Children's Social Care Innovation Programme
Targeted Support event: what we heard
Tuesday 15th November 2016

The day provided an opportunity for participants to share their views on the key barriers and challenges in the system. These were primarily focused on targeted support, as defined in the policy brief on the Spring consortium website, but the discussion also covered other areas of the system, including early help. We have reflected these points of learning, as described by those who participated in the day, in this document. Any organisations interested in submitting an Expression of Interest (EOI) on targeted support should refer closely to scope set out in the policy brief. The brief sets out the focus of the Targeted Funding Opportunity as being within the statutory children's social care system and not in the early help space.

On 15th November the Innovation Programme held a working group event in London to discuss targeted support for young people and families. The aim of the event was to:

- Develop a sector wide understanding of what is working, not working, and what good innovation in targeted support might look like.

- Examine current practice and identify examples of good practice, as well as the system conditions in which they flourish.

- Develop learning in the sector and use this to start to build a network around innovation in this space.

- Inform a second event that will further explore solutions and how they might be shared across the sector.

43 people attended, with representation from local authorities, providers, front-line practitioners and the charity and voluntary sector.

1. Overview of the day

1. Jane Hopkinson from the Department for Education (DfE) Children's Social Care Innovation Programme gave an introduction to the 'Targeted Funding Opportunity' process and the points at which the sector will be invited to contribute.

2. Stephanie Brivio, Assistant Director for Child Protection at DfE, outlined the Department's objectives around targeted support and the three key areas that have been chosen as policy priorities.

3. Roundtable discussions were held to identify problems in the space of targeted support. This included:

    a. Examining stories of young people and families to create a frame for subsequent discussions that has the perspectives and experience of citizens at its centre.

    b. Discussing what gets in the way of timely, successful provision of support or intervention. Participants shared their perspectives on system barriers or challenges: what have they managed to overcome, areas of innovation already seen and what remains a problem. This included practice, process, structure, culture, success measures, accountability and system leadership.

    c. Working in groups on five key themes that emerged from the previous conversations to identify the opportunities for solving these problems, what would be needed to get there, who needs to be involved and the ways in which DfE could support this.

4. Isabelle Trowler, Chief Social Worker for Children and Families, shared some personal reflections on the day so far, and some pointers for those local authorities planning to apply to the Innovation Programme.

2. Overview of discussions: what we heard

Participants were in agreement on the importance of targeted support, and welcomed the DfE focus in this area. Targeted support was discussed as being key in building the right kinds of honest, supportive and trusting relationships with families: in promoting independence, rather than merely avoiding dependence for young people, and in preventing escalation and avoiding the need for more intensive intervention. The focus on targeted support was also seen as a potential enabler of joined-up local provision, particularly in the relationships between schools, police, health services and local authorities, and as a way of building the skills and capacity of the children's social care workforce beyond social workers.

Participants shared their perspectives on system barriers and challenges: what have they managed to overcome, areas of innovation already seen and what remains a problem. Discussions focused on day-to-day practice and processes; workforce cultures and structures; the impact of a reactive system with a high degree of risk-aversion; barriers to cross-agency working; local leadership and governance; and the need for clear leadership at a national level from DfE and Ofsted.

The bulk of the discussion, however, focused on the areas of opportunities for solving these problems: what would be needed to get there, who needs to be involved and the ways in which DfE could support this. Five themes emerged:

1. Creating better transitions between and across services, including managing the referral pathway and thresholds and risk management between services.

2. Managing resources and demand, identifying cohorts and opportunities to intervene sooner.

3. Distributing the work of targeted support, including making better use and harnessing the capacity of other practitioners and sectors.

4. Changing the nature of the intervention and relationship with families, including a step-down process framed around independence, not just mitigating dependency.

5. Improved proportionate assessments to ensure that the needs of disabled children are met.

The need for collaborative, trusting and productive partnerships at local levels and with national bodies was a theme throughout the day. Participants overwhelmingly welcomed the opportunity to discuss, share and learn from one another, and to raise key issues with the Department.

3. The day in detail

Stephanie Brivio, Assistant Director for Child Protection at DfE, introduced the central question of the day: Referrals to children's social care services remain high and the number of children on child protection plans continues to increase, despite the increased focus on 'early help' approaches following the Munro Review in 2011. What do we need to do to understand the needs of children and families and respond to these early enough?

The DfE policy paper Putting Children First outlines the policy direction in relation to Children's Social Care, including how targeted support provision can be used to prevent children and families from escalating to the point where state intervention in their lives is inevitable.

Stephanie noted that the number of Child Protection cases has risen dramatically in recent years. What is not well understood is what the 'right' number of children in the system is. Some children in the system will need to drop down to less support. Some will need to be escalated. She stated that there are a number of groups of children for whom we don't understand well enough which interventions work.

