

# FROM TINY ACORNS

COMMUNITIES SHAPING THE  
FUTURE OF CHILDREN'S SERVICES

Dr Pawda Tjoa



*In association with:*

**IMPOWER**

New Local Government Network (NLGN) is an independent think tank that seeks to transform public services, revitalise local political leadership and empower local communities. NLGN is publishing this report as part of its programme of research and innovative policy projects, which we hope will be of use to policy makers and practitioners. The views expressed are however those of the author and not necessarily those of NLGN.

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Any errors or omissions are solely ours.

**PAWDA TJOA**

**NEW LOCAL GOVERNMENT NETWORK**

# FOREWORDS

## **PROFESSOR DONNA HALL, CBE**

**CHAIR NLGN AND BOLTON NHS FOUNDATION TRUST**

**The nurturing and protection of its children is the single most important role of any society. “It takes a village to raise a child” is an ancient African proverb meaning it takes an entire community of people to interact with children, to look out for them and support them to live in a safe and healthy environment. The health of any society can be measured by how children are valued. Our system is currently at breaking point.**

Following the publication of several high-profile serious case reviews in the wake of tragic child deaths, the child protection system has responded by taking more children into care. Our numbers of looked after children have never been so high. Children’s Safeguarding Boards, Ofsted and Children’s Services teams have focussed on tightening up rules-based systems. On the grounds, multi-disciplinary teams struggle to cope with the rising tide of demand as they cry out for more qualified social workers. Meanwhile, the impact of austerity on councils and the NHS will likely take a long time to reverse.

Children’s social workers have in turn either been individually and publicly blamed, shamed and portrayed as lazy, feckless and irresponsible; or sometimes they are held up as heroes who can save families.

This new report argues that a radical change is needed and that the solution lies in the community, in resourcing them and empowering them to create the change they want to see. It draws from NLGN’s Community Paradigm report (2019) which clearly sets out the four stages of the evolution of public services and the changing role of the state. Through a series of examples, this report reveals a shift in thinking towards a new approach to the design and delivery of children’s services that focuses on prevention and early intervention.

**MARTIN CRESSWELL****CHIEF EXECUTIVE, IMPOWER**

**It's undeniable that children's services teams across the country provide some of the most vital interventions that the state can make in citizens' lives. Yet despite this, Departments of Children's Services continue to feel like the poor relation within the public sector – a non-priority for politicians and funding alike.**

In *From Tiny Acorns: Communities shaping the future of children's services*, Pawda Tjoa shows that change is long overdue and sets out clear ideas for how the current delivery model needs reframing: what the system does, how it does it, and the potential role of families and communities within it. A genuine transformation and cultural shift is required and the Government must provide the catalyst for that shift.

IMPOWER's work with children's social care departments has proved that when early help and edge of care services are focused on genuine and evidenced needs within families and communities, demand can be managed more effectively. By adopting approaches that can match those needs to the outcomes that each child can achieve and the resources invested in them, we can define and understand value in the system.

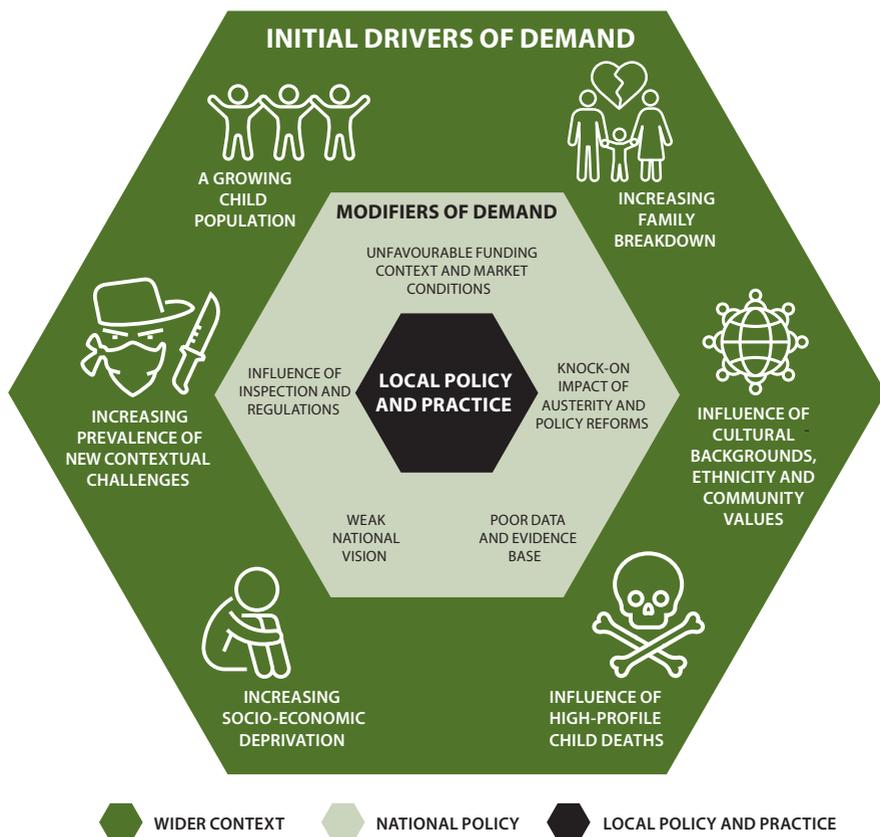
Whilst the current lack of resources is absolutely part of the problem, the sector does need to strengthen its argument for more funding from the Department of Education and HM Treasury by demonstrating a much deeper understanding of how money is currently spent and what difference it makes. By developing a more systematic understanding of demand and costs, we can demystify one of the most important decisions in local government: what is the right level of funding for our communities' most vulnerable children.

We are proud to partner with NLGN on this important and timely research. It sets out a strategic response to the current challenges and a series of recommendations for practical change at a national and local level. The project comes at crucial time as councils digest the implications and opportunities of the Spending Review. The sector has contributed a robust evidence base, and NLGN have used this to demonstrate how policy change could empower communities to deliver improved outcomes for children in the future. We hope that this sets the agenda for the Education Secretary and the Chancellor as well as Council Leaders and Children's Services Directors.

# EXECUTIVE SUMMARY

This report explores the complexity of the demand pressure on children's services and argues for a greater focus on early intervention and prevention. It proposes a radically different approach to meeting the needs of children and families to ensure the future sustainability of children's services – through growing the community's capability and maximising local assets, rather than seeing children and families as passive users of services.

## WHAT IS CAUSING THE DEMAND CHALLENGE?



## INITIAL DRIVERS OF DEMAND

**Key drivers of demand for children's services identified by the research are:**

**A GROWING CHILD POPULATION:** The child population of England has increased by 5.2 per cent between 2010-11 and 2017-18.

**INCREASING FAMILY BREAKDOWN:** Family breakdown contributes to children's wellbeing and demand for children's services. Family conflicts also contribute to behavioural problems in children and can lead to related issues that bring them to the attention of social workers and the local authority.

**INCREASING SOCIO-ECONOMIC DEPRIVATION:** In the UK, 4.1 million children are living in poverty – a rise of 500,000 children in five years.

**THE INFLUENCE OF HIGH-PROFILE DEATHS:** High-profile child deaths have contributed to growing public awareness and willingness to report abuse, but also contributed to rising demand, given greater risk-aversion.

**INCREASING PREVALENCE OF NEW CONTEXTUAL CHALLENGES:** New contextual safeguarding challenges including county lines, gangs and social media contribute to rising demand.

**THE INFLUENCE OF CULTURAL BACKGROUND, ETHNICITY AND COMMUNITY VALUES:** For example, the number of Asian children and young people in the child protection system is much lower than that of other ethnic groups.

## MODIFIERS OF DEMAND

**Several factors change demand, including:**

**AUSTERITY AND POLICY REFORMS:** New Labour Reforms, the Children and Families Act 2014 and the lingering impact of austerity have all changed the way that demand is manifested locally.

**A WEAK NATIONAL VISION:** Decades of a weak national vision in children's services has led to a sector that is fragmented, risk-averse, process-driven and uncertain for its future.

**UNFAVOURABLE FUNDING CONTEXT AND MARKET CONDITIONS:** Insufficient funding is a barrier to long term planning, and leads to a pre-occupation with containing short-term 'acute' needs, which affects demand.

**POOR DATA AND EVIDENCE BASE:** Poor availability and quality of data is

a barrier to our understanding and ability to improve services, and prevents accurate and early identification of needs.

**THE INFLUENCE OF INSPECTION AND REGULATION:** Ofsted ratings are cost-blind and do not measure what really matters to improve children's services. Disproportionate fear that surrounds regulation and inspection leads to defensive practices and contributes to rising demand.

## SHAPING THE FUTURE OF CHILDREN'S SERVICES

Despite the challenges facing children's services across the country, local authorities and children's services trusts are already collaborating with communities to shape the future of services. There is growing recognition of the need to build local capability and to engage local 'experts by experience' – often an untapped resource.

This research extracts the following three core principles, based on emerging local practice, which should form the basis for a national strategy to shift practice to prevention:

### 1. ENCOURAGING COMMUNITY OWNERSHIP AND RESOURCEFULNESS

Given the continuing demand pressure on children's services, combined with the impact of funding cuts, children's services teams are having to find opportunities in constraints. Giving the community a greater sense of ownership of local assets such as children's centres or community hubs encourages the community to be inventive and resourceful, turning the culture of scarcity into one of abundance.

In Camden, teams tap into the skills and knowledge held by families through a family-led dialogue, where parents are encouraged to contribute to designing care to improve the experience of other families through the court proceedings. In Hartlepool, community assets are mobilised in a number of ways, including parents obtaining accreditation allowing them to teach parenting courses to other parents, and parent volunteers setting up an initiative to provide baby supplies to new parents. In Oxfordshire, volunteers are matched with children through a mentoring scheme to provide guidance and build lasting relationships.

## 2. SUPPORTING EARLY INTERVENTION AND PREVENTION THROUGH MEANINGFUL ENGAGEMENT

Early intervention is contingent on the early identification of need, which is facilitated through establishing trusting relationships. Yet the importance of relationships is often side-lined for the sake of efficiency. To build trust, relationships need to be nurtured through a long-term approach to family support that focuses on prevention.

Some councils like Westminster have developed a whole family approach through their family hub model, based on the belief that positive relationships are key to effective early intervention. Preventative programmes such as the Family Nurse Partnership employ behavioural change methods to encourage a healthier lifestyle among mothers from the most deprived backgrounds.

In Norfolk, with a renewed focus on outcomes and by adopting a two-way approach to understanding needs and resources, the council was able to better match the needs of children with the skills and experience of the local carers.

To improve early intervention and prevention, the performance data team at Doncaster's Children's Trust has begun working more closely with the frontline delivery team, predicting and managing demand through a co-productive process. In Whitehaven, children were involved in the process of identifying and responding to needs which resulted in a number of preventative programmes that benefit both the children and wider community. In Manchester, by adopting a trauma-informed approach, families were supported to stay together and to learn from each other over an extended time period. Others, like Wigan Council, have turned their children's centres into community hubs providing preventative services, determined and run by the community themselves.

### 3. TOWARDS A CULTURE OF PARTNERSHIP WORKING

As councils and the community increasingly collaborate to improve their children's services, the dynamic of their relationship, which is often characterised by a lack of trust, will need to be altered, with more decision making power transferred, and a culture of participation becoming a natural part of the community's everyday life.

One significant step to develop a culture of partnership working is to encourage community commissioning. Insights from the Big Local show that the community often already have a fine-grained understanding of local needs and they are keen to build their capability through their commissioned services.<sup>1</sup> Community-led commissioning has been shown to increase community cohesion and wellbeing, which contributes to prevention.

Leeds has developed networks of partners to support its council-wide child friendly vision. These networks include the council's community teams, which are given the power and money to make decisions on the kinds of universal services to provide for their local area based on their detailed knowledge of local need.

The Regional Adoption Agency is an initiative that enables smaller local authorities to pool resources to generate important long-term savings. Such regional initiatives provides opportunities for stronger leadership across the adoption system, with a focus on early permanence.

Community-led partnerships must recognise the agency of the children and families involved, and should aim to grow their capability and local assets. In some councils, like Hartlepool, giving the community the power to make spending decisions was a key step in addressing the power imbalance between the council and the voluntary sector. The approach helps emphasise the value of co-designing services with the community and capturing the lived experience of families and children. The Mockingbird Model is another community-led partnership that is underpinned by strong relationships within the network of foster families, providing support likened to an extended family early before a problem escalate.

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<sup>1</sup> See Tjoa, 2018b; Lent, Studdert and Walker, 2019

In Doncaster, its Children's Services Trust works with young people with experience of the care system to help inform service design and delivery. These Young Advisors form an integral part of the Trust's strategy, and they helped write and design the Trust's practice standards and change its culture and language.

In Wigan, the Children and Young People Deal is a two-way engagement which recognises the agency of children in the community by asking them to articulate their contribution to the community, and how the council can support them. The Deal supports early intervention through partnership working and maximising community assets.

## A SUPPORTING FRAMEWORK FOR THE FUTURE OF CHILDREN'S SERVICES

In order to shift the focus of children's services to prevention and ensure its future sustainability, there needs to be the right national and local policy framework in place. The report sets out a supporting framework with recommendations at both the national and local level.

### A CLEAR VISION

#### NATIONAL

**A new national inspection framework for the care system based on local needs and outcomes should be developed to replace Ofsted's current framework. This new framework should engage the community at key stages to capture local specificity.** To reflect a new understanding of what really matters in children's services – the new national framework should focus on building long-term relationships and trust with children and wider families. It should therefore involve the community at three key stages: when developing the national framework, when adopting the framework within each local authority, and when carrying out the inspection at the agreed timeframe.

## LOCAL

**Local authorities should prioritise a shift to prevention by making children's services an integrated part of the whole council vision and strategy.** Children's services should not be seen in isolation from the wider work of the council.

## BUILDING RELATIONSHIPS AND TRUST

### NATIONAL

**The Government should introduce a whole-system approach to impact assessment across all government departments to ensure that any budget decisions will not negatively affect any aspect of the whole children's services ecosystem.** A more joined-up, whole systems approach to working across departments is increasingly key. Focusing on building relationships and communicating effectively across disciplines and sectors enables each workforce to understand the impact of their work in the context of the whole ecosystem of children's services. Children should be an 'indicator species' across government, at the heart of what each of the teams do.<sup>2</sup> This means that children and their wellbeing should signal the overall health of our public services and society.

## LOCAL

**The community in partnership with the council should develop a rolling programme of community-led workshops on asset-based approaches to care in children's services.** These workshops should be led and designed by the community as part of training in asset-based approaches to care for frontline workers. The community-led workshops could form part of local workforce training and professional development.

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<sup>2</sup> Research interviews

## UNDERSTANDING DEMAND AND NEED

### NATIONAL

**The DfE should define evidence standards and review the timeframe for demonstrating the impact of Early Help and preventative services.**

A strong evidence base showing the link between preventative services and positive outcomes is fundamental to securing the necessary investment.

### LOCAL

**Local authorities should reconfigure data collection by returning to first principles, taking into account local circumstances.** Data collection at the local level should be driven by the aims of prevention and early intervention. This means asking why a specific type of data is collected, and whether in reality it contributes to achieving these aims. There needs to be a shift in how councils go about collecting data, which should be driven by a clear framework that links councils' spend with needs and outcomes. By capturing the core needs that lead to demand for care, councils will be able to respond effectively, clearly articulating what outcomes they want from each intervention.

## RESOURCES AND FUNDING

### NATIONAL

**In addition to extending the Troubled Families Programme beyond 2020, MHCLG should also take key lessons from its journey so far into wider policy around children and families.** The programme has demonstrated some significant outcomes for families with complex needs, and has been shown to reduce the number of children going into care by a third.<sup>3</sup> Based on these outcomes, sufficient time should be given to the programme to demonstrate further positive outcomes on children and families; at the same time, lessons should be taken from the programme to ensure wider impact.

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<sup>3</sup> MHCLG, 2019, p. 4

**The Government should reform the funding application process to incentivise partnership working and regional initiatives. A ‘duty to cooperate’ should be introduced as part of the evaluation criteria for funding to encourage more collaborations across councils, external organisations, and community groups.** There also needs to be a greater incentive to support regional initiatives in order to expand on local expertise and assets to support prevention. Many councils have noted the lack of incentives for local authorities to develop regional initiatives. More funding should be devolved from central government, and local authorities should be given more flexibility to raise specific funds to support regional preventative initiatives.

## LOCAL

**Given the funding shortfall for the foreseeable future, it is imperative that children’s services across the country give rigorous consideration to whether they are making the best use of the current available resources to improve outcomes for children and families.** To do this, councils need to be able to demonstrate how the services they provide are creating value by targeting needs and achieving the right outcomes. Where a clear connection between needs, outcomes and spend cannot be established, it should be a signal to councils that available resources and funding have not been used most effectively to meet the demand for children’s services, and that changes to practice may therefore be necessary to help address the demand challenge in their area.

**The local authority and community should work together to mainstream community commissioning.** There are different methods of community commissioning with different levels of engagement but regardless of the method used, it requires a continuity of reliable support to expand the community’s capability.<sup>4</sup>

To ensure the future sustainability of children’s services, we cannot rely solely on more funding from central government. Without a pivotal change at the local level, no amount of funding would ever be sufficient to address the rising demand.

