




Turning the Tide

Why driving effective prevention in children's services requires a system re-think



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INTRODUCTION

iMPOWER exists to work alongside the public sector to help 'shift the needle' on complex problems. Our underlying belief over the last 10 years has been that, to do so sustainably, requires local authorities and health services to focus on demand for services, driving prevention, early intervention, and the independence and resilience of citizens at every level.

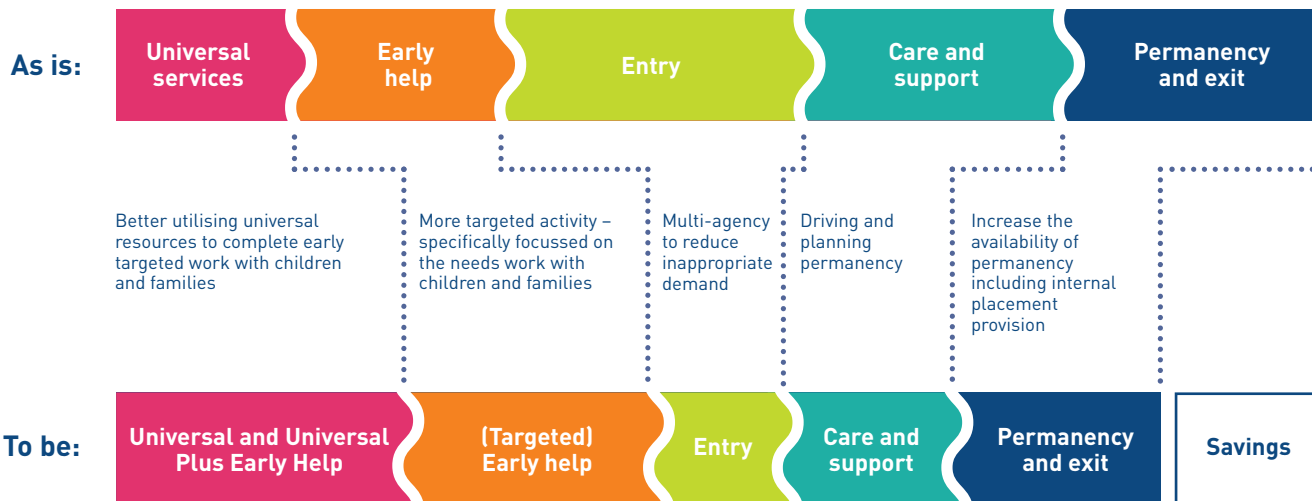
Our experience of working with numerous local authorities has given us a unique insight into the best ways of doing so, and the pitfalls that can be faced when key steps are missed in building the evidence and commitment to 'shift the needle'. Equally, often we have found that if problems are addressed either too narrowly or too broadly, the system can easily become 'locked'.

In 2015, we published our innovative white paper 'Breaking the Lock', setting out our view on what an effective model for children's services needed to look like in the context of rising demand for statutory services.

Our view was then, and remains so today, that the emphasis must be on prevention and early intervention to 'turn the tide', from high cost, and often poor impact statutory provision, to earlier impactful intervention that builds sustainable resilience in families. Illustrated on the following page, this means effectively tackling problems early on before needs escalate and crises occur, leading to the need for costly social care and other specialist interventions.

Delivering this sustainably not only improves outcomes for children, but helps achieve sustainable provision through reducing demand.

Elongated child's journey, poor outcomes and high cost to the system



Emphasis on a safeguarding and early help, better outcomes and reduced cost to the system



Breaking the Lock resonated strongly in the sector, helped a number of Directors of Children's Services re-frame the ambitions for their services, and provided a narrative to underpin their response to medium term financial challenges. However, we have continued to see a number of local authorities pushed to deliver cuts in preventative spend to make immediate cashable savings, and this is contributing to longer-term demand pressures. The current approach clearly isn't working; 75% of local authorities over-spent on their LAC budgets in 2015/16.

