

# Children's Social Care Innovation Programme

The challenge

March 2014

# ‘Innovation’ –

**Doing things differently. Challenging entrenched and inefficient ways of working. Attacking barriers to change. Being creative in the interests of the children we care for.**

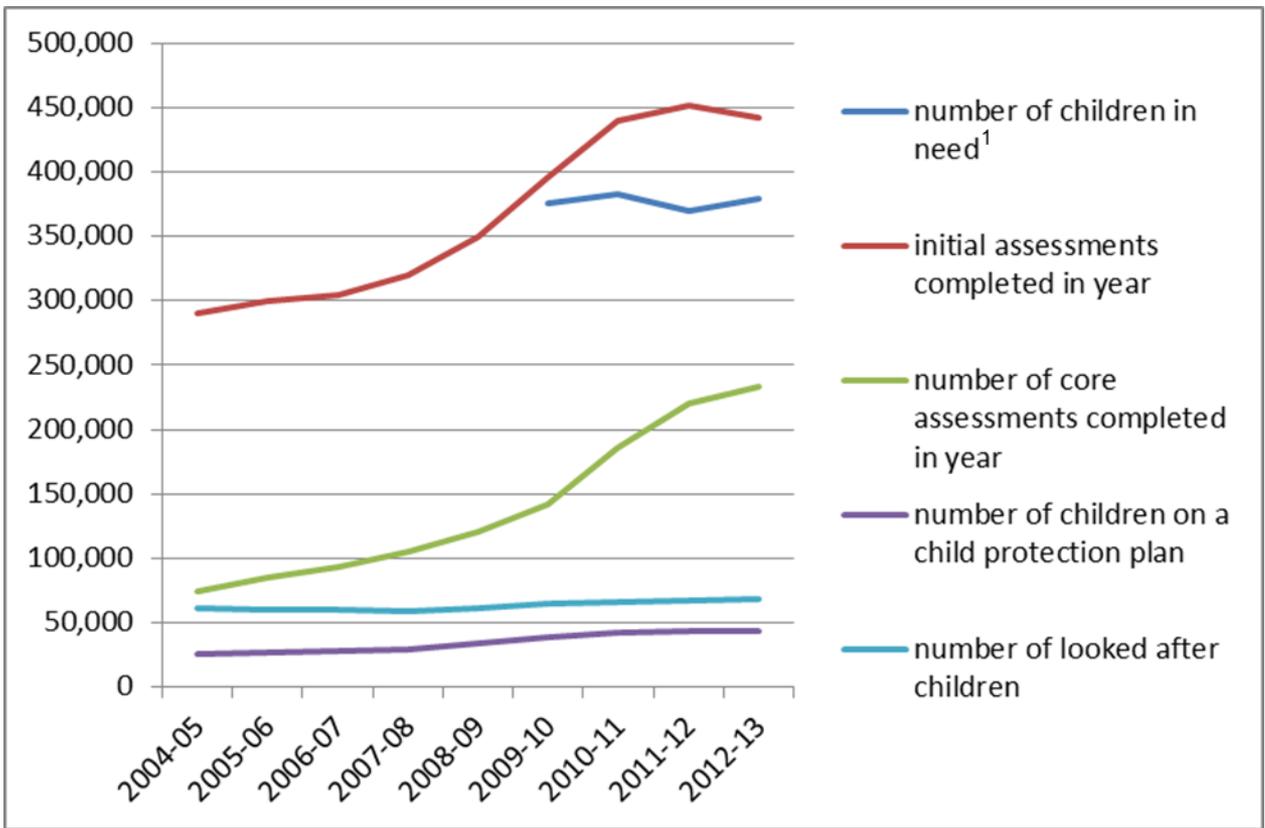
The analysis which follows summarises the findings of a DfE-led project to identify opportunities to innovate in the children’s social care system. It included more than 15 Local Authorities, 70 Social Workers, and over 60 other academics, professionals and analysts with an interest in the sector, both in the UK and overseas.

It found unexplained variation across LAs in outcomes, quality, value and pace of improvement for children in need – even across areas with similar populations.

It found barriers to innovation and improvement which were cultural, structural and legal, at national and local level.

The Children’s Social Care Innovation Programme aims to address these barriers. We are working with the children’s services sector, the third sector and private organisations to improve outcomes for vulnerable children.

