Breaking the Lock

A new preventative model to improve the lives of vulnerable children and make families stronger

By Amanda Kelly



iMPOWER

INTRODUCTION

iMPOWER shares the ambition of those in the public sector who believe that we must improve the lives and life chances of the most vulnerable in our society. We have, alongside local public servants, been rolling up our sleeves and working in some of the country's most complex and challenging environments to help effect whole system change across children's services. We have drawn on insight from what has worked elsewhere and, in some cases, where there has been a history of systemic failure we have had to rip up the rule book and try something different.

Our experience of working with a range of partners with different challenges gives us license to take a step back and offer a perspective on the bigger picture.

This paper sets out our view of an effective model for children's services that places the emphasis on prevention and early intervention. We have written it with three goals in mind. Firstly, to support the development of thinking about the future of children's services; secondly, to test the strength of our conviction against experiences in local government; and finally, to help progress a conversation about what 'good' in children's services looks like in the real world.

Many people reading this paper won't be surprised that this has placed us at odds with Ofsted, which appears to be looking at children's services through a one-dimensional lens. Partly, this is because of an outdated approach to inspection that fails to appreciate the role that partner agencies can play in delivering better outcomes for children and families, while also helping to ensure safe access to services for children in need or at risk of being in need. It is also because they have so far proved unwilling to acknowledge that wider public spending pressures are forcing councils to be more innovative when it comes to approaches and models. This reality is therefore not reflected in their assessment of local government's ability to deliver safe and good quality support and protection for vulnerable children.

Critically, the single word judgement issued to councils following an Ofsted inspection does little to describe the overall progress or challenges facing local councils, nor does it provide appropriate balance for the detail that may be present in a report. Rather, it heightens anxiety, increases risk in the system through increasing demand and can lead to significant workforce turbulence. This single word is often all that the majority of people see when the outcome of an inspection is presented in the press and it can have huge consequences for young people, families and professionals at many levels.

Perhaps of greatest concern is the illusory idea that, following the four-week intensity of an Ofsted inspection, a completely broken service can be fixed within six months with a whole series of actions that need to be taken immediately, by a service in chaos, around a series of complex issues.

Our analysis shows that the impact of a negative inspection serves the complete opposite of its purpose to protect children and improve their outcomes. A quick glance at councils recently found to be inadequate demonstrates some stark impacts. These include an increase in work volumes of up to 50% (in already overwhelmed organisations), a significant reduction in timeliness of intervention (leaving children more unsafe) and a surge in staff turnover with the resultant use of an ever more transient and costly agency workforce.

The current approach has all too often resulted in the most acute form of failure, something we refer to as systemic lock. This occurs when local systems break down and each agent retreats away from children's services. The service is seen as an unreliable partner to be avoided and, as such, catastrophic failures can often ensue. Louise Casey and Professor Alexis Jay have illustrated very cogently the impact of the systemic lock effect in Rotherham. Whole system leadership and more timely intervention are ideas that are firmly rooted in the desire to break this lock and both feature heavily in our proposed preventative approach.

Many important representative organisations such as the Local Government Association (LGA), Association of Directors of Children's Services (ADCS) and British

Association of Social Workers (BASW) are currently engaged in debate and discussion on the challenges confronting children's services. A particular focus of this is dealing with a regulator that sees itself as both inspector and improvement partner and balancing a relationship with, as one leading councillor put it, an organisation that "is trying to mark its own homework."

We have referenced Ofsted's negative impact in this introduction because it currently casts a long shadow over the children's services world. We will, however, deliberately move past the debate about what role the regulator should or shouldn't play in the rest of this paper. This is not because it lacks importance, far from it. Its evolution matters a great deal and organisations such as those above are currently leading on this. For iMPOWER, it is more reflective of our position and role to instead focus on the argument for change and explain how to make it happen.

This paper articulates the rationale behind our belief in a preventative approach and offers a framework for a new model, which we believe can be adopted across the country.

NOT IF BUT WHEN...