Our views on the necessity of focusing on a preventative model remain steadfast. Through working with over 30 local authorities since Breaking the Lock was published, we've amassed a body of evidence and analysis that demonstrates why this is the only credible answer in creating sustainable service provision, as well proving our theory of how this should look in practice.

The sector continues to face key challenges, whether it be rising demand for statutory services, a broken market for looked after children's placements, or a central government that largely ignores the plight of vulnerable children until a case of tragedy hits the news.

Thinking time is precious, and often restricted at a strategic level as a result of management cuts. As a key partner of the sector, we want to share our evidence and views to further the debate on how to create safe and sustainable services that both protect young people from harm, but crucially, build resilience in families to maintain stability in the longer-term. In short, we want to help the sector to 'shift the needle' in children's services.

To do so, this paper furthers the debate about the preventative model we documented in Breaking the Lock, sharing a wealth of evidence we have gathered on the importance of a preventative approach, and our views on the potential future delivery and governance that local authorities should start to consider as central government funding finally dries up.

THE MORAL CASE FOR 'EARLY HELP' IS IRREFUTABLE

Part of our argument for prevention stems from the reality that outcomes for children in care continue to be, on average, markedly worse than for those who are not, despite the huge sums spent on placements for looked after children.

The National Audit Office noted that:

“The Department [for Education] cannot demonstrate that it is meeting its objectives to improve the quality of care and the stability of placements for children through the £2.5 billion spent by local authorities; it has no indicators to measure the efficacy of the care system; and it lacks an understanding of what drives the costs of care.”

NAO report on Children in Care (November 2014)

Equally, the rises in demand we continue to see nationally mean that doing nothing is not an option, nor is simply slashing prevention in the short-term before demand catastrophically 'bankrupts' a department or council in the following years. The numbers speak for themselves....



Childrens Services | The Big Picture

We can't keep delivering services the way we have been doing or are doing today

124%

rise in the number of enquiries per 10,000 children, where local authorities believe a child may be suffering, or likely to suffer, significant harm, over the last 10 years

94%

rise in the rate of children starting on child protection plans over the last 10 years

£1.8bn

spent on children's social work (including local authority functions in relation to child protection) by authorities in 2014-15, up 11% since 2012-13

37%

cut local government has experienced since 2010, with even more to come in this parliament

The model is breaking...

... and is not sustainable

Costs are rising...

... but budgets continue to fall

Source: National Audit Office report into CiN & CP from 2016 <https://www.nao.org.uk/wp-content/uploads/2016/10/Children-in-need-of-help-protection.pdf>



Whilst demand has continued to rise over the last 10 years, our work has shown that this is not inevitable, and there are real opportunities to reduce the number of children entering specialist services. Too often there can be a strong push for children's services departments to put forward significant, and sometimes unrealistic, demand reduction targets.

Adopting such an approach can begin a cycle of increasingly difficult conversations with Financial Directors and Chief Executives, as targets are missed, and staff refuse to buy-in to the savings targets put forward.

UNDERSTANDING LOCAL DEMAND

A critical first step in building the evidence base for change

A key first step in building a sustainable preventative model is to create a thorough understanding of local demand, thereby identifying the opportunity points in the child's journey to intervene earlier. Creating this evidence base is critical in establishing a platform for children's services to truly develop, and deliver, a sustainable preventative agenda.

We have now built this understanding of local demand with 15 local authorities, using a variety of tools to layer the local demand picture. This has included a range of data and workflow analysis, key engagement with partners to understand their beliefs and motivations in the current local system, and crucially, case reviews of children who have recently become looked after to truly understand the avoidability potential. These reviews are also essential to better understand the local drivers of demand that lead to families breaking down, and ultimately, children having to enter care.