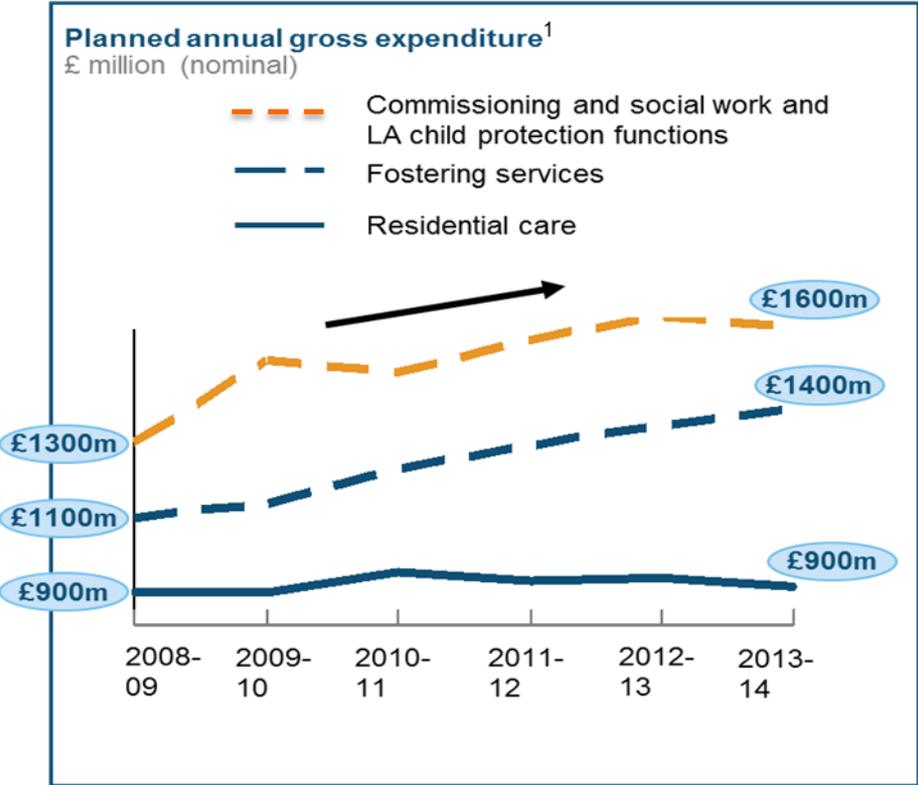
# Context: vulnerable children



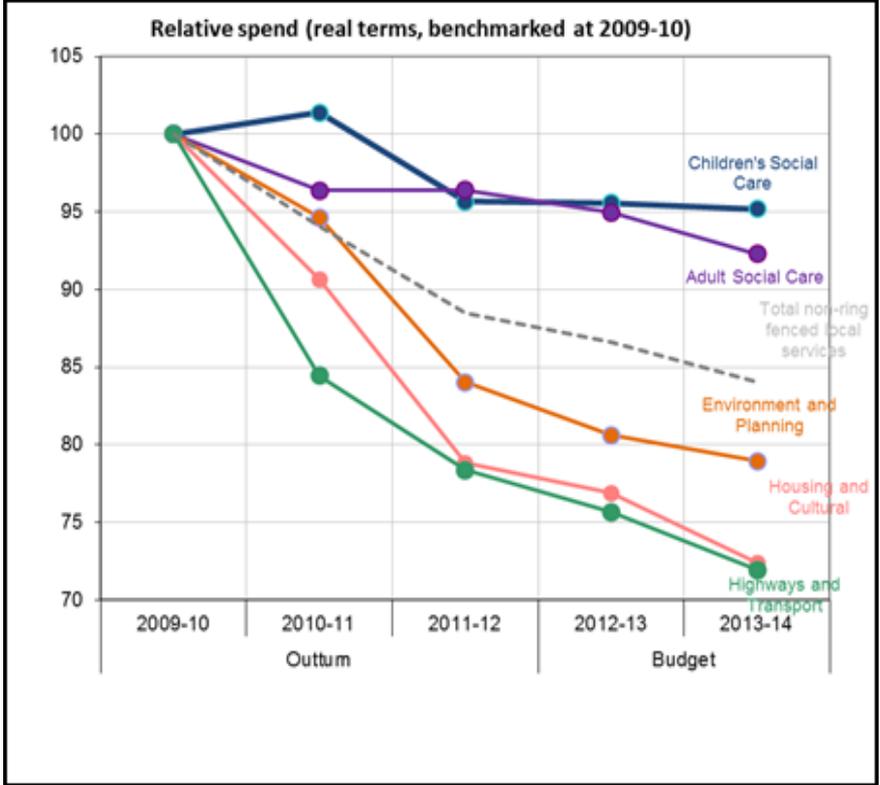
The number of children supported by children's social care is increasing

