist, family support worker and youth connections worker. The teams are assisted by practice support officers who handle admin and logistics, and share a youth mentor and education specialist. Daily morning meetings allow the whole team to discuss the young people, families and foster carers they will be interacting with that day, to discuss plans, interventions and support needed, and to learn from each other in real time. This is coupled with a weekly three-hour supervision meeting of the team's casework, enabled by the reduction in overall caseloads.

Early insights from implementation

Shared casework results in better support for professionals and young people alike

Reduced caseloads and increased administrative support have created time to dedicate to young people. Teams feel safer and supported, with an increased level of confidence in developing relationships. The teams have daily team meetings and regular group supervision which enable them to discuss issues or cases improving the quality of decisions and ability for professionals such as youth workers to take action. In addition, because every member of the team is involved in discussions around every child, each is able to respond to urgent issues or questions from children, families and foster carers. This has already resulted in families saying they feel better supported and more confident in their ability to access help.

Instilling a shared culture

All members of the team, including foster carers, have taken part in a compulsory, intensive training programme. This has included a week training together as a team rather than different specialties training separately. However, Ealing has also been aware of the need to balance this emphasis on collective work with individuals' anxieties about whether the new way of working would result in loss of professional identity. Getting the right mix of cases has been important, so that each team holds cases with a range of support needs. This helps shared learning and training, and utilises a balance of skills and time across team members.

Involving young people in decision-making

Young people have been involved in the design of the programme wherever possible, including in the recruitment of key posts, which has been very successful. This has focused recruitment on emotional intelligence and ability to build relationships. The plan is to continue this involvement in aspects of the delivery and evaluation of the programme.

Value for money

Ealing aims to reduce the number of looked after children from 400 to 280 by 2018/19. This would represent savings of more than £5 million. The local authority plans to halve the number residential and foster placements outside the local authority by 2018/19, representing savings of nearly £6.5 million. For an investment of £5.16 million, Ealing has the potential to make savings of more than £11 million within four years. There are further measures planned for reducing the cost of the workforce by reducing the number of agency staff from 55 to 37 by 2018/19, representing a cost saving of nearly £1.3 million.

3 Leadership and governance that brings teams and organisations together around a practical vision for improving the lives of children

The projects are changing radically the interactions between families and professionals, between groups of professionals, and between agencies and services across the system. Leaders play a critical role by embodying changes in the ways in which they themselves operate, how they communicate with staff and in governance and operating systems and structures. For project teams, this has meant helping people to see things differently as well as *do* things differently. Projects are approaching this by:

Creating a clear and shared vision, values and purpose

- creating a shared vision; and
- aligning values across agencies.

Translating the vision into governance, partnerships and ways of working

- creating multi-agency governance groups;
- engaging local authorities in the vision; and
- distributing leadership more widely.

Creating a clear and shared vision, values and purpose

“The measure of success of child protection systems, both local and national, is whether children are receiving effective help.”³⁴

Munro

For all the projects, aligning values across the organisation is emerging as a key role of leadership. The aim of a collective vision is to move people and create change, and this has meant acknowledging people's genuine fears, concerns and arguments, in addition to their hopes and ambitions.

Creating a shared vision

These changes to practice and culture are being championed and protected by leadership and created and owned by everyone – including, where appropriate, children and parents themselves. Projects are making this shared ownership real in many different ways. In [Ealing](#) and [Tri-Borough](#) whole-staff conferences launched the project. In Ealing this was followed up with workshops with the operations team on how to achieve and maintain culture change. In [Tri-Borough](#) the launch led to staff volunteering to be champions of the new approach, a role that enabled new communication within the workforce and encouraged feedback from practitioners to senior leaders. In [Stockport](#) and [North Yorkshire](#) all-staff conferences have been held that give everyone a chance to put questions to the senior managers running the projects.

For projects working with adolescents the new vision has centred around the wider support and stability needed for young people to grow into adulthood successfully. This includes having a safe, stable and supportive place to grow up, whether at home or in care; getting a good education and the chance of a job or training; and developing a support network of friends and family. Like [Stoke-on-](#)

Trent's **The House Project** and North Yorkshire's **No Wrong Door** model, many projects are looking at the ways in which young people can be given much more choice and decision-making power in their own care, not only as a way to improve current care but also to prepare adolescents and smooth the transition to adult life.

Aligning values across agencies

Many of the projects are bringing together teams from multiple agencies to develop and test cross-agency working. The challenge for these projects is to create a set of robust values within one organisation and make them transferable to the context of other organisations. In **Sefton** and **Tri-Borough** the innovation teams are engaging everyone in a large-scale training process to ensure a consistent approach throughout the service; seconding staff into the service; using co-location to help staff understand differences in processes and approaches; and using the recruitment process to recruit for values in addition to skills.

For projects looking specifically at social work practice, such as those led by **Achieving for Children**, **Gloucestershire County Council** and **Sefton Council**, aligning values has proven to be crucial both in the bonding of interdisciplinary teams and in giving individuals autonomy. It has given teams a common purpose to work towards together, while setting clear expectations around professionals' abilities to make sound, independent decisions.