Too often we see 'neglect' used as a catch-all term, but this fails to unpick the underlying causes and symptoms that lead to parents being unable to appropriately care for their children. These reviews also provide a key measure of avoidability; not at the point of care entry, which is usually too late to make the impact needed, but as a result of an earlier intervention, be that a few months or years beforehand.

These reviews, completed by local social workers and facilitated by ourselves, have shown that **on average 42% of children could have been prevented from entering care if there had been an earlier effective intervention.** Perhaps unsurprisingly, it is often partner colleagues who had the opportunity, relationship or skills to do so before the council, but because of the current system, this didn't happen.

The footprint of partners

One example of our case review analysis of 59 cases



In 44% of cases (26) at least one parent was not in employment. In only 17% (11 cases) were reviewers able to identify that either one or both parents were in employment



A third of school age children had been excluded from school



In 15 cases (25%) there had been at least one or more hospital attendance during the last 12 months



In 54% of cases (32) the Police had attended the home either on one or more occasions



In 34% of cases (20) the family was being supported by a housing association / District Council. In 54% of cases (32) this factor was unknown / not recorded, highlighting data quality and / or under-reporting risks

APPLYING THE LOCAL EVIDENCE TO THE NATIONAL CHALLENGE

Let's step back a minute, and reflect a little more on the potential to intervene earlier to prevent children having to enter care.

Extrapolating the 42% average we have seen in our work with authorities across the country, suggests that **well over a third of the children in our care system could have been prevented from entering care.**

At the end of March 2016, there were 70,440 looked after children in England. This would mean that **there was the potential to avoid over 29,000 children becoming looked after.** We have done this analysis with a wide range of authorities, of differing size and scale. The results have been almost identical. Putting aside the financial case, the moral case is irrefutable.

But of course, the money has become such an essential driver as a result of the continuation of austerity. So, adding this up for the whole national LAC population, if this 42% could have been supported safely at home instead of having to take them into care, this could have saved over £1 billion in placement costs alone for local authorities (based on NAO 2014 spend totals).



DELIVERING ON THIS OPPORTUNITY

This requires our 'early help' system to re-imagine its purpose and focus

In *Breaking the Lock*, we outlined a model of early intervention and prevention that we felt councils should consider to respond to the unprecedented and unsustainable rises in demand on specialist services. Since its publication, our analysis has reinforced this model, but also demonstrated the disconnect between the current focus of most children's services, and the drivers of demand that lead to families breaking down. In particular, it has shown us that there needs to be a much deeper integration and alignment of support with adult-based services to respond to the real issues leading to families breaking down.

We have seen from our various analysis that the main issues behind family breakdown are parental in nature, but the skills of the workforce are often focused more on responding to the child. It's time to build a different focus of, and skill set for, early help to demonstrably improve the ability to tackle:

- domestic abuse;
- substance misuse, and;
- significantly, parental emotional or mental health challenges.

Most of the families observed in our case reviews suffered from some sort of emotional wellbeing challenge such as social isolation, acrimonious separation, bereavement or loss, or a mental health condition. However, when assessing both the level of support offered against these areas, and the confidence and skills of the workforce to respond to them, there is a clear disconnect.



Historically, functions have been developed that have an important focus on the child, including a strong understanding of attachment theories and child development. However, they haven't been equipped to actively intervene in the parental factors that disrupt or inhibit areas leading to families breaking down, or put in place the right relationships with other services to effectively help tackle these factors. It is time to re-imagine what our children's system is for, focusing more on the parental resilience needed to create loving, safe, and stable families, where children can thrive.