The aim of the targeted support strand of the Innovation Programme is to develop and test ideas around how this support can prevent these children needing more intensive forms of intervention at a later stage. The focus is on supporting three groups of young people:

1. Innovative new ways of providing targeted support to children who are assessed by social workers twice within a 12-month period, but do not, either time receive a statutory service under s17 of the Children Act 1989. There are 158,060 children nationally whose needs are considered serious enough to warrant a social work assessment, but do not go on to become in need and a smaller subset of these children who go through the same process twice within a short period of time. We want to test new models of providing support to these children to mitigate the risk that these children will re-enter the children's social care system at a later stage with more severe needs. This group includes disabled children, and we would be keen to test targeted support that acknowledges both their disability and the nature and level of any risk of harm they may be facing.

2. Interventions for children who are 'in need', as defined by s17 of the Children Act 1989, for extended periods, particularly for low level, persistent neglect. We want to test different approaches for helping children in these circumstances in order to understand the sort of interventions that are most effective in providing help for them and their families and preventing their needs escalating.

3. Improved proportionate assessments to ensure that the needs of disabled children are met. To reduce the risk of family breakdown and provide targeted interventions that deliver sustained change for these children and their families and minimise the need for long-term residential provision (residential care or residential special schools) or hospital admission to specialist hospitals including assessment and treatment units, particularly following crisis points. We are particularly keen to receive submissions, which target those children, and young people who are part of the Transforming Care cohort – those with learning disabilities, autism or both and with behaviour that challenges and/or a mental health condition.

Across all three themes, DfE is keen to take the lead from local authorities and those working directly with children. A challenge to the room was set to help the Department to identify the difficulties the sector was facing in these areas: to identify opportunities for taking innovative new approaches; and to identify the support that local authorities need to make change happen.

Roundtable discussions were held to identify problems in the space of targeted support. This included:

1. Examining stories of young people and families to create a frame for discussions that had the perspectives and experience of citizens at its centre.

2. Discussing what gets in the way of timely, successful provision of support or intervention. Participants shared their perspectives on system barriers or challenges: what have they managed to overcome, areas of innovation already seen and what remains a problem.

3. Working in groups on five key themes that emerged from the previous conversations to identify the opportunities for solving these problems, what would be needed to get there, who they would need to work with and the ways in which DfE could support this.

It should be noted that some of the discussions went broader than the scope of the three particular target groups for this Targeted Funding Opportunity. The roundtable discussions were allowed to be wide-ranging in order to generate debate on the breadth of the challenges facing those working in targeted support.

Finally, **Isabelle Trowler, Chief Social Worker for Children and Families**, gave her personal reflections on the day so far, and some pointers for those local authorities planning to apply to the Innovation Programme.

4. Key themes, discussion and questions

A. What makes a difference to young people's experience of care?

Participants shared stories of young people and families that they had worked with. We discussed what this told us about the key factors that really make a difference to the experiences and outcomes we want to create for young people and families. The following summary gives a flavour of these stories and the key themes that the group identified as being an important frame for subsequent discussions during the day.

<u>Working with parents in addition to children and young people</u>

It was important to see parents as partners: as key agents for making change happen. Parents can feel that their voices are often not considered.

"Before she went into care it was all about us and how we were failing as parents. Now she's in care it's all about her and her behaviour." Parent

"You never asked me what I wanted." Parent

<u>A story about Diane:</u> Diane's son has spent 12 years in social care on and off. She remembers being told that she was not 'getting on board', and that 'nobody gave me any eye contact in any of the meetings'.

"We slipped off the radar… I have got a voice but nobody will listen… I've had thousands of appointments but nothing changes… They make me feel like I've failed him… I was crying out for help, I feel like I'm up against it all the time. I've got too much on my plate… It was only after he'd committed an offence that we got any help."

<u>Being listened to</u>

Young people and families alike are often frustrated at having to 'persist to be heard' and feeling that practitioners do not understand or give full weight to their feelings or views.

Coupled with changes in social workers, this can result in young people *"having to tell my story again and again"* and in opportunities to support them earlier being missed.

"I didn't get help when I needed it and now look where we are." Parent

"After a shaky start I feel I am being better listened to." Young person

"No-one listens. I keep telling my story. I've had so many social workers… I had to wait for my CAMHS meeting and wasn't sure what to do when I got there." Young person

<u>Consistency of relationship and continuity of provision</u>

The quality and consistency of the key worker relationship was cited in many of the stories we heard, as both a barrier (when it does not exist) and a huge enabler (when it does). Coupled with this was the continuity of provision and families' and young people's ability to understand who would be working with them, why and when. There was often a feeling of being 'passed around' from service to service and that when cases were closed people

could be left with no follow-on support. It was important to know whether they would be able to get back in touch with a key worker after case closure.

"Social workers are temporary." Young person

"When are you leaving?" Young person to their social worker

"There are too many agencies to deal with." Parent

"I don't know what you do." Parent

In contrast, where relationships were strong they could be transformative. People described a key worker who did not give up but *"kept believing in me"*. These individual relationships transcended relationships with services.