Translating the vision into governance, partnerships and ways of working

In addition to championing vision and purpose, a key task of leaders and managers in the innovation projects has been to maintain a clear link between vision and practice, translating values into structures and ways of working as fast as possible. This has been important in putting ownership of the vision firmly in the hands of professionals and demonstrating a commitment to working differently.

As discussed above, the bulk of these changes are happening at the level of delivery: in the structures of teams, social work practice, methods and approaches. However, innovative change is also taking place in commissioning and governance, particularly in partnership working and joint commissioning.

Creating multi-agency governance groups

Multi-agency governance groups provide the structures for agencies including local authorities, providers, health services, police and schools to work together with a clear and common aim. Shared governance is ensuring that the permissions, authority and funding for new ways of working come from multiple sources, increasing the quality of provision and building a strong community for change.

To effect change in its approach to domestic abuse, **Doncaster Children's Services Trust** is using a multi-agency approach to governance and leadership that sets a new tone for partnership working. It includes a 'whole place' approach to training, data and budgets, and a shared risk methodology across social care, police, health, schools and early help services. A systematic approach to data capture is allowing new kinds of evaluation that value user experience and co-produced outcomes. As in many of the innovation projects, this governance model is facilitative, establishing easy access to shared data and enabling joint working between social workers, clinicians and professionals.

Engaging local authorities in the vision

For projects without a local authority partner, engaging local authorities has been a common challenge over the first six months of the Programme. Getting and maintaining engagement has required building on good existing relationships; starting conversations as early as possible in the work; sharing ownership; and making partnership a low risk option for local authorities.

Safe Families for Children is building on an 18 month pilot in the north east to expand its community-based family support to 25 new local authorities. Based on careful assessment of the needs of local authorities, it is developing a 'public social partnership' financial tool. The aim is for this to be as low-risk as possible for the local authority, which pays only after having used the service for the first year. Like many projects with successful networks, the team has been persistent in its relationship building, having engaged more than 45 local authorities over the first six months of the Innovation Programme.

Barnardo's is working with the LGA to prevent FGM and support women and girls who have been affected by it. It works through a continuum of intervention, ranging from specialist social workers embedded in existing LA teams to full delegation of authority for FGM cases from the local authority to Barnardo's. This acts as a sliding scale of delegation, meaning in practice that a local authority can delegate one of two cases to Barnardo's and closely monitor the result.

Distributing leadership more widely

The combined effect of these changes across the projects has been to create a strong authorising environment for practitioners. Creating the structures and partnerships that exemplify vision and purpose is not just important in moving the work forward, but in demonstrating a commitment to doing it well. Valuable legitimacy comes from the buy-in from senior staff, whether leading the project or playing a support role. A stable, well-established team can provide the experience and confidence to support innovation, maintaining momentum and pushing through when things get tough. **St Christopher's Fellowship**, which is piloting ways to keep young women affected by CSE safe in their own communities, is making best use of the authority and experience of its leadership team to coach and support a younger team to take on new projects and deliver innovation on the ground. **Enfield** has placed a specific focus on forming a stable leadership team that has built its confidence to support innovation.

However, a powerful and charismatic leader presents a risk of significant disruption if that key person leaves. Some projects are tackling this risk through using distributed leadership – identifying leaders who may not be high in the hierarchy but who will distribute the right messages and culture – to develop new ways of embedding vision and practice at all levels. **Tri-Borough** launched its project through a participatory process that invited staff to self-identify as champions for the work. Seventy-five put themselves forward, becoming key in the early stages of the project in engaging practitioners and managers. Tri-Borough is now working to strike the right balance between remaining focused on the project's aims and allowing and inviting feedback from practitioners, managers and leaders to identify unexpected issues and solutions.

Case study

South Yorkshire Empower and Protect Foster care and at-home support for young people at risk of CSE

Recent high profile inquiries and prosecutions have raised professional and public concern around child sexual exploitation (CSE) in the care population. In 2010-11 the Office of the Children's Commissioner identified 16,500 young people who were at high risk of sexual exploitation. At a regional level, CSE referrals have increased year on year; Barnsley Child Sexual Exploitation Forum, for example, saw referrals triple between 2013 and 2014.

A large-scale investigation by Sheffield, Barnsley and Rotherham Councils and Doncaster Children's Services Trust identified a lack of safe placement options for young people between the ages of 13-17 who are sexually exploited, or at high risk of exploitation. Carers struggle with the challenging behaviour of the young person, and support services are not aligned or responsive to these specific needs, leading to placement breakdowns. Young children at risk of CSE are escalated through the care system, often resulting in isolation and estrangement from their families and a feeling of 'being punished'.

Uniting under the programme name of South Yorkshire Empower and Protect, the four areas are working together to provide a regional model of support for young people at risk of, or subject to, CSE. For young people who need to be safeguarded in care, the model includes the recruitment and training of specialist foster carers to provide safe placements for young people. For young people who can safely remain at home, similar training and support is offered to their family. This includes:

- building a deep understanding of child sexual exploitation and its effects;
- understanding how to deal with challenging behaviour appropriately within the family to prevent escalation; and
- reflective practice to encourage continuous learning and improvement of practice and self-care.

Alongside this training, foster carers and families will be provided with one-to-one therapeutic interventions and access to clinical psychologists who are part of the social work team. Over the longer term, the programme aims to develop a peer-support network of parents and foster carers.