THE RESOURCES ARE IN PLACE TO RESPOND

The trick is aligning their focus more on building family resilience

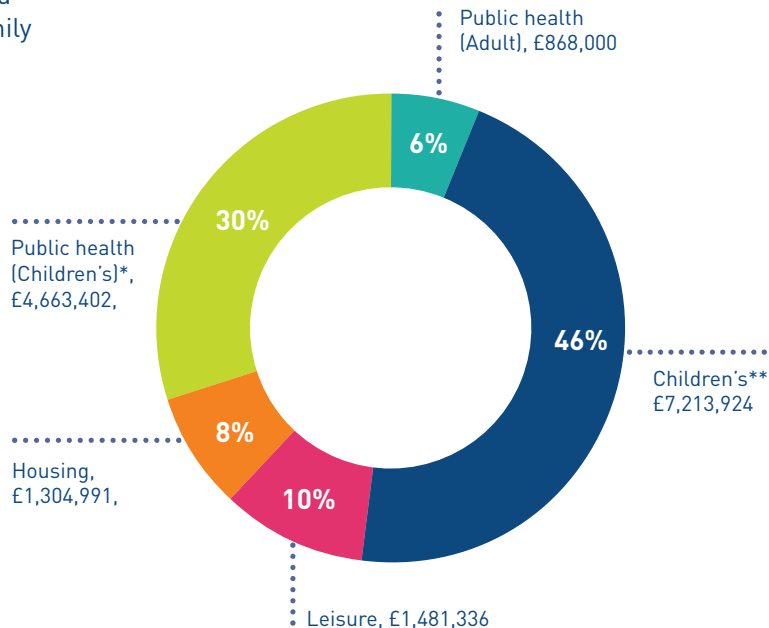
Whilst many councils have reduced spend in their children's early help arena, our work has demonstrated that there is still significant spend on prevention of family breakdown across the wider council.

One example of our preventative spend analysis

2016/17 budget for prevention activity **£15,531,653**
(regardless of funding source – including grants)

Much of this spend can often sit outside the direct influence of the DCS.

We need to re-consider broader corporate priorities and the impact our current spend has on supporting families to remain at home.





However, too often these services are disconnected, and don't see supporting families to stay together safely, as a key part of their role.

Delivering a model focused on early intervention requires much greater integration of resources and skills across the council and wider partnership. If a council's own prevention resources are not aligned with a common goal of building family resilience, it is hard to make the case for partners to join the journey.

Children live in families, and families live in communities. Provision needs to be better aligned and co-ordinated to respond to emerging needs; this includes repurposing the focus of some long-standing services, as well as better targeting and skilling up our universal provision, such as libraries and leisure.

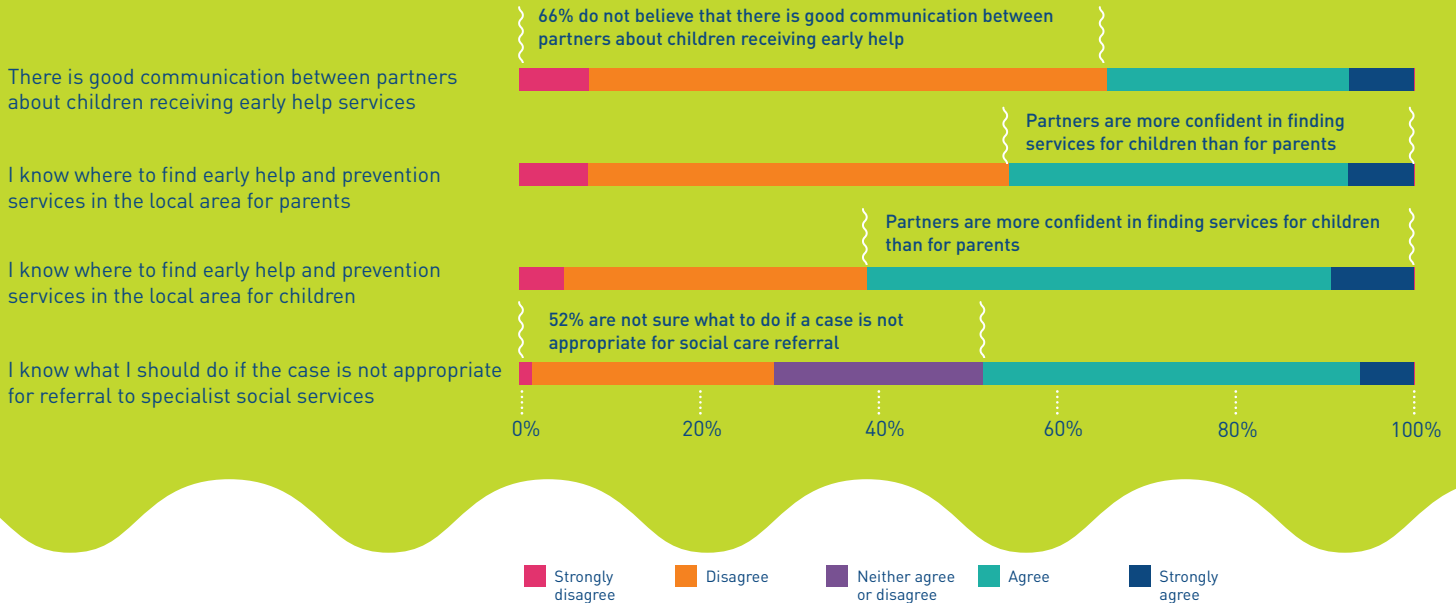
CREATING A SYSTEM-WIDE PARTNERSHIP IS CRITICAL