The state of the system and the challenge of safeguarding children post Rotherham

"We may live to regret not investing in early intervention... we may not just be shooting ourselves in the foot, we may be shooting ourselves in the head."

Alison O'Sullivan,
President Association of the Directors of Children's Services (MJ Future Forum 2015)

Government policymakers and children's services managers are now at the point where they need to decide what model of children's services they will adopt for the next decade. The choice is unambiguous. Do they adopt a model that is focused on early support for children and families, preventing, as far as is safe and possible, the need for children to be looked after by the state, or do they continue with a remedial form of service where we take increasing numbers of children into care as they are presented and fund this system at an appropriate level?

The latter is a form of uncertain help. With this approach we never solve the real problems afflicting children and their families; we merely cauterize the emotional and social wounds, leaving many with lifelong scars. At iMPOWER we strongly reject this model and wholeheartedly believe that the future of children's services is one that looks to prevent, where safe and possible, vulnerable children and families needing acute levels of support from the state.

The argument grows ever stronger

The argument for a move to a preventative model is based on two critical factors that speak to both the quality of life and outcomes a child should rightly expect and the ability of the state to support and provide care sustainably.

Firstly, there is a wealth of evidence[1] from Munro to Laming and a wide variety of others[2] that explains the weaknesses of the care system and the effects that entering it has on a child's life chances. We need to recognise, however that for some children, for example,

those who are suffering from severe neglect, such an intervention is not only necessary but can be a positive life altering experience. Accepting the positive role that care can play, our contention would be that for many children coming into the care system the interventions have either come too late or been ineffective for too long. Thus the point at which children enter the care system the long term damage has already been done and it would be nigh on impossible for the care system alone to add such value that those children go on to achieve in line with those children who have not had such a difficult start to life.

The real focus of the arguement should therefore be on improving the quality and timeliness of the interventions so that we capture those at risk much earlier. If we formalise the universal and universal plus services as part of a wider early intervention offer, pulling in people such as health visitors and school nurses, teachers and GPs, we will be better able to target our resources so that we intervene in the right way at the right time.

The argument for prevention

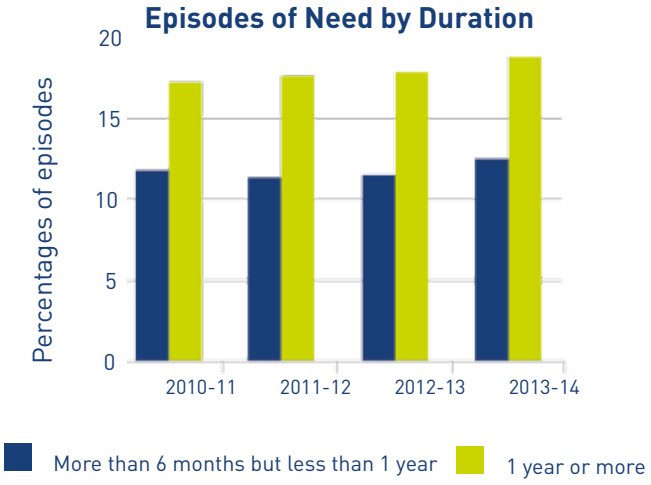
When they are at risk of harm children should, of course, be removed but we can't hide from the reality that outcomes for children in care are on average markedly worse than for those who are not.

There is a long and disheartening list of links between experience of the care system and eventual poorer life outcomes.

- Nearly one in four of the adult prison population had been in care, despite those who have been in care making up less than 1% of the total UK population.
- Approximately a third of homeless people have been in the care system[3].

Secondly, the numeric trends behind children's services make for sober reading. Re-referrals into children's services nationally rose from 147,000 in 2013 to 154,000 in 2014[4]. The total numbers of looked after children have risen steadily in the last five years, up by 7%[5] since 2010 and the length of individual episodes of need are also rising.[6]

This again supports the argument that we are intervening too late and ineffectively.



We estimate that this surge in demand has increased costs by more than £350 million in placement costs alone. Factor in the costs of social work and independent review time and this would be significantly higher.