<sup>1</sup> Department for Education, Characteristics of children in need in England : 2012 to 2013. Estimates of children in need started being collected in 2009/10

# Context: spend on children's social care



And annual gross expenditure on children's social care is increasing



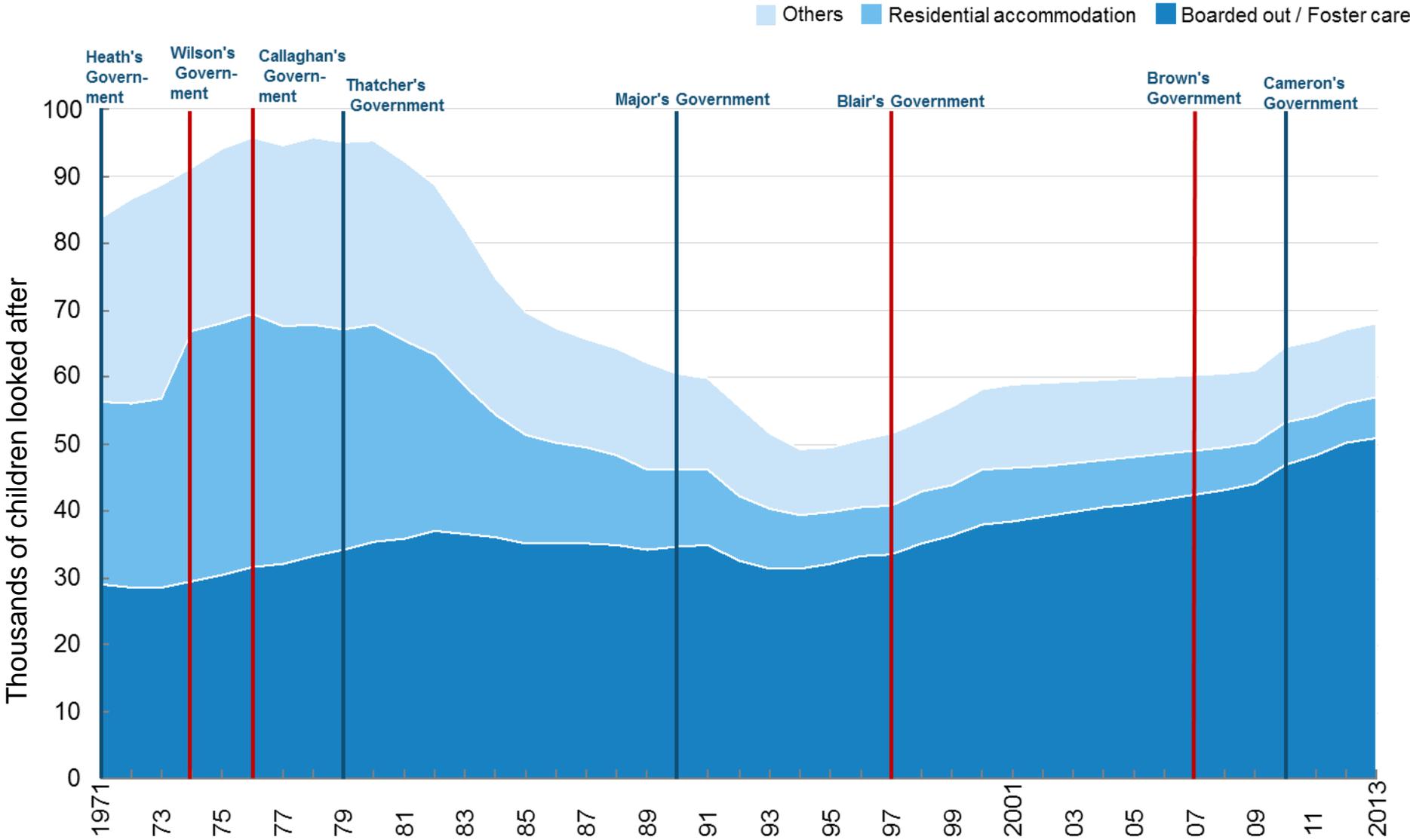
This is in the context of significant cuts to other LA budgets

<sup>1</sup> Department for Education, Section 251 data collection, budget summary 2008-09 to 2013-14. Collection of expenditure on children's services began in 2008-09 in the S25 collection. LA functions in relation to child protection is grouped together with the line on commissioning and social work in the 2012/13 and 2013/14 planned expenditure releases. Previously the two items were separate.