"The social worker kept coming back in a positive way. He kept waiting and didn't take no for answer." Young person

"I don't care where they're from as long as they're good." Parent

"Due to the strong relationship I was encouraged to do the things I didn't want to do but needed to." Parent

A young boy whose mother has cancer. A young boy who has a fraught relationship with his mother, who is a lone parent and has cancer. He and his mother described the help they had received from their key worker, Ben:

"Ben kept coming back. Even when I didn't want to do what he said he stayed with me and helped me to understand what I needed to do. He asked me to write a letter to [my son] to explain how I was feeling. I didn't want to do it but I did it. And it really helped."

Boy: *"Ben didn't give up. Even when I locked the bathroom door he sat outside it."*

<u>Timely and practical support</u>

We heard about the importance of interventions coming at the right time. Too early could mean that families and young people were not ready to engage fully with the support offered or were resistant to being labelled as someone who needs service. Too late could make it much harder to make change happen and avoid escalation.

"It was only after he'd committed an offence that we got any help." Parent

"Nothing ever happens – you are not doing anything." Parent

"I've been on the list for ages and ages." Young person

In addition, the right kind of targeted support was crucial. Some families wanted very practical support at first and did not want to engage at a more emotional level until trust had been built. Small practical issues such as the times at which workers were available could make a huge difference.

"My early help worker was able to support me at the times that suited me." Young person

"The support was practical and helped me with little things in life." Parent

Honest, open relationships

Young people and families told us that good relationships were built on honesty and trust. They wanted to be clear on what was going to happen and what was expected of them; what the aim of the support was; and how they would know that they were making progress. Again, having one worker allowed this trust to develop and for dialogue to happen naturally.

This honesty also enabled young people and families to learn about themselves. Where possible, families were keen that relationships were built across the family rather than with a single person.

A 17 year old boy reflecting on his experience of social work support. *"It's all about the relationship. They need to trust. Listen to me. Don't judge me. Help me to believe I can change. Because it's hard. Change is really difficult and sometimes I can't see that I've made any progress. I need boundaries and someone to tell me no."*

Hopes and ambitions for the future are focused on independence

We heard that young people and families want a relationship with services that is about hope for the future - both setting that ambition with them and helping them to get there. Often this meant supporting those with a lack of self-belief to keep going - *"I don't know if I can do this"* - and making people believe that they are capable of changing things for the better. Support was most valued when it was focused on enabling independence, and the stories touched on the concept of 'hope' being a powerful motivator.

A girl on the edge of a gang. Teenage girls told one practitioner about their lack of trust with social services and their fear of the police. Their hope for the future was that they could get away from where they live, and that their own children would have a different experience. *"I want to get out and do something with my life."*

Support that is framed in the right way

It was important to frame the offer to young people and families better, in a way that both made sense to them, chimed with what they really needed, and removed the barriers to asking for help. A key question was how to reach people who have a lack of engagement with *all* services. It was noted that there is a greater engagement with universal services (such as children's centres) but that it can be scary and intimidating to be told that you need extra help. Some parents responded with relief when they were given support; others were worried about the stigma and being 'labelled' by services. Could a better explanation of 'early help' be helpful?

We heard that there can be a fear of services, even from parents or young people who were clear that services were there to help. We heard of people feeling watched and judged, including from young people feeling under scrutiny at school and parents worried that talking to a social worker would be used against them as evidence that they were not coping.

"I don't trust the authorities." Parent

"I feel interrogated." Young person

"They think I'm hiding something." Young person

"I am afraid of the police and social workers." Young person

"I am scared, you look under my bed and in my cupboards." Young person

A 13-year-old girl new to the area. We heard about a girl who had moved with her family to a new county following an incident of abuse. She didn't want to move and felt cut off from her home. Her first contact was with her new school, where she was told not to talk about the experience she'd had because of fears of bullying; another girl at the school had a similar background and had not been believed by her peers. Her mum was a driving force in seeking support, paying for private counselling for her daughter, but was also struggling. The girl was assessed but did not meet the threshold for care, so came into the early help service.

"The social worker came with lots of forms and questions I didn't want to answer… But my key worker got to know me. She didn't come with forms. We go at my pace. We do things like art together and talk."

B. What gets in the way of timely, successful provision of support?

Participants shared their perspectives on system barriers or challenges: what have they managed to overcome, areas of innovation already seen and what remains a problem. These discussions were deliberately wide-ranging to generate debate on the breadth of challenges to provision of targeted support.

Discussions focused on:

1. Day-to-day practice and processes
2. Workforce cultures and structures
3. A reactive system with a high degree of risk-aversion
4. Barriers to cross-agency working, leadership and governance
5. Leadership at a national level and the national context

1. Day-to-day practice and processes

We heard that social workers felt restricted in their practice, with a 'tick-box' approach too often used. There was a general view that services were process driven rather than quality driven. In particular, we heard that:

- Processes can create a culture of 'siloed' roles and responsibilities, with processes often not joined up between departments, let alone agencies. Uncertainty around local thresholds was cited as a factor in families sometimes not being given the support they needed.

