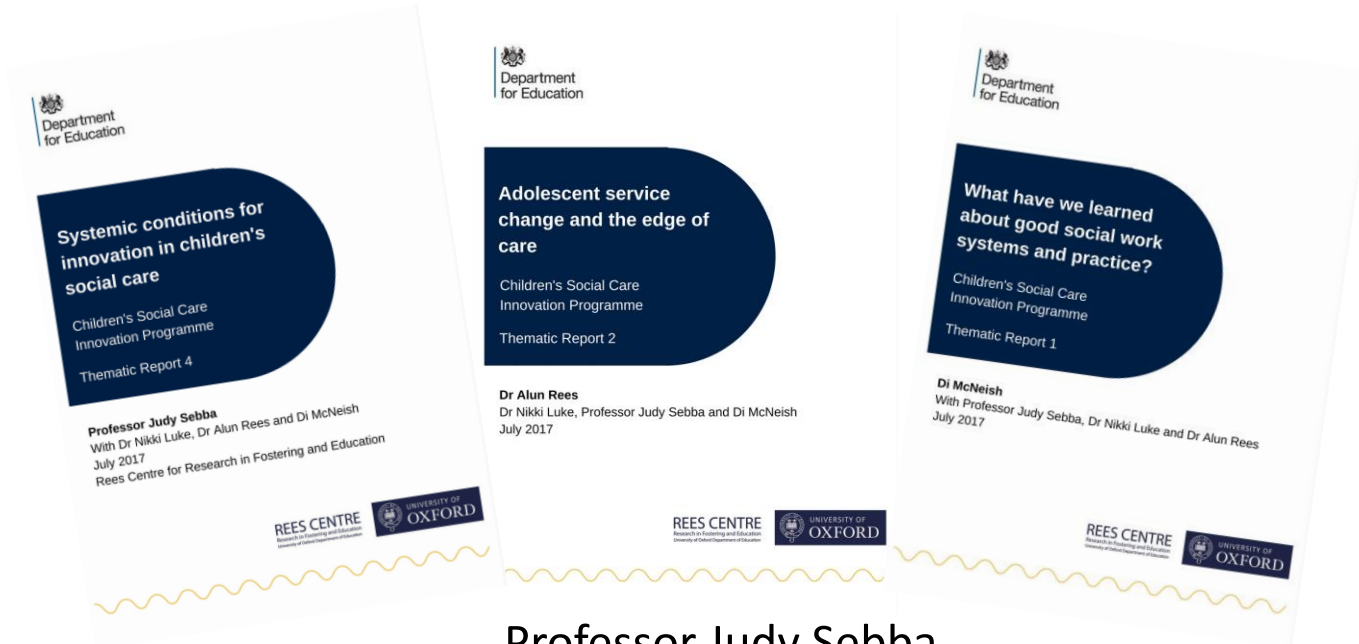


What works in children's social care? Messages from Wave 1 of the DfE Children's Social Care Programme.



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What the session will cover

- The Children's Social Care Innovation Programme – purpose, our role, evaluation Wave 1
- What we mean by innovation and its role in improving social care services
- What the Wave 1 evaluation suggests were the conditions for achieving changes in culture and behaviour
- Barriers to changing culture and behaviour
- Future developments to support innovation in social care services

Children's Social Care Innovation Programme (IP)

- IP set up to address concerns identified by [Munro](#)/ADCS /LGA reports* - regulatory framework/local structures too risk averse, insufficient focus on evidence of effective practice
- IP set up to inspire whole system change:
 - Improve the **quality** of services, so children have better life chances
 - Local authorities (LAs) achieve **better value** for money
 - Stronger incentives and mechanisms for **innovation, experimentation**
- Wave 1, 57 projects, social work, adolescents, CSE/Mental Health, fostering, adoption, repeat removals into care, etc.
- Rees Centre was Evaluation Coordinator - strategic direction, high standards of evaluation, minimising burdens on providers

*<http://www.adcs.org.uk/news/whatiscaresfor.html>

http://www.local.gov.uk/web/guest/publications/journal_content/56/10180/4048108/PUBLICATION

Innovation

- Innovation describes new practice, model or service that transforms mainstream ways of doing things to achieve better, *different* outcomes using new resources (or existing resources in new ways)
- Effective innovations are as about creating appropriate organisational contexts as well as the ideas themselves
- Innovation **not** always the best way of achieving improvement

Glisson, D. (2015) The Role of Organizational Culture and Climate in Innovation and Effectiveness, *Human Service Organizations: Management, Leadership & Governance*, 39:4, 245-250.

Organisations were more successful in achieving culture and behaviour change when they had:

- shared understanding of good practice – supported by a clearly communicated model or set of principles
- confidence, skills and tools to assess and work with families
- engaged the whole family in ways which combine empathy, authority and clarity of goals
- multi-professional working in which specialist workers e.g. domestic abuse, contribute to joint decision-making
- Effective use of evidence and ongoing use of data

These organisations motivated people around a shared ethos

Shared understanding of good practice

- Refining Theory of Change with staff and stakeholders secured commitment, reduces confusion e.g. Wigan and Rochdale's *Achieving Change Together* (CSE)
- Signs of Safety as a framework to enhance shared understanding – evidence of more effective risk assessment & management, safety planning
- Supporting families to become more resilient rather than telling them what to do:

“You let us explain ourselves, you don't come in here and tell us, 'You've got to do this or we're going to take your children away'”

(Parent, *Reclaiming Social Work* Evaluation Report, pp.40-41).