The programme offers wrap-around services that aim to bring all the workers around a young person into a joined-up team, with regular clinical supervision. This means better service provision with minimised change and disruption for the young person. South Yorkshire Empower and Protect believes that by adopting a sub-regional approach to tackling these issues, learning and effective practice can be applied across all four authorities.

Early insights from implementation

Leadership and governance arrangements

The four areas have appointed a senior sub-regional management board (including representation from the local authorities, police, CCGs and CAMHS) to oversee the development and implementation of the new service. Information-sharing protocols, operational procedures and performance targets

are being determined by this board, whose task is to describe a strong, consistent vision and set of working principles across the programme. In addition, a new sub-regional operational group is being formed to implement this work, translating the vision into coherent practice. Referral pathways and allocation of foster carers will be determined by this group. Any learning and policy developments arising from the programme will be captured by the operational group and shared with the leadership group.

While the set-up of a sub-regional structure requires a significant amount of work and time (reconciling four sets of policies and operational procedures), early indications are that it could reap benefits by providing impact at scale, the ability to share effective practice and allowing local authorities and trusts to share back-office costs and scarce resources, including adolescent foster care placements. An early practical lesson is that delegation through a consortium can be very productive; for example, agreeing an approach to foster carer recruitment has been made faster by delegating authority away from the leadership group.

Recruitment and training

Recruiting key delivery managers has not been easy. The nature of contracts (fixed and part-time) has meant that secondments were considered; however, this has proved difficult as there is no culture of secondments within the participating local authorities and trust. One solution has been to split the delivery manager role in two, with a programme manager appointed with specific programme management skills, working alongside a professional social worker to manage placement development. This has helped in the recruitment of higher quality people, and has meant that each can apply their respective areas of expertise to specific areas of the work.

In addition, there have been difficulties in merging four different approaches to fostering, with different payment systems and rates. The programme has tackled this with training for all staff plus a 'minimum disruption' approach to administrative changes – making systems align in the short-term rather than trying to integrate them all in one go.

Co-designing services requires strong guidance to engage stakeholders effectively

In the early stages staff and foster carers felt there was a lack of clarity about what the new service might provide and about processes for co-designing the service. More structure and guidance is helpful when engaging people in co-design activities, particularly if trying to engage service users and professional staff from very different disciplines, for example mental health and social care. Models of service drawn from other contexts need to be 'translated' in order to be understood as relevant and the service users need to feel that this is a great opportunity to shape the service in ways which make it most helpful to them.

Political and public support

The Innovation Programme has provided the permission necessary to address this highly controversial topic and test new approaches with new providers. There is strong public and political support for addressing CSE, which has helped to make the case for implementing the new model. However, this high profile also increases the pressure on the consortium to deliver and has placed new approaches under increased scrutiny.

Case study

Leeds City Council

Family Valued: Taking a restorative approach

Leeds City Council aims to put the family back at the heart of children's social care. There is increasing evidence of the importance of continuity and kinship in supporting a child's emotional well-being, with policy centring on working with and supporting families in order to prevent children being taken into care. This is in the context of a children's social care system in which, often as a reaction to individual high-profile cases, procedures and culture prioritise reactive safeguarding rather than family-focused prevention.

The Family Valued programme aims to embed restorative practice across all council services, offering a common theory of practice for the whole workforce, at the same time as developing Family Group Conferencing as a core offer to families in a wide range of circumstances. The aim is to bring about a cultural shift towards respectful, restorative and facilitative approaches from professionals; towards prevention rather than repair; prioritising stability and consistency; and creating a new citizen-state contract in which local public services facilitate and enable problem-solving. It emphasises the value of connections, relationships and quality conversations.

Through the investment of the Innovation Programme, Leeds aims to spread restorative practice across the children's workforce, including frontline professionals across multiple agencies (such as the NHS, police, school, voluntary and community organisations), and including restorative practice in pre-birth assessments with vulnerable women. There are three training packages for practitioners, including awareness raising, 'deep dive' and a 'train the trainer' model that embeds learning loops within local agencies. Leeds is ambitious in the scale of its implementation: 3,000 professionals will have completed the awareness training by the end of 2015. Leeds is commissioning a wide range of new services using Family Group Conferencing at scale; this includes exploring ways of extending the offer of Family Group Conferences to families affected by domestic violence.

By the end of the Innovation Programme, Leeds aims to establish restorative practices and the Family Group Conferences model as the default practice across children's services. The hope is that this will deliver a 10% reduction in the number of looked after children (circa 125 children) in 2015/16 and significantly improved outcomes for children, preventing them from entering residential care.

Early insights from implementation

Leadership

Leeds has found senior level engagement and visible, committed leadership to be a critical factor in gaining engagement from staff across the workforce. The leadership has set a clear vision for children's services, backed up by a theory of practice and a strong project management capability.

In addition to clarity of communication from the leadership, Leeds has found that continuous and flexible communication and engagement over time will be important in ensuring all partners are on board with the process as it develops and that learning is shared. This includes engagement with

domestic violence services and links to the wider domestic violence strategy for the city, in addition to engagement with bodies such as the Local Safeguarding Children Board and the voluntary sector. One method of engagement has been to use partnership events to launch elements of the work and reflect on progress.