# Context: what the children's social care system provides

Children number, March 2013	<b>In need (379K)</b>					
	<b>With child protection plans (111k)</b>					
	Looked after (68K)					
			~43K	~1K	~19K	~4K
<b>Current providers</b>	<b>Local authority social work departments</b>	<b>In-house LA providers</b>	<b>LA providers to other LAs</b>	<b>Private and voluntary providers</b>	<b>Various, mostly public sector</b>	
<b>Services provided</b>	<ul style="list-style-type: none"> <li>Needs assessment</li> <li>Some commissioning and access to services</li> <li>Support for families of disabled children</li> </ul>	<ul style="list-style-type: none"> <li>Social work and child protection including family intervention</li> <li>Service commissioning</li> </ul>	<ul style="list-style-type: none"> <li>Residential homes</li> <li>Fostering and adoption</li> <li>Support to 7k looked-after children with relatives</li> <li>Support to 3k looked-after children with parents</li> <li>Respite care</li> <li>Child asylum seekers</li> </ul>	<ul style="list-style-type: none"> <li>Residential homes</li> <li>Fostering and adoption</li> <li>Secure children's homes</li> <li>Respite care</li> </ul>	<ul style="list-style-type: none"> <li>Residential homes (1,347 homes with ~400 providers)</li> <li>Fostering and adoption agencies</li> <li>Respite homes</li> </ul>	Other care settings: <ul style="list-style-type: none"> <li>Looked-after children living independently</li> <li>Residential schools</li> <li>NHS care</li> <li>Young offenders' institutions</li> </ul>
<b>Number of providers</b>	152	152	152	140	~865	
<b>Government spend</b> £ million, 2012	-	~1,750	~1,600	~55	~1,500	

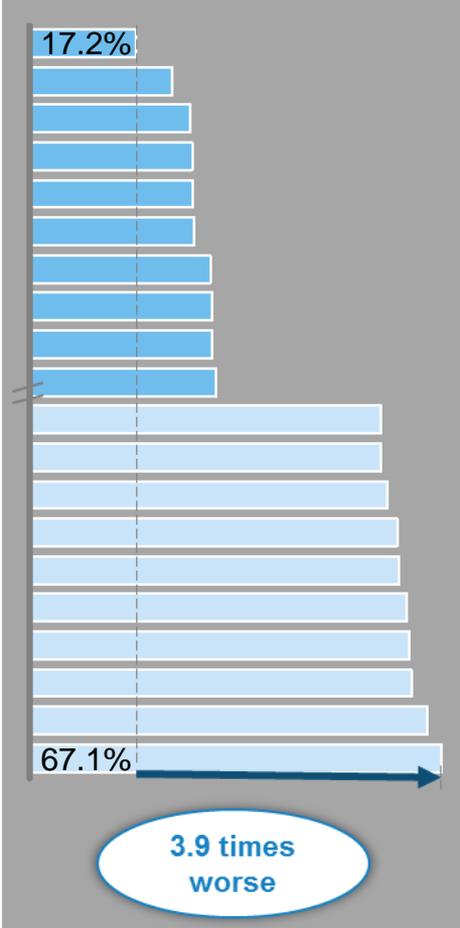
# The number of children in care is rising, but if we look historically, it remains low



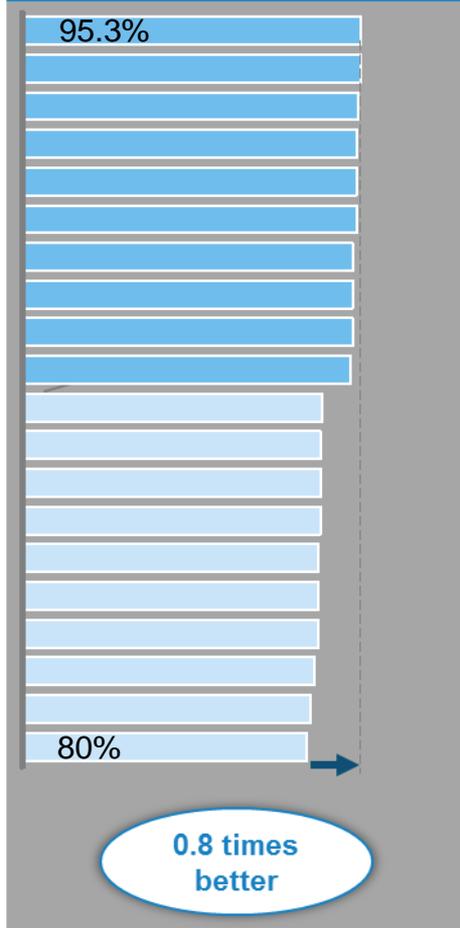
# Comparing across LAs, there is unacceptable variation in proxy measures of outcomes, quality, value and pace of improvement