- The assessment process was widely discussed as being unhelpful for families who are not then referred on to further support. There was a strong view that an assessment should be an intervention in itself and not act only as a stage-gate to the next point in the system, or as a binary 'yes or no' qualification for help. If possible, it should include a therapeutic intervention.

- Local performance management processes were cited as creating the wrong incentives, with practitioners judged by activity and risk avoidance rather than positive outcomes for children and families.

"There is a lot of 'gate-keeping' between professionals and services." Workshop participant

"We put up a lot of 'false barriers' to make people send in a form in order to get to the next stage." Workshop participant

2. Workforce culture and structures

Participants discussed the importance of developing a workforce with the skills, knowledge, culture and progression routes to make change happen. This included:

- The structure and culture of social work teams, both in practical terms (e.g. smaller case-loads, smaller teams and admin support) and in terms of professionals' support (e.g. shared team reflection and supervision).

- The demands of the job can mean that staff are too busy to build meaningful interventions.

- The notion of 'collective professional responsibility'. How might cultures be different if the role of the social worker was more explicitly one of supporting other professionals to work together?

- The importance of staff retention to maintaining consistent relationships and keeping a strong base of collective knowledge and skills within teams.

- A lack of skills around performance management (at individual and team level) prevents practice improvement. This should include better gathering and use of data.

In particular, we heard that the standard social work (and family support worker) roles and progression routes can hinder the extent to which experienced practitioners work in the early intervention space. It was suggested that qualification and recognition for non-social work professionals and practitioners would be helpful. There was a view that early help workers could officially take on a number of 'traditional' social worker responsibilities.

"As people get more qualified and senior they move away from direct work with families."
"It's time limited. There's no progression from Family Support Worker except to social worker. They get really good and they move up towards social worker."

Participants also discussed:

- The need for a far greater level of understanding of the roles and responsibilities in early help, both by those working in it and those connected to it – e.g. partners.

- A lack of clarity over the role of a social worker, particularly at the limits of the role and how this links to the roles and responsibilities of other professionals.

- The need for improvement in social workers' knowledge of universal services, both how they operate and the skillset needed to work in the early help space.

- How funding sources can block effective interaction between different roles. If funding is not aligned at a higher level then collaboration will not be encouraged.

3. A reactive system with a high degree of risk-aversion

"We cannot plan ahead because we don't have the resource, so we are constantly reacting in a short-term way." Workshop participant

We heard that it is a struggle for practitioners to act proactively in a local context of stressed, reactive and risk-averse systems. Reacting to events meant that *"everything is always in crisis"*, which in turn puts a greater focus on risk and *"creating processes to deal with this, rather than giving people space to use their own judgement"*.

A reactive culture was also cited as reducing practitioners' ability to get to know and understand a family, with no time for attachment to be made. *"Social workers and family support workers need space and time to think and plan, not just react."* Workshop participant

In addition, the culture of risk aversion also created a culture of dependency with young people and families and, crucially, meant that the focus of local systems was predominantly on the more complex families who were of immediate concern.

A lack of long-term planning could also mean that gaps emerged in the trajectories of young people.

"We know what happens in children's centres; we know those same children show up again in the youth offending system. What happens in between? We don't know because we stop looking at them as soon as we can close the case." Workshop participant

Within agencies, risk was seen to *"push everything up to a more senior level"*, with practitioners fearing the consequences of making their own decisions. In particular, this was seen to prevent practitioners, managers and leaders alike from trying and testing new approaches.

"Any culture of innovation we try to foster gets stifled overnight by the focus on risk." Workshop participant

Participants discussed the effect of risk on the 'referral culture' across other agencies. There was a view that schools and other agencies were often able to take on more intervention work but did not have the confidence or willingness to do so, so instead *"push risk out across the system"*. There was a need to share risk across agencies in a genuinely open and collaborative way, but a lack of trust between services was a hindrance to that.

Overall, participants were in agreement that risk needed to be actively managed, not just avoided, and that risk and practice had to focus on what would actually help a young person or family, not what would best comply with existing processes.

4. Barriers to cross-agency working, leadership and governance

An initial barrier to inter-agency working was raised in the form of the definition of 'early help'. Participants noted that different definitions are used across the system and that for some agencies it was interpreted as being an age range, rather than a scale of need. Definitions varied between agencies in a local area and between different local authorities. It was noted that there was a lack of clarity from DfE and Ofsted around this, which raised concerns that LAs might fall foul of not adhering to one set of guidelines or the other.

"Early help, early intervention, early support, early action. How early do you go? If we can't define it, how do we expect others to understand? How do we expect families to understand?" Workshop participant

Participants also raised the question, *"early for whom?"* It might be early help for a child but not for their family (e.g. if they were a sibling of a young person who was already known to services). It might feel early to the system but late for a family who had been requesting support for some time.