Training and development

Training, supervision and professional development is prioritised and delivered across services, ensuring a common theory of practice across multiple agencies. This builds on several years of significant investment in workforce development.

Early findings from the evaluation show reported evidence of momentum-building around restorative practice, suggesting culture and practice change. Feedback from training sessions is overwhelmingly positive. FGCs are seen as a, if not the, ideal way of working with families. FGC principles are seen by a wide group of stakeholders as having wider application through the related family-based decision-making models currently being developed.

Ofsted and regulation

An Ofsted inspection at the beginning of the programme created some disruption and delays in the initial stages of the plan, as senior managers were absorbed by these processes. The positive outcomes of the Ofsted inspection, however, have been used to engage more departments across the city, including transport, housing and customer facing teams as well as to engage with other councils and local authorities nationally.

Ministerial approval for changes to Initial Child Protection Conference (ICPC) practice was sought and given, to allow time to offer Family Group Conferencing as an option to families. This practice is being closely monitored, with DfE kept informed of progress.

4 System conditions that enable new approaches to embed, flourish and scale

None of the work of the Innovation Programme can be successful without the right system conditions in place that support the projects' leadership and governance; workforce development; commitment to prioritising children's relationships and wellbeing; and the creation and application of new approaches. For many of the projects these conditions are not within their control, and work has focused on influencing and engaging leaders and policy-makers across the system. Projects are meeting this challenge by:

Designing new models of commissioning, funding and delivery

- collaborating with partners to enable joint commissioning;
- creating new alternative funding and delivery models; and
- decommissioning what does not work.

Balancing fidelity and flexibility at scale

- scaling models across multiple locations; and
- implementing successful models from elsewhere.

Designing new models of commissioning, funding and delivery

Several of the projects in the Innovation Programme are looking for ways to design and improve commissioning, funding and delivery models that create the space and capacity for local authorities to support new approaches, and that focus squarely on outcomes for children and young people.

Collaborating with partners to enable joint commissioning

For projects run by local authorities it has been important to find partners outside the council walls. Many projects are looking at joint commissioning models, particularly for services that provide support for young people with complex needs that cannot be managed by one agency. HOPE is a jointly commissioned and funded multi-agency service that provides therapeutic support for young people. Led by **Surrey County Council** and the Surrey and Borders Partnership NHS Trust, the service brings together health, education and children's services to provide community and day programme support. In partnership with the London boroughs of Barnet, Harrow and Hounslow, **Action for Children** is establishing a service for adolescents combining two therapeutic evidence-based programmes. The service runs as a single service shared across all three authorities, to address the funding and recruitment difficulties in supporting a small number of young people.

Alternative funding and delivery models

Cambridgeshire's Multisystemic Therapy team is spinning out of the local authority to become a staff-owned mutual, allowing the development of commissioning models more closely aligned to outcomes for young people. In addition to running existing services on a commissioned basis it is broadening the range of services to more local authorities and developing a Social Impact Bond for future funding.

West Sussex County Council and LA partners – **South East Together** – are using the experiences and lessons learnt from an existing Dynamic Purchasing System to explore options for procuring

and establishing a regional DPS outcomes-based model. The regional DPS will support and facilitate placements for children with disabilities, special educational needs and looked after children requiring specialist residential provision. Future phases expect to widen the criteria to include all placements in the private sector.

Gloucestershire County Council is creating a combined service for adolescents in need that is managed at arms' length from the council. The project is adopting alternative delivery arrangements including the delegation of statutory social care functions. Likewise, **Catch-22's Project Crewe** involves the delegation of some of Crew Council's statutory social care functions to Catch 22, with services delivered by family practitioners with oversight from a qualified social worker.

Projects are also developing new funding models. **Torbay's** approach includes delegating statutory functions to an existing third party provider; launching a new funding vehicle – the Torbay Public Service Trust – which will allow pooling of budgets across services facilitating joint commissioning and sourcing of external social investment; and creating locality based multi-disciplinary practices. This supports its alternative delivery model by finding new ways to attract third-party investment, avoid duplication, and address emerging needs at an earlier stage.

Decommissioning what does not work

Creating a collective vision and purpose also means being honest about what doesn't work and brave enough to decommission services. In projects such as **Stockport's** multi-agency hub and **Newcastle's** restructuring of social work units this has meant decommissioning old models. Making use of new commissioning opportunities, types of contract and funding mechanisms, as in **Calderdale's** offer of flexible housing for young people, has also meant re-evaluating old ways of contracting and commissioning.

Balancing fidelity and flexibility at scale

Around a fifth of projects are scaling and spreading approaches, either scaling up an approach across multiple locations or bringing in an successful approach from elsewhere. The successful diffusion of innovation is dependent on two connected variables:

- providing compelling evidence that the innovation works at scale and is good value for money; and
- creating effective demand for the innovation, as commissioners and policy makers, practitioners and citizens see the need for and benefits of the innovation.