Crucially, we have found that it is essential to create a 'whole council' and a 'whole partnership' approach to transformation, that creates a truly integrated response to families where developing family resilience becomes everyone's business. It is more than just the responsibility of children's services. Indeed, our analysis of preventative spend across councils has shown that, not only is there still significant preventative spend available to respond to this demand, much of it often sits outside of the direct control of the Director of Children's Services. This demonstrates the need to evidence the support required from corporate colleagues to meet the preventative challenge, as well as clearly explaining the consequences of not doing so.

Furthermore, partners are often not clear on the pathways of support in their local areas, and often state they lack the confidence and skills to respond to the parental issues that drive demand for higher cost provision. As systems leaders and accountable leads, it is paramount that local authorities provide the leadership to establish clear local support systems that are co-produced, owned, and resourced, by them and their partners.

This approach requires a real focus on relationships and behaviours, rather than simply the design of new processes and strategies. It is vital to work closely with partners to help them 're-learn' how to best support children in local areas, increasing the dominance of the early help brand. As illustrated on the following page, part of this includes a greater focus on feedback to help reinforce the best pathways possible for emerging need. Surprisingly, we have found such feedback is often still lacking, leading to frustration and a disconnect between the council and those seeking support for children and families.

Partners are often unclear about where to find help on the ground if families do not meet the threshold for social care





As underlying issues that lead to families breaking down are also cross-cutting, this demonstrates the need for greater collaboration and integration of resources at a local level. For example, families experiencing domestic abuse will require police input through call-outs to incidents, challenges at school due to attendance, attainment and child behaviour, attendance at A&E or GP practices, as well as potential substance misuse issues, which often creates the environment that sparks further incidents.

The footprint these families create, and the business case for partners integrating resources to drive more targeted early intervention, is extremely powerful. That said, efforts to date have not been collectively strong enough to make the case for integration, neither from the volumetric analysis, or the costing of the impacts.

BUILDING FOCUSED PARTNERSHIPS

The case for health and children's integration couldn't be stronger

Whilst the national focus through Sustainability and Transformation Plans (STPs) has been on the integration between adult's social care and health, our work has revealed that there is a real case for deeper integration of children's health provision with other early help activity. Significant sums are currently spent on health visiting and school nursing for example, but this is not linked to a focus on sustainably building family resilience in its broadest sense.

This is not to criticise the work health visitors and school nurses are delivering; they are extremely dedicated and focused professionals, who see the whole family when they visit. But at present the system has created contracts that in effect tie their hands behind their backs. The way they are asked to deliver their role all too often does not include the capacity for them to provide enough of the more immediate and hands-on support that vulnerable mothers and fathers often need, a frustration these skilled professionals have voiced to us in our work.