Local authorities suggest that around 14% of social worker posts are currently unfilled[7] and the shortage of qualified social workers has also increased the use of agency staffing (costing upwards of an estimated £150m nationally). This is adding yet further costs to a system that is already having to find substantial efficiencies.

One can't help but question what could have been achieved if this additional spend had instead been used to fund more preventative approaches. Taking a conservative estimate that every pound spent on prevention could save two pounds on more complex interventions, the argument for change is clear.

Towards system wide prevention

Strategic leaders of children's services will be familiar with much of the work published about the increasing need for a system wide approach to safeguarding vulnerable children. Most recently, Professor Alexis Jay and Louise Casey[8] have made the case that significant failures in safeguarding tend to be systemic, reaching far beyond the remit of the social worker and into other agencies. The Department for Education's (DfE) own

figures show that 51% of all referrals into social care come from the police, NHS or schools, which suggests that these partners are critical to solving the children's services challenge, if for no other reason than by default they are part of the current problem.

The argument for a multi-agency approach

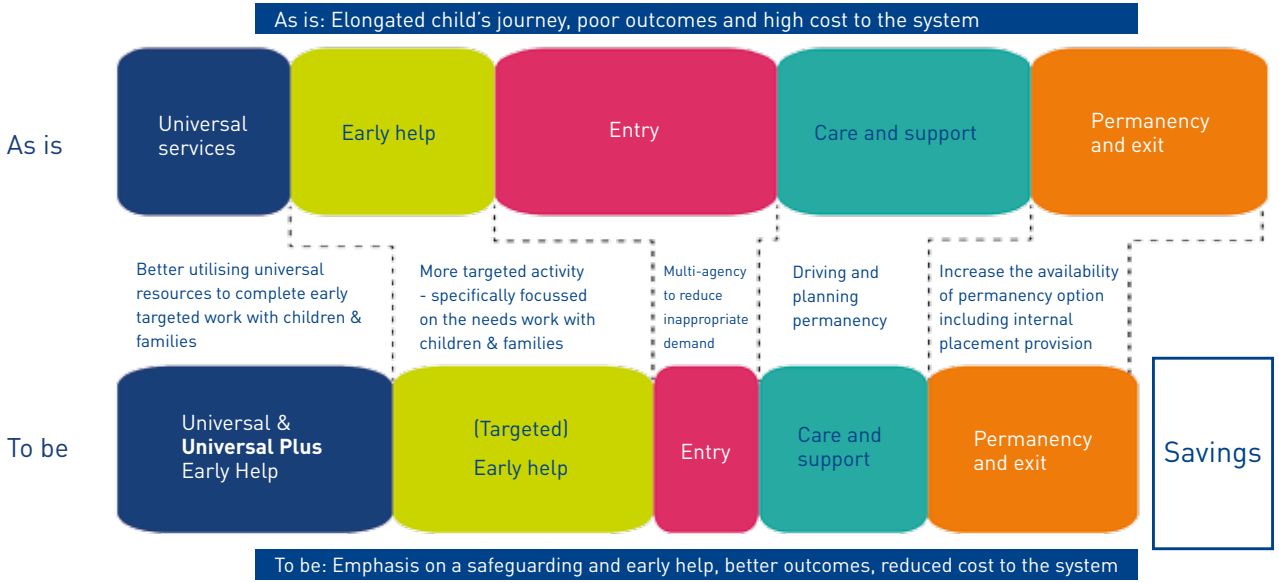
The fastest rising primary reason for children in need is 'family dysfunction' (15.7% of cases in 2010 to 18.6% cases in 2014[9]) ; an issue of great complexity which, in many cases, can not be remedied via the traditional social worker route. Without mistaking correlation for causality, it is worth noting the connection between the increasing duration of episodes of need and the increase in the identification of family dysfunction. Both increase at similar rates over the same time period, suggesting complex social problems, such as family dysfunction, are likely to consume ever larger amounts of resource. Such problems, as complexity science[10] and more generally the sheer wealth of professional anecdotal experience in the sector tells us, can't be solved in isolation from other agencies. Distributed problems need whole system responses. A powerful example would be the troubled families agenda, which demonstrates that targeted and integrated early intervention can have a demonstrable positive impact on children's lives; breaking the cycle of repeated failed interventions from a multitude of different agencies.