A key challenge across the projects is balancing fidelity with flexibility: how to allow for local control over delivery while sticking to a central methodology. Genuine buy-in to the vision, values and purpose of the projects is essential to successful scaling. **The Fostering Network** has tightened the criteria for local authority engagement, to ensure those it works with are fully committed to the programme. This is challenging for a small, third-sector organisation but it believes it is crucial to the success of the model. For **NSPCC** in developing its work on serious case reviews, building alliances with professional bodies has ensured sustainability of the project. For those projects tackling whole-system change, such as **Leeds** and **MTM**, building national stakeholder groups that distribute the responsibility and leadership for the work will be key to maintaining momentum.

Scaling models across multiple locations

For those projects taking successful models to scale across multiple locations, the flexibility vs fidelity question is being tackled through developing pilots, hubs and governance models that create a scalable and adaptable framework. The **Safe Families for Children** team is extending its model to five regional hubs that will themselves become a platform for expanding into an additional 25 local authorities in England. The hubs will balance fidelity to the Safe Families model with bespoke features and adaptations for successful local delivery. Likewise, **Cornerstone** is taking a phased roll-out approach, testing its model of support for adoptive parents through four Berkshire local authorities before extending to three London boroughs and then three councils in the south east.

The **North London Children's Efficiency Programme (NLCEP)** is testing its 12-week residential model across five London boroughs, providing an opportunity to test the regional collaboration that could lead to a regional placements team. The **South Yorkshire Empower and Protect** sub-regional delivery model for young people at risk of CSE has brought together Sheffield, Barnsley, Rotherham and Doncaster Children's Services Trust in addition to the Local Safeguarding Children Boards in those areas and South Yorkshire Police.

Tavistock and Portman NHS Foundation Trust is leading the roll-out of the Family Drug and Alcohol Court model, robustly evaluated in inner London, to 11 new local authorities involving eight courts and four Designated Family Centres. It aims to create a sustainable long-term funding model for future FDACs across the country and for a National Unit to shape and drive development. It is also piloting an extended version of the model in London, Kent and Coventry with pregnant women who have previously had one or more children removed. The establishment of the new FDACs will create a robust evidence base to enable comparisons of FDACs across different regions and the problem-solving approaches of different contexts, to define the essential ingredients of the FDAC model and the value that FDACs offer in supporting parents to address their issues and enable children to remain safely within their family unit.

Pause, supporting mothers who have experienced repeat removals of their children, is up and running in seven sites. At the centre of the project is a programme management team and a National Pause Board, with a local Pause Board at each site. The central team aims to engage all staff in its vision through a 'Pause Pledge', included in the MoU for each site, and through training sessions that bring practitioners together from across the sites.

Other projects are taking approaches that focus on staff training. MTM's **Signs of Safety** practice leaders are themselves providing courses and workshops to partner local authorities and visit other sites that are adopting a Signs of Safety approach. **Durham County Council** is using a toolkit approach, developing software that sets out process management steps. This is in place of a handbook, which the team determined to be too open to interpretation and result in too much variation between sites.

Implementing successful models from elsewhere

Several of the projects are implementing evidence-based programmes that have been developed and tested elsewhere. The **National Implementation Service (NIS)** provides expert consultancy, training and development support for the implementation of a range of evidence-based interventions, particularly those that have been adapted from international models and evidence, or are in the early stages of implementation in the UK. The service currently operates as a partnership between King's College and two NHS Trusts, providing support to 53 local authorities across the country. The NIS

project aims to establish the service as a sustainable UK centre of excellence and expand the range of interventions available for specific groups of children in or on the edge of care. The project includes a significant programme of high-quality research trials focused on developing a UK evidence base for several of the interventions including adaptations to multi-systemic therapy being tested through the programme.

The challenge in implementing models from elsewhere is in ensuring fidelity to the original model or practice while adapting to local – often very different – circumstances. Direct contact with the original teams who developed the work has been key. The team from [Action for Children](#) has been visited by New York Foundling to support them in delivering their model of multi-agency support for adolescents in England. Likewise, [The Fostering Network](#) has negotiated an agreement with the Mockingbird Family Society in the USA to set up a formal partnership, access training and operate Mockingbird as a licensed model in the UK.

Case study

Pause Preventing repeat removals

Between 2011 and 2012 more than 10,000 children were taken into care. Most were removed from their birth families to protect them from harm or neglect. Within these figures is an acute problem of repeat removals – removals of different children from the same families. In 2014, recurrent care proceedings were linked to 15.5% of the 46,094 mothers who appeared at court that year. In 2013 the London Borough of Hackney identified a cohort of 43 mothers who between them had a total of 205 children removed into care, an average of just under five children per woman. These women were primarily young and disadvantaged with complex emotional, health and social support needs.

Pause works with women who have experienced, or are at risk of, repeat removals of their children. Through an intense programme of support, Pause aims to break the cycle of repeated child removals and supports women to create a more positive future for themselves. Developed and tested in Hackney with 29 women, Pause intervenes at a moment in which a woman has no children in her care, supporting her to identify and stabilise personal chaos, face her challenges and realise her personal ambitions. In order to break the cycle of repeat pregnancies, women volunteer to use long-acting reversible contraception for the 18 month duration of the programme.

