

Learning the Lessons: The Social Work Innovation Programme - what works in keeping children out of care

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Funded 45 projects which were externally evaluated in Wave 1 – 5 year programme

Wave 1 projects were targeted against specific themes following work by McKinsey on barriers to innovation in children's social care:

- Rethinking social work
- Rethinking support for adolescents, or on the edge of care

C There are 10 main barriers to radical improvement and innovation in children's services in England (1/3)

External context	Structure	Conduct	Performance
<ul style="list-style-type: none"> ▪ Significant growth in demand e.g. looked-after children 1.8% pa ▪ Confusion on State's role in sector ▪ Intense public and media response to public scandal puts spotlight on industry ▪ LA facing significant budget pressure –will increasingly be looking to children's services for efficiencies 	<p>C1 LAs can lack the critical mass and organisational competence to commission for radical improvement and innovation in services</p> <hr/> <p>C2 Service provider organisations aren't always incentivised to radically improve and innovate their services</p>	<p>C3 Frontline social care staff don't always have the time, skills or confidence to radically improve and innovate services</p> <hr/> <p>C4 LA leadership can lack capability and incentives to radically improve and innovate services</p> <hr/> <p>C5 There are some legal barriers, and many perceived barriers, to radically improving and innovating services</p> <hr/> <p>C6 New innovations often fail to 'spark', and proven innovations often fail to spread effectively across LAs</p> <hr/> <p>C7 Poor data quality and availability makes it hard for social workers, LAs, regulators, and central government to drive radical improvement and innovation</p> <hr/> <p>C8 Current performance management system tends to promote compliance rather than radical improvement or innovation</p> <hr/> <p>C9 Challenges in collaboration at the interface of different agencies limits innovation, particularly for child protection</p> <hr/> <p>C10 Culture of resistance to change and risk aversion</p>	<ul style="list-style-type: none"> ▪ High variability across LAs in child outcomes: <ul style="list-style-type: none"> – Highest GCSE attainment gap ~2.6x size of the lowest) – Care quality (% of children experiencing <3 placements) highest is 1.4x lowest) – Value for money (up to 7.5x more costly) ▪ Limited correlation between spend and outcomes ▪ There is a significant gap in outcomes between cared-for children and other children e.g. 44% attainment gap at GCSE

The projects

- 24 of the 45 project evaluations reported reductions in children in care, children identified as CIN, children in residential care, increased reunifications with birth families or de-escalation from CIN and/or CP. 6 of the 45 reported negative findings (for example, increases in numbers entering care), five reported mixed findings and 10 did not report on these outcomes
- 14 out of 23 projects that aimed to do so, reported reductions in numbers of children entering care, numbers in care or days spent in care
- 9 out of 31 projects that intended to do so, reported positive improvements in staff knowledge, attitudes and self-efficacy, 6 of the 31 reported increased social worker job satisfaction reflected in reductions in absence rates and/or use of agency staff
- Only 4 projects of the 12 that aimed to do so, provided strong evidence of improvements in social worker turnover but all 5 projects that intended to reduce caseloads did so

What does the evidence tell us?

Evidence from the evaluations suggested that these improvements could be attributed to:

- systemic practice as a theoretical underpinning informing conceptual practice frameworks that translate into engagement in high quality case discussion, that is family-focused, and strengths-based, to build families and/or young people's capacity to address their own problems more effectively
- social work practices that maximise direct contact with families and young people and are flexible and reflective
- social work supervision by clinicians or consultant social workers
- specialist adult workers (for example mental health, domestic abuse, child sexual exploitation (CSE), substance abuse) who provided expert and timely input for families with the most severe problems, and contributed to the multi-professional teams providing a different perspective on managing the risks within the families and shared case reviews
- multi-professional teams, co-located and undertaking assessment and reviews of individual cases to achieve better safety planning
- consistent support to parents and foster carers through one main link person and for young people, key worker support which is young person-centred and high intensity

What does the evidence tell us?