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<sup>4</sup> Lent, Studdert and Walker, 2019, p. 41

This research has therefore argued for a radical culture and practice shift within the sector to one that is focused on prevention, grounded in a real understanding of the community's needs and potential. Learning from some of the most innovative and bold community initiatives across the country, this report has distilled the three principles that will help both practitioners and the community to capitalise on the community's assets, skills and in resources.

But while the community, in close collaboration with the local authority, works to maximise their limited resources, build trusting relationships and develop genuine partnerships, they need the support and leadership of the government in removing any barriers to progress and facilitating the transfer of power to the community.

# INTRODUCTION

**Many of us remember the tragic case of ‘Baby P’ in 2007 splashed across the front pages of our newspapers. Most could not comprehend how such serious neglect and abuse could have fallen through the cracks. It highlighted not only the increasingly complex challenges facing the care system, but also its fragmented nature.**

While many lessons have been learned from Baby P and other high-profile cases, serious challenges remain. Given the changing family structure and support network over the last century, children and families are increasingly living in isolation. At the same time, the lack of effective collaboration across organisations, departments and children’s services teams mean that concerns are sometimes not effectively communicated, resulting in a failure to intervene.

It is not a surprise that in the wake of these high-profile cases, children’s services teams across the country felt the need to prioritise avoiding the next scandal, while overlooking the long-term implications. We are now faced with the reality that more and more children are in the care of the local authority. Yet, councils are having to deal with these expanded responsibilities just as resources decline, given the cuts to funding that they experienced over the last decade.<sup>5</sup>

There have been repeated calls for more funding to be pumped into the system, but without a major reform in the way the entire sector operates, more funding will only act as a sticking plaster. It will not be the first time that we wake up to the disappointing realisation that funds are being diverted -yet again- to meet acute needs, rather than dedicated to developing preventative services. In other words, more funding alone cannot be the answer to the rising demand for children’s services.

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<sup>5</sup> Local authorities experienced 49.1 per cent real-term reduction in government funding between 2010-11 and 2017-18; see NAO, 2018, p. 4

This desperate situation has led to some serious soul searching in a number of councils across the country. It raises the question of what the role of the state should be. A new consensus is forming around the idea that the system should be 'neither paternalistic nor laissez-faire but supportive of families, providing the services they need to stay together'.<sup>6</sup> With councils taking a more supportive and facilitative role, the community can become more pro-active in shaping children's services.

It also prompts the question of whether councils are making the best use of the limited funding and resources available and creating value. This consideration is crucial given children's services across the country are having to operate with a significant funding shortfall for the foreseeable future. Given this challenge, councils cannot afford to continue to make short-term decisions, in some cases, misdirecting spend to the detriment of the children who are most in need.

For a long time, experts and practitioners have warned that this status quo is not sustainable, and that a thorough rethink is long overdue. However, the combination of multiple factors, including increased demand and diminishing resources has led to practitioners operating in crisis mode, managing risk rather than developing a more strategic approach. This has also led to a sector that is entrenched in a 'defensive' working culture.

In the face of increasingly complex challenges, many councils have become more inventive and adaptive by tapping into the wealth of community resources and assets that have previously been overlooked. Some have embraced the opportunity for stronger partnerships by involving the local community, while others have sought ways to reconfigure their existing services and care packages so that they are needs-led and more targeted. These examples help underline the broad principles that will become increasingly critical in the design and delivery of children's services that meet the needs of the child, achieve the best outcomes and deliver value.

The aim of this report is twofold: to highlight the extent of the demand pressures on children's services and to set out a strategic response, through a series of policy recommendations for practical change at both

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<sup>6</sup> Featherston, White and Morris, 2014

national and local level. It explores the complexity of the demand pressure and argues for a greater focus on early intervention and prevention. Importantly, it also describes, through a series of examples, a radically different approach to meeting the needs of children and families to ensure the future sustainability of children's services – one which puts children and families back at its heart by engaging the wide range of untapped community assets and resources to achieve the very best outcomes.

# WHAT IS CAUSING THE DEMAND CHALLENGE?

**As with other public services, children’s services emerged from a collection of smaller organisations—most of which were voluntary—meeting a wide range of needs locally. The primary purpose of these services was to meet the basic needs of the very poorest.<sup>7</sup>**

By the mid-20<sup>th</sup> century, these services had been replaced by formal and professional bodies employed centrally by the state and deployed nationally to meet rising demand from children and families. This shift from a primarily volunteer-based model to a paternalistic model meant a greater reliance on the state and less on the community to organise and take the initiative in responding to family crises. At the same time, service delivery processes were streamlined and standardised to improve bureaucratic efficiency.

By the 1980s, the marketisation of services changed the dynamic between the ‘service user’ and the public servant. The delivery of children’s services became more transactional, creating a greater distance between the professionals and the children they served. Many councils outsourced their services, placing the care of local children in the hands of corporations or large charities that may have had very little connection with the local area. Multiple elements of children’s services delivery have moved away from a focus on achieving positive outcomes to maximising efficiency of service delivery and avoiding risk. At the same time, children and families were increasingly viewed in isolation, divorced from their wider social context.

There is a growing recognition that efficiency should not be the main focus when it comes to children’s services delivery. Following a sustained period of austerity, local authorities are increasingly recognising the potential of untapped community assets and the benefits of engaging local communities to address some of the demand pressures in children’s services. They are also discovering new ways of meeting the needs of children and families

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<sup>7</sup> For further reading, see also Lent and Studdert, 2019, pp. 12-20

– focusing on value and outcomes rather than efficiency and outputs. Meanwhile, there is also a renewed interest in collaboration between local communities, voluntary organisations and local councils. Some of these local partnerships are already demonstrating good outcomes, but given the scale of the demand pressure outlined in the following pages, this approach needs to be developed significantly to fully transform the future of children’s services.

## AN OVERVIEW OF THE DEMAND CHALLENGE

The demand challenge faced by children’s services reflects a situation that has far reaching consequences for children and young people, their families and communities. Children’s long-term health, wellbeing and life chances are affected by their experiences in their early years, not only in terms of whether or not their needs are met, but the way in which this is achieved.

Not only is there a clear moral duty to do what is best for children, there are also wider social and economic consequences for services and society. In 2017-18, £8.8 billion was spent by councils on children’s services and nine in ten councils overspent on children’s services during this period. The combined overspend by councils on children’s services in 2017-18 was £872 million.<sup>8</sup>

The cost of late intervention totals £17 billion a year, £6.2 billion of which falls directly on children’s services.<sup>9</sup> On the other hand, emerging studies by the Nuffield Foundation and Institute for Fiscal Studies have shown early intervention programmes such as Sure Start have significantly reduced hospitalisations of children and benefited children in poorer areas most.<sup>10</sup> In fact, access to such programmes can help ‘close around half the gap in hospitalisations between rich and poor areas’.<sup>11</sup> Furthermore, when children’s needs are not adequately met, there are long-term effects on their ability to contribute socially and economically, the cost of which cannot easily be quantified.

Yet, the increasing demand for ‘acute’ services, as explored in greater detail in the following pages, is absorbing much more of the local authority’s

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<sup>8</sup> NAO, 2019

<sup>9</sup> Early Intervention Foundation, 2019

<sup>10</sup> Cattan et. al, 2019; children in poorer area are more likely to attend a centre

<sup>11</sup> Cattan et. al, 2019

resources, diverting attention from preventative services.<sup>12</sup> The nature of this demand challenge is also multi-faceted; demand is not only rising, but also variable and increasingly complex.

## RISING DEMAND

Children's services are facing a crisis following a decade when local government funding from central government has been cut in half. At the same time, demand has been rising across the children's services delivery landscape:

- **MORE THAN ONE IN EVERY FIVE CHILDREN IN ENGLAND ARE REFERRED TO CHILDREN'S SERVICES BEFORE THE AGE OF FIVE.**<sup>13</sup> It is not clear how many of these children and their parents actually received Early Help but another study<sup>14</sup> shows that almost three-quarters of referred children did not receive Early Help services.<sup>15</sup>
- **RISING DEMAND IS MORE PRONOUNCED AFTER A CHILD HAS BEEN REFERRED TO CHILDREN'S SERVICES.** While the overall number of referrals is significant, the rate of increase in referrals has broadly been in line with population growth. However, the rate of increase in child protection assessments has been 11 times that of referrals from 2010-11 to 2017-18.<sup>16</sup>
- **THE NUMBER OF CHILDREN IN NEED HAS INCREASED BY 4 PER CENT IN JUST THE LAST YEAR (2017-2018).**<sup>17</sup> While the *proportion* of children in need in the population has fluctuated recently, absolute *numbers* have increased year on year, with an increase of over 25,000 children from 2013-2018.<sup>18</sup>

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<sup>12</sup> NLGN, 2018. A survey of leaders and chief executives in August 2018 revealed a low confidence in the delivery of children's services. Councils with social care responsibilities are facing the biggest challenge, with 88 per cent reporting they will be unable to deliver more than statutory services in five years' time.

<sup>13</sup> Bilson and Martin, 2016, p. 11

<sup>14</sup> Thorpe, Denman and Regan, 2011

<sup>15</sup> Bilson and Martin, 2016, p. 11

<sup>16</sup> NAO, 2019

<sup>17</sup> Department for Education, 2018

<sup>18</sup> Department for Education, 2018

- **INVESTIGATION AND SUPPORT FOR CHILDREN AT RISK OF HARM OR SUFFERING HARM IS ON THE RISE, BUT TO A LESSER EXTENT THAN THE INCREASE IN INITIAL ASSESSMENTS.** From 2017 to 2018 section 47 enquiries increased by 6.7 per cent and child protection plans by 5.3 per cent.<sup>19</sup> However, fewer child protection assessments are ultimately leading to child protection plans. The number of assessments that required a child protection plan fell by 20 per cent from 2009-10 to 2015-16.<sup>20</sup>
- **THE NUMBER OF LOOKED AFTER CHILDREN HAS REACHED A THIRTY-YEAR HIGH,** with over 75,000 children now in care.<sup>21</sup> Spending in this area accounts for over half of council overspend in children's services.<sup>22</sup>
- **RATES OF ADOPTION HAVE NEARLY DOUBLED SINCE THE LATE 1990S.**<sup>23</sup>

These examples of growing overall demand reflect a concerning picture both for the children involved and for local authorities at a time of limited resources. Nine in ten Directors of Children's Services (DCSs) report that it is increasingly challenging to fulfil their statutory duties.<sup>24</sup> It is also important to note that these measures of demand are based on points of intervention within services, which are not fixed and thresholds may change over time.<sup>25</sup> It may therefore not fully reflect the unmet needs of children in the population. Contributors to this research also discussed rationing of resources,<sup>26</sup> rising thresholds and Early Help services being diverted to deal with elevated need.<sup>27</sup>

## VARIABLE DEMAND

Current demand on children's services is not uniform. Needs vary according to the characteristics of children and demand also varies across different parts of the country.

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<sup>19</sup> Department for Education, 2018; see Appendix 2 for definitions

<sup>20</sup> Bywaters et al, 2017

<sup>21</sup> Care Crisis Review, 2018

<sup>22</sup> NAO, 2019

<sup>23</sup> Bilson, 2019

<sup>24</sup> APPG Children, 2017

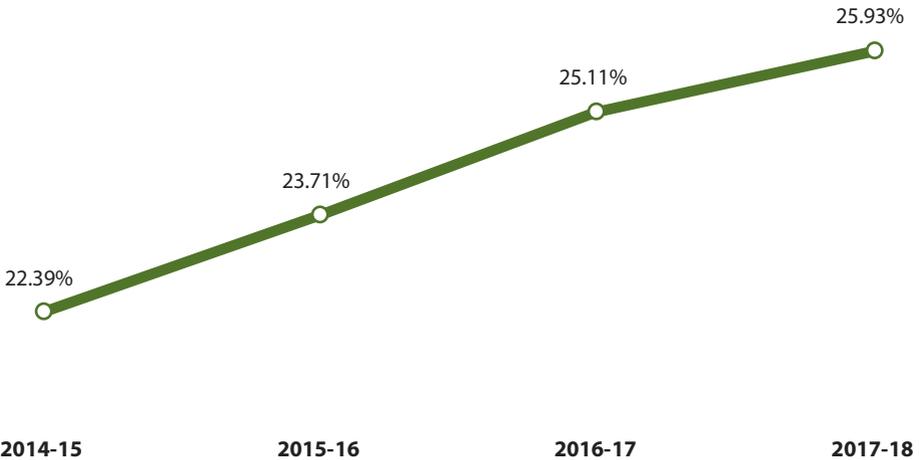
<sup>25</sup> APPG Children, 2018

<sup>26</sup> Research interviews

<sup>27</sup> Research interviews

- **GENDER:** The gender divide of children in need is broadly consistent with the whole population. Of children in need in 2018, 53 per cent were male, 45 per cent were female, and 2 per cent were unborn or of unknown gender.<sup>28</sup>
- **AGE:** Older children make up a growing proportion of demand for children's services, reflected in the older age profile of children in care cases.<sup>29</sup> The largest proportion of children in need are aged 10 to 15.<sup>30</sup> Over 60 per cent of looked after children are over the age of 10, more than a third of which are over 16.<sup>31</sup> The proportion of older children in new care order cases has also been steadily increasing in recent years, as shown in figure 1.<sup>32</sup> This isn't to overlook the growing issues facing younger children too. For example, there has been a significant rise in newborn babies subject to care proceedings.<sup>33</sup>

**FIGURE 1** PERCENTAGE OF CHILDREN AGED 10 AND OVER IN NEW CASES



<sup>28</sup> Department for Education, 2018

<sup>29</sup> Care Crisis Review, 2018

<sup>30</sup> Department for Education, 2018

<sup>31</sup> Department for Education, 2018a

<sup>32</sup> Tjoa, 2018

<sup>33</sup> Broadhurst et al, 2018

- **ETHNICITY:** Rates of child protection plans and looked after rates are two and a half times higher in white children than Asian children. This rises to three times higher in black children when compared to Asian children. The difference is even more marked in the most deprived 20 per cent of neighbourhoods, where white children are five times more likely to be looked after than Asian children.<sup>34</sup>
- **DISABILITY:** 12.3 per cent of children in need have a disability, with a slight decrease from 13.8 per cent in 2013.<sup>35</sup>
- **LOCAL AND REGIONAL VARIATION:** The number of children in need at different points of intervention within the children's social care system varies considerably across local authorities in England. For example, the proportion of children in care ranges from 22 to 164 per 10,000 of the population in England.<sup>36</sup>

There is also considerable variation across the devolved nations of the UK. For example, Scotland has the highest number of children in care and there are significantly lower levels of children in care in Northern Ireland.<sup>37</sup>

Children and young people living in areas of high deprivation are up to 10 times more likely to be looked after than children in areas of low deprivation.<sup>38</sup> An even steeper social gradient exists for children on child protection plans.<sup>39</sup>

## COMPLEX DEMAND

The demand pressures facing public services are growing not only in overall quantum, but also in complexity.<sup>40</sup> The issues faced have remained largely the same over the last 20 years but the way in which they interplay

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<sup>34</sup> Bywaters et al, 2018a

<sup>35</sup> Department for Education, 2018

<sup>36</sup> APPG Children, 2017, p. 30

<sup>37</sup> Bywaters et al, 2018

<sup>38</sup> Bywaters et al, cited in LGA, 2017

<sup>39</sup> NAO, 2016

<sup>40</sup> Lent and Studdert, 2019, p. 24

creates increasing complexity. Services are increasingly working with individuals who are facing multiple disadvantages, often linked to the wider socioeconomic environment. In children's services, this complexity is reflected in some of the following ways:

- **DIFFERENT TYPES OF DEMAND.** For example, there are a growing number of children affected by contextual safeguarding challenges, which lead to children being taken into care. These include those within the home, such as domestic and emotional violence,<sup>41</sup> as well as those beyond the child's family unit, such as County Lines,<sup>42</sup> child sexual exploitation and gang violence. These issues are complex in nature and are more likely to affect adolescents, who make up a growing number of children in need.
  
- **INTERGENERATIONAL CYCLES OF DEMAND.** Research shows that more than a quarter of birth mothers and about a fifth of birth fathers with children placed for adoption were themselves care leavers.<sup>43</sup> These patterns of intergenerational disadvantage are increasingly recognised and understood. For example, one detective chief superintendent referred to the multiple layers to current demand, and intergenerational poverty and cycles of abuse and criminality.<sup>44</sup> Others have noted the role of domestic abuse in children subsequently being taken into care.<sup>45</sup> Indeed, nearly three-quarters of children on the 'at risk' register live in households that experience domestic violence, and more than half (52 per cent) of child protection cases involve domestic violence.<sup>46</sup> In turn, this is informing new ways of working, including the rise of trauma-informed approaches.

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<sup>41</sup> Research interviews; Care Crisis Review, 2018; Department for Education, 2018

<sup>42</sup> 'County Lines' refers to criminal exploitation involving gangs and organised crime networks grooming and exploiting children to sell drugs. These children are often made to travel across counties, and use dedicated mobile phone 'lines' to supply drugs. Definition taken from The Children's Society.