Pause offers intense therapeutic, practical and behavioural support. A practitioner manages the journey of each woman through a bespoke package of support from including housing, domestic violence support, sexual and reproductive health, drug and alcohol support, employment and education. When ready, women are also supported to access counselling and mental health services. Throughout the programme, women are supported to take part in activities that range from creative (e.g. art and crafts) to active (e.g. horse riding and swimming), with all activities designed to increase confidence and self-esteem.

Pause has seen positive outcomes so far. As well as a reduction in pregnancies and successive removals, Pause also reports increased take-up of education and voluntary or paid work opportunities for its cohort. Some women have regained appropriate contact with their children, with benefits for both mother and child.

Four local authorities – Southwark, Doncaster Children's Services Trust, Hull and Newham – are testing the approach with support from Pause's National Programme Office based in Hackney. In addition to developing support materials and advice, the core team is working to understand how Pause works in different localities and the implications for taking the approach to scale.

Early insights from implementation

Changes to workforce

Pause has become an independent legal entity. Recruiting suitable senior staff has proven to be challenging for the participating local authorities, and across some sites has adversely affected the capacity of local teams to set up infrastructure and move forward.

Taking Pause to scale

There is considerable national interest in Pause. Ensuring fidelity and quality assuring support while scaling is a key challenge. At the centre is a programme management team and a National Pause Board, with a local Pause Board operational for each site. The central team aims to engage all staff in its vision through a 'Pause Pledge', included in a MoU for each local authority, and through training sessions that bring practitioners together from across the localities. The role and depth of participation of the Director of Operations and Development in local Pause Boards will need to be reviewed as the model is adopted by more local authorities.

Value for money

Pause is aiming to reduce the number of children entering care by nearly 300 by 2018/19 across the local authorities in which it is operating. This will represent a potential cost benefit of nearly £11.5 million.

Case study

Match Foster Care

Improving long-term foster care

Match Foster Care is a social worker-led Independent Fostering Agency. It contends that the key factors in poor outcomes for looked after children are constant changes in children's social workers, foster carers and associated professionals throughout their time in care, coupled with delays in providing services that meet children's individual needs, such as therapeutic intervention or educational support.

Within the Innovation Programme, partner local authorities delegate statutory duties for looked after children to Match Foster Care. This enables Match to make sure children in long term foster care are able to build consistent relationships with a social worker who will remain at their side throughout their time in foster care. The project aims to increase the stability of each child's relationship with their foster family by providing responsive support to the child or young person without delay, and by using professionals that they are familiar with. Match social workers have more of a say over funding and can quickly secure wrap-around services. This means that children do not have long waiting times to see health, educational, mental health and mentoring professional and have easy access to bespoke advocacy provision.

Match seeks to ensure every child's time in care is as natural as possible, with the same hopes, dreams and wishes parents have for their own children. For example, all children receive additional support with their education to encourage high ambitions. All children and young people on the project have an independent advocate who can access the type of support the child or young person desires, and can report safeguarding issues to the local authority, ensuring the child is able to share concerns about the foster carers or the agency. The advocate is not just there to support them in response to crisis but as an everyday support through the care system.

This model has the potential to improve outcomes for children across the board, from placement stability to better health and educational outcomes. Match aims to show that the children and young people in its care can achieve better outcomes at a reduced cost of around 30% to the local authority. In future this could be scaled to other fostering services and to local authorities that could develop their own models of a single, consistent social worker for child and foster carers.

Early insights from implementation

Attracting and engaging local authorities

Early support from the Innovation Programme allowed Match to engage local authorities' interest in and to acquire their commitment to take part in the pilot.

Delegating services from local authorities to Match

Local authorities had different approaches to protocol setting which meant contracts were started at different stages. However, as contracts and protocols were kept simple and attached to pre-existing Individual Placement Agreements, the delegation of statutory duties proceeded relatively smoothly and swiftly. The contracts also covered the provision of wrap-around services for the relevant children and foster carers.

Section E

Learning on behalf of the children's social care sector

Section C of this report offered an analysis of long standing problems of practice that have serious and adverse effects for outcomes for children and young people, alongside some of the systemic barriers to innovation, which in the past have made it hard for commissioners and providers of children's social care successfully to tackle these.

Section D explored the wide range of new ideas and approaches, stimulated by the Innovation Programme, that the 53 project teams have begun to develop at the levels of practice, culture, leadership and system conditions.

In this final section, we draw together these discussions to explore the potential for the projects of the Innovation Programme, together and separately, to make progress towards solving seemingly intractable problems in children's social care. The implementation phase of the Innovation Programme is still in its early stages. However, before their evaluations have reported, our projects tell us that some clear themes are already emerging of the areas in which progress can be made.

1 Collaboration and reduced bureaucracy are empowering frontline staff to make a difference to children's lives

Across the programme there is a consensus that, in order to significantly improve outcomes for children and young people, the quality and availability of social work needs to increase.

Social work teams who share caseloads and a common theory of practice demonstrate the potential impact of consistency of interaction and stronger relationships with children, young people and families. In these communities of practice with collegiate support, social workers have the confidence to be more autonomous; are more likely to exercise professional judgement; and are able to be more creative in the ways that they interact with one another and with children, young people and families.

At a more practical level, working closely with families, tailoring support and building good and productive relationships takes a great deal of time; more than individual social workers have available. Working in teams makes efficiencies of scale available, and emerging paraprofessional and support roles are also helpful for relieving social workers of some of the administrative burdens, so they can spend less time in the office and more in the community.