We heard that there is *"stress in every part of the system"* and that this hinders the ability of other agencies, particularly health visitors, to refer well and intervene. Participants also talked about the impact of restructuring on relationship continuity - both between professionals and with families - with one Head of Service noting that his local authority was currently experiencing the third restructuring in three years.

The challenge of local system leadership was discussed at length, focusing on:

- An acknowledgement that system leadership is hard. Leading across organisations requires a particular set of skills and cultures. Crucially, everyone should be involved in leadership and culture change - it should not sit only with those at the top.

- The difference between system leadership and service ownership. Heads of service needed to understand their role as one part of an interconnected system, not as an isolated unit of provision. "*Walls go up around services. 'Not my problem'.*" System approaches can only be successful if everyone understands that early help is everyone's business.

- Integration isn't just about putting services next to each other but about having a shared set of outcomes that everyone can work to and see their role in. "*We put a children's centre on-site with a primary school and expect that to just work.*"

- The need for leadership across partners and to make this real, practical, supportive and binding by integrating governance structures, not just practice structures.

"We tend to frame system leadership as 'top down'. It should be 'bottom up'. Leadership should be driven by what best supports practitioners on the ground." Workshop participant

Participants discussed the difficulty of persuading other agencies to take a whole-systems approach. Local authorities needed levers to make change happen across agencies.

"*If we are to be at the centre of taking a system leadership role, we need to have the levers to make that real.*" Workshop participant

"*While there's a system that people can opt in and out of, things won't change.*" Workshop participant

In particular, it was felt that the relationship with schools was hard and had been made more difficult by the academisation agenda. There was currently no ability for LAs to instruct academies, though the National Association of Virtual School Heads had requested this power from DfE in the case of provision for children in care. Participants felt that schools were not providing the information that was needed by local authorities, including the number of assessments that were occurring. There was a request made to DfE to make

some of this reporting statutory, and to give clearer guidance to schools about what was expected of them. Could this be included in schools' Ofsted assessments?

"We have all got our own threshold documents. They are all in the language of, 'you may…'. It would help to have a clearer, stricter set of guidance from central government on what is expected of schools and others. We need some levers to be able to put pressure on schools to do what is needed." Workshop participant

5. Leadership at a national level and the national context

Participants discussed the need for space being given at a national level for the kinds of local partnerships required: the standards and protocols that would support local working.

Participants noted that the austerity agenda was creating two sets of challenges. First was the budgetary pressure within services, with services retreating from preventative work and concentrating resources on those with the highest need where there were clear statutory duties to protect. The view was that budget cuts inevitably hit early help services the hardest. Second was the effect of debt and benefit cuts on families, which could put huge pressure on relationships and families' ability to maintain resilience. One local authority noted that it was aware of 300 low-income families, totalling around 800 children, who were at risk of losing £200 a week under the new Universal Credit system.

In addition, Ofsted was discussed in the context of local authorities feeling constrained from trying new approaches.

"Ofsted contributes to the fear of 'falling off the moving train'." Workshop participant

Overall, it was felt that:

- Early help was not prioritised or protected financially by central government, despite investment in this area having been proven to achieve better outcomes (and, therefore, cost savings) further down the line.

- There was no clear direction from central government around education, with academisation having been a barrier to partnership working with schools.

- There could be a clearer line given by Ofsted and DfE. *"We're being told by the Department that we should innovate, and then Ofsted tell us we're taking too many risks."*

C. Five opportunity areas in targeted support

Working in groups, participants focused on five key themes that emerged from the previous conversations. They identified the opportunities for solving these problems, what would be needed to get there, who they would need to work with and the ways in which DfE could support this. These themes were:

1. Transitions between and across services, including referrals and risk management between services.

2. Managing resources and demand, identifying cohorts and opportunities to intervene early in order to mitigate the risk that these children will re-enter the children's social care system at a later stage with more severe needs.

3. Distributing the work of targeted support, including making better use and harnessing the capacity of other practitioners and sectors.

4. Understanding the sort of interventions that are most effective in order to change the nature of the intervention and relationship with families, including a step-down process framed around independence, not just mitigating dependency.

5. A targeted approach to supporting disabled children, ensuring that their particular needs do not get lost within the broader conversation.

1. Transitions between and across services

Participants discussed the importance of trust and relationships within the system and partners, to enable a seamless pathways for children and families. This meant a cultural shift being made at the top, led by leadership but then operationalised right across the system to shift practice behaviour.

The core enablers to support these were discussed as being:

- Shared outcomes across services.

- A shared language that underpins how services talk about practice.

- Cross-agency frameworks, such as Signs of Safety, restorative practice, Family Group Conferencing or motivational interviewing.

- Better data training, data tracking and data analysis.

Workforce development and confidence were critical, including training across the system on practice that we know works. Participants discussed the ability to find those people who are *"getting round the blockages"* to make things happen. It was agreed that there was great work happening in every service but that learning and sharing mechanisms and protocols were not well developed.