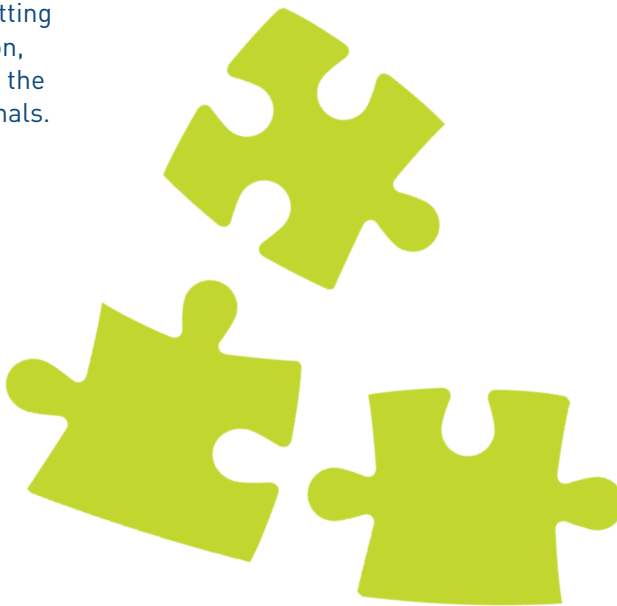
As well as providing the core universal health offer, health visitors are expected to provide some level of 'targeted' support on 20-40% of their cases. Based on a caseload of 400, this equates to additional targeted work with between 80 and 160 families. The reality is that with this level of case oversight, they simply cannot be expected to provide holistic, intensive support for families under their care.

However, combining their role with a wider early help offer provides a unique opportunity to reframe the boundaries of the children's system. Utilising their capacity differently would allow for the broader early help offer in a locality team to pick up some of the targeted work currently asked for in health visitors' cases, releasing more of their capacity to work with a smaller number of families, in a more intensive and holistic way.

SILOED FUNDING HAS CREATED SILOED SERVICES

So it's time for integration at a local level

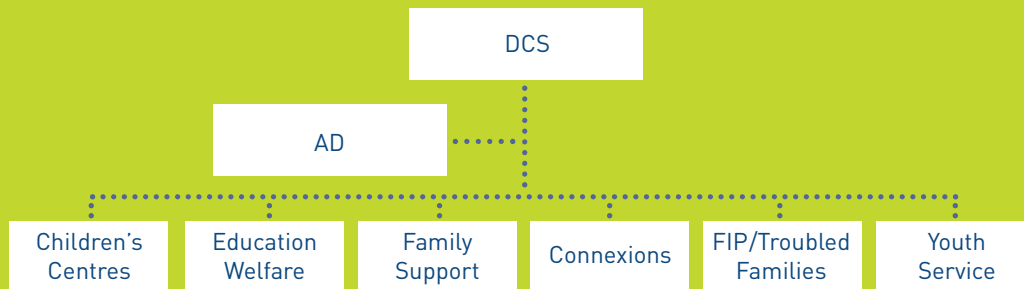
Most current early help responses were, at least partly, driven by the funding parameters that defined mandatory service offers from the start of the century. As illustrated on the following page, councils were tasked with setting up separate, and disparate 'early help' type provision, which were often poorly connected. This resulted in the passporting of families between different professionals.