2 Innovation in local authorities is occurring where there are coalitions across organisations with a shared vision and common values

Leading innovation requires significant skill and determination from a committed group of senior leaders. Projects are distributing leadership that builds coalitions of powerful people across organisational boundaries to drive through changes that can take hold and be sustained.

Leaders are emphasising the need for well articulated and aligned values across organisations and, importantly, are embodying these values in the way they behave. They are increasingly bringing large groups of staff together to share their vision and expectations and are creating regular opportunities for staff to interrogate and challenge what they are being asked to do. In addition, multi-agency governance groups provide the structures for agencies to work together with a clear and common aim, ensuring that the permissions, authority and funding for new ways of working come from multiple sources.

3 Co-producing care with children and young people is allowing practitioners to better match care to need

Listening, sharing information and engaging children, young people and birth families more actively in decisions affecting their lives is showing potential to clarify more accurately what care needs to be and to achieve. Understanding and supporting goals and aspirations is turning out to be at least as important as diagnosing need and managing risk. We are seeing this through initiatives including young people being involved in the recruitment of social work professionals; foster carers being trained alongside staff; and sharing of data and skills across the whole workforce that allows rich pictures to be formed of the needs and assets of children and families that are owned by them.

This kind of collaboration is leading to the development of more personalised and child-centred responses that focus on the specific needs of the individual child or family rather than making the best use of existing services, and brings into play their strengths and assets so they can see themselves as part of the solution rather than simply the source of the problem. The opportunity for cost savings, as well as improved outcomes, that an asset-based approach offers are widely acknowledged and are being actively pursued across the programme. In addition, closer collaboration creates the opportunity for a shared sense of ownership for solutions to develop, which may make successful outcomes more likely.

4 By strengthening the relationships at the heart of children's lives, practitioners are better able to increase stability, work alongside birth families and support adolescents

New approaches to providing residential care – respite, temporary and permanent – feature strongly in the Innovation Programme. Although a wide range of creative solutions is emerging, what the approaches share is a determination to enhance the quality of relationships at the heart of children's lives.

Therapeutic interventions such as family group conferences are contributing to strengthening relationships, in particular within birth families. Therapies are used variously to keep families together (and therefore children out of care); with families while children are placed to increase successful reunification; and with children and young people themselves to help with trauma and mental ill-health problems, the effects of which on longer-term outcomes are only just beginning to be understood.

Placement stability and all the attendant benefits come when relationships are positive, strong and consistent, and projects tackling this challenge emphasise support for understanding and taking into account existing relationships with immediate and extended birth families; with social workers and

teachers; and with friends and neighbours. This is requiring approaches that are flexible and adaptable enough to take account of long-term relationships and wellbeing in addition to short-term safeguarding – ensuring that bonds are maintained across time and distance where this is in the best interests of the child.

5 Integration of services can simplify fragmented systems and bring together the right blend of skills and expertise to help children and young people

Multi-agency working could hardly be called an innovation, but the practical problems associated with its implementation consistently feature as barriers to innovation. Teams in the Innovation Programme are using the permission and resource the Programme brings, and are building on their histories of success and failure, to push through new governance arrangements, models for risk sharing, pooled budgets, joint appointments and training, and data sharing agreements. In other words, all the organisational moves that are critical to successful multi-agency working.

The result, alongside a more efficient and coherent system, is the opportunity to implement and properly support multidisciplinary teams with the right blend of skills and expertise to really help children and young people.

6 New models for funding and commissioning are giving local authorities the means to incentivise providers to innovate

New organisational forms, spin-offs and mutuals, are diversifying the provider market, increasing competition to secure contracts and creating the space and capacity for local authorities to create new approaches. Some new providers are part of the Innovation Programme because they intend to deliver new evidence-based approaches that emphasise the connection between interventions and outcomes. The fresh ideas and approaches that these new entrants bring, and the evidence of impact they are able to deploy, challenge existing providers to respond with new evidence-based offers.

These models focus squarely on outcomes for children and young people, and use tools such as pooled budgets, de-risking contract mechanisms and joint commissioning to enable the collaboration between practitioners and flexibility of provision that improve care.

7 The system is demonstrating capacity to innovate to respond to 'new' problems as they emerge

During the early stages of the programme, several priority safeguarding issues have come to the attention of local and national government, and the Innovation Programme has naturally emerged as the place to develop system and practice responses. In this way the Programme has acted as a bellwether, with the call for ideas generating a range of responses to challenges that have since increased as practice, policy and public priorities.

These issues relate to previously hidden and therefore unmet but acute need:

- child sexual exploitation (CSE);
- female genital mutilation (FGM); and
- children and adolescents with poor mental health.

The effects of these specific problems for children and young people are, as yet, poorly understood. Project teams in the Innovation Programme tackling CSE, FGM and mental health are unpacking and understanding the challenges on behalf of the system and, at same time, developing responses for prevention, safeguarding and treatment.

