



ACTION RESEARCH INTO IMPROVEMENT IN LOCAL CHILDREN'S SERVICES

Final research report, Spring 2016

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Executive summary

Introduction: Aims of the research

In 2012, Ofsted introduced a new single inspection framework for children's services. At the time this action research began (January 2016), 78 local children's services had been inspected, of which 20 had been found inadequate, 41 were deemed to require improvement, and 17 were judged good. During the time this research was carried out, further inspections have taken place, with two members of the tri-borough authority – Kensington and Chelsea, and Westminster – becoming the first local children's services departments to receive outstanding judgements under the current framework. The new single inspection framework has not been without controversy. Nevertheless, the profile of inspection outcomes suggests that there is a need for system-wide improvement in children's services. Understanding how best to enable and support that improvement has been the focus of this research.

This project was commissioned by the Local Government Association (LGA), and has sought to answer two central questions.

- a. What are the key enablers of (and barriers to) improvement in local children's services?
- b. How can the system as a whole facilitate and support improvement in local children's services?

This has been done by working in depth with a small sample of nine local areas, at different points on their improvement journeys. We carried out visits to each of these nine local areas, and engaged senior children's services leaders in two sets of action research workshops. As well as informing the findings set out in this report, these discussions have also enabled us focus on specific improvement activities that each local area has been working on in real time. These have been captured in the case studies in the annex to this report, and have been used to illustrate key points throughout the report. As well as working with the nine local areas, we have also gathered views from a range of national stakeholders and senior leaders in eight other local areas.

The improvement journey of local children's services

All of the local areas with which we worked saw themselves as being on a journey of improvement, with key milestones they were seeking to reach and pitfalls they needed to avoid. To capture this, we have described the concept of an improvement journey in terms of moving from *poor*, to *fair*, to *good* and eventually to *great*.

A key finding of our research has been that the improvement activities in which local areas are engaged were consistent, continuous and cumulative. Local areas in the good-to-great stage of their journey had not stopped doing what had enabled them to improve from poor to fair. Instead, they had continued, embedded and built upon these activities. For example, building the vision, values and culture of the organisation and robust self-assessment are both vital activities in the initial stage of the improvement journey, which must be continued and sustained if improvement is to be embedded. Nevertheless, we found that there were distinct emphases of these activities that distinguished each phase of the journey. A second key finding, and an important caveat, is that progressing from phase to phase through the improvement journey is not automatic: just as there are defining characteristics at each phase, there are also specific pitfalls and risks of "slipping back" that must be negotiated.

For local areas seeking to improve from **poor to fair**, we found that there were two distinctive emphases. The first was on putting core systems and processes in place, reasserting control over the system, accurately assessing risk, making sure cases were allocated, clearing backlogs and bringing caseloads down to manageable levels through recruitment and redistribution. The second, however, was on rebuilding the culture and ethos of the organisation so as to support ongoing and sustained improvement. The pitfalls to be avoided during this phase are failing to get to a genuine understanding of why the service has been failing and its current weaknesses and strengths – “getting to a baseline” – and rushing into an ill-thought-out restructure. The premium here is on accurate diagnosis and in-depth engagement with the workforce.

For local areas seeking to move from **fair to good**, we found that sustaining improvement required that they see improvement as a long-term process underpinned by a long-term strategy. Complacency and short-termism are the risks to be avoided. There are three distinctive features during this phase. First, local areas have sought to develop their capacity for robust *self*-assessment, once external oversight of improvement, such as an independently-chaired improvement board, has been lifted. Second, the locus of leadership of improvement shifts, with middle managers playing a more significant role in embedding improvements and ensuring greater consistency of frontline practice. Third, the focus of improvement activities moves from certain “mission-critical” aspects of the service (such as the front door) to see children’s services as a single interdependent system, with greater emphasis placed on preventative and early help services.

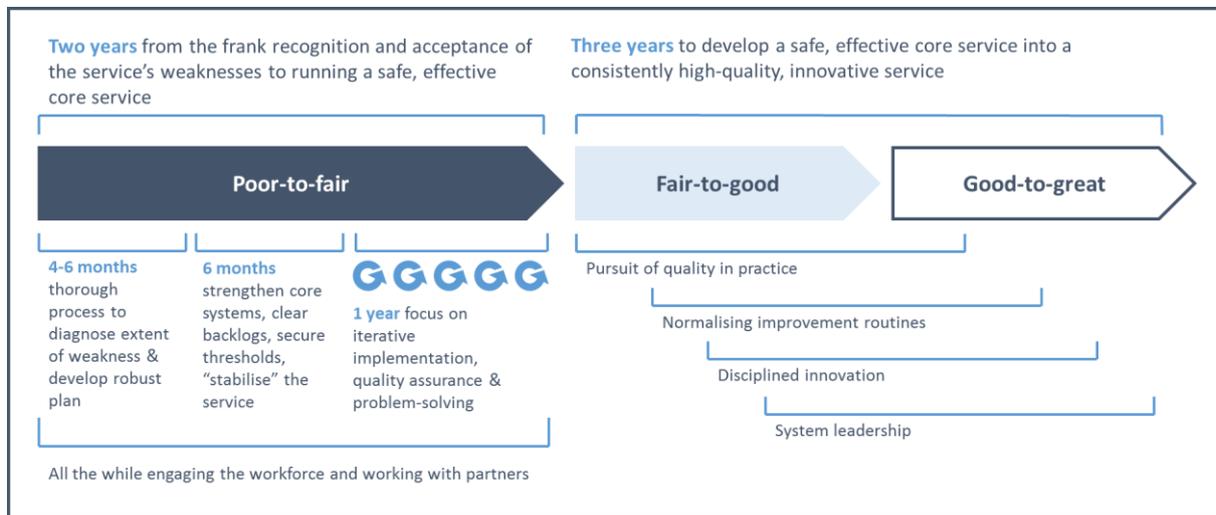
We found that there were three further distinctive characteristics of the activities of local areas seeking to improve from **good to great**, or to sustain excellence. First, we found that improvement had ceased to be a discrete project and was part of “core business”. Second, routines to ensure oversight of key services were embedded to the extent that they could embrace disciplined innovation to drive ongoing improvement. Third, senior leaders of good-to-great children’s services may have opportunities to act as system leaders, supporting other local areas.

While the emphasis during this phase was on maintaining consistently high-quality frontline practice and managing risk effectively, the risk was of becoming overstretched and “taking one’s eye off the ball”. The speed at which cases come into children’s services and decisions are required can mean that even ostensibly high-performing local children’s services can be vulnerable to rapid decline if staff in key roles leave or too much of their time is diverted onto other projects. Local areas recognised the importance of embedding improvement so that it was not dependent on a few key individuals in leadership roles. Furthermore, they saw that, if planned correctly, there were significant benefits in staff taking on system leadership roles, such as being able to offer high-calibre staff a range of routes through which to develop themselves and progress in their career.

As well as describing each stage, we also explored the timescales involved in achieving sustained improvement and progressing through the phases of the improvement journey. Local areas cautioned that the improvement journey was seldom linear, and that inhibiting factors – the depth and duration of service failure, the level of acceptance by leaders, and the effectiveness of the initial response – could impede and side-track improvement. Nevertheless, local areas estimated that it took around two years to move from poor to fair, to move from full and frank recognition of weakness to having a safe and effective core service. Doing so required:

- around six months of rigorous diagnostic to get to