Moving away from 'silo' service provision

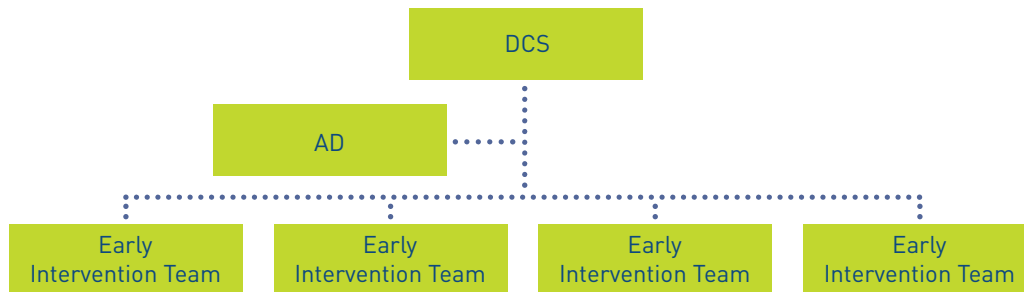
2009

Previous funding and service delivery has encouraged 'silo' working through individual team structures – lacking a common goal



2019

There is an opportunity to create a more integrated delivery model

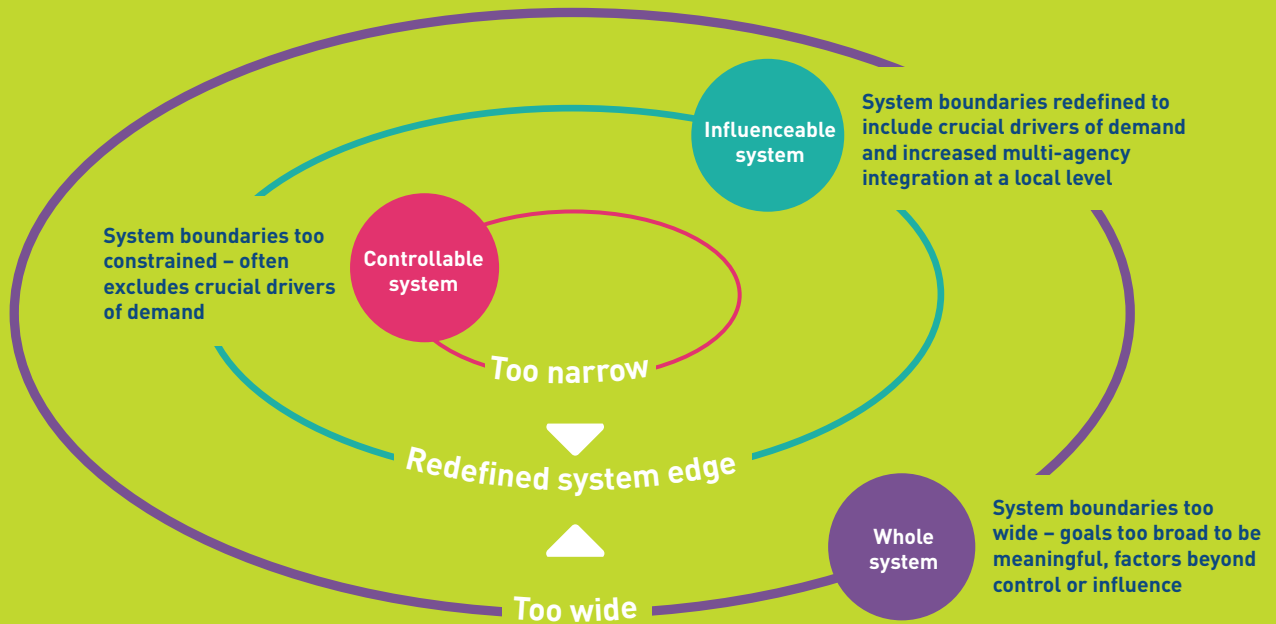




There is now a pressing need to reframe the system boundary, influencing the wider provision offered across councils, to create a more comprehensive and integrated early intervention approach to families. This includes adult-based services, such as drug and alcohol workers, domestic abuse specialists, and housing services, being located and managed alongside traditional early help family support workers and health visitors, at a local level.

Reframing the system boundary under our direct control then allows us to begin to influence wider parts of the overall system, acting as a catalyst to bring other key partners such as schools, police, and other health services with us, in creating a more impactful and joined-up early help response.