It is self-evident that the shift towards a system wide prevention is not a question of if but when. If the mission is to make children's services safe and sustainable in this world the challenge is how.

SYSTEM WIDE PREVENTION

A new model for dealing with increasing social complexity and declining budgets

In Section 1 we frame the case for a shift to a preventative model as being driven by two critical factors; the need to improve outcomes and life chances for vulnerable children and need to make services more sustainable. The recent increases in demand and substantial resultant cost pressures alone make the current model unsustainable in its existing form. When considering how to move towards system wide prevention a good starting



point is to conceptualise what system wide prevention looks like in contrast with what is considered the norm for most children's services.The last decade has seen rising demand for children's services across the board, resulting in increasing numbers of children receiving multiple assessments and a pattern of children ping-ponging between social care and earlier intervention services. The pressure on social care services inhibits social workers' ability to respond with relational social work. Once children enter the statutory assessment process, they are more likely to remain 'in the system'. The danger of this model is that it becomes almost a conveyor belt through the statutory system with the end destination of a looked after child.

Our work with councils has shown the need to break this model, and invest larger proportions of the statutory spend on earlier intervention to reduce the number of children who ever need a statutory assessment or response in the first place. To achieve the efficiencies required and maintain positive outcomes for children and families, this requires a deeper level of integration across the system; with health and health visitors; with police and local policing teams; and, critically, with schools and academies.

Achieving this would result in more children's needs being met through a stronger offer of universal provision, a more comprehensive, integrated and multi-disciplinary targeted early help offer and therefore a smaller number of children requiring a statutory response. This model would also allow for smaller caseloads for social workers, freeing up the face time they need to actively intervene in families' lives and achieve permanent solutions for those children in urgent need of protection.

For a children's service, the above graphic provides a clear picture of what this change looks like at a high level. In short, it is a significant shift towards early help services that identify families and children before they reach points of distress and intervene effectively. This requires a multi-agency approach, particularly to reduce inappropriate demand for services.

The preventative model produces better outcomes for children, is financially sustainable and builds staff morale and capacity.

The primary focus of a preventative model is on providing children with the maximum opportunity to fulfil their potential. As noted in section 1 there is a considerable body of evidence to support the argument that children achieve higher educational and social outcomes when living in their own family environment as compared to children taken into care. Therefore we should, as a core system principle, be focused on effective and comprehensive early help activity in order to support children and families as early as possible, and reduce the number of Looked after Children as far as is safe and possible.

Secondly, we must recognise that from all serious case review findings it is not just the fault of social care workers in instances where children have been let down by the system, systemic failure. The preventative model has the built-in assumption that we are dealing with complex social systems where silo-based organisational accountability fights against dealing with the true nature of problems. A preventative approach needs, at the earliest stage, the identification of families that require support and children that might be at risk, clear responsibilities and accountabilities for the respective public agencies, and specific expectations for how all agencies should interact at an early stage to prevent children coming into care.

Finally, the preventative model places an emphasis on the quality of assessment and support provided to children if they are brought into care. Here the focus must be on creating a more diverse, better trained and supported workforce that is permanent and developed rather than transient and operating in a culture of fear of reprisal. An effective preventative model must define a new performance management system that focuses on the key aspects of a great service; evidence of coherent, joined up partnership working; effective preventative and early help services; high quality and timely assessment; stability and improving outcomes for looked after children. This must be delivered within an organisation that has strong and consistent leadership and a demonstrable learning culture.

What we are proposing and what we are not

When we talk about a new model for children's services and set out a vision of an increased role for early help we must be clear about what we are not proposing. We are not proposing to keep lots of children out of children's social care by refusing them a Children in Need (CiN) assessment. It is not about holding children inappropriately in some sort of multi-agency early help holding pattern until such time as they crash into the child protection space.