This learning culture needed to be coupled with clarity and permissions on what different practitioners can (and do) do, in order to create a culture that was:

- Focused on doing what you can to help each family, rather than referring on.

- Working collaboratively to create a package of support, rather than 'handing off' or 'passing on'.

- Ending the 'that's not my remit' approach.

- Permission to 'hold on' when necessary, rather than have to refer at certain thresholds.

It was acknowledged that there would necessarily be resistance inside the social care system to working differently, and that this usually came from worries about capacity, caseloads, Ofsted and a focus on risk and compliance. These were not irrational reasons, and we had to support people to trust that things really could be different to be able to move on from these mindsets. Any change should start with the assumption that we all have a shared goal: wanting to improve outcomes for children and families.

"None of us would be doing this job if we didn't want to make a difference. We've got to connect around that common ground." Workshop participant

It was highlighted that a large number of referrals that meet thresholds result in no further action. Figures of 60-75% were quoted by some participants. There was seen to be inconsistent knowledge across agencies of how to use thresholds in the referral process, with a rigid interpretation of thresholds meaning the right action for young people and families was not always taken. In addition, it was noted that such a high NFA rate creates an inherent inefficiency, which means effort is not always best directed to the needs of young people and families.

2. Managing resource and demand

Participants discussed how to make the most difference with the resources we've got, given the distribution of demand in the system. We began by agreeing the need for a coherent picture of both a local place and a 'typical' journey through services. There was a view that much better data and local knowledge was required, both the *"mapping and gapping"* of what is available and how young people and families are accessing and using this provision. In addition, there was need for much better collection, collation, analysis and sharing of data and information on the specific cohorts we were aiming to target so that we could allocate resources at the best points and places at which to intervene. Questions and considerations included:

- The potential usefulness of a community profile around outcomes for children in a particular locality.

- Do we understand what the root causes are as we move people through the system?

- Do we understand referral rates from different agencies?

- Knowledge is seen as poor. *"It is very hard to share best practice, not just between agencies but even between teams and individual practitioners."*

- In particular, there is a lack of information sharing when cases are transferred to a new practitioner, team or service.

- Different agencies find it hard to work together and to capture information collectively. A shared system for capturing and using data would address a number of service 'fractures'. Is there a role for LSCB to be responsible for this process?

- How can we take money out of the top end of the system to fund early help/ targeted support?

- How can we make best use of resources across the community, pooling and aligning budgets to maximise multi-agency resources?

"We have so much of this data but it all sits within separate agencies or departments." Workshop participant

The key question around resourcing was viewed as being: how do we know we are allocating our resources to target the right people? There was a lack of knowledge about referral rates and the reasons for some groups being over-represented. For example, one local authority stated that 45% of its children on Child Protection Plans were aged 0-4. Was

this because this group had higher needs, or because we have good mechanisms in place to act and refer at that age?

Additionally, we discussed whether services should be proactively targeting[1] young people and families or dealing only with those cases that arrive through the front door of services.

There was an appetite to do more to target those not yet in the system, and to use cohort data to indicate the best points at which to intervene.

"We're not talking about labelling individual families as destined to fail. But we could be much better at understanding the risk factors that mean it makes sense to offer particular kinds of help as early as possible." Workshop participant

Participants discussed the need to build the evidence base for both new and existing approaches. There needed to be a split in the investment of resource across models with good existing evidence and those that different parts of the sector could test on behalf of everyone. In particular, we discussed the need to understand the surrounding conditions that make different models successful.

"What makes a model work is the staff and the system conditions. You can give a great practitioner any model and they'll make change happen. And you can try to implement a great model with people who aren't in the right place and it will fail." Workshop participant

3. Distributed targeted support

There was a view that targeted support, more than any other stage of the child protection process, required a continuum of support from social workers to non-social care practitioners, with movement of intelligence, sharing and skills in both directions. Much more freedom could be given to non-professionals to act on behalf of the system. This required careful thought about how to hold accountability in the right places without stifling flexibility and creativity.

We discussed the need to take a 'wide-angled lens' on the system to create opportunities for genuinely joined-up partnership working. This included:

- The need for care plans that take a broader view of wellbeing and resilience, not just 'keeping safe'. These outcomes needed to be owned by all in a way that (a) provided a core approach or philosophy to unite around, (b) allowed agencies to align resource and commissioning, and (c) made the duties of all agencies clear.

- A much better integration with adult services for these families on the edge, to be able to put in place support for parents as quickly as possible. Shared ownership was discussed as being particularly important in cases of domestic violence and neglect, with lead professionals having the ability and permission to deal with every issue in a family, not just the presenting ones for the child.

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[1] Note, proactive targeting is not within the scope of the 3 focus areas for the next Innovation Programme funding round.

- Better integration with universal services, particularly children's centres. How can social work professionals both learn from and actively support the work that is happening in those contexts?

- The potential to connect much more into what the local community offers are for these families and these children. There was seen to be little connection currently to community resources or services, with professionals either not being aware of these resources or being hesitant to work closely with them.