- In addressing domestic abuse, working with all family members, having one key worker, small caseloads and working with perpetrators all seem to have contributed to better outcomes
- Co-design approaches to service development that genuinely enable young people to take responsibility for the services they receive for example, the *House Project*
- The role of multi-professional teams and specialist adult workers appeared to contribute to better outcomes even where the quality of social work practice with families was yet to be judged as better.
- Evidence was promising but not yet secure in the timeframe of Wave 1, on the contribution made by specific approaches and interventions such as:
 - Family Group Conferencing
 - Restorative Practice
 - Signs of Safety
 - National Implementation Service Programmes

Recommendations for practice

- Children's services providers should take note of the features of promising practice in improving outcomes that emerged from Wave 1 including:
- **using a systemic, family-focused, strengths-based approach** that supports families and young people to take more responsibility for their own lives
- **multi-professional working** that involves a wide range of services including specialist workers in substance abuse, domestic violence, mental health, CSE, female genital mutilation (FGM) and offending to make a distinctive but synthesised contribution to case reviews and decision-making
- **providing consistent support** to parents, young people and foster carers through one consistent key worker'
- **maximising direct contact** with families and young people that is flexible and reflective
- **provide high quality social work supervision** by clinicians or consultant social workers
- **maximising education, employment and training (EET)**: Providing support and training opportunities for those transitioning from care, so that they can find and maintain EET. Make this a condition of their participation in the project
- **use short-stay residential provision** but resist financial drivers to fill beds

Outcomes for children, young people and families: number of children in care and number entering care

Summary on numbers in care and/or entering care

- There are encouraging reductions in the numbers in care and/or entering care in 14 of the 23 projects in which sample sizes and outcomes enabled meaningful comparisons and which had aimed to reduce these numbers. This is in the context of numbers increasing nationally¹⁸.
- Better engagement with families, assessment and identification of needs, seem to contribute to reducing the numbers in care through more effective services, but might simultaneously increase numbers in some projects, through increased identification.
- A mixed picture emerged in a few projects, with possible contributing factors providing partial explanations, such as significant increases in the number of unaccompanied asylum seekers needing care, which were recorded differently across local authorities.
- The longer-term impact for those not entering care is as yet unknown – what enhanced support will be needed to sustain these children out of care safely? How many will enter care later, re-enter care or experience negative outcomes from not being in care?
- Meanwhile, more families are being kept together and costs significantly reduced.

Children in Need (CIN), Child Protection Plans (CPP), re-referrals and reunifications

Summary on CIN, CPP, re-referrals and reunification with families

- Significant reductions in children identified as CIN or de-escalation from CIN was achieved in 8 of the 16 projects measuring this outcome, in response to the use of systemic social work practices. For example, in *SoS*, the rate of children becoming subject of a CPP reduced significantly, by 22% from 2014–2016.
- Better safety planning and engagement of families were reported to contribute to reductions in CIN and/or CPP and increasing reunifications with birth families
- Reductions in CIN and/or CPP and re-referrals were also attributed to effective multi-professional work and in the use of specialist workers in mental health, domestic abuse or substance abuse.
- Working with all family members and having one key worker per family were also important in bringing about change.
- Working with perpetrators of domestic violence seems to be a contributing factor in reducing its incidence.
- Speeding up the family finding process in adoption did not compromise the likelihood that an appropriate match had been made.

Soft outcomes for children, young people and families

- **Summary on soft outcomes for children, young people and families**
- Where young people's mental and emotional health improved, this was in response to improved integrated, multi-professional working, better engagement of the young person and family and a strong focus on strengthening relationships and resilience.
- Focused training for parents, carers or residential staff (*KEEP, AdOpt, RESuLT* and *Step Change*) that increases their understanding, confidence and management of complex problems, improves the emotional wellbeing of young people as reflected in their decreasing SDQ scores, though sample sizes were small.
- Ensuring that young people are not only listened to, but their views acted upon, improves their engagement in services and helps them to address their problems.
- Youth workers, mentors and others that provide support for young people to 'open up' about their difficulties, help them to improve communication with their families and provide practical help with education and employment, are seen by young people and families to have contributed to improvements.
- Evaluations focused more on the resilience of parents/carers than on young people, but evidence suggests that providing support designed to enhance the parent and/or carer and/or young person's control of the situation is reported by them to improve wellbeing. **Summary on soft outcomes for children, young people and families**

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Evaluation Reports:

- DfE (Nov 2017) Childrens Social Care Innovation Programme: Final Evaluation

[Childrens Social Care Innovation Programme: Final Evaluation Report](#)

- Rees Centre

[Evaluation of Children's Social Care Innovation Programme – REES Centre](#)

4 Thematic Reports: Service Design, Adolescent Support and Edge of Care, CSE and Mental Health, Systemic Social Work

- Spring Consortium

[Spring Consortium | Projects and insights](#)

Individual project reports