Rather, what we are proposing is rethinking the approach to cases categorised as CiN and what role early help, through a broader social care interface, has in supporting families through real intervention and support.

Some analysis we have completed with councils has shown that many of those children categorised as 'CiN' are not receiving services, do not have clear plans and, even more concerning, are not being seen. The impact of a rise in demand across the country naturally leads social workers, with ever burgeoning caseloads, to leave these cases at the bottom of the pile. While the purpose of a Child in Need assessment is to ensure that children receive services to prevent their health and development being impaired the stark truth is that having such an assessment does not automatically lead to any additional services in many councils. Instead, it often increases risk because there is a misguided belief that these children are now safer because they are in the social care system.

It is our view that having a coherent, effective early help offer is fundamental to making the whole system work. This will need to be supported with a corresponding shift in resources. Investment is essential to prevent need from escalating but we must also ensure that these resources are allocated to those interventions that prove effective in dealing with the increasingly complex and distributed nature of problems vulnerable children and families face (eg. child sexual exploitation) and that deliver a return on investment.

Early help must be seen as a component part of a wider whole system that is focused on responding to the needs

of children earlier, ensuring that we provide the right help at the right time and that early identification and early help are firmly within the scope of child protection services. To have the greatest impact we need to ensure that all of our universal, voluntary and targeted support services work together to improve the lives of our children and reduce to a minimum the need for direct intervention by social care professionals.

"Councils know they have a key role to play in looking after children, but it is not a job they can do alone. We need a million eyes and ears looking out for our young people. Far too many times social workers hear of abuse too late, when we need to be intervening earlier."

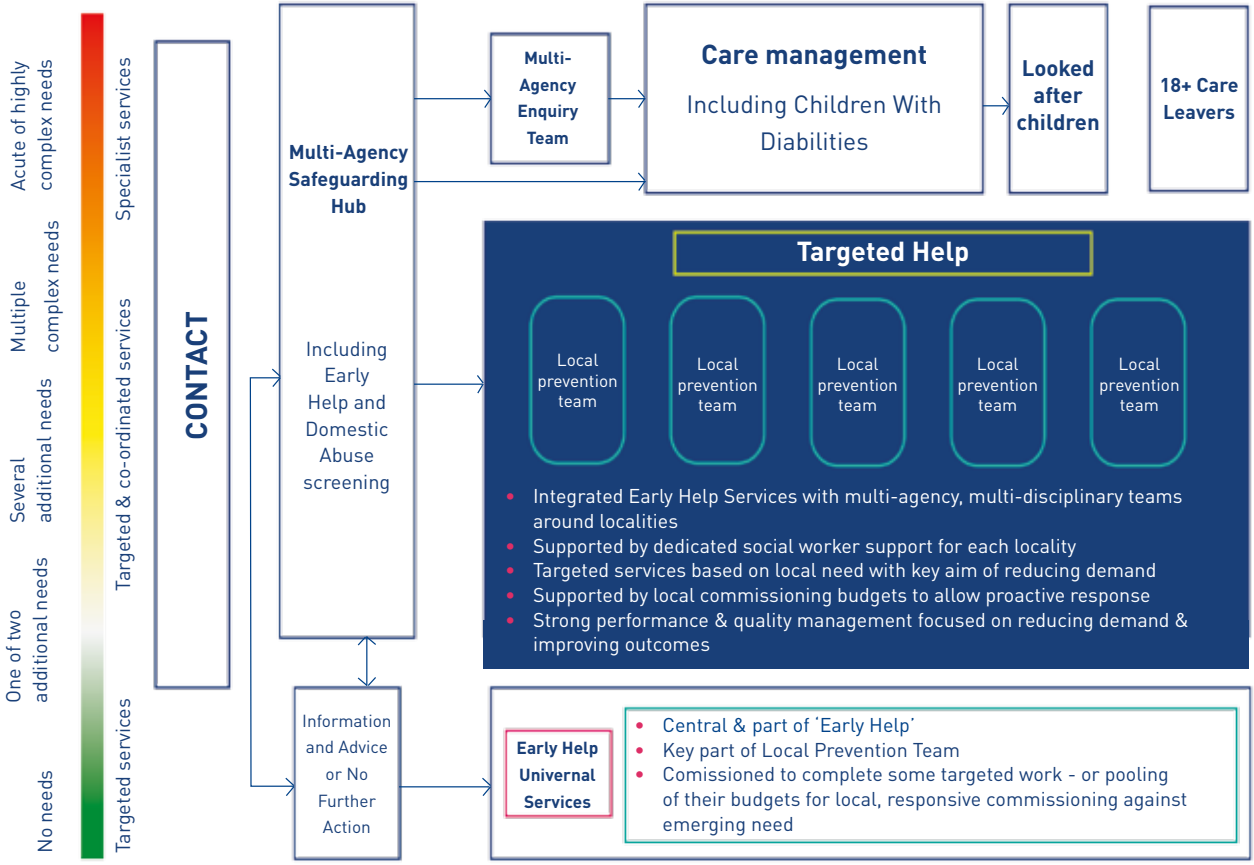
Cllr David Simmonds,
LGA Chair for Children and Young People Board