<sup>43</sup> Roberts et al, 2017

<sup>44</sup> Research interviews

<sup>45</sup> Research interviews

<sup>46</sup> Women's Aid, no date; We will speak out, 2013, p. 3; Original data obtained from Department of Health, 2002 and Farmer and Owen, 1995

- **FAILURE OR CIRCULAR DEMAND.** As well as new cases that are brought into the system, rising demand can be caused by the same children and young people remaining in the system for longer periods of time. Contributors to this research expressed concern about this overlooked area of demand, with many children and young people being passed around different services. This is reflected in national datasets: for example, a larger number of child protection plans were started than closed in the last year (2017-18).<sup>47</sup> Meanwhile, around one in four women who have been involved in care proceedings are at risk of re-appearing in such proceedings within seven years.<sup>48</sup> The reasons behind this circular demand will be explored further in this report but it is linked to the complex nature of demand as well as wider system and service failures and wasteful practices. As one detective chief superintendent put it: 'services are siloed, issues are complex'.<sup>49</sup>
  
- **HIDDEN DEMAND.** Finally, some demand is inevitably missed or becomes hidden in the system. For example, a report by the Children's Commissioner earlier this year estimated that just 20 per cent of gang members or associates are known to children's services or youth offending teams.<sup>50</sup> Demand may also be hidden by simply passing through different parts of the system. For example, an expert in family justice explained that more cases are going through the private law route, which would have previously gone through the public law route, and do not therefore contribute to the total care demand figures.<sup>51</sup>

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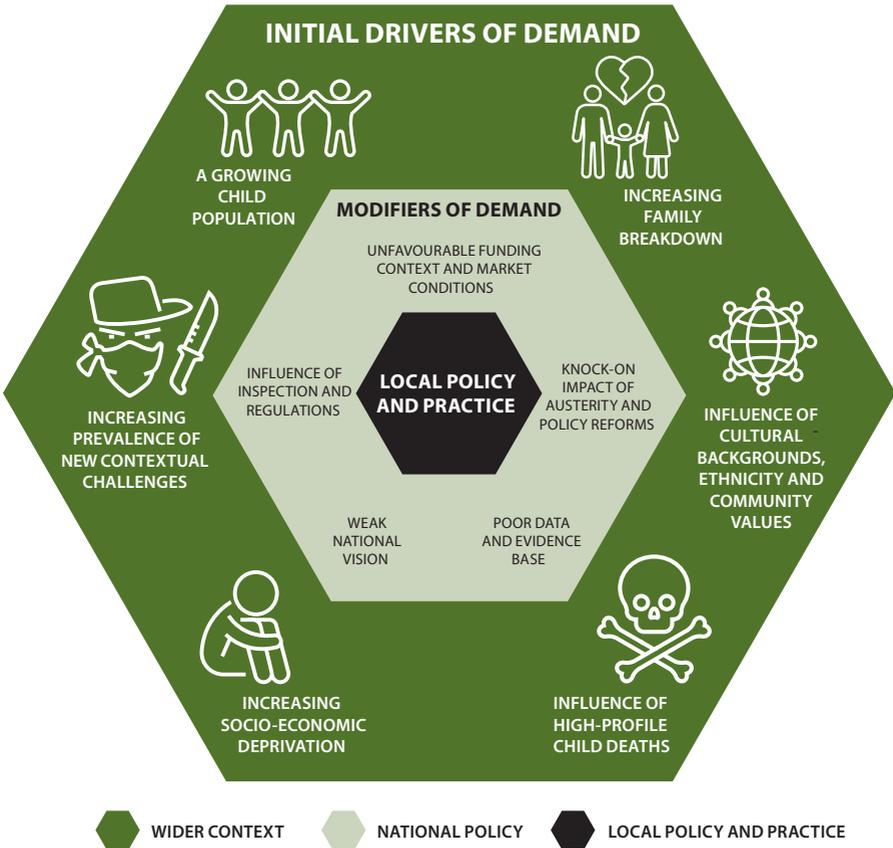
<sup>47</sup> Department for Education 2018, The number of episodes of need starting in the year has risen by 1.7 per cent from 400,110 to 406,770, whereas the number of episodes ending in the year fell by 1.3 per cent from 353,860 to 349,130. The number of child protection plans starting has increased by a larger percentage (3.6 per cent), than those ending (0.8 per cent).

<sup>48</sup> Care Crisis Review, 2018

<sup>49</sup> Research interviews

<sup>50</sup> The Children's Commissioner, 2019

<sup>51</sup> Research interviews

**FIGURE 2** CAUSES OF THE DEMAND CHALLENGE

The reasons behind the current demand challenges facing children's services are incredibly complex. Figure 2, above, attempts to illustrate some of the key factors driving and modifying demand. The factors in the outer layer represent the initial drivers of demand. They include issues which are part of the wider context, such as demographics. The factors in the inner layer modify demand. These include national policy priorities, as well as some local challenges and practices.

Chapter 3 of this report outlines three core principles, based on emerging local challenges and practices, which should increasingly form the basis for a national strategy if we are to achieve a radical practice shift in children's services.

The following chapters describe each of the factors in turn in greater detail.

## INITIAL DRIVERS OF DEMAND

This research has identified a number of key initial drivers of demand for children's services. Some relate to well-recognised demographic, socioeconomic and cultural factors, but other, newer drivers are also apparent.

### A GROWING CHILD POPULATION

A growing child population inevitably creates more demand for children's services. Between 2010-11 and 2017-18, the child population (aged 0-17) of England has increased by 5.2 per cent.<sup>52</sup> Since 2016, there has also been a rise in the number of unaccompanied asylum-seeking children (UASC) requiring support.<sup>53</sup> To secure more funding for universal children's services to support this growing demand, key practitioners are required to make a business case for it. Failing that, the same resources and workforce capacity have to be stretched to meet the needs of a growing child population.<sup>54</sup>

### INCREASING FAMILY BREAKDOWN

Studies have shown children who go through multiple changes in family structure due to incidents of family breakdown are more likely to have poor outcomes in life.<sup>55</sup> Family conflicts also contribute to behavioural problems in children and lead to related issues that bring them to the attention of social

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<sup>52</sup> NAO, 2019, p.7

<sup>53</sup> Department for Education, 2018a

<sup>54</sup> Research interviews

<sup>55</sup> Rodgers and Pryor, 1998; The research shows that children with experience of family breakdowns have 'roughly twice the probability of experiencing specific poor outcomes in the long term compared with those in intact families'. Centrepoint estimate that two thirds of the young people who come to their organisation for support have to leave home because of family relationship breakdown.

workers and the local authority. The experience of the breakdown of two or more parental relationships appear to have a particularly detrimental impact on children. According to a research by the Joseph Rowntree Foundation (JRF), ‘the likelihood of multiple changes will, inevitably, be greatest for children who are young when their birth parents separate’.<sup>56</sup>

## INCREASING SOCIO-ECONOMIC DEPRIVATION

In the UK, 4.1 million children are living in poverty – a rise of 500,000 children in five years.<sup>57</sup> With children living in deprivation ten times more likely to be ‘looked after’, it is therefore unsurprising that poverty is a dominant concern for many working in the sector. As emphasised by the Health and Social Care Committee earlier this year, any visible progress in services will only act as a ‘sticking plaster’ unless significant improvements are made to the life circumstances of the country’s poorest children.<sup>58</sup>

Socioeconomic factors are central in explaining the variation in the number of children in need across the country, though the proportion of variation accounted for by these factors has been debated through reports from the LGA, the National Audit Office and others.<sup>59</sup> Nonetheless, there is clear national and international evidence that families in the children’s social care system are more likely to come from disadvantaged communities.<sup>60</sup> But while socioeconomic inequalities have had increasing traction in health and education, an individualised narrative that neglects the wider system has remained more prominent in children’s services, an issue we will return to later.

## THE INFLUENCE OF HIGH-PROFILE CHILD DEATHS

The death of Victoria Climbié in 2000 highlighted significant child protection concerns and attracted widespread media coverage. The Laming Review followed in 2003, which led to significant reforms.<sup>61</sup> But the death of Peter

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<sup>56</sup> Rodgers and Pryor, 1998

<sup>57</sup> Barnard, 2018

<sup>58</sup> Health and Social Care Committee, 2019

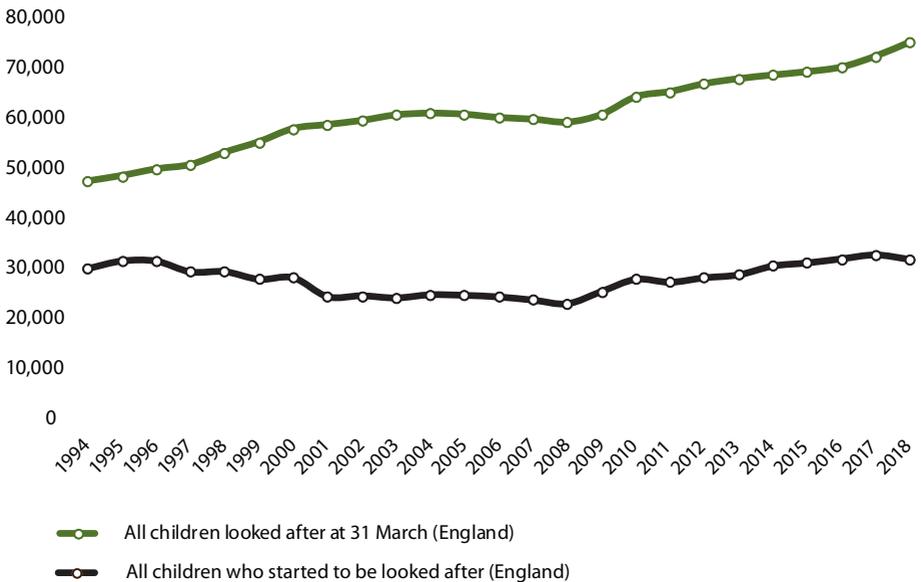
<sup>59</sup> NAO, 2019; LGA, 2018

<sup>60</sup> Featherston, White and Morris, 2014

<sup>61</sup> Lord Laming, 2003

Connelly in 2007 raised questions over whether enough had been done and fuelled fresh criticism and calls for further action. Following these high-profile deaths, there was a notable spike in activity and a cultural shift within the sector towards greater risk-aversion, as shown in figure 3 below.<sup>62</sup>

**FIGURE 3** LOOKED AFTER CHILDREN (LAC) 1994-2018



These events have contributed to growing public awareness of child protection issues and the willingness to report abuse.<sup>63</sup> It has also led to greater partnership working between councils and key services such as the police. While largely a positive shift, this has undoubtedly contributed to rising demand, and public expectations that lead to a culture of heightened risk aversion in the sector.

As public expectations have risen and the evidence base around childhood needs and abuse has grown, the concept of child abuse and neglect has

<sup>62</sup> Research interviews; data obtained from Department for Education, 2018a

<sup>63</sup> LGA, 2017

also widened. Emotional abuse and domestic violence are examples of issues that have attracted greater concern and account for a growing number of children in need.<sup>64</sup>

## THE INCREASING PREVALENCE OF NEW CONTEXTUAL CHALLENGES

New issues are affecting children and young people within and outside the family unit. Within the family unit, domestic violence and substance misuse have in recent years resulted in more children being taken into care.<sup>65</sup> For example, in 2018, 51.1 per cent of assessments had domestic violence as a factor identified.<sup>66</sup>

Outside of the family, contextual safeguarding challenges include County Lines, child sexual exploitation, trafficking, gangs, and knife crime. The nature of these challenges requires co-ordinated actions across sectors and local authority boundaries.

Contributors to this research also highlighted the negative influence of social media, the current education system, school exclusions, and society's attitude towards young people on the mental wellbeing of children, and how they drive additional demand for children's services. There is the sense that children today are faced with an increasingly complex web of new challenges, for example social media and cyber bullying, that they must learn to navigate carefully.

## THE INFLUENCE OF CULTURAL BACKGROUND, ETHNICITY AND COMMUNITY VALUES

Cultural background and ethnicity are likely to be a factor in the noticeable variation in demand for children's services across different communities in the UK. The number of Asian children and young people in the child protection system is much lower than that of other ethnic groups. In 2018, only five per

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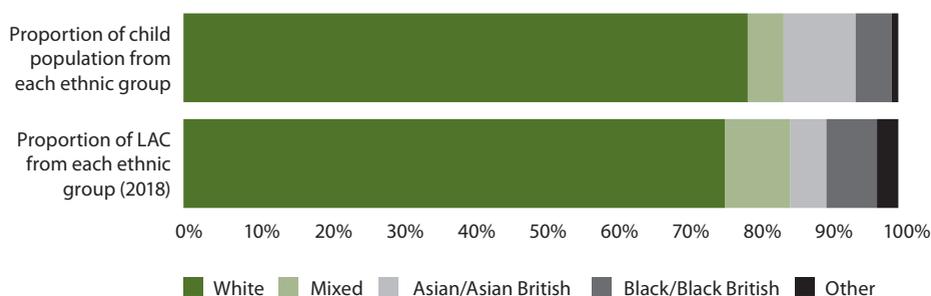
<sup>64</sup> Department for Education, 2018

<sup>65</sup> Research interviews

<sup>66</sup> Department for Education, 2018

cent of looked after children were Asian, despite Asian children making up 10 per cent of the child population.<sup>67</sup> We continue to be ignorant about the reasons behind this variation – for example, whether this is a positive result of living in a strong community, or a consequence of hidden neglect, stigma associated with being put in care or institutional discrimination.

**FIGURE 4** PROPORTION OF LAC AGAINST CHILD POPULATION BY ETHNICITY



More broadly, the strengths within families and communities have not been fully exploited or recognised. If we are to move away from the current individualised model of practice, we need to tap into these cultural and community assets.<sup>68</sup> While some local authorities have recognised the benefit of kin carers and are working to increase their impact, the approach remains very limited.<sup>69</sup> Without more understanding of the demand variation across ethnicities there will continue to be missed opportunities to identify needs, learn lessons and implement good practice across all children's services.<sup>70</sup>

Similarly, certain apparent regional variations, such as between Northern Ireland and the rest of the UK, may be underlined by differences in cultural backgrounds, community values and practices. Despite the higher levels of deprivation, the proportion of children in care in Northern Ireland is much

<sup>67</sup> Department for Education, 2018a

<sup>68</sup> Featherston, White and Morris, 2014, p. 152

<sup>69</sup> Research interviews

<sup>70</sup> Research interviews

lower than the rest of the UK. Clearly several factors are contributing to the lower demand in children's services in Northern Ireland but further research is required to help us better understand this link better.

## MODIFIERS OF DEMAND

A number of factors at the national and local level are modifying demand for children's services. These include the lack of a shared national vision, diminishing funding, recent policy reforms that altered duties and legal frameworks, poor data and evidence base, and misalignment between the inspection framework and desired outcomes.

## IMPACT OF AUSTERITY AND POLICY REFORMS

Wider national policies have led to rising demand for children's services. From the reforms of the Blair governments, to austerity and the Children and Families Act 2014, national policy has changed the way that demand is manifested locally.

### NEW LABOUR REFORMS

A series of inquiries and reforms were carried out in response to the high-profile deaths of Victoria Climbié and Peter Connelly. The Laming Inquiry, which followed the death of Victoria Climbié in 2000 looked into professional and institutional failure, leading to a number of important legislative changes outlined in the *Every Child Matters* Green Paper. In addition to the establishment of Local Children's Safeguarding Boards, a series of measures were also put in place to enhance information sharing and early intervention.<sup>71</sup>

The death of 17-month-old Peter Connelly, in 2007 raised serious concerns about the policy responses resulting from the earlier Laming inquiry. These responses were thought to be based on seriously flawed assumptions, including: managing institutional risk

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71 Featherston, White and Morris, 2014, p. 78

is a priority; and efficiency is privileged over reliability.<sup>72</sup> As a result, the over-emphasis on targets, timescales and preoccupation with standardisation following these earlier reforms in fact made the work more 'bureaucratically complicated'.<sup>73</sup> It also meant that the time that social workers could have been spent with families was instead spent on fulfilling lengthy procedural tasks, which inevitably ignored the crucial 'human complexity' element.<sup>74</sup> The tragic death of 'Baby P' highlighted that while recording and sharing of information is of course important, it is the wrong focus. Safer protection systems require front line workers to be given 'the time, space, argumentative flexibility, analytic ability and trusting relationships to debate and make sense of what was being seen and recorded.'<sup>75</sup>

### CHILDREN AND FAMILIES ACT 2014

Under the Coalition government, a new Children and Families Act was introduced in 2014 to give greater protection to vulnerable children and to speed up the adoption process. This Act introduced some key changes that added to the demand challenges in children's services. Among several reforms, the Act introduced major changes to support for children and young people with special educational needs and disabilities (SEND). Local authorities were given a new duty to identify all children in their area who have SEND and to publish a 'local offer'. This local offer sets out the support available to families, including how families can request personal budgets, make complaints and access more specialist help. Additionally, local authorities are now expected to identify young carers so they can be offered support by children's social services in collaboration with adult social care.