- 10 best-scoring LAs on given indicator
- 10 worst-scoring LAs on given indicator

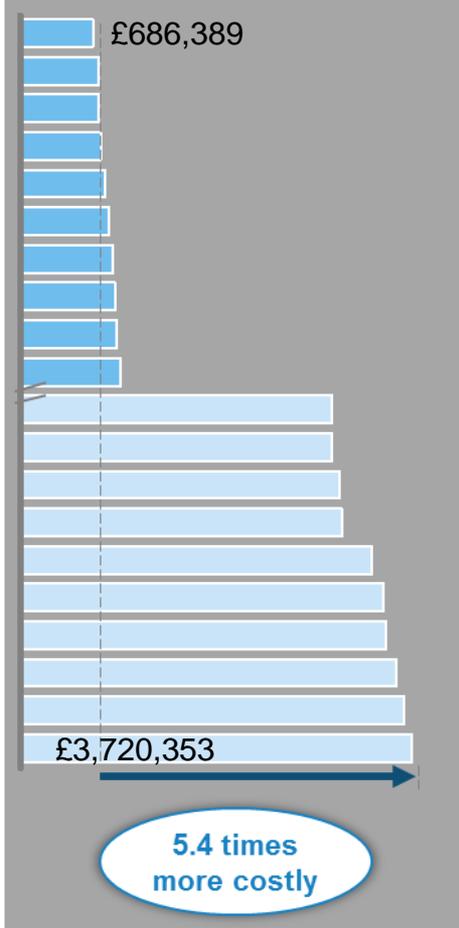
Attainment gap at Key Stage 4, 2012<sup>1</sup>



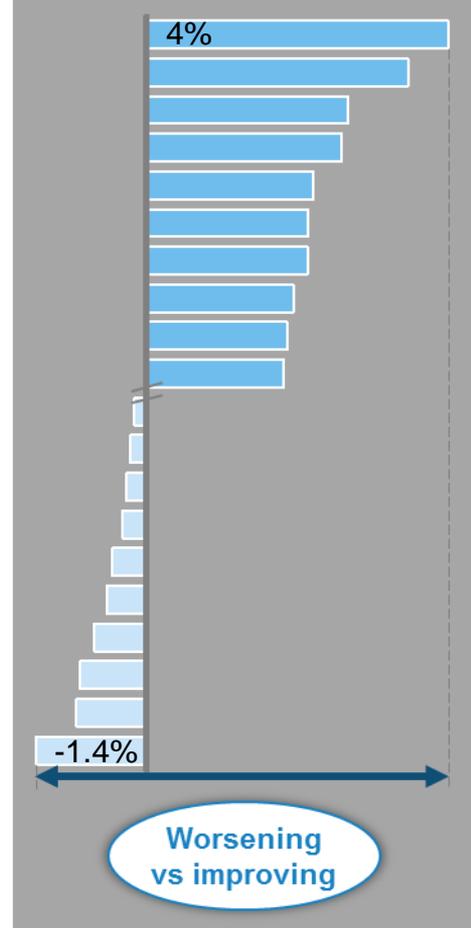
Percentage of children experiencing fewer than three placements, 2012



Total gross spend on children looked after (2011/12) / number of looked after pupils achieving 5+ A\* to C GCSEs in 2012