The main driver for this model must be about doing the right thing for children and their families. However, given the financial position of all public bodies, we shouldn't shy away from admitting that this shift towards prevention should drive greater efficiencies. They are a secondary, yet welcome, by-product.

For early help to be successful it needs to be the catalyst for multi-agency working and enable a common dialogue to emerge across the partnerships. We need to see police, health bodies and schools demonstrating their commitment to this approach.

In the section above we outline a conceptual model for rebalancing the focus on early help. Below we set out what that could be like from an operational perspective. The new delivery model presented below shows a key focus on multi-agency working at all levels of the children's system to better safeguard and respond to children and families' needs. While there is much talk of health and social care integration for adults, we would argue there are significant opportunities in driving health and social care integration for children's services – wrapped around schools and learning centres.

Creating a New Delivery Model



When contrasted with the high-level diagram earlier in this section, the above figure starts to elucidate the level to which integration is needed. There needs to be a deeper level of multi-agency integration at every level of need. Although the creation of multi-agency responses to safeguarding referrals is now well established through Multi-Agency Safeguarding Hubs (MASHs), we believe this level of integration is needed throughout targeted and universal early help provision. The provision of early help for families in their communities needs to be the dominant brand, with silo services and multiple assessment to be replaced with real, tangible interventions often from a single practitioner working across a number of traditional 'disciplines'.

The argument often played out against this model is that 'only social work assessments have worth and only social workers are capable of managing or responding to risk'. Regulators have also put forward arguments that information provided by partners has no validity and can only be treated as a true assessment if it is overseen by a social worker. We would assert that to labour under the misapprehension that the best way to protect children and improve their outcomes is only achievable if they are labelled as CiN is wrong headed. The evidence presented in this paper and the multitude of recent academic study devoted to addressing challenges related to children's services refute those arguments. Given the pressure on social workers at present, it is difficult to see how a remedial model built on assessing and bringing into care ever-increasing numbers of children is sustainable. As we have already established, such a model offers highly unequal outcomes for the children concerned.

The remedial 'as is' system that many authorities currently operate and which Ofsted appears to favour is reaching breaking point. Not only are we at a financial breaking point; we are also at a tipping point in terms of the resilience of the people who are working within that system[12].

What children and families need is direct support and intervention at the earliest point possible. Assessment of risk and protection through a multi-agency hub allows quicker diversion to early help resources, wherever

appropriate, and encourages the service to appropriately assess and support those children who actually require a social care response to keep them safe. The presence of partners in decision making – both in a MASH and in multi-agency early help locality hubs – enables comprehensive assessments in real time. It also means that families can actually start to receive the services they need in order to experience improved outcomes rather than being on an assessment merry go round re-telling their story for weeks, months or years.