The Act replaces SEND statements with Education, Health and Care Plans (EHCP), which also cover a larger age group, up to the age of 25 years old. The aims of this change are to give families greater involvement in decisions about support and to encourage social care, education and health services to work together more closely

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<sup>72</sup> Featherston, White and Morris, 2014, p. 79

<sup>73</sup> Featherston, White and Morris, 2014, p. 89

<sup>74</sup> Featherston, White and Morris, 2014, p. 89

<sup>75</sup> Featherston, White and Morris, 2014, p. 89

in supporting SEND children. However, research shows that the Act creates a perverse incentive for children to get an EHCP in order to 'unlock associated funding and support', leading to the number of children and young people with an EHCP increasing by at least 35 per cent in the last five years.<sup>76</sup>

Other changes were introduced to reduce unnecessary delays in care proceedings, including a 26-week timescale. Social workers are often one of only two professionals called to give evidence in a care case. The introduction of this timescale inevitably puts additional pressure on them. This change also has a skills implication in the long term as social workers may need to receive more training to prepare them in the likely event that they end up in the witness box having to defend their opinion.<sup>77</sup>

## AUSTERITY

A period of austerity lasting nearly a decade will likely have a lingering impact on the demand for children's services. Funding for children's social care has been largely protected during this period. Since 2010-11, spending on social care fell by only three per cent while spending on non-social-care services fell by 32.6 per cent.<sup>78</sup> But children are far from immune from the impact of cuts elsewhere in the system. The 29 per cent cuts to public health which affects areas such as drug and alcohol services are likely to affect any preventative services for children in families with a history of drug and alcohol misuse.<sup>79</sup> The introduction of welfare reforms such as Universal Credit at the same time as severe cuts to crisis support such as child benefits and electricity meter top-ups for families are putting increasing pressure, with potentially serious consequences on children and families.<sup>80</sup> Furthermore, the withdrawal of funding for the third sector to support preventative services like youth centres and youth offending teams in recent years has led to missed opportunities for early intervention and growing demand for children's social care.

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<sup>76</sup> Swan, 2018

<sup>77</sup> Donovan, 2014

<sup>78</sup> NAO, 2018, p. 8

<sup>79</sup> The Health Foundation's submission: response to the first 1000 days of life inquiry, 2018

<sup>80</sup> Research interviews

## WEAK NATIONAL VISION

Decades of a weak national vision in children's services has led to a sector that is fragmented, risk-averse, process-driven and uncertain for its future. The lack of clear indicators by the DfE for measuring the care system's effectiveness means that the sector is unable to be self-reflective and improve.

Through conversations with practitioners, our research revealed a sector that is at risk of losing sight of its main purpose of promoting children's wellbeing through their family network and support in the community.<sup>81</sup> The sector is pre-occupied with managing demand rather than creating capability and change for children and families.<sup>82</sup> The focus on managing demand leads to an individualised working approach that is isolated from the wider needs of the whole family. In the absence of a clear national vision for children's services, there is not a shared aim of actively seeking ways to reduce demand and improve services. This means that limited resources are frequently misdirected, while children who are most in need often fall through the cracks.

*The 2018 Care Crisis Review* emphasised the need to return to the principles underpinning *The Children Act 1989*, working in partnership with families. However, despite the Act's emphasis on the role of the family network and community support in a child's wellbeing, the statutory guidance *Working Together to Safeguarding Children (2018)* has veered away from it, and is silent on the role of the wider community support network. At the same time, there has been a significant variation in how different local authorities are following this principle of the Act.

### FRAGMENTATION

A lack of collaboration within and across departments has resulted in a further disconnect between education and children's services within the Department for Education (DfE) itself. This is coupled with an increasingly narrow focus on results and curriculum, arguably at the

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<sup>81</sup> Care Crisis Review, 2018, p. 4; Featherston, White and Morris, 2014, p. 151

<sup>82</sup> This echoes the observation by Hilary Cottam in her seminal work *Radical Help* (2018), p. 15.

expense of wider help and support for children and young people.<sup>83</sup> One practitioner described an incident of such a misalignment of measure and outcomes: ‘when we go to court, we are seeking to protect children against neglect and abuse, not in order to improve their GCSEs. Yet, the outcomes measure for this purpose is their GCSE grades’.<sup>84</sup>

The disconnect between funding allocation by MHCLG and policy direction by the DfE is being recognised, and while the DfE may have become more effective at negotiating with the Treasury, a recent Public Accounts Committee report warned that this fragmentation continues to be an obstacle to service improvement, as decisions made by one government department can increase spending elsewhere further down the line.<sup>85</sup>

There is a contrast in terms of the extent of collaboration at the local and national level. While there is growing recognition of the benefits of joint working at the local level, governmental departments are still working in siloes, for example between the Department for Health and Social Care (DHSC) and the DfE in commissioning health services for children.<sup>86,87</sup>

## RISK AVERSION

As the Munro Review (2011) rightly articulated, risk is an inherent feature of protecting vulnerable children and young people.<sup>88</sup> But ‘the worry for many is that we have created a voracious and possibly unstoppable ‘risk monster’’.<sup>89</sup> Many have questioned the increasingly risk-averse national narrative, its damaging consequences and its role in increasing demand for care.

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<sup>83</sup> Research interviews

<sup>84</sup> Research interviews

<sup>85</sup> PAC slams DfE's approach to children's social care reform; Research interviews

<sup>86</sup> Research interviews

<sup>87</sup> Research interviews

<sup>88</sup> Munro, 2011

<sup>89</sup> Turner, 2019

Yet, recent policies, including Michael Gove's pro-adoption agenda, continue to reflect a risk-averse sector that favours a highly interventionist policy agenda. At the same time, contributors to this research have highlighted concerns about national policy's preoccupation with measurement and auditing at the expense of providing practical support, questioning and improving the wider circumstances in which children are living.<sup>90</sup> This research found that there is often no opportunity for social workers to assess the continuing impact of their decisions, often leading to a highly interventionist and costly intervention which may be detrimental to the wellbeing of the child in the long term.<sup>91</sup> There is a need for a more mature conversation about risk and the complex ethical debate that surrounds separating families.

### FOCUS ON PROCESS

A focus on timescales and short-term outcomes can also hamper efforts to reduce demand in the long-term.<sup>92</sup> Linked to an increasingly risk-averse environment and changes such as the 26 week timescale for care proceedings, there can be a preoccupation with meeting and measuring timescales at the expense of what is achieved within that timescale. While it is important to ensure children are not left drifting in the system, an increasingly standardised approach can lead to greater demand in the long-term and children reappearing in different parts of the system through failure demand.<sup>93</sup>

### FUTURE UNCERTAINTY

The lack of direction from the Department for Education (DfE) continues to undermine its leverage with the Treasury, causing great uncertainty about the future of children's services.

Many contributors to this research have expressed frustration that DfE are not leading the development of a clear and bold vision for

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<sup>90</sup> Research interviews

<sup>91</sup> See also IMPOWER, 2019, p. 10

<sup>92</sup> Research interviews

<sup>93</sup> Failure demand can be defined as demand caused by a failure to do something right in the first place.

the future of children's services. The *Every Child Matters* initiative introduced in response to Victoria Climbié's death, was scrapped in 2010 but nothing significant has replaced it since. In a government guidance *Putting Children First* (2016), the Department states its ambition that, by 2020 'all vulnerable children, no matter where they live, will receive the same high quality care and support, and the best outcome for every child is at the heart of every decision made'.<sup>94</sup> But because of the lack of a delivery strategy, the Department now seeks to achieve its objectives by 2022.<sup>95</sup> The DfE's failure to articulate what high quality children's services look like undermines its efforts to build a strong case for investment. This weak vision is reflected in how the Department still struggles to identify the appropriate indicators to measure quality of care and efficacy of the system.<sup>96</sup>

## UNFAVOURABLE FUNDING CONTEXT AND MARKET CONDITIONS

There is a projected funding gap for children's services of £3 billion by 2025.<sup>97</sup> While statutory services within children's services have largely been protected from cuts to funding, there have been significant cuts in preventative services. For example, while spending on Sure Start and early years services fell by 44 per cent from 2010-11 to 2015-16, spend on statutory services increased by 10 per cent over this period.<sup>98</sup> Over the same period, the early intervention allocation to councils from central government fell by 55 per cent in real terms.<sup>99</sup>

The current funding context has been criticised by both those within and outside of the sector. The Public Accounts Committee recently commented on the 'painfully slow reform of financially unsustainable children's social care services' and criticised the DfE's inadequate understanding of the resource needs for children's services.<sup>100</sup>

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<sup>94</sup> Department for Education, 2016

<sup>95</sup> NAO, 2019

<sup>96</sup> NAO, 2019

<sup>97</sup> Housing, Communities and Local Government Committee 2019, LGA, ADCS and others:

<sup>98</sup> The Health Foundation's submission: response to the first 1000 days of life inquiry, 2018

<sup>99</sup> The Children's Society, 2016

<sup>100</sup> Public Accounts Committee, 2019

Importantly, the lack of funding has led to a sector that is unable to plan for the long term, pre-occupied with containing short-term 'acute' needs; and a misalignment of funding incentives and sources. The combination of years of insufficient funding and diminishing supply for services have also contributed to a market condition that encourages competition rather than partnership working.

### INABILITY TO PLAN FOR THE LONG-TERM

The current funding landscape is characterised by small, short-term injections of money. The Budget in October 2018 provided £84 million over five years for up to 20 local authorities,<sup>101</sup> and the Spending Review in September 2019 includes an additional £1 billion grant for social care,<sup>102</sup> but these are a drop in the ocean when compared to the large cuts across local government over the last decade. Councils are often given very little notice on funding decisions and grants attached to programmes such as the Troubled Families Programme, making it difficult to plan for the long-term.

Furthermore, this short-term approach has meant that certain programmes, which practitioners have deemed useful (e.g. Sure Start), were not given time to sufficiently demonstrate impact, before decisions were made to terminate them in light of funding restrictions.<sup>103</sup>

Finally, a funding context characterised by short-term funding pots creates little space for wider preventative workstreams that may have a payback period of ten to twenty years. One Director of Children's Services (DCS) commented that the Treasury is only interested in, at most, interventions with a five-year payback period.<sup>104</sup>

### INEQUITABLE DIVISION OF FUNDING

An inevitable by-product of small, short-term injections of money is that the effects of this funding are not felt everywhere. Funding

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<sup>101</sup> Budget 2018

<sup>102</sup> HM Treasury, 2019, p. 16

<sup>103</sup> Research interviews

<sup>104</sup> Research interviews

attached to programmes such as Partners in Practice and the Troubled Families Programme often go to councils that are already achieving good outcomes. While sector-led improvement is positive, these examples can create divisions between higher and lower performing children's services teams with severe knock-on consequences on areas such as councils' ability to recruit staff. Contributors to this research referred to regional initiatives such as the Regional Adoption Agencies as being effective in lifting poor performing local authorities and emphasised that such partnerships are critical given the funding challenge.

The Fair Funding Review, currently underway, also aims to address criticisms that the current funding formula is inequitable. The review will consider new arrangements that would reflect more accurately local needs.<sup>105</sup>

Some councils have pointed out that the existing model of bidding to obtain funding has encouraged competition between bidders even in cases where it would have been more productive for bidders to collaborate and seek ways to work in partnership.<sup>106</sup>

Other funding incentives do not support collaboration, for example, while the courts save money through the beneficial work of youth offending teams, the youth offending teams do not gain any cashable savings from this. Meanwhile, funding often comes from a complex web of sources across adult and children's services. For example, funding for domestic violence work comes from the police and crime commissioner.

## **INSTABILITY AND MARKET CONDITIONS**

Finally, there are concerns over possible instability of future service delivery, linked to current market conditions. National demand is high and there is a shortage of supply for critical resources such as care placements, leading to 'bidding wars' and councils paying very high

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<sup>105</sup> Lorimer, 2019

<sup>106</sup> Research interviews

prices for these services.<sup>107</sup> Between 2013-14 and 2017-18, this led to the cost of residential care increasing by 22.5 per cent.<sup>108</sup> There are concerns over how local authorities deal with these escalating prices as well as the precarious nature of the challenge, where private partners could simply ‘up and leave’.<sup>109</sup>

Several councils have emphasised that more funding should go into improving placement sufficiency. It is important to recognise that the majority are national providers. In reality therefore there are challenges in understanding local needs at the same time as ensuring consistent services across providers nationally.<sup>110</sup>

## POOR DATA AND EVIDENCE BASE

Poor availability and quality of data has a significant impact on the demand for children’s services. It is a barrier to our understanding and ability to improve services. It prevents accurate and early identification of needs for individual children and families. Contributors to this research have highlighted a general lack of co-ordination between departments in data collection and sharing, and the difficulty in making a case for change because of the lack of suitable data to build a strong evidence base. Ultimately, current data practices have perpetuated the over-emphasis on ‘acute’ care, while preventative services continue to be side-lined.

### LIMITED UNDERSTANDING OF DEMAND THROUGH EXISTING DATASET AND PRACTICES

The sector has very little understanding of the causes of demand pressures and factors that are contributing towards the costs of care.<sup>111</sup> Figure 5 on the following page illustrates how in a typical council, there is no correlation between the needs of children in care and the costs of their care package. Some children with low needs

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<sup>107</sup> Public Accounts Committee, 2019

<sup>108</sup> Public Accounts Committee, 2019, p.6

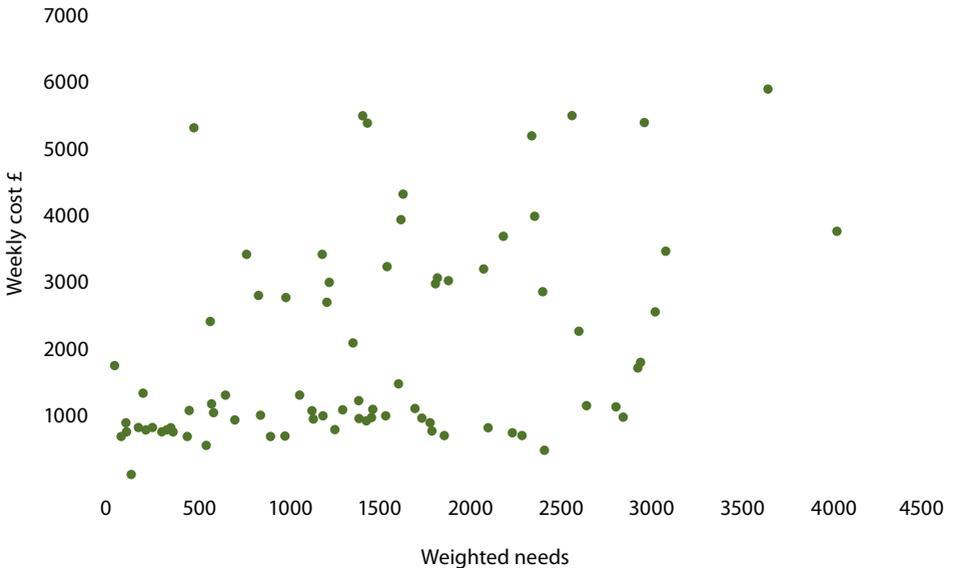
<sup>109</sup> Research interviews

<sup>110</sup> Research interviews

<sup>111</sup> NAO, 2019

have expensive support packages, and other children with much greater needs have less expensive support. This means that councils cannot understand how needs relate to councils' spend, and how councils' spend relates to outcomes.

**FIGURE 5** THE LACK OF CORRELATION BETWEEN COSTS AND NEEDS IN CHILDREN'S SERVICES.<sup>112</sup>



Existing national datasets provide an isolated picture of demand and tell us very little about the real needs behind the figures, or the support required by the whole family. Without supporting qualitative data, for example, statistics on the number of children under section 47 enquiry or child protection conference alone do not provide a helpful picture of the level of support required, or the amount of contact involved in each care case. Current analyses of children's services data are mainly based on one-year correlations, and do not account for any external factors such as historical failings that may take a long time to take effect.<sup>113</sup>

<sup>112</sup> IMPOWER, 2019, p. 4

<sup>113</sup> LGA, 2017

The amount of data collected on statutory services far exceeds that collected on preventative and Early Help services. The absence of concrete data on the effect of preventative services makes it difficult to build a compelling case for these services to be maintained or extended. This creates a vicious cycle in which ‘acute’ care continues to be the sector’s preoccupation, while preventative services continue to be withdrawn.

There is wide variation in demand and spend across councils. The proportion of children in care ranges from 22 to 164 per 10,000, and, according to recent analysis, the variation in spend per child in 2017-18 is £566 to £5,166 per year across local authorities of the same type.<sup>114</sup> Contributing factors are likely to include deprivation, national policy changes and local practice.<sup>115</sup> Without a better understanding of this variation, many councils are at risk of misdirecting their resources, e.g. overspending on children with reduced needs and depriving those with the greatest needs of critical support.

### **LACK OF CROSS-DEPARTMENTAL COORDINATION IN DATA COLLECTION, ANALYSIS AND SHARING**

Data on children’s services is often analysed in isolation from the wider circumstances in which children are living. Crucially, this reflects more broadly the lack of necessary collaboration across departments. In particular, the absence of cross-departmental coordination of data linking the characteristics of children coming into care and their socioeconomic circumstances means that there may have been many missed opportunities for early intervention and prevention.<sup>116</sup>

### **DIFFICULTY IN BUILDING A STRONG EVIDENCE BASE FOR PREVENTATIVE SERVICES**

Current data culture and practices clearly prioritise acute responses and interventions over early intervention and prevention. There is an entrenched culture that privileges randomised-controlled trials

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<sup>114</sup> NAO, 2019, p. 28

<sup>115</sup> NAO, 2019; and Newton Europe, no date; see also pp. 29-34 of this report.