Annual % increase in children in need not persistently absent, 2008-12

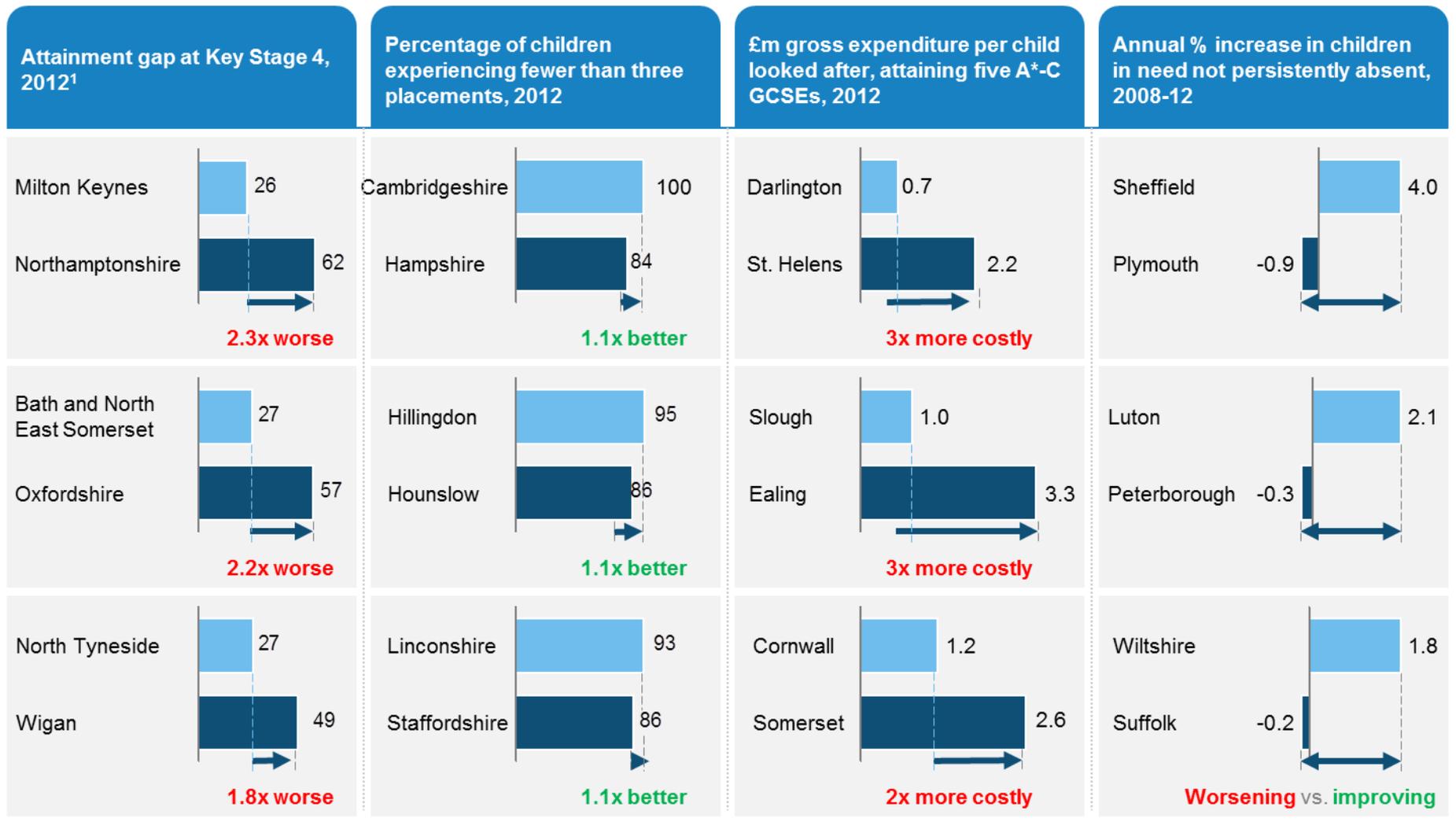


<sup>1</sup> Proportion of children looked after continuously for at least 12 months attaining five A\*-Cs at GCSE minus proportion of all children attaining five A\*-Cs

# This variation is wide even across areas with similar populations

■ High-scoring LA on given indicator in SN group    ■ Low-scoring LA on given indicator in SN group

## Performance comparison of statistical neighbours (SN)<sup>2</sup>- Individual LAs picked for illustration only



1 Proportion of children looked after continuously for at least 12 months attaining five A\*-Cs at GCSE minus proportion of all children attaining five A\*-Cs

2 As defined by Department for Education Local Area Interactive Tool

NB: To be updated with 2013 data when available

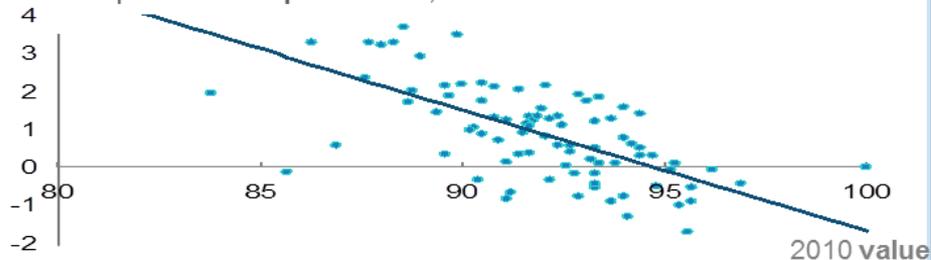
# The system doesn't appear to incentivise or support better-performing LAs to innovate and improve.