Operating as a whole system

A new preventative model is not about shifting problems around a system so that social care can reduce its burden and buy another five years of business as usual. Rather, we are saying that the model needs to operate as a whole system. We need all local agents to take responsibility for dealing with our most vulnerable children and families and one of the key things needed to achieve this is to build practitioner confidence in the model and clarity on how it works. This is not about holding risk inappropriately or expecting people to work outside their capability or sphere of experience. All parties need to trust that the system will work to protect those who need protection at the point of need. However, we also need to make sure that we don't risk destroying any growing sense of independence or self-resolution through repeated heavy-handed assessments when a lower level intervention would have delivered much more in terms of addressing need earlier and in a more comprehensive way. In its very simplest form, the model is a shift towards tackling the cause of the problems, not the symptoms.

Local authorities alone have few levers for forcing partners to come to the table, to engage and ultimately to do things differently. This is not about enforcing roles and responsibilities or enshrining accountability in legislation. What we need is greater systems leadership. We need the leaders from all agencies to recognise the role that they can play in making children's lives better. There will be elements of reciprocity across the system as making one part better impacts positively elsewhere. However, the biggest gain will be in setting a generation of children up to succeed rather than fail. This is not the sole or even

primary role of the local authority or social services. It takes a village to raise a child. Leaders from all parts of the system need to play their part.

The short table below highlights the interlinking key dynamics of the preventative model.

Necessary elements for success

- Strong leadership across the system, which dessimates from chief executive level to front line staff.
- A clear understanding of what success will look like and the impact that the changes will have across the system. Identify those areas of mutual reciprocity.
- Agreement on what the truth / problem / issues are – effective baseline. What do we need to improve and what is our starting point for measuring success?
- A clear governance model from the outset but try and share leadership across agencies for different parts of the system.
- Clear roles and responsibilities.
- Sufficient capacity and capability to support and deliver change.
- Robust, open and honest relationships with local area partners so that each is fully aware of the costs and benefits of an integrated approach.
- Aligned implementation of local partner's agreed vision for an 'integrated approach'.
- An immediate communication and engagement plan.
- Real performance management focus an developing culture of tackling poor performance.
- A focus on getting permanent staff in place and building a culture of support and trust.
- Permanent staff involved in the programme.
- Engagement and support politically not just members but also governors, trustees etc.
- Some 'quick wins' to build momentum.

CHILDREN'S SERVICES AT THE INFLECTION POINT

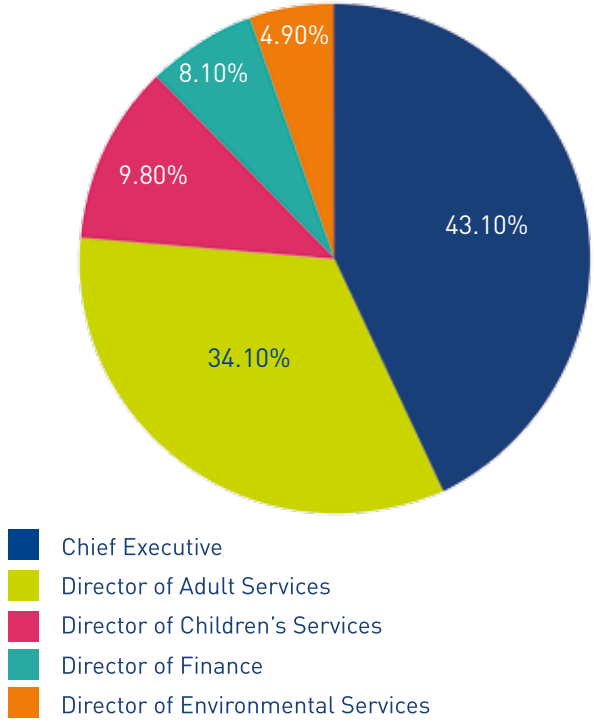
The next steps for chief executives and senior directors

In iMPOWER's recent report, *The Inflection Point*[13], we explained how the local government sector was on the precipice of immense change but that its future was still contingent – individual local authorities still held the power to decide their futures. This is especially true of children's services and the election in May 2015 offers us a moment for renewal.