<sup>116</sup> Research interviews and also included in the Care Crisis Review

(RCTs) as the gold standard over alternative methods of evaluation. Meanwhile, there is little interest and a lack of skills in acquiring the necessary qualitative data through the lived experience of children and families. Quantitative data and expert opinion continue to be privileged over the real life stories of those accessing children's services.

The absence of basic data on preventative services, coupled with the low emphasis on qualitative data collection, has made it challenging to build a case for more support in preventative services.

Demonstrating the impact of preventative services and Early Help on reducing demand for care is almost impossible, especially given the unrealistically short timescales expected. However, this research found that many local leaders are working to counter this national trend, as one DCS put it, 'we don't have to wait for a gold-plated RCT that keep families together and empowers them'.<sup>117</sup>

## INFLUENCE OF INSPECTION AND REGULATION

The new Ofsted ILACS framework, introduced in 2018, is considered more human and more thorough.<sup>118</sup> But this research found a number of key issues related to Ofsted inspection and existing regulation that contribute to the continued demand challenge in children's services.

### OFSTED RATINGS ARE COST-BLIND

Ofsted ratings do not consider the value for money or cost-effectiveness of children's services, and do not make judgements on what is considered an appropriate amount of spend to achieve a decent rating.<sup>119</sup> Given funding cuts experienced over the last decade will have a long-term impact on councils, this approach by Ofsted

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<sup>117</sup> Research interviews

<sup>118</sup> Research interviews; DCS commented on the improving narrative from Ofsted Chief Inspector Amanda Spielman.

<sup>119</sup> NAO, 2019, p.9; More councils are receiving outstanding ratings from Ofsted but a concerning number of councils still remain inadequate. The proportion of local authorities receiving outstanding rating has increased from 36 to 38 per cent between October 2017 and March 2018. The proportion of local authorities receiving inadequate rating stands at 15 per cent, a drop from 19 per cent in October 2017.

makes their assessments difficult to relate to on a practical level. This, combined with a lack of correlation between spending per child in need and Ofsted ratings, further complicates councils' efforts to determine the right actions to take to improve services.<sup>120</sup>

## **OFSTED ARE NOT MEASURING WHAT REALLY MATTERS**

Several contributors to this research suggested that Ofsted are not measuring what really matters to children and families, and that there should be a greater focus on areas such as family experiences of the system, organisational culture and value for money. It is of course necessary for Ofsted to measure key indicators such as the number of looked after children and how long it is taking for cases to progress through the system. However, the balance of regulatory assessment is heavily weighted towards complying with procedures and risk auditing, arguably at the expense of a genuine consideration of how councils can achieve the best outcomes for children and young people: outcomes within children's services are far less linear and far more nuanced.

A Director of Children's Services contributing to this research reflected on the nature of improvement visits for an inadequate service – how these visits have become 'a series of sprints', with monitoring visits every 3 months to check against pre-prescribed criteria.<sup>121</sup> This approach can hamper efforts to create a sustained approach to long-term reform.

## **DEFENSIVE WORKING CULTURE <sup>122</sup>**

Regulation is an important feature of delivering services that protect and support vulnerable children and families. However, the disproportionate fear that surrounds Ofsted assessments can have a destabilising impact on councils and encourage risk averse and defensive practice that conforms to procedure rather than genuinely pursuing the best outcomes for children and young people.

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<sup>120</sup> NAO, 2019, p.9

<sup>121</sup> Research interviews

<sup>122</sup> Care Crisis Review, 2018; Public Accounts Committee, 2019

A recurring theme of this research was the extreme pressure councils are under to achieve a good Ofsted rating and the knock-on consequences this has on areas such as staff recruitment and providers' willingness to accept referrals. The disproportionate fear of a poor rating has led many providers to refuse referrals deemed unsuitable by Ofsted, putting their Ofsted rating at risk.<sup>123</sup>

There is growing recognition that Ofsted's approach to risk lags behind that of the DfE, and a more mature attitude to risk is needed.<sup>124</sup> There were expectations among DCSs that the new Ofsted ILACS framework would significantly change working culture for the better but culture change takes time and will require the entire sector to challenge the current approach to risk.<sup>125</sup>

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<sup>123</sup> NAO, 2019

<sup>124</sup> Research interviews

<sup>125</sup> Research interviews

# SHAPING THE FUTURE OF CHILDREN'S SERVICES

**Local authorities and children's services trusts are already creating positive change in children's services. There is also growing awareness of the need to engage local 'experts by experience'—often an untapped resource—in shaping the future of children's services. Communities are becoming increasingly involved in shaping children's services and building capabilities and wider relationships within their area. This change in power dynamic and culture is necessary for the future of children's services as it enables both local authorities and the community to focus on what really matters.**

This chapter highlights three core principles, based on emerging local practices, which should increasingly form the basis for a national strategy to shift practice in children's services: encouraging community ownership and resourcefulness; supporting early intervention and prevention through meaningful engagement; and towards a culture of partnership working. The three principles are based on the challenges that contributors to this research identified and their efforts to respond to them.

## PRINCIPLE 1: ENCOURAGING COMMUNITY OWNERSHIP AND RESOURCEFULNESS

Given the continuing demand pressure on children's services, combined with the sustained impact of a decade of funding cuts, local authorities are having to rethink how services can be delivered.

This research revealed that giving the community a greater sense of ownership of local assets such as children's centres or community hubs gives communities the license to be inventive and resourceful, which is becoming increasingly necessary. But it is as much about identifying resources as joining them together – how can we turn the culture of scarcity into one of abundance?<sup>126</sup>

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<sup>126</sup> Cottam, 2018, p. 209

## IDENTIFYING STRENGTHS AND ASSETS

The opportunities for social workers to build relationships and trust with families and children is often overridden by administrative duties and system-driven tasks. In some instances, 86 per cent of social workers' time are spent on system-driven tasks and only 14 per cent in direct contact with children and families.

Relationships which are superficial tend to fall apart as soon as a family goes through a difficult experience, such as when they begin court proceedings, which usually create additional strain. Where both families and social workers are given the time and space to build strong relationships there is time to identify strengths and assets in a given situation.

Some like Camden Council have gone further by taking advantage of the wealth of knowledge and experience of real families going through court proceedings to influence service delivery and reform.

### **CAMDEN CONVERSATIONS: FAMILY-LED CHILD PROTECTION ENQUIRY<sup>127</sup>**

#### **LEARNING FROM REAL FAMILIES' EXPERIENCES TO INFLUENCE SERVICE DELIVERY AND REFORM**

Camden Conversations is based on the idea of co-production to transform practice in children's services using a participatory approach to tap into the skills and knowledge held by families. The aim is to identify opportunities to connect groups such as families and social workers who are often perceived as being in opposition.

The programme was developed to help parents who are finding the child protection process very difficult. In developing and delivering preventative approaches, parents are encouraged to contribute to designing care and support based around the achievement of their goals.

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127 For more information, see Camden Conversations: Our Family-led Child Protection Enquiry

## SUPPORTING KEY PRACTITIONERS TO DO WHAT IS BEST

With increasing reliance on an agency workforce to meet the demand for children's services, there is the inevitable consequence of inconsistency in the quality of services. Practitioners rely on a system of supervision to uphold the quality of services but its implementation can be sporadic.

As a result, practitioners who try to work in partnership with families often feel they are not supported to apply the principles, rights and duties underpinning *The Children Act 1989*. Especially in light of the increasing prevalence of children being placed with another council, practitioners need to be given more support to ensure that children and families consistently receive a high standard of care and face minimal disruption during the transition.

Supporting key practitioners in their work with families requires local authorities to trust them to do what is best for the children and families they work with while providing a balanced level of supervision. Practitioners and frontline staff should be enabled to exercise a reasonable level of autonomy necessary to achieve the goals they have when working with children and families. One way to do this is to allow them more power in decision making, and that includes what to spend to help the children they work with.

In Fife, giving frontline workers the autonomy to spend a sum of cash dedicated for prevention was a key element of changes that enabled the council to reduce the number of children in care by 70 per cent in just three years. This strategy meant that frontline workers who were working with families, had funds available to deal with a range of difficulties faced by families.

Each of the seven area offices were given the equivalent of the cost of one child in care for a year. By helping social workers and front-line managers to think about what they want to achieve in their work with families and children, the number of children in care went down by almost 250.<sup>128</sup>

In other cases supporting key practitioners to achieve the best outcomes could mean being inventive and linking up community organisations

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<sup>128</sup> For more information, see <https://supportnotseparation.blog/2018/09/24/do-no-harm-dr-andy-bilson/>

through agency network groups, such as that seen in Hartlepool's Healthy Relationships Partnership (HRP) which focuses on parental conflict. In order to shift the power of decision making more decisively to the community, money was given to the voluntary sector rather than the council, which helped ensure that the community is in the driving seat. This approach was essential in developing a stronger sense of collective ownership of the initiative within the community.

## DEVELOPING SOFT SKILLS AND UPSKILLING THE COMMUNITY

Skills development has often discounted the importance of soft skills, like empathy and respect. These skills are crucial for social workers who support families, often with complex financial and social problems. Social workers need these skills to identify local services that can help them address socioeconomic problems, such as housing advice, financial advice and debt repayment services.<sup>129</sup> A consequence of the lack of soft skills is that certain services, such as advocacy and independent advice for parents and wider family members are too often missing.<sup>130</sup>

Evidence shows that children and adults alike respond better to advice and intervention if they are given by those they already trust. Yet building a trusting relationship is rarely a priority. As Julia Unwin highlighted, social work requires 'empathy and emotional intelligence'<sup>131</sup> – the soft skills which are often absent. She argues that in order to create change, we need to first of all understand underlying motivations and this requires us to demonstrate 'emotional intelligence and the factors that make change possible'.<sup>132</sup> An emphasis on efficiency and the use of hard data can damage the ability of the workforce to use common sense and to follow their instincts when it is necessary to do so.

Some councils, such as Hartlepool, have adopted the Empowering Parents Empowering Communities (EPEC) programme which mobilises community

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<sup>129</sup> Research interviews; Morris et al, 2018  
Care Crisis Review, 2018

<sup>130</sup> Care Crisis Review, 2018

<sup>131</sup> Unwin, 2018, p.7

<sup>132</sup> Unwin, 2018, p.32

assets by growing capability in the local areas.<sup>133</sup> It is underpinned by the belief that upskilling local parents through the EPEC programmes is the best use of local funding and service resources. Local parents receive EPEC training and supervision and obtain accreditation that enables them to facilitate EPEC parenting courses to benefit other parents in their local area. It helps illustrate the belief that families respond better to advice given by those they already know and trust. The programme is enabled by local authority coordinators who link with the national EPEC programme leads based at the South London and Maudsley NHS Foundation Trust, who provide expertise and oversight to ensure a consistently high quality of service and support.

## DRAWING ON COMMUNITY RESOURCES AND ASSETS

A disproportionate focus on immediate demand pressure has gradually led to the stripping of wider infrastructure maintained by the council, such as parks. This leads to the withdrawal of many preventative services that may take a long time to demonstrate impact.

Simultaneously, councils continue to operate in crisis mode, taking children into care when presenting the slightest risk of neglect. It is easy to attribute this response to councils' risk-aversion, but contributors to this research have pointed out that in fact such responses are due to the absence of any alternatives – as the wider preventative landscape has been significantly cut. Early Help appears to have disappeared in many areas,<sup>134</sup> and where this still exists, its offer has been described as highly fragmented, with many children found too late to intervene effectively.<sup>135</sup> Councils often operate in 'fire-fighting mode' or taking a 'gold-ambulance approach'.<sup>136</sup>

As wider services and infrastructure move down the priority agenda in councils, communities are increasingly fulfilling the needs traditionally met by councils. In Wigan, having observed the aversion of service users to

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<sup>133</sup> For more information, see <http://www.cpcs.org.uk/index.php?page=empowering-parents-empowering-communities>

<sup>134</sup> Research interviews

<sup>135</sup> Research interviews

<sup>136</sup> Research interviews

'people with lanyards', the council decided instead to support community groups to run their own initiatives in friendlier and less formal environments, such as schools and community hubs.<sup>137</sup> This echoes the findings in our recent report on community-led commissioning, which found that service users tend to respond more positively to the support provided by the local community than by statutory bodies.<sup>138</sup>

In Hartlepool a group of mothers set up an initiative providing baby supplies to help local families who are struggling.

## **BABY BANK HARTLEPOOL**

### **ENABLING COMMUNITY-LED INITIATIVES TO HELP PARENTS SUPPORT OTHER PARENTS**

A local community-led initiative known as the 'baby bank' in Hartlepool provides support for new parents. Similar to a food bank, it provides baby supplies to new parents who may be struggling. It also provides a friendly environment, without the stigma that can be associated with some council-led initiatives.

The baby bank started with a small donation from organisations and private donations and is run by a small number of mothers who have been trained to have the skills and confidence to provide low-level interventions on parenting. Local parents of under-twos and parents-to-be are invited to 'come along for a coffee and a chat'. As well as collecting clothes, toys, and equipment, new parents can also receive help and advice on different life issues.<sup>139</sup>

In Oxford, drawing from a similar programme started in the United States, members of the local community are encouraged to join a mentoring scheme to volunteer their time and experience to develop friendships with local children.

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<sup>137</sup> Research interviews

<sup>138</sup> Lent, Studdert and Walker, 2019

<sup>139</sup> For more information, see <https://allevents.in/hartlepool/hartlepool-baby-bank-burbank-community-centre/200017725077937?ref=past-event-page-org>; Research interviews.

## **BIG BROTHERS BIG SISTERS OXFORDSHIRE<sup>140</sup>**

### **LONG TERM MENTORING AND FRIENDSHIP SUPPORT FOR CHILDREN**

This scheme is based on the US mentoring programme, Big Brothers Big Sisters of America. It is run in partnership with the council's children's services and Oxford Hub. It is underpinned by the belief that positive relationships can have a lasting influence on the lives of young people, improving confidence and helping them to achieve their future goals.

By joining the scheme as Big Brothers and Sisters, volunteers commit their time to build lasting relationships with a young person, helping to build their self-esteem and achieve their potential through a wide range of fun and enriching activities.

Big Brothers and Sisters volunteers are carefully matched by the programme coordinators with children aged 7-12. They usually spend some time together once a week. Activities could involve, helping them with homework, playing football, or going to the cinema. There is a small budget that helps cover travel and activity costs.

We need to revive the human element of children's services: relationships. To maximise the potential of the community, it is important to work with them at their pace and to focus on building their capability, rather than trying to shoehorn them into an existing framework or practice. The next principle explores how we can ensure that communities feel that they are 'worked with' and not 'worked at' through a meaningful engagement to support prevention and early intervention.

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140 For more information, see <https://bbbsuk.org/>

## PRINCIPLE 2: SUPPORTING EARLY INTERVENTION AND PREVENTION THROUGH MEANINGFUL ENGAGEMENT

Early intervention is contingent on early identification of needs. A crucial step is in engaging with children and families in a meaningful way from the start, building trust and relationships where both sides genuinely learn from each other. As one contributor noted, 'relationship is the intervention'.<sup>141</sup>

Indeed, the importance of relationships is undervalued in the current state paradigm. Since the introduction of the welfare state, children's services have almost entirely focused on efficiency and transactions. Based on her series of social experiments, Hilary Cottam's *Radical Help* (2018) emphasised the importance of relationships, arguing that 'everyday human connections matter and they need to be nurtured for their own sake'.<sup>142</sup> For real change to happen there needs to be a genuine interest and effort in getting to know the children and families who interact with children's services instead of seeing engagement as a mere check-box exercise that far too often leads to consultation fatigue.

### BUILDING TRUSTING RELATIONSHIPS

It can be a challenge for public services to respond to acute need whilst building trusting relationships necessary for preventative work. A trusting relationship is fundamental to the accurate and early identification of needs. Children's services continue to grapple with the challenge of creating a sustainable system that deals both with acute need whilst engaging in effective preventative early help.

Westminster, whilst dealing with the additional pressure of rising numbers of Unaccompanied Asylum Seeking Children, has remodelled children's services through a family hub model. Using money from the Troubled Families Programme, Westminster has trialled a number of support services focused on building trusting relationships with children and families at the earliest identification of need.

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<sup>141</sup> Research interviews

<sup>142</sup> Cottam, 2018, p. 205

## WESTMINSTER FAMILY HUBS<sup>143</sup>

### A WHOLE FAMILY APPROACH AND MULTI-AGENCY WORKING

At the heart of the Westminster Family Hubs is the belief that positive relationships are key to effective early intervention, and that a whole-systems approach to family support is critical to the early identification of need. The council recognises the challenge in finding the right balance between providing appropriate family support and promptly responding to risk.

Supported by a steering group and a virtual leadership team, the Westminster Family Hub model brings together a range of services through its Family Hub. The Family Hub model allows for some, services to be co-located but also provides robust links to other local services to improve accessibility for potential users and to maximise impact. For example, health visitors are co-located with a range of other relevant services for users including drop-in services for housing, employment, a children's centre, children's social care, targeted early help, sexual health services, policer engagement officers and mental health services.