Participants explored ways of thinking more broadly about team models, focusing on getting the right mixture of skills rather than only viewing people's 'professional hats'. This included thinking differently about who can be involved in this team. The core question was, 'who has the most trusted relationship with this family?'

Finally, we discussed the role of schools and universal partners and the need for these partners to take ownership of their role in the system. It was felt that some schools and services do not want to hold the responsibility of being part of the system in this way, and a new dialogue was needed both to help them understand why they had a crucial part to play and to support them to step up to that role. It was noted that in many cases, schools and police in particular were doing fantastic work and were actively building strong partnerships. We needed to learn from those examples and enlist their help in bringing others on board.

Questions and considerations included:

- The role of the local authority in creating platforms for support rather than "holding onto" direct provision. For example, a youth centre funded by the LA which becomes a platform for a range of support and activities that the LA does not (and could not) provide.

- The need for a culture change for LAs in an acknowledgement that they are not best placed to do everything.

- How to work with communities to shift their expectations around who can support families and young people – both allowing and supporting them to take on more responsibility where appropriate.

- Investigating the use of local community grants and commissioning very different packages of provision from the CVS.

- Better use of LA-employed community youth workers, who were seen as being a valuable bridge between social workers and community group).

- Building local authorities' knowledge on what is available in local areas – the mapping and quality of provision.

"As soon as LAs become involved some of those barriers around risk come back. The trick is for LAs to become enabling and stop getting in the way." Workshop participant

In particular, we discussed the strengths and assets of the local community around a family or young person.

- Better use and commissioning of community-based services to support in the step-down from statutory services.

- Commissioning powers are needed at all levels so that bespoke solutions can be adopted for different families.

- There are pockets of community action on this, e.g. around children's centres and with the voluntary sector. We can learn from what is currently working and grow from there.

- One LA shared an example of a housing estate that had recently been affected by the suicides of two teenagers. The social work team was working with young people on the estate who wanted to support each others' mental health.

"Services are important, but we're really cooking on gas when we can get services and the community working together." Workshop participant

"An issue like domestic violence is a challenge for families, a challenge for the system and a challenge for the community. We have to work across those three arenas to make lasting change happen." Workshop participant

4. Changing the nature of the intervention and relationship with families

Participants discussed the need for a different relationship between families and services. The key question was: how can we support families to make change happen for themselves? We needed to be much more focused on 'acting with' families rather than 'doing to'. In particular, this meant:

- Moving away from assessment and towards planning alongside a family or individual. What are their goals for the future? How can we help them get there?

- Whole-family support, not just focusing on what the children's sector can directly provide for the young person. The need to include siblings, parents and – where possible – the wider family and social network.

- The use of frameworks/models such as Family Group Conferencing to shift the kinds of conversations we have with families, and the settings in which we have them.

- Support from people who are not social workers, including existing social and community networks.

- A step-down process framed around long-term and sustainable independence, not merely mitigating the risk of short-term dependency.

For practitioners, this meant:

- Creating the space to be proactive rather than reactive, with a focus on building supportive and challenging relationships. This would need whole-system decisions to take place to formalise the importance of investing this time in building a strong trusting relationship with a family or young person.

- Developing practice and mechanisms specifically around targeted support, rather than adding-on to or tweaking existing provision.

- Testing different approaches to workforce development and training that increase the relational capability of practitioners, including early help workers as well as the broader education, health and criminal justice workforce.

- Creating new roles around low-level Children in Need (CIN) and a single agency offer that rethinks the interface between targeted support and CIN. This could include pairing social workers with family support workers as a way of offering joint intervention.

In particular, this meant rethinking parental involvement. Participants agreed that, too often, parents were viewed as 'part of the problem' in a way that was not helpful or appropriate in the targeted support space. Parents needed both to be supported themselves and to be seen as agents for positive change within families. There were untapped opportunities to reach parents, including through schools, proactive home visits and children's centres. The Family Nurse Partnership model, with its focus on the first 1,001 days of a child's life, was discussed as holding a huge amount of learning and insight. Of particular interest were those models that look at the parental relationship.

Finally, we discussed success measures and their crucial role in understanding both 'what do good outcomes look like?', and 'outcomes for *whom*?' A whole-family approach was needed that did not only look at outcomes for the child. Considerations and questions included:

- How much do we know about what does and doesn't work, and what makes the most difference? There is a lack of understanding about evidence-based practice across the workforce.

- What is the 'right' balance of qualitative outcomes vs quantitative outcomes?

- How do we move away from looking at activities rather than outcomes? Are these differences properly understood across agencies?

- What role does value for money need to play? How can we pay attention to its importance without it becoming the driving force?

Having family-led outcomes would necessarily change the length of time that is spent with families, making this both more flexible and more unpredictable.