8 Investment in innovation with rigorous evaluation has the potential to grow a culture of evidence-based practice

Projects joined the Innovation Programme committing to innovate in their practice and, in so doing, explicitly and self-consciously to learn on behalf of the wider system. This means sharing mistakes and failures as well as success, and in Programme learning events (online in webinars and face-to-face at conferences), project teams have consistently lived up to that commitment.

Projects are also investing in data and evidence either as part of their own drive to improve outcomes, or as an explicit focus for their project, with system-wide implications. Clearing houses importing and translating evidence-based approaches from overseas and the introduction of new and powerful datasets have the potential to increase access to reliable information to inform professional learning and practice development.

Finally, each project in the Innovation Programme has commissioned an independent, external evaluation, coordinated and quality assured by the Rees Centre for Research in Fostering and Education, based at the University of Oxford. Together, these evaluations will make a major contribution to knowledge about the practice of and systems for children's social care in England.

Conclusion

These early insights are necessarily provisional at this stage in the Programme. The progress demonstrated by projects, the enablers to innovation they have identified and the system barriers they are uncovering, all raise questions for the sector on how new approaches in children's social care can be best developed and supported. These questions will be explored further over the next six months of the Programme.

A final report will be completed after April 2016, when the Innovation Programme concludes, in which we expect to develop these ideas further and to explore in more detail precisely what it takes to innovate in children's social care. This final report will be complemented by the outputs from the independent evaluation, which will help us to understand the relative benefits and impact of the different approaches introduced by innovation teams on outcomes for children and value for money.

Spring Consortium
January 2016

References

Forward

1. 'Children's social care reform: A vision for change' (DfE, January 2016). <https://www.gov.uk/government/publications/childrens-social-care-reform-a-vision-for-change>

Executive summary

2. 'Children looked after in England (including adoption and care leavers) year ending 31 March 2015' (DfE, October 2015). https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/464756/SFR34_2015_Text.pdf
3. 'Children's social care data in England' (Ofsted, August 2015) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/453325/Childrens_social_care_data_in_England__2015_key_findings.pdf
4. At the time of writing in September 2015.

Section A

- 5 'Children's Services: Innovation programme problem analysis' (DfE, 2014).
- 6 'The Munro Review of Child Protection: Final Report' (DfE, May 2011). https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf
- 7 'Children's social care data in England' (Ofsted, August 2015).
- 8 'Children looked after in England including adoption: 2014 to 2015' (DfE, 10 December 2015). <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2014-to-2015>
- 9 'Outcomes for Children Looked After by Local Authorities in England as at 31 March 2014' (DfE, December 2014) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/384781/Outcomes_SFR49_2014_Text.pdf
- 10 'NEET Quarterly Brief – January to March' (DfE, May 2015) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/428492/Quarterly_Brief_NEET_Q1_2015_FINAL.pdf
- 11 The Who Cares Trust, retrieved 30 August 2015 <http://www.thewhocarestrust.org.uk/pages/leaving-care-what-happens-post-16.html>
- 12 'Children looked after in England (including adoption and care leavers) year ending 31 March 2015'.
- 13-14 'Children in Care' (National Audit Office, 2014). <https://www.nao.org.uk/wp-content/uploads/2014/11/Children-in-care1.pdf>
- 15-18 'Characteristics of children in need: 2014 to 2015' (DfE, October 2015) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469737/SFR41-2015_Text.pdf
- 19 'Children's Services: Innovation programme problem analysis' (DfE, 2014).

20 This includes children looked after; other children and family services; safeguarding for children and young people; and family support services. 'Section 251 outturn: 2014 to 2015 data' (DfE, 10 December 2015).

<https://www.gov.uk/government/publications/section-251-outturn-2014-to-2015-data>.

21 'Children looked after in England (including adoption and care leavers) year ending 31 March 2015'.

Section B

22 The National Implementation Service project contains five separate strands of work in different local authorities, each with its own evaluation programme; there are therefore 57 evaluation programmes.

Section C

23 'Children's Services: Innovation programme problem analysis' (DfE, 2014).

24 'Rethinking children's social work' (DfE, 2014).

<https://www.gov.uk/government/publications/childrens-services-innovation-programme>

25 'Rethinking support for adolescents in or on the edge of care' (DfE, 2014).

<https://www.gov.uk/government/publications/childrens-services-innovation-programme>

Section D

26 Munro, Eileen, 'The Munro Review of Child Protection: Final Report' (DfE, 2011), p.23.

www.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf

27 Estep and Kersley, 'Relationships for children in care' (New Economics Foundation, June 2014)

www.neweconomics.org/publications/entry/relationships-for-children-in-care

28 Bazalgette, Rahilly and Trevelyan, 'Achieving emotional wellbeing for looked after children' (NSPCC, July 2015).

www.nspcc.org.uk/globalassets/documents/research-reports/achieving-emotional-wellbeing-for-looked-after-children.pdf

29 'Edging Away from Care' (Ofsted, 2011).

www.gov.uk/government/uploads/system/uploads/attachment_data/file/419169/Edging_away_from_care_-_how_services_successfully_prevent_young_people_entering_care.pdf

30 Sroufe, Egeland, Carlson and Collins in *Child Development Principles and Perspectives*, by Cook and Cook (Pearson: 2009).

31 Munro, p.6.

32 Munro, p.9.

33 Munro, p.92.

34 Munro, p.23.