It is important to note that there are some strong positives, particularly when it comes to the leadership of children's services. Despite significant criticism and challenge of directors of children's services, iMPOWER's own survey work highlighted that very few chief executives and senior directors (9.8%) believe there is a need to radically alter the role for it to remain effective.

Which of the following senior roles in local government will most need to change to remain effective over the next three years?

14



This vote of confidence in the role as it is currently constituted must not be seen as an excuse not to change, but a reflection that without stability in that role there can be no change at all. The government also recognises the need for change. The DfE transformation fund has been a welcome addition to the innovation conversation in children's services and many of the projects it supported were focused on multi agency working and early intervention.

Holding your nerve

As we consider what the future direction and model of children's service should be we would like to offer some final messages. For government policy makers we make a single recommendation below.

For chief executives and directors of children's services our messages are as follows.

- Local authorities must hold their nerve. Prevention and early intervention are a direct challenge to the status quo. This means that certain interests who would prefer to see a continuation of the remedial model we currently have, will negatively target them. This is a shortcut to financial failure and does little to address the underlying inequalities that derive from a young person's life in the care system. Local authorities should support the efforts of the LGA, ADCS and others in building a constructive dialogue with government and Ofsted to attempt to resolve tensions around inspection and funding.
- System leadership needs a critical focus. Better life chances and outcomes for children should be a universal public service outcome. Therefore, it is an effective gateway to building relationships across your local systems but it should not stop there. System leadership in its own right should be a strategic priority of local authorities, irrespective of whether they consider the preventative model to be appropriate for the future.
- Directors of community services should focus their efforts on driving earlier intervention to sustain manageable workloads for social workers, thereby allowing them to focus on the needs of the child.

A Royal Commission into the Support and Protection of Vulnerable Children

We believe the new government elected in May 2015 should create a royal commission into the support and protection of vulnerable children. The government in Australia has recently adopted a similar approach with their Royal Commission into Institutional Responses to Child Sexual Abuse[15] and we strongly believe that a similar approach is needed in the UK. While we believe that is possible to find a resolution to the tension that exists between government, Ofsted and local authorities (and have encouraged as much in this paper) it is also clear that we need to elevate the conversation above sectional interests.

A motivating factor behind the decision to create the royal commission in Australia was the acknowledgement that failures to protect children were largely systemic. This is the same in the UK. Such a commission would create the space for an open and transparent conversation about the future for children's services and could offer strategic clarity for policy makers about which direction they should be taking them.

Irrespective of the differences of opinion on what model best sustainably protects children, of which we clearly hold a strong view as evidenced in this paper, we are all united by the desire to keep children safe and allow each of them to live up to the full measure of their potential. A royal commission would put this unity to work for the betterment of our most vulnerable children.

Footnotes

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf

[2] http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20Exec%20summaries/Couldn'tCareLess.pdf

[3] Dixon J (2008) 'Young People Leaving Care: Health Wellbeing and Outcomes', Child & Family Social Work 13:2. 207-217

[4] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/367877/SFR43_2014_Main_Text.pdf

[5] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/359277/SFR36_2014_Text.pdf

[6] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/367877/SFR43_2014_Main_Text.pdf

[7] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287259/Social_Work_Workforce_2012-13_SFR_v1.3.pdf

[8] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/401125/46966_Report_of_Inspection_of_Rotherham_WEB.pdf

[9] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/367877/SFR43_2014_Main_Text.pdf

[10] http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/833.pdf

[11] iMPOWER Research and Modelling

[12] http://www.impower.co.uk/wp-content/uploads/impower-research-report-FINAL.pdf

[13] iMPOWER iNSIGHT Survey, Dec 14 – Jan 15, 125 Responses

[14] iMPOWER iNSIGHT Survey, Dec 14 – Jan 15, 125 Responses

[15] https://www.childabuseroyalcommission.gov.au/

CONTACT

For more information on this report, please contact Amanda Kelly.

iMPOWER Consulting Ltd

14 Clerkenwell Close

London EC1R 0AN

enquiries@impower.co.uk