"We define when their needs have been met, against our own metrics about what counts as a 'need' and what counts as 'have been met'. We need to do this from the family's point of view." Workshop participant

5. A targeted approach to supporting disabled children

Participants in this fifth group discussed the specific approaches needed to support disabled children, ensuring that their needs are not lost within the broader agenda. The aim was to reduce the reduce the risk of family breakdown and provide targeted interventions that deliver sustained change for these children and their families. The goal is to minimise the need for long-term residential provision or hospital admission, by ensuring that parents are able to effectively support their children.

The group agreed with the Department's analysis that for a large number of disabled children there is probably too much intervention, while for a small percentage we might not

intervene enough. In particular, there was a view that the use of assessments that were framed predominantly around risk, and therefore could be unnecessarily combative in their discourse, was especially unhelpful for this cohort.

In particular, the group discussed:

- How to 'reset' the relationships between families and services, taking an approach that is framed firmly around the assets and goals of families rather than deficits and risks.

- An assessment process that can serve multiple processes and begin a strength-based conversation about the child and family (and is not called an 'assessment'). Could this begin with a self-assessment by the family themselves?

- Testing the Warwickshire Judgement that SEND professionals can undertake assessments, shifting the assumption that this work has to be done by a social worker.

- Building in peer support (in a well-managed way) to support plans for children and families. This would require services to create better links to the people who know that child and family best and can be empowered to be part of a solid support network.

- Is there a role for personal budgets in this space? What can we learn from the successes and failures of personal budget systems across social care?

- How to mobilise the wider workforce around families, including health visitors, nurseries, employers, CVS provision.

Of particular interest to participants was the cohort of young children with autism and ADHD. It was noted that young people with autism and ADHD often do not meet relevant thresholds, and that the numbers of young people with these conditions is increasing. This put families in positions of immense stress, with many parents highly aware that they will only receive a service if situations deteriorate at a later stage. For younger children, there was an opportunity to prevent a generation of children from entering the high-needs cohort.

D. Reflections from Isabelle Trowler

Isabelle Trowler, the Chief Social Worker for Children and Families, gave her reflections on the discussions she had heard during the day, and some steers for those considering applying to the Innovation Programme. These were:

1. Being clear on the cohort. The targeted support strand of the Innovation Programme will not be focused on those who might end up in the children's social care system, but on those who are already in it. Applicants will need to be clear about that in any bid put forward.

2. The focus of the Innovation Programme is not on other agencies and helping them to play their role better. It is focused on the work of social work professionals and helping them to be the best practitioners possible.

3. There has been discussion during the day about predictive modelling through better data use in order to prevent children and families from entering the system. Applications should be clear that the Innovation Programme will be focused on those families we already know about, not predicting future need.

4. Don't commission functions out. This is about getting practitioners to do the most effective direct work.

5. We have heard lots about the difficulties of thresholds. Thresholds matter - it's impossible to run a service without them. What's important is working out how to be flexible around them.

6. Poverty and neglect aren't the same thing, and poverty should not be used as a predictor of need.

7. We have heard a lot about issues with Ofsted, and want to work with Ofsted to look at new ways of doing things.

8. The role of schools. We have heard discussions on the need for schools to step up to their responsibilities to support children. However, it was important to remember that DfE has not delegated statutory functions to schools to do this.

9. Risk isn't a dirty word. Risk management plays a highly important role in the sector, and we need to be better at not just doing things differently but thinking differently about how we approach this.

E. Appealing models and ingredients of models

We heard a range of approaches that participants were either implementing, developing or interested in hearing more about. These included:

- Dorset have identified seven 'family partnership towns'. They are combining data from the local authority, schools and health services to identify cohorts of children and families with indicators of poor outcomes. In addition, they have identified four indicators for every citizen in the county which sit across local agencies.

- Calderdale's approach to referral panels, ensuring that services are not overlapping in their support to the same families. It was noted that collaboration and multi-agency approaches were essential, while disjointed 'double counting' was to be avoided.

- Developing universal offers around supporting parental relationships. The work of the Early Intervention Foundation was cited as being a source of innovative evidence-based practice in this area.

- Creating ways to pump prime local approaches using pooled budgets.

- The opportunities for freedoms and flexibilities from regulators. What if every 'good' rated LA was given two years' 'grace' to test an approach and demonstrate outcomes?

F. Asks of DfE to support change

Finally, we heard some ways in which the sector would like DfE to support these change processes. These included:

- National level clarity on the definition of 'targeted support', alongside common measures, metrics and frameworks across government departments and Ofsted. It was noted that it is hard to innovate when local authorities "don't know what the rules are".

- At the same time, the freedom to be able to step outside the current frameworks and existing constraints where a good case can be made for doing so.

- Metrics that encourage distributed responsibility across the system, encompassing health, social work, police and education among others.

- A commitment from central government that early help would be prioritised and protected by central government. This did not currently seem to be the case, despite investment in this area having been proven to achieve better outcomes (and, therefore, cost savings) further down the line.

- A view that there was no clear direction from central government around education, with academisation having been a barrier to partnership working with schools.