Westminster use 'navigators' to help identify children who may be in need at an early stage based on a wide range of indicators, including absences, late to school, not doing homework, and not eating breakfast. There are three navigators linked to secondary schools, primary schools, and primary health services.

Through the Family Hub, the council are also piloting an inclusion programme, working with children at risk of exclusion before year 6. This involves a family therapist who works with the child, schools and staff using a trauma-informed approach. Families can drop-in to access services themselves or be referred by the GP, school, housing officer, etc.

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<sup>143</sup> For more information, see <https://www.westminster.gov.uk/what-are-childrens-centres-and-family-hubs>

Other councils like Coventry and Wolverhampton are developing a whole family approach to support families to stay together. Coventry developed a community hub carer programme providing respite fostering to support families to stay together. In Wolverhampton, the Early Years Strategy was developed to reinforce the need for parents to be the child's first educator, supporting them through a whole family approach addressing four key areas, including workforce development, parental engagement, good maternal health and high quality early education.<sup>144</sup>

The Family Nurse Partnership (FNP) which has been running for ten years in the UK is a preventative programme based in the local community.<sup>145</sup> It is underpinned by the building of trusting and supportive relationships with families while employing behaviour change methods to encourage first time mothers to adopt a healthier lifestyle for themselves and their babies. By offering intensive and structured home visiting by specially trained nurses from early pregnancy until the child is two, the FNP has benefited families from the most deprived background in the long term, as well as helped improve their social mobility and break the cycle of inter-generational disadvantage.

## PRIORITISING OUTCOMES AND VALUE OVER PROCESS

Data collection is an important feature of children's services as it facilitates collaboration and information sharing. But for too long, the approach adopted is, as Hilary Cottam describes, obsessed 'with the business of service delivery',<sup>146</sup> which often dehumanises the children and wider families concerned.

One consequence of this approach is that practitioners are preoccupied with efficiency often at the expense of reliability. There is also significant variation and inconsistency in both data collection and analysis. Rather than facilitating, this approach impedes collaboration and information sharing, to the detriment of early intervention. As a result demand continues to rise while those in real need continue to be passed around the system or fall through the cracks.<sup>147</sup>

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144 For more information, see <http://win.wolverhampton.gov.uk/kb5/wolverhampton/directory/service.page?id=naonO3iUi1M>

145 For more information, see <https://www.fnp.nhs.uk/>

146 Cottam, 2018, p. 44

147 Cottam, 2018, p. 44; For additional reading, see also Little, Sandu and Truesdale, 2015

Data collection can be seen as a bureaucratic requirement rather than a useful tool to bring about change. The over-reliance on the bureaucratic requirement of data collection within organisations means that workers often lose sight of the outcomes they are trying to achieve, and are therefore unable to respond to needs presented by children and wider families promptly and effectively. For example, a lack of understanding about how needs interact with outcomes and costs has been a barrier to effective decision making, such as the commissioning of placements. As one contributor noted, 'previously when we were commissioning, we weren't looking at outcomes, we were managing things'.<sup>148</sup> Without a radical shift, such approaches can lead to more fatal outcomes, as already exemplified in several historic high-profile cases.<sup>149</sup>

A number of councils have changed their approach to meeting needs, resulting in some encouraging outcomes, including Norfolk County Council. By matching needs of children to the skills, knowledge and experience of the local carers, the council was able to accommodate more children with different needs as well as generate some significant savings.

## NEEDS-LED FOSTER CARE, NORFOLK COUNTY COUNCIL<sup>150</sup>

### MATCHING CHILDREN'S NEEDS, STRENGTHS AND GOALS TO CARERS USING THE VALUING CARE FRAMEWORK

Norfolk works with local foster carers to profile their skills, knowledge and experience. At the same time, the council also uses the Valuing Care framework, which links children's needs, desired outcomes and available resources, to develop a better understanding of the strengths, goals and requirements of the children in care. This two-way engagement enables both foster carers and children to consider and plan for the level of support they will need to achieve the best outcomes.

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148 Research interviews; see also Harrison, 2017, p. 23

149 See pp. 30-32 of this report for more details.

150 For more information, see IMPOWER, 2019, pp. 14-15

As a result of this new approach, carers have developed confidence in understanding and meeting the needs of children who require a home. This better understanding has also enabled foster carers to accommodate more children with different needs. The number of children accommodated by the council foster carers has increased by 14 per cent over the last year, generating annual savings of £1.2 million.

The council's commissioning team have also subsequently used the Valuing Care framework to make a case for more funding for the development of new semi-independent, fostering and other placement support schemes. This new approach was useful in demonstrating how different placement support and provision will benefit children with specific needs patterns, such as unaccompanied asylum-seeking children.

A lack of interest in gathering qualitative data has contributed to a poor understanding of the community served. Contributors to this research warned against overlooking the value of qualitative data, as it can provide a holistic picture of any given case.<sup>151</sup> One way of obtaining qualitative data is to ask for detailed feedback from families on how successful a specific intervention has been based on their experience, and then feeding this into the shaping of future services.

In Doncaster, the performance data team at its Children's Services Trust has begun working more closely with the frontline delivery team, based on the belief that performance team needs to be closer to delivery. Members of the performance data team travel to each locality frequently to connect with managers, heads of services, and frontline services and identify trends and issues to be addressed. The performance data team is encouraged to take more interest in what is working well and what isn't by linking up with local teams, predicting and managing demand through a co-productive process. Working with children and young people as a reference point is also an integral part of the Doncaster model and has helped the performance management team turn cold statistics into real life experience. This ultimately helps key practitioners develop a better understanding of needs and improve the data culture within the Trust.

## ENGAGING CHILDREN AND FAMILIES EARLY AND THROUGHOUT

The extent to which community strengths are built upon to support prevention is often limited. For example, the relationship between service users and social workers can be difficult and often characterised by stark power imbalances.<sup>152</sup>

Current practices, underpinned by the highly problematic child-centric risk paradigm, can see children in isolation from their wider networks and communities. This paradigm ignores the role of 'attachments, histories and legacies', and how belonging and identity are developed throughout one's life.<sup>153</sup> The 2018 Care Crisis Review highlighted a missed opportunity to 'engage with local families in developing policy and practice that chimes with what is needed', as well as a significant 'untapped resource' in the form of the wider families who have the potential of providing support.<sup>154</sup> These opportunities to engage the children and wider families, if maximised, could provide a form of early intervention and prevention support for children in the wider community.

One area taking a system-wide approach to change is Leeds, which populated its children's boards with children who were in the care system. The vision for Leeds' children's services is underpinned by the aim of creating a child friendly city. The council repositioned children's services so that it is central to everything the council does. Ten community teams, made up of elected members, community officers and third sector members, were formed to help identify local needs and design appropriate preventative services. It has been shown that the community representatives were often much more prompt and reliable in picking up issues before council officers.

In Whitehaven, children are an integral part of the process of identifying and responding to needs. An important feature of this programme is that children are given support and training, which helps increase their capability. This not only increases confidence in the individual child but also equips them with the essential skills to navigate the world as they grow up.

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<sup>152</sup> Featherston, White and Morris, 2014

<sup>153</sup> Featherston, White and Morris, 2014

<sup>154</sup> Care Crisis Review, 2018

## CONNECTED COMMUNITIES WORK, WHITEHAVEN<sup>155</sup>

### INVOLVING CHILDREN IN RESEARCH AND AGENDA SETTING TO IMPROVE SOCIAL CAPITAL AND CONNECT COMMUNITIES

Connected Communities is about deliberative community engagement. The project aims to enhance communities' well-being, sense of citizenship and capacity to make a difference. Social network analysis is conducted by community researchers and the data is analysed and relayed back to the community. Communities then work with partners to coproduce solutions.

Suzanne Wilson from the University of Central Lancashire has developed this approach working with children instead of adults. Children researched local people's social networks, feelings of loneliness and emotional well-being. As the project progressed, the children's mental well-being improved by developing confidence, skills and having their voices heard. Children received training on how to conduct interviews on the subject of social networks and social capital and went out to do the interviews with local police community support officers.

Through this project, children were deeply involved in the process of identifying needs and developing new ways to respond to them. In addition to learning important new skills, children also developed a sense of ownership of the project and their community. A wide range of programmes emerged from this initiative, including family fitness sessions, programmes to combat littering and youth-led programmes which are aimed at bringing people from different generations together.

This connected communities work is guided by the principles of active engagement, exploration, empathy and empowerment.

Several councils have set up Youth Council and Mayors to allow young people to express their views on the decisions that matter to them. In addition to this, Bristol City Council has set up the Children in Care Council

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<sup>155</sup> For more information, see <https://connected-communities.org/>

which meets once a month to address the specific interest and needs of children who are in care or who are leaving care. The Council also offers training for practitioners, led by children in care and care leavers. Members of the Council can be involved in interviewing candidates for employment as social workers, residential staff and senior managers.

Bristol's Listening Partnership engages children with real life experience as someone with special needs, in decision making and in identifying needs.<sup>156</sup> The partnership meets once a week and these meetings provide a forum to discuss important issues affecting SEND children, such as school activities and the level of support available to them. The Listening Partnership also provide support in the development of education, health and social care services, through consultations, interview panels, focus groups, staff training, and inspections.

A number of councils have observed a shift in practice from one that is based on 'this is how you do it' approach' to a 'sitting with risk' approach. Others have developed a more family-focused lens on trauma- and strengths-based conversations.

## **NEW BEGINNINGS GREATER MANCHESTER (NBGM)<sup>157</sup>** DRAWING ON A TRAUMA INFORMED APPROACH TO WORKING WITH FAMILIES

The NBGM project worked with two cohorts of eight families over 48 weeks to pilot an approach introduced by Stobbe in Belgium.<sup>158</sup> This approach believes that parents and children need to be together in order to learn to function as a family. Instead of focusing on performance indicators and measures of cost-effectiveness, the approach follows a social welfare ideology that states that everyone who wants a chance of turning their lives around should be supported to do so.

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<sup>156</sup> For more information, see <https://www.bristol.gov.uk/schools-learning-early-years/involving-young-people-in-council-decision-making>

<sup>157</sup> For more information, see <https://www.newbeginningsgm.com/>

<sup>158</sup> Stobbe is translated as 'the stump of a tree' and it signifies 'new beginning' for families. When first opened in 1990 in Belgium, it operated as a homeless hostel for women with children who were fleeing domestic violence. It later received funding to focus on supporting children aged 0-6. For more details, see <https://www.newbeginningsgm.com/about>

NBGM draws on a trauma-informed approach to working with families. Unlike the traditional parenting programme, this approach is delivered over a long period of time, is therapeutically intense, and presents a wider range of opportunities to families. Participants are expected to learn from each other as much as from the professionals facilitating the course.

A trauma informed approach to working with parents is based on the premise that parents who find themselves in this situation have most likely experienced prolonged episodes of trauma, such as physical and emotional abuse, often within the home. By working collaboratively and holistically with these families, NBGM aimed to help them address their needs, develop new skills and create an environment for peer learning.

## STRENGTHENING PREVENTATIVE SERVICES

Mainstreaming prevention continues to be a significant challenge because there is still a lack of evidence that universal preventative services have an impact in reducing demand for children's social care. As a result, some councils have recognised the need to reconfigure their children's services to make them more targeted and focused on prevention. Funding cuts experienced by councils over the last decade have made this step a priority and some councils such as Oxfordshire County Council, saw it as an opportunity to reconfigure their children's centres, closing some and redesigning their universal services to make them more tailored to local needs.

Learning from Hertfordshire's Family Safeguarding Scheme, Oxfordshire County Council is working to create a joint outcomes framework with commissioning services designed around public health. The teams are located in the eight remaining children's centres in the area where a range of functions are based, including assessment and fieldwork. Where there is an overlap, the scheme also combines some of the provisions across children's services and adult social care, for example, substance misuse and mental health services. This way, joint working is aimed at reducing the number of transfer points in a child's care journey, which can lead to better outcomes. This approach has enabled the reduction of court proceedings by 38 per cent. Others, like Wigan Council, have decided to turn some children's

centres into a community hub where members of the community can set up their own activities based on their detailed understanding of local needs.

Embedding an organisation-wide focus on prevention requires the backing and engagement of both senior management and frontline workers. The experience of practitioners has been varied in this respect but some contributors to this research have emphasised the significant difference it makes to have the ears of their senior managers who are committed to making a case for prevention.<sup>159</sup>

## EVIDENCING THE VALUE OF EARLY INTERVENTION AND PREVENTION

Practitioners generally recognise the benefit of early intervention and prevention made possible through a range of Early Help services. But simply recognising these benefits is not enough because in the face of funding cuts these services the first to suffer. For example, one contributor expressed frustration at their inability to evidence the benefits of Sure Start, attributing it to the lack of sufficient running time for the programme to 'demonstrate impact'.<sup>160</sup> In order to retain or reinstate these services, there is an urgent need to make an evidence-based case to senior management, showing how the early and accurate identification of needs consistently leads to good outcomes. Developing an evidence-based case to support early intervention is a real challenge, however, and will require a major shift in the data culture.<sup>161</sup> It will also require practitioners to be even more determined and inventive in exploring less conventional methods of evidencing outcomes to support early intervention, such as using anecdotal evidence and qualitative data.

The future of children's services must be one that involves the community both in identifying needs and in shaping services to meet these needs. Far too often, however, any new model for collaboration is prevented from making a significant impact because it still operates within a highly unbalanced existing power structure. The next principle explores how future collaboration in children's services could become a genuine partnership that equally engages all the parties involved.

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<sup>159</sup> Research interviews

<sup>160</sup> Research interviews

<sup>161</sup> Research interviews

## PRINCIPLE 3: TOWARDS A CULTURE OF PARTNERSHIP WORKING

There is a tendency for public services to hoard power rather than share it. The relationships between councils and citizens tend to be transactional and this unhelpful power dynamic can create a lack of trust that can be an obstacle to positive outcomes in children's services.

It is clear that there is a need for more decision making power to be transferred to communities. But beyond that, there needs to be a radical change in attitude towards children and families. Increasingly, the relationship between local authorities and communities needs to be that of an equal partnership grounded in a genuine sharing of power. This means that children and families should feel that they are 'worked with' rather than 'worked at'. Yet, children and families in some local authorities continue to be seen as 'difficult' and 'hard to help'<sup>162</sup> while local authorities are seen as the 'fix' and in charge.<sup>163</sup>

Collaboration is no longer optional given the current resource challenges; everyone should be encouraged to participate in the change they want to see in their children's services. As Cottam reminds us, participation should not be something 'special', but should be the new normal. As we shape the future of children's services, there needs to be a real drive to make participation and partnership working a natural part of the community's everyday life.

### SUPPORTING COMMUNITY COMMISSIONING

Commissioning has been identified by practitioners as an area in need of more support and upskilling, not least because, as one independent review also reveals, the absence of successful commissioning has resulted in a huge variation of prices that different local authorities pay for the

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<sup>162</sup> Care Crisis Review, 2018

<sup>163</sup> Research interviews; The 2018 Care Crisis Review found that although children and families in some local authorities value partnership working they feel they were 'done to' rather than 'worked with'.

same standard of residential care.<sup>164</sup> This further complicates the effort to establish a link between costs and outcomes, e.g. between spending per child in need and the quality of service.

A significant step in addressing this problem is to transfer more decision-making power to communities through community-led commissioning. This requires the council to hand over spending power to the community. There are different methods to community commissioning, ranging from engagement at operational level only to one that hands over considerable legal governance power. But regardless of the method adopted, there needs to be a continued provision of reliable support to the community so they can acquire necessary new skills and expand their capability.<sup>165</sup> Several examples from Big Local areas show that the community often already have a fine-grained understanding of local needs, and they are keen to expand their social capital through their commissioned services and programmes.<sup>166</sup> Even though Big Local is not strictly a form of commissioning because it is funded through the Big Lottery Fund rather than the public sector, lessons can be learned from its overarching principle which involves handing significant funds to a community to spend as they see fit.

One such example can be seen in Barrowcliff Big Local area in North Yorkshire, where there had long been a mistrust of the social services and council. It was necessary to create a partnership where the community can participate in decision making on an equal footing with the council.<sup>167</sup> The partnership created SPARKS, which is a coaching and support system for chaotic families to develop parenting and life skills, geared towards building trust. As part of this, the partnership involved local children in designing and building a local playpark. Evidence also shows that allowing the community to lead on commissioning brings with it wider benefits generally attributed to a greater citizen participation; these include community cohesion, wellbeing and policy effectiveness which contributes to a preventative approach to services more broadly.<sup>168</sup>

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<sup>164</sup> NAO, 2019

<sup>165</sup> Lent, Studdert and Walker, 2019

<sup>166</sup> Lent, Studdert and Walker, 2019

<sup>167</sup> Lent, Studdert and Walker, 2019, p. 21

<sup>168</sup> Lent, Studdert and Walker, 2019

In Leeds, community teams made up of members, community officers and people from the third sector were given some direct funding to decide what kind of universal services they would provide to address local needs.

## **CHILD FRIENDLY LEEDS – COMMUNITY TEAMS<sup>169</sup>** **PARTNERSHIP WORKING WITH CHILDREN'S OUTCOMES AS A CENTRAL PART OF THE WIDER COUNCIL VISION AND STRATEGY**

Launched in 2012, Child Friendly Leeds is a vision for Leeds to become the best city in the UK for children and young people to grow up in. This vision isn't just a 'children's services thing' – it is a city-wide vision involving close partnership working with the private, public, and third sectors, as well as communities. Children's services has been repositioned to be part of all strategies within the council. The focus is on investing in children and young people to build a prosperous and successful city.