- Clinicians in *Focus on Practice* provided supervision & helped tackle 'stuck cases' - led to improvements in practice

Confidence, skills and tools to work with families

- Models of working included SoS, OBA, RP, FGC, interventions
- Staff training e.g. MTM trained 7180 SWs in SoS, NE Lincolnshire 1339 staff in SoS, Leeds nearly 6000 in RPs led to:
 - high levels of increased confidence
 - significant reductions in CIN in NE Lincs & Leeds
 - cost savings Leeds (£280/family), NE Lincs (£3.80 for every £ invested)
- MLA's *Reclaiming social work*, training in systemic practice, quality of group systemic case discussion and clinicians all contributed to higher quality of practice
- Role of volunteers and supervision in enhancing SW practice, increasing direct contact time with families e.g. Hants, SF

Overall, Wave 1 evaluations 10-18 months, so too early for sufficient evidence to strongly favour any one model.

Engaging the whole family

- Many evaluations reported on the effects of engaging the whole family in the intervention
 - e.g. Doncaster's *Growing Futures* reduced repeat referrals for domestic abuse by 16%, working with **all family members**, having **one key worker** (the DAN), **small caseloads** and working with perpetrators all contributed to this
 - MTM's *Signs of Safety* (SoS), 53% of the 270 families were not re-referred to children's services including 86 of the 97 closed or stepped down to early help. Attributed partly to greater engagement of families and involving children
- Engaging young people - co-design and co-production with users
 - e.g. Stoke's *House Project* - young people transitioning from care helped set up and run an innovative housing cooperative
 - University of Kent's co-design workshops with young people, their carers and social workers, to scope out new digital service

Multi-professional working

- Specialist workers made substantial contribution to improved outcomes – provided specialised input to families but also changed team dynamics - development of more genuinely multi-professional work
 - e.g. Ealing's *Brighter Futures* included clinical psychologists, family support, youth justice and education workers, as well as a Connexions specialist, and social workers
- Youth work approaches can be effectively used with families suspicious of social workers
- Co-located teams developed and adopted shared vocabulary providing families with more accessible and consistent language
- Individual professional expertise shared, but enhanced through sharing case knowledge in regular team meetings in which any team member could take on the role of lead professional
- Group case discussion within a clear framework for practice (for example MI, SoS) seem to have contributed to better outcomes

Effective data collection/data-sharing agreements

- Effective data collection and use of data/evidence base – consistency in what is recorded, data sharing agreements
- IP Evaluations increased capacity to evaluate - better use of routinely collected data assisting LAs to continue to make use of evaluation to shape their services


e.g. Newcastle's Family Insights:

- employed 2 data analysts provided data for decisions, helped practitioners see data as an asset
- ChildStat - monthly performance focused meeting using metrics for case reviews
- caseload management dashboards
- data warehouse brought together multiple sources of information on families

Barriers to progressing innovation

- Lack of clarity about objectives and target population, created confusion amongst staff and stakeholders, 'us' and 'them' - often linked to communication challenges
- Setting up and lead-in took much longer than expected e.g. legal/statutory regulations, buildings, new delivery models
- Lack of capacity to innovate:
 - SLT (vacancies, multiple roles) - IP as a distraction rather than a lever for improvement, managing risk aversion (sometimes in relation to elected members' concerns)
 - Social work service functions/structures lacked capacity to innovate – worsened by SW turnover
 - Project management and admin support lacking
 - Risk of complacency where partnerships have worked before

The slow pace of change

- System-level change often slow e.g. *Pause* evaluation noted limits to what advocacy at operational level could achieve, e.g. where established protocols de-prioritise clients within services e.g. missed appointments  case closed
- ‘One of the things we’re coming up against....it’s just a traditional thing within local authorities...we are very slow to change policies and procedures so when you’re trying to be innovative and very quick in reacting to the needs of our young people, it’s just two clashes of pace. It’s a major obstacle,...the council moves in a more sluggish kind of way, they are not saying “no we can’t do that”, quite rightly they’re exploring how we go about changing council policies that are long written in stone.’ (House Project Evaluation, pp. 62-3)

But even in the short timescale some major achievements

Family Safeguarding Hertfordshire (FSH)

- “Effective management oversight and strong interagency working meant that the key planks of FSH were put in place swiftly, challenges were generally overcome and the reforms were delivered in an impressively efficient manner”

£2.6 million saved Forrester et al. (2017) Final Report

- Norfolk and Suffolk’s mental health project, *Compass* offered bespoke package to 152 young people in care/at risk. A Virtual Residential School offered training and supervision to 96 foster carers in placements attached to the school, and therapy. 9 young people admitted to the service with a legal status were discharged without one, only 3 children entered care. Of 16 young people who were living in foster care at referral, 5 were reunified. For each £1 invested, £3.39 was saved Calderón et al. (2017) Final Report

Future developments needed

- In $\frac{2}{3}$ projects in Wave 1, services improved - outcomes reflected the aims, or service users reported improvements

But, the evaluations revealed the need for:

- Increasing pace while taking everyone on board
- Data-sharing agreements of two types:
 - sharing across agencies within an LA e.g. in Ealing's *Brighter Futures* and North Yorkshire's *No Wrong Door*, added rich multi-agency context in which to make decisions
 - Sharing across agencies and LAs e.g. CSE projects
- Discrepancies in definitions, timescales and measures limited comparisons across innovations or across the same innovation in different areas.
- Development of common set of measures for assessing and reporting on trends and social care outcomes including cost effectiveness building on [Barnard et al.](#) work on key indicators