We need to reframe the boundaries of the children's system



SIMPLIFYING THE LOCAL OPERATING MODEL

Enabling closer working with families and partners

On all of our projects, iMPower looks at the various preventative services that a council has in place, and categorises them into two groups: those which aim to build deep relationships with families to understand their needs and put in place support to tackle them, and those services which provide targeted interventions for complex identified needs.

We often find that there are multiple relationship-building teams of early help practitioners, working with similar families but in different ways, with varying engagement lengths and pathways. Merging these relationship-building teams into a core unit of early help professionals, will go a long way towards improving the efficiency and impact of the early help offer.

For example, you can simplify job descriptions and implement a consistent way of working, you can provide a simpler way for partners to access support and advice,

and you can provide the base for further integration at a local level. It becomes simpler to react quicker to changes in demand across the tiers of need, and pathways to access services become more straightforward.

Furthermore, frontline workers can be empowered, as a whole, to have the singular objective of improving child and family outcomes. This can be achieved by both improving the resilience of the families they are working with, and developing local community capacity to create longer-term sustainable support. This connection with communities will be vital if an offer is to be created that both reacts to current need, and seeks to prevent future need from arising in the first place. This will require clear support from senior management, and some financial resource on the frontline, which can be accessed by key workers to micro-commission support against key needs where they see it, avoiding the bureaucracy within the council for high-value service commissioning.

GAZING INTO THE FUTURE

Achieving a long-term financially sustainable early help offer

Driving a system-wide early intervention model is critical for local authorities if they are to achieve sustainability in their services over the next few years. To do so requires evidence on local demand to act as the 'case for change' to secure cross-council and wider partnership support.

For example, one authority that we worked with to develop their local evidence base, which was used to remodel and integrate their 'early intervention' provision, reduced their looked after children numbers from 802 to 626 in approximately 20 months, while securing c£2m of savings. This was achieved by establishing a new 0-18 family-centred model which worked with the whole family out of eight 'Strengthening Families' hubs. The authority made a clear decision to increase community outreach, and pushed towards an integrated approach across children's services that focused on clear, evidence-based interventions, and additional focus on aligning resources to local need.

As a sector, we need to continue to think differently and creatively in how to achieve even longer-term sustainability, particularly given the rising demography that many authorities are facing. Developing stronger resilience in families by changing behaviour is all about relationships, and these do not work when services are spread across multiple settings, with faceless workers offering no continuity or consistency on decision-making, or feedback around the action taken.

So, integration with partners at a local level is crucial, supported by a clear evidence base on demand that is updated every year. But we must go further and think bolder still.

There is now a need to consider how we create real ownership of community problems at a community level, both from those involved in delivering provision, and those who access it. This means embracing the potential for locality early help to be overseen and governed by new delivery models, such as social enterprises or community interest companies. This will give local partners and communities a tangible stake in managing their own demand. Not only would this enable the potential for such models to seek investment from sources not open to local authorities but, if done correctly, could also act as a catalyst for innovation. For example, this could include trialling new interventions that, if proved impactful, could be shared or commercialised for other councils.

Finally, the role of both Directors and Assistant Directors of Children's Services, now need to be much more about influencing the wider system, than just delivering the provision within it.

As a sector, we must think more about how we shape, support and grow the leaders we need for tomorrow; leaders who are able to act as system architects, creating shared value that can be used to help influence the whole public sector around them.

We need leaders across local public services, and local communities, who have the courage to relinquish control through distributed leadership. We must gather the evidence, but continue to be bold and brave in how we respond to it. There are real opportunities for the sector, and now more than ever, we need to be courageous enough to deliver on them if we're to turn the tide on rising demand.



Authors: Olly Swann, Leo Jones and James Edmondson

Find out more at
www.impower.co.uk



iMPower Consulting Ltd
112-114 Middlesex Street
London E1 7HY
+44 (0)20 7017 8030