The vision addresses safety, health, education, skills, and voice and influence. A specific part of Child Friendly Leeds is the 'enrichment offer', which helps the most vulnerable children and young people in the city to access opportunities that support their personal development, encourage them to reach their potential, whilst at the same time having a good time.

The council's vision aims to: safely and appropriately reduce the number of looked after children (LAC); reduce the number of young people not in education, employment and training (NEETs); and improve achievement, attainment, and attendance at school. Child Friendly Leeds has developed networks of partners and ambassadors who support this vision and a key element of the programme is the community teams made up of members, community officers and people from the third sector. There are ten such 'committees' and they are given the power to determine the universal services for the local area based on their expert knowledge of the area they work and live in. Some funding is also devolved to these committees to help them set up local initiatives.

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<sup>169</sup> For more information, see <https://www.leeds.gov.uk/childfriendlyleeds>

## ENCOURAGING REGIONAL INITIATIVES

Contributors to this research have emphasised the need for more partnership working across different councils, not least as a way to get more from the supplier market. For examples, the shortage of care placements has led to bidding wars and price hikes. This puts additional financial pressure on councils already experiencing significant funding cuts. Some councils including Oxfordshire County Council have managed to work in partnership with neighbouring councils, and adopt a more collaborative than a competitive model that has kept prices down.

Regional Adoption Agency (RAA) is an example of initiatives that pool resources of smaller local authorities together to generate cost savings in the long run.<sup>170</sup> A recent evaluation of the programme concluded that while it is still too early to demonstrate tangible impacts, some RAAs have reported speedier and better matching with adopters. Importantly, among the emerging outcomes of the RAA is improved adoption support in the form of adopter training and improved commissioning arrangements which target the specific needs of families. Regional initiatives such as the RAA also provide opportunities for stronger leadership across different parts of the adoption system and it also seeks to deliver a more consistent focus on early permanence.

## MAINSTREAMING COMMUNITY-LED PARTNERSHIPS AND CO-PRODUCTION

Community-led partnerships only truly work if they recognise the agency of the children and families involved. Rather than adopting a deficit approach that has often guided the design of existing public services, a community-led model focuses on potential and capability, and seeks to develop these assets. The underlying assumption must be that children and families want to flourish and achieve the best possible outcomes in life.

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<sup>170</sup> For more information, see Blades et al, 2019

To ensure that these partnerships are community-led, councils should not think of themselves as being in charge, but see their role more as a catalyst. This approach will help address power imbalances and allow children and families to take the lead in shaping services with an equal stake in their success.

In Hartlepool, to address the power imbalance between the council and voluntary sector, a decision was made to give the community the power to make spending decisions on an initiative to improve parental relationships.

## **HARTLEPOOL'S HEALTHY RELATIONSHIPS PARTNERSHIPS<sup>171</sup>**

### **MAXIMISING OUTCOMES BY LINKING UP COMMUNITY ORGANISATIONS THROUGH AGENCY NETWORK GROUPS**

Set up in 2015, the Healthy Relationship Partnership (HRP) is made up of Changing Futures North East, Hartlepool Borough Council, Belle Vue Sports Community & Youth Centre and Tavistock Relationships. The purpose of the partnership is to support early intervention and to disrupt the standard way of thinking and working.

HRP promotes multi-agency working by setting up agency network groups including the VCS, councils and others, working on issues relating to family conflict, helping to support parental relationships and improving outcomes for children. The approach recognises that families are not looking for specialist services, but support from fellow members of the community. Through the community hubs, the partnership provides training on supporting parents in relationships, among others.

The partnership was funded by the Early Action Neighbourhood Fund (EANF). The EANF were interested in how systems change could be achieved by funding voluntary sector organisations to be in the driving seat. This was given the recognition that the Voluntary and Community Sector (VCS) often have better relationships with communities than local authorities and more experience of community engagement.

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171 For more information, see <http://hrphartlepool.co.uk/>

The approach adopted helps emphasise the value of co-designing services with the community, as well as capturing the lived experience of families and children, and how the community can be a valuable resource.

Another example of genuinely community-led partnership is the Mockingbird Model - a supportive network of fostering families that is underpinned by strong relationships. Through the programme, families take part in regular activities and develop a supportive community likened to an extended family.

## **MOCKINGBIRD MODEL FOR FOSTERING<sup>172</sup>**

### **DELIVERING FOSTER CARE USING AN EXTENDED FAMILY MODEL**

The Mockingbird Model brings together foster families to create a peer support network, much like an extended family. This model provides short breaks, peer support, regular joint planning and training, as well as social activities. Foster care is demanding and having this support network means that foster carers who are not coping can approach the group for additional support.

Relationships are central to the Mockingbird Model, and are key to empowering families to support each other to overcome the problems each family faces before they escalate or lead to more costly interventions.

In Doncaster, children with experience of the care system are involved as young advisors to lead the design of services, define staff standards, as well as lead wider engagement with young people in the area.

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<sup>172</sup> For more information, see <https://www.thefosteringnetwork.org.uk/policy-practice/projects-and-programmes/mockingbird-programme>

## CHIEF EXECUTIVE'S YOUNG ADVISORS, DONCASTER<sup>173</sup>

### CO-PRODUCTION INVOLVING CARE LEAVERS AND CHILDREN WITH EXPERIENCE IN THE CARE SYSTEM

Doncaster's Chief Executive's Young Advisors are made up of people aged 15-21 who have experiences of care and therefore know the system well. As Young Advisors, they have a direct link with senior leaders who seek to continuously learn from their lived experience. This group was set up very early on as a critical reference point to help inform service design and delivery by articulating what is needed to change in Doncaster to raise practice standards.

Beyond just being a reference group, the Young Advisors are at the heart of the Trust's strategy, decision making and communications. The Young Advisors help define staff standards and are a critical reference point that actively shape services. They have a meaningful influence and have changed care leavers services, helped redesign children's homes, reinforced and developed the services culture and values by being part of recruitment process. For example, they have changed the language used – instead of 'contact', time spent between family members who are growing up apart is now called 'family time'. The Young Advisors also helped write and design the Trust's practice standards.

The Young Advisors also lead on wider engagement with young people, such as young people's summit, and they involve children at different levels of need, including children in care and children in need, as well as delivering training to partners through the Hear Me programme.<sup>174</sup>

Wigan Council introduced its Children and Young People Deal, adapted from its council-wide Deal. This approach recognises the agency of children in the community and asks them to lead this initiative by articulating first how they are willing to contribute to making Wigan a better place to live and grow up, and how the council can support them to thrive in their community.

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<sup>173</sup> For more information, see <https://www.doncasterchildrenstrust.co.uk/hear-me/chief-executives-young-advisors>

<sup>174</sup> For more information on Hear Me: Training for professionals, see <https://www.doncasterchildrenstrust.co.uk/hear-me/hear-me-training-professionals>

## WIGAN'S CHILDREN AND YOUNG PEOPLE DEAL

### DEVELOPING COMMUNITY HUBS WITH MULTI-AGENCY TEAMS

THE DEAL FOR CHILDREN AND YOUNG PEOPLE	
OUR PART	YOUR PART
Help you to be healthier	Look after your own health
Support you to learn and grow	Be the best you can be
Help to keep where you live clean and tidy	Help to keep where you live clean and tidy
Help you to be safe	Stay safe
Make Wigan Borough a place where everyone is accepted and valued	Be kind and caring to yourself and to others
Make sure we listen to you	Share your views

Wigan's Deal is an organisation-wide, place-based approach to doing public services differently. This approach was integrated into children's services through the Wigan's Children and Young People Deal to ensure that it is viewed as part of the whole system, and not in isolation.

Wigan engaged with young people in schools to develop the Deal, asking children what they felt their responsibilities were and what the council and others could do to support them.

The Deal is based on a two way engagement process. 'Our part' lays out the support children and young people feel they need from the council, and 'your part' lays out all the things that they are willing to do in their communities to help make Wigan borough a better place to live.

The philosophy of the Deal supports early intervention through encouraging partnership working and community resourcefulness (e.g. what assets can the council and community can draw on?).

A change is long overdue. An individualistic model of practice needs to be replaced with one that majors on the strengths within families and communities.<sup>175</sup> Without a real focus on relationship building, even the most innovative ideas could become easily undermined. For example, Family Group Conferencing (FGCs), which originated in New Zealand to recognise the strengths of families and build on them, was adopted by many councils in the UK. Unfortunately, despite the independent and relational approach of the FGC, some councils treat it as no more than a tick box exercise. Without a sustained focus on relationship building with children and families, FGC can become institutionalised and process-driven.<sup>176</sup>

To make sure that positive change is realised, government also needs to create the context for that change to happen. In the next chapter, we outline a number of key recommendations for the national and local levels to support a future of children's services that is community-focused.

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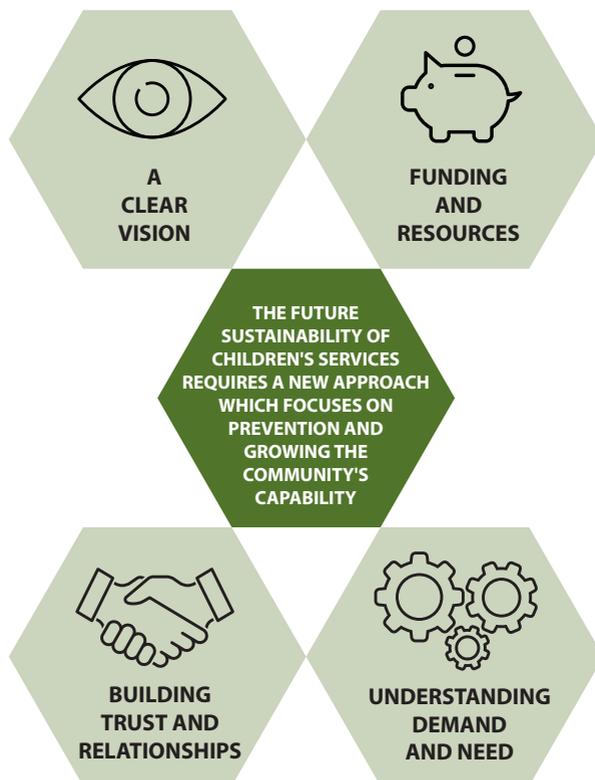
<sup>175</sup> Featherston, White and Morris, 2014, p. 152

<sup>176</sup> Featherston, White and Morris, 2014, pp. 48-49

# A SUPPORTING FRAMEWORK FOR THE FUTURE OF CHILDREN'S SERVICES: POLICY RECOMMENDATIONS

Communities can only be put at the heart of children's services delivery if there is the right national and local policy framework in place. This final chapter outlines four elements of that supporting framework: a clear vision, building relationship and trust, understanding demand and need, and funding and resources. Within each element is a set of recommendations for both local and national government.

**FIGURE 6** A SUPPORTING FRAMEWORK FOR THE FUTURE OF CHILDREN'S SERVICES



## A CLEAR VISION

### NATIONAL

The Department for Education (DfE) should publish a White Paper establishing a national strategy for addressing demand and shaping the future of children's services through the active engagement of the community. This national strategy should include an asset-based approach to care, shifting the focus of the care system from one that 'manages demand' to one that 'creates capability'. Instead of continuing to focus on improving efficiency, a sector that relies on human interactions should aim to build strong and trusting relationships with children and families, so that practitioners can identify needs accurately and early, which is fundamental to effective early intervention and prevention.

As part of this new asset-based approach to care, a new inspection model needs to be developed to replace the current approach carried out by Ofsted. The existing framework is heavily weighted towards complying with procedures rather than focused on achieving the best outcomes for children and families. A centralised system may be necessary to ensure consistency and standardisation but the long pre-occupation with standards has led to evaluations that are difficult to relate to at the local level, and which ignore the unique challenges each local area faces. Not only is the Ofsted inspection cost-blind but it also fails to measure what truly matters for local services or the children and families served.

**A new national inspection framework for the care system based on local needs and outcomes should be developed to replace Ofsted's current framework. This new framework should engage the community at key stages to capture local specificity.** A number of councils that have actively involved children and families in shaping their children's services have noted some encouraging outcomes, so this is an extension of similar approaches already seen in the sector.<sup>177</sup> Important lessons could also be taken from a nation-wide initiative, Healthwatch, which supports users

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<sup>177</sup> Examples include Connected Communities Work in Whitehaven and Doncaster's Children's Services Trust

of health and social care services by ensuring their views are heard.<sup>178</sup> Healthwatch is already capturing the experiences of service users and using them to influence the quality of support and intervention.

The DfE should supervise and facilitate the development of this new national inspection framework to ensure legal and safeguarding compliance. A national framework is necessary to allow useful comparison across councils but it must also allow each council to better demonstrate how far they have been able to achieve their objectives. Therefore this framework must not be prescriptive but act as a broad guidance that can be adapted to the local context by each council.

The framework could be centred around core themes or broad criteria that must be addressed by each local area. Within each core theme is a long list of suggested outcomes from which each locality would select based on their specific needs. The new inspection model would evaluate the extent to which each local authority achieves the outcomes for their local area based on a set of appropriate indicators.

To reflect a new understanding of what really matters in children's services – the new national framework should focus on building long-term relationships and trust with children and wider families. It should therefore involve the community at three key stages: when developing the national framework, when adopting the framework within each local authority, and when carrying out the inspection at the agreed timeframe.

The new national inspection framework should be developed by a team of service users and practitioners from different parts of the country. The team should include children and families with experience of the care system, as well as social workers and other frontline workers. They should be supported by experts offering technical advice. This approach will ensure that the national framework is broad enough to capture the wide ranging needs and specificity of each area, and at the same time sufficiently adaptable to assess outcomes against needs at the local level.

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178 For more information on Healthwatch, see <https://www.healthwatch.co.uk/what-we-do>

An independent panel comprising local children, families, frontline workers and practitioners should be formed to take the lead in adopting this national framework in each local authority, by identifying key outcomes and objectives, based on their detailed understanding of local needs, resources and capability. With the support of experts, the panel will also identify appropriate indicators to measure how their local children's services have achieved the objectives. The benefit of such an approach is a heightened sense of community ownership and accountability, as it is the local community, rather than a detached group of specialist inspectors, who set the objectives and strategy for meeting local needs.

To ensure that local children's services are directly accountable to the people they serve, a local inspection team would be responsible for assessing the extent to which local outcomes have been achieved. Their key responsibility would be to advise on how local children's services can be continuously improved towards a focus on prevention.<sup>179</sup> This would ensure that the inspection results reflect the local circumstances and that any improvement strategies are grounded in a real understanding of local needs, capability and specificity.

## LOCAL

There needs to be a greater emphasis on partnership working between the community, the local authority and third sector organisations. **Local authorities should prioritise a shift to prevention by making children's services an integrated part of the whole council vision and strategy.** Children's services should not be seen in isolation from the wider work of the council. Some local authorities that have made children's services an integrated part of the whole council vision and strategy have been able to ensure that teams within the council always work in partnership and are conscious of the impact decisions they make will have on children's services.<sup>180</sup>

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<sup>179</sup> This recommendation also draws from an experiment called 'Life' by Hilary Cottam in Swindon aimed at helping families with complex needs. See pp. 62-68 of Radical Help (2018) for details.

<sup>180</sup> Examples include Child Friendly Leeds

Partnership working with the community is increasingly a necessity in the current climate of diminishing resources, but such collaboration is often riddled with the conflicts that come with power asymmetry. A strong local leadership, which promotes the sharing of power and resources with the community, is therefore crucial to embed this within the culture of the organisations involved. With time the workforce and communities should be able to work, with a mature approach to risk, towards a clear set of shared objectives around prevention.

To balance the power asymmetry between the council and community, any partnership needs to be a genuine sharing of power, and this requires handing over some of the responsibility for budget setting to the community. Councils should devolve more funds to the community, allowing them to be genuinely involved in making spending decisions for the universal children's services that they determine to be most beneficial for the local area. Some councils have started devolving some funds to 'community teams' set up to make decisions on the kinds of universal services to commission to meet local needs.<sup>181</sup>

## BUILDING RELATIONSHIPS AND TRUST

### NATIONAL

A more joined-up, whole systems approach to working across departments is key. Focusing on building relationships and communicating effectively across disciplines and sectors enables each workforce to understand the impact of their work in the context of the whole ecosystem of children's services. Strong interdepartmental relationships can help ensure the reforms proposed in any single department do not have a detrimental effect on children's services as a whole (e.g. understanding and accounting for the impact of reform in DWP on children's services). **The Government should introduce a whole-system approach to impact assessment across all government departments to ensure that decisions will not negatively affect the children's services ecosystem.** As one contributor to this research emphasised, children should be an 'indicator species' across government, at the heart of what each of the

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<sup>181</sup> Examples include Child Friendly Leeds

teams do.<sup>182</sup> This means that children and their wellbeing should signal the overall health of our public services and society.

## LOCAL

An asset-based approach to care relies on a good relationship between social workers and children and families. While there is growing awareness of the need to adopt a whole-family perspective and employ an asset-based approach, many frontline staff including blue light services do not have the skills, time or experience to build these kinds of relationships.