In children's services, better-performing local authorities improve more slowly ...

## School attendance by LA

Children looked after not recorded persistent absentees, %

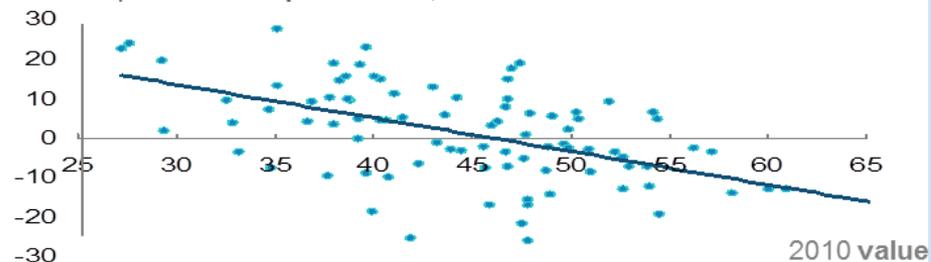
2010-12 per annum improvement, %



## Educational attainment by LA

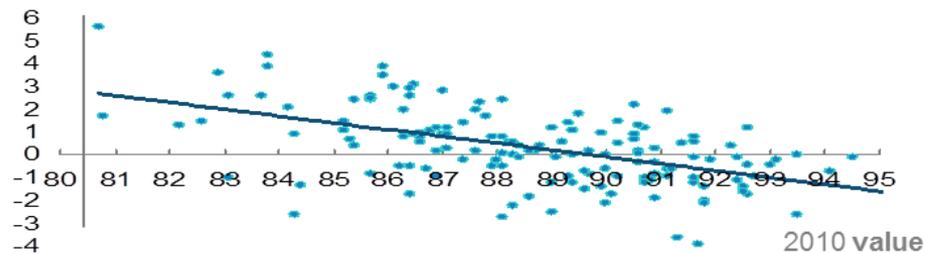
Attainment gap at Key Stage 4<sup>1</sup>

2010-12 per annum improvement, %



## Placement Stability by LA

Looked after children experiencing fewer than 3 placements, 2012 %

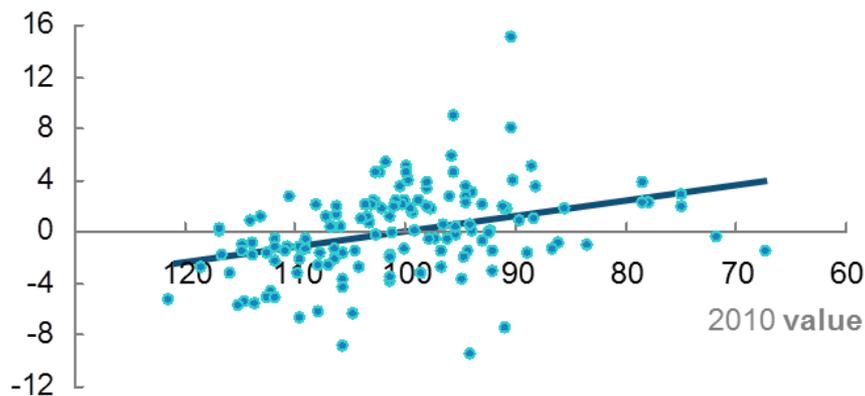


... whereas in healthcare, better-performing hospitals improve faster

## Mortality by hospital

Ratio of actual deaths to expected deaths after 30 days

2010-12 per annum improvement, %



Summary hospital-level mortality indicator is the difference between statistically expected and actual mortality. SHMI is the only quality indicator to look across all conditions but is still susceptible to small fluctuations and deaths out of hospital control.

<sup>1</sup> Proportion of children looked after continuously for at least 12 months attaining five A\*-Cs at GCSE minus proportion of all children attaining five A\*-Cs

# Literature and expert interviews agree on 8 main opportunities for significant and sustained improvement in service delivery

## **Stronger service management and leadership**

Improve how services are led and managed through better management information systems, better management practice, and talent from the outside.