**Communities in partnership with their council, should develop a rolling programme of community-led workshops on asset-based approaches to care in children's services.** These workshops would be led and designed by the community as part of training in asset-based approach to care for frontline workers. The community-led workshops could form part of local workforce training and professional development. Some councils are already exploring ways to learn from the lived experiences of children and families, e.g. as they go through court proceedings, in order to improve their experiences in the future and to ensure that better outcomes can be achieved.<sup>183</sup> Such workshops will enable both sides to learn from each other: children and families will feel they are listened to, while the practitioners will learn the value of an asset-based approach to care, utilising the community's knowledge and 'expertise by experience' to improve children's services.

As part of building strong relationships and trust, there needs to be the time and space for honest reflection on the care system at the local level. Frontline workers in particular need to develop the habit of self-assessment. Equally, children and families should be able to assess the care they receive on a regular basis and feed this back in an impactful way immediately. Some lessons could be taken from the High Impact Change model introduced by the LGA to help councils and the NHS assess how they manage transfer of care for adults. It aims to measure what matters to people based on qualitative information obtained through a series of *I/We* statements. These statements

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<sup>182</sup> Research interviews

<sup>183</sup> Examples include Camden Conversations and Doncaster's Hear Me: Training for professionals

encourage both sides to focus on what really matters and to work together to ensure an effective service, focused on the needs of the individual.<sup>184</sup>

## UNDERSTANDING DEMAND AND NEED

### NATIONAL

For a decisive shift to prevention and early intervention, a new data culture needs to be embedded within the sector. Practitioners regularly struggle in making a case for preventative services which they believe have made a difference in their area based on their own experience, e.g. Sure Start. A strong evidence base showing the link between preventative services and positive outcomes is fundamental to securing the necessary investment but the timeline for evidencing positive outcomes is often too short. **The DfE should therefore define evidence standards and review the timeframe for demonstrating the impact of Early Help and preventative services.**

Additionally, the absence of systematic data collection on the socio-economic circumstances of children coming into care is a barrier to gaining the necessary insight into demand and need, and potential ways to mitigate the demand pressure. For example, a better insight into the apparent variation across ethnicities, community groups, and UK devolved nations may lead to some crucial lessons on why some communities appear to be less reliant on children's services than others. There should be better coordination between departments' data teams so that children's services data can be more effectively aligned to socio-economic data to inform the sector's practice. Children's services experts have also emphasised the need to involve the voice of community, for example through dialogue with parents who have been re-referred, to develop an in depth understanding of demand and need variation.

Improved data linkages should also increase our understanding of the characteristics and pathways of children and families through services, and their related outcomes. The government should incentivise cross-departmental data sharing by removing barriers and creating an environment where there is a greater political will to do so.

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<sup>184</sup> Burberry, 2019

## LOCAL

**Local authorities should reconfigure data collection by returning to first principles, taking into account local circumstances.** Data collection at the local level should be driven by the aims of prevention and early intervention. This means asking why a specific type of data is collected, and whether in reality it contributes to achieving these aims. There also needs to be a shift in how councils go about collecting data, which should be driven by a clear framework that links council's spend with needs and outcomes. By capturing the core needs that lead to demand for care, councils will be able to respond effectively, clearly articulating what outcomes they want from each intervention.

Data collection has become a preoccupation for the workforce to the extent that it diverts considerable resources and attention away from spending time with children and families to understand their needs. Furthermore, the focus on data collection has been on efficiency at the expense of reliability. There needs to be a renewed understanding among frontline workers about the impact that the data they collect has on the work of colleagues in other teams and ultimately how this contributes to the accurate identification of needs and appropriate early intervention. Some councils have tried to do this by linking up their performance data team with the frontline delivery team, and through placements and secondments.<sup>185</sup> This change in local practices can facilitate more data sharing in the future, which may help alleviate long-term demand pressure on children's services.

The focus on efficiency in data collection should therefore be entirely replaced with a new focus on reliability, based on a culture of partnership working. This means that each team operates with a greater awareness of how their work (e.g. data collection, frontline services) can impact other teams, and ultimately contribute to improving the lives of children and families.

This way of working will also place greater emphasis on long-term outcomes and the importance of establishing meaningful and honest relationships with children and families. Ultimately children's services is about building

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<sup>185</sup> Examples include Doncaster's Children's Services Trust

relationships. So there needs to be a greater recognition of the role of alternative methods (e.g. qualitative and ethnographic) in capturing information that is more complex in nature. Many councils have recently adopted a trauma-informed approach which enables them to establish a trusting relationship with service users, and this in turn has helped in the effective and early identification of needs.

As well as equipping the workforce with the necessary soft skills, frontline staff should be able to feel confident that they are supported to respond creatively to the often challenging circumstances they find themselves in, in order to achieve the best outcomes for children and families.

## RESOURCES AND FUNDING

### NATIONAL

Councils need more support in shifting their spending to prevention and early intervention. Efforts to shift focus from acute to preventative services cannot be divorced from the wider strategy to tackle the overall demand challenge. This wider strategy must not be centred solely on pumping more money into the system but should also include an honest reflection and evaluation of the current spend. Several organisations, including the LGA and Children's Rights Alliance for England, have called for the government to address the funding gap, which is expected to rise to £3.1 billion by 2025, to meet immediate statutory demand. Additional funding could help reduce the tendency to divert resources intended for preventative services to meet acute needs, but it must be combined with a new sector-wide focus on maximising outcomes with the available resources. There needs to be a change in culture within the sector to focus on value creation; councils should therefore be supported to assess how their current spend can better target needs and improve outcomes for children and families.

A framework for evaluating preventative spend locally should therefore be introduced to facilitate this process and it should take into account the fact that some preventative services, e.g. Troubled Families Programme (TFP) and Sure Start will take more time to demonstrate tangible outcomes. The framework should similarly be developed by the community with the support

of professionals and practitioners. It should be adaptable to each local authority allowing local people to determine their key objectives and desired outcomes around prevention.

Even though received with scepticism when initially introduced in 2012, the Troubled Families Programme has won many people over. The programme has demonstrated some significant outcomes for children and families with complex needs. It changed the way families with complex problems are supported through early identification of needs and has been shown to reduce the number of children going into care by a third.<sup>186</sup> Based on these outcomes, the programme should be continued without disruption to allow time to demonstrate further positive outcomes on children and families. The government's announcement at the 2019 Spending Review to provide continued funding for the TFP is therefore a positive step. **But in addition to extending the Troubled Families Programme beyond 2020, MHCLG should also take key lessons from its journey so far into wider policy around children and families.**

There is now a better recognition that the measurable improvements for families with multiple complex needs cannot be demonstrated within very narrow time frames, and so the evaluation time frame has been extended from 18 months to five years. Given the significant positive impact the programme is having on children and families, combined with the fact that local authorities have relied on the programme to provide early intervention to families, the decision to extend the TFP would be critical to councils' preventative work and ability to plan for the future.

Similarly, given Sure Start's major health benefits for children from disadvantaged backgrounds,<sup>187</sup> it should be strengthened rather than closed down. In some councils years of funding cuts have led to the closure of many Sure Start children's centres and reconfiguration of the remaining centres to provide more targeted services to meet local needs. But as with other Early Help services, Sure Start requires a longer time frame in order to demonstrate tangible outcomes, and evaluation and funding decisions for Sure Start should reflect the preventative nature of the services and the longer time it requires to demonstrate impact.

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<sup>186</sup> MHCLG, 2019, p. 4

<sup>187</sup> Cattán et al, 2019

Additionally, given the cuts to funding over the last decade, working in partnership is becoming crucial to ensure that different organisations and groups pool resources in a creative way. The funding application system should reflect this new way of working. The competitive nature of the current bids process means that crucial opportunities for collaboration are missed. Contributors to this research have suggested that the competitive culture encouraged by the current funding system puts organisations as competitors when they should work as partners.<sup>188</sup>

**The Government should reform the funding application process to incentivise partnership working and regional initiatives. A 'duty to cooperate' should be introduced as part of the evaluation criteria for funding to encourage more collaborations across councils, external organisations, and community groups.** There also needs to be a greater incentive to support regional initiatives in order to expand on local expertise and assets to support prevention. Many councils have noted the lack of incentives for local authorities to develop regional initiatives. More funding should be devolved from central government, and local authorities should be given more flexibility to raise specific funds to support regional preventative initiatives. An initial pot of funding could be set aside to kickstart this but a long-term sustainable plan should be put in place to ensure continuity.

Local services such as fostering should also be expanded where possible to ensure that children remain in the immediate community. Innovative regional partnerships such as regional adolescent centres and regional adoption agencies have proven to be positive and their networks should be expanded where appropriate.

## LOCAL

Given the funding shortfall for the foreseeable future, **it is imperative that children's services across the country give rigorous consideration to whether they are making the best use of the current available resources to improve outcomes for children and families.** To do this, councils need to be able to demonstrate how the services they provide

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<sup>188</sup> Research interviews

are creating value by targeting needs and achieving the right outcomes. Where a clear connection between needs, outcomes and spend cannot be established, it should be a signal to councils that available resources and funding have not been used most effectively to meet the demand for children's services, and that changes to practice may therefore be necessary to help address the demand challenges in their area. In some councils, the opportunity to carry out a detailed evaluation of spend resulted in significant savings.<sup>189</sup> The evaluation first revealed areas where there was a mismatch between resources and needs. As part of the evaluation, the teams were able to develop a better understanding of needs and thus the confidence to step down children into carefully matched placements which better meet their needs – demonstrating the value of services for the children and families.

To achieve positive outcomes given the funding challenges, councils need to explore less conventional delivery methods centred on collaboration with the voluntary sector and community groups. Communities need to be more proactive in participating and taking ownership of local children's services. Through effective partnerships, both sides bring their knowledge and expertise to the table but the attempt to collaborate is often undermined by the power imbalances. There needs to be a clear handover of power from the council to the community, and this necessarily includes giving the community the important responsibility of making spending decisions.

**An important step is for the local authority and community to work together in mainstreaming community commissioning.** There are existing examples of this in practice across the UK, including some councils that hand over a sum of money to 'community teams' to commission preventative services for their local area.<sup>190</sup> There are different methods of community commissioning with different levels of engagement but regardless of the method used, it requires a continuity of reliable support to expand the community's capability.<sup>191</sup>

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<sup>189</sup> Examples include Oxfordshire County council and Norfolk County Council. See IMPOWER, 2018, pp. 14-18; see also p. 59 of this report

<sup>190</sup> Examples include Child Friendly Leeds

<sup>191</sup> Lent, Studdert and Walker, 2019, p. 41

Collective approaches to commissioning care places and the use of agency workers have also been explored by some councils but more support needs to be given to ensure a consistent and high level of care across different councils and agencies.

The status quo is no longer sustainable and there is also a growing desire for change in children's services. This research has argued for a radical change in culture and practice shift within the sector to one that is grounded in a real understanding of the community's needs and potential, and focused on prevention. Drawing from some of the most innovative and bold community initiatives across the country, the three principles discussed in this chapter will help both practitioners and the community to shift towards prevention and early intervention as they shape the future of children's services. But while the community, in close collaboration with the local authority, work to maximise their limited resources, build trusting relationships and develop genuine partnerships, they need the support and leadership of the government in removing any barriers to progress and facilitating the transfer of power to the community.

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# APPENDIX 2: RESEARCH SCOPE, QUESTIONS, METHODOLOGY AND DEFINITIONS

## SCOPE AND PARAMETERS

This report focuses mainly on the policy and legal frameworks in England, although many of the themes discussed also apply to Scotland, Northern Ireland and Wales. There is a limited mention of the policy reforms affecting SEND children, which is scattered throughout the report but we recognise that this is an area that needs to be explored in greater detail beyond the scope of this research.

This report also recognises that following the 2014 Children and Families Act, children's services are now also responsible for care leavers and young people up to the age of 25. However, this report generally focuses on children up to the age of 18.

## RESEARCH QUESTIONS

This research was guided by the following questions:

1. What is the nature of the demand challenge on children's services across England?
2. How has the overall policy landscape shifted over recent years? What does it address and not address?
3. What is the current and forecast funding environment? How can both national policy and local practice ensure children's services become more financially sustainable?
4. What are the opportunities for collaboration and integration to develop joined-up, effective support for children?
5. How can system-wide preventative work be incentivised?

## METHODOLOGY

The main methods used to complete this report were a desk-based literature review and twenty-five semi-structured interviews and focus group discussions.

### LITERATURE REVIEW

We reviewed in total over 50 documents ranging from academic papers, media articles, committee papers, policy documents, to third sector research papers. This literature review provided us with a contextual background on the current state of children's services across the UK, and the existing challenges within the sector.

### SECONDARY DATA ANALYSIS

We also carried out secondary data analyses utilising publicly available datasets and supplemented by additional details obtained through Freedom of Information requests. The research was further supported by evidence provided by our funding partner, IMPOWER, offering insights into the spending pattern on children's services by several councils.

### INTERVIEWS AND FOCUS GROUP DISCUSSIONS

Between April and July 2019, we carried out twenty-five interviews and focus group discussions with practitioners in a select number of councils across the UK. These interviews involved social workers, commissioning officers, directors of children's services, public health registrar, cabinet member for family services and public health, heads of children's services sub-teams, including fostering team, corporate parenting, looked after children, and team managers. We also interviewed academics and other research experts in subject of children's services and social care. All quotes from the interviews which are included in the report have been anonymised for the purpose of the research.

## DEFINITIONS

Several key terms used throughout the report have been identified and defined below:

<b>Referral</b>	A request for services to be provided by children's social care. This could come from police, school, health services; other local authority services; individuals or an unknown source.
<b>Section 47</b>	An investigation based on a reasonable cause to suspect that a child is suffering or is likely to suffer from harm.
<b>Assessment (Section 17)</b>	To determine whether the child is in need under the terms of section 17 of the Children Act 1989
<b>Child protection conference</b>	As part of section 47 enquiry, to determine services required to meet needs
<b>Child protection plan</b>	Sets out how a child can be kept safe, how to address family's issues and what support would make a difference.
<b>Looked after children</b>	Children who are in care
<b>Children Act 1989</b>	The Children Act 1989 established the legislative framework for the current child protection system in England and Wales. <sup>192</sup> The Act requires local authorities, courts, parents, and related agencies in the UK to ensure children are safeguarded and their welfare promoted. While it maintains that children are best cared for within their own families, it also provides for cases where there is disagreement between parents and statutory bodies.

192 <https://learning.nspcc.org.uk/child-protection-system/history-of-child-protection-in-the-uk/>

<b>Ofsted</b>	Ofsted is responsible for inspecting local authority children's services which are then published as reports with recommendations for improvement performance over time.
<b>Cafcass</b>	Cafcass represents children in family court cases to make sure that children's voices are heard and decisions are taken in their best interests.
<b>Community</b>	Any network or individuals collaborating more or less formally to achieve a shared, socially beneficial goal. It includes geographically specific networks such as neighbourhood but also extends beyond to include communities united in other ways, for example, those with a shared medical condition, those seeking to address a social ill, and wide variety of other aims. <sup>193</sup>

## CHILDREN'S SERVICES

In this report, 'children's services' encompasses the following stages of a child's journey – this crucially includes early help and universal services.

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<sup>193</sup> Definition taken from The Community Paradigm (2019). For further reading, see p. 34 of Lent, A and Studdert, J (2019).

<b>Court</b>	Failing to address the concerns pointed out by children's services, and where there are still concerns about a child's safety and well-being, children's services may consider applying to court for a care order to remove a child into care.
<b>Pre-proceedings</b>	A pre-proceedings meeting is the last opportunity for parents to discuss with children's services ways that parents can care safely for a child so that they do not need to go to court to apply for a care order to remove the child. Parents should be invited to this meeting in a 'letter before proceedings'.
<b>Child protection</b>	If a child is thought to be at risk of significant harm then a meeting will take place between children's services, other professionals, parents and other key family members. This meeting is called an 'initial child protection conference'.
<b>Child in need</b>	Children's services must provide information about the help they can give. Examples of extra help that may be offered to the family of a 'child in need' include: <ul style="list-style-type: none"> <li>■ Day care (for children under the age of 5)</li> <li>■ Parenting classes or courses</li> <li>■ A family support worker or other practical help at home</li> <li>■ Help with housing.</li> </ul>
<b>Early help</b>	The first step in getting early help is for an 'early help assessment' to be carried out to identify what support a child needs. Someone who is already working closely with a child (for example a teacher or health visitor) may suggest that an early help assessment is carried out.
<b>Universal services</b>	Universal services are provided by a number of different agencies, including health and education. So health visitors, GPs and school nurses are all examples of universal services.

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Example referenced in section

Example referenced more substantially in section

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**The scale of the challenge facing children’s services is such that it cannot be solved by more funding alone. An entirely new approach to service design and delivery focusing on prevention is required. This needs to be grounded in a much better understanding of the need of the children and families, as well as how the limited resources available could be better deployed to meet the need.**

This report makes a case for a future of children’s services that is led by children and families. It argues that to ensure the future sustainability of children’s services, we need to start in the community – to grow its capability and maximise the local assets. Drawing from several emerging innovations at the local level, the report outlines three broad principles that should guide the future design and delivery of children’s services. For any local initiative to be further developed and its benefits maximised will require a strong policy framework at both the local and national level, which the report also sets out.

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