## **Greater social worker capabilities and capacity**

Increase social workers' frontline capabilities and confidence, especially in analysis and evidence-based practice, by aligning training to day-to-day needs and reviewing career path. Improve productivity to increase time with families.

## **More targeted early intervention**

Within early intervention programmes, increase focus on high-risk families, address high-risk cases before a crisis, and better balance the portfolio of evidence based programmes to cover all important risk factors.

## **More multi-disciplinary social work teams**

Rather than assigning each case to a single social worker, move to an integrated multi-disciplinary team to improve availability and response time, and remove single point of failure.

## **More support for evidence-based care planning**

More evidence-based assessment and care planning through better access to multi-agency data and staff, more input from the child, a menu of options for common situations, and decision tools.

## **Better handling of long-term placement needs**

Decisively identify children most appropriately served by a longer-term, stable, permanent placement, and build a wider range of options for that (e.g. boarding academies, kinship and other long-term fostering, and better support of all carers).

## **More post-care social work**

Increase rate of successful return to families by providing tapered social work support after care ends, and prioritising access to programmes.

## **Better care for adolescents**

Clearer standards to avoid delays to intervention, build evidence base on effective care, and go back to earlier stage root causes, to reduce unsatisfactory outcomes for adolescents.

# What are the barriers to innovation and improvement and how could we address them?

<b>Incentives: performance management</b>	The system should better recognise and reward innovation and excellence, including through inspection arrangements.
<b>Incentives: competition</b>	Competition between providers is often constrained and focused on cost, and in-house providers are often preferred.
<b>Improving staff skill</b>	Social work staff must be well trained, especially in analytical skills and child development. There should be career paths which encourage excellent social workers to remain on the frontline and lead practice improvement.
<b>Stronger leadership</b>	Rethinking and redesigning services requires particularly strong skills in innovation and change management.
<b>Better data</b>	Greater consensus is needed among social workers, LAs, regulators and central government on what to measure and how; and on information-sharing.
<b>Resourcing innovation</b>	Time and financial support should be available to support those prepared to take risks and innovate, and to scale up successful innovation.
<b>Remove legal barriers</b>	Many perceived barriers are imaginary – which tasks for instance must be carried out by a social worker? – but others, for instance the inability to delegate child protection services, must be addressed.
<b>Commissioning skills and consortia</b>	LAs can lack critical mass, data and analytical skill to commission effectively, especially for highly specialised care.
<b>Driving collaboration</b>	Different metrics, targets and data make inter-agency collaboration difficult. Local partners need to tackle those barriers.
<b>Taking risks</b>	The high stakes involved can create an unhelpful reluctance to take manage risks in order to improve services.

# Sources

Page	References
4	<p>Spend estimates are given by the most applicable section 251 categories. Spend by Local Authority social work departments is measured by 'commissioning and social work' gross spend. Spend by in-house LA providers, LA providers to other LAs and spend by private and voluntary providers is given by total gross spend on residential care, fostering services, Other children looked after services, Short breaks (respite) for looked after disabled children, Children placed with family and friends, Education of looked after children, Asylum seeker services - children, Adoption services, and Special guardianship support . Spend on care leavers is measured by total LA gross spend on leaving care support services.</p> <p>SOURCES: Department for Education, Children's homes data pack 2013; Department for Education, SFR Children Looked After in England, including adoption 2012 and 2013; Department for Education, Characteristics of Children in Need in England; Department for Education, section 251 data collection, outturn summary 2011-12</p>
6	<p>SOURCES: Department for Education, section 251 data collection, outturn summary 2011-12; Department for Education, LAIT tool; Department for Education, Section 251 data collection, outturn detailed report 2011-12; Department for Education, outcomes for children looked after by local authorities in England</p>
7	<p>SOURCES: Department for Education, section 251 data collection, outturn summary 2011-12; Department for Education, LAIT tool; Department for Education, Section 251 data collection, outturn detailed report 2011-12; Department for Education, outcomes for children looked after by local authorities in England</p>
8	<p>SOURCES: Department for Education, section 251 data collection, outturn summary 2011-12; Department for Education, LAIT tool; Department for Education, Section 251 data collection, outturn detailed report 2011-12; Department for Education, outcomes for children looked after by local authorities in England NHS Information Centre, SHMI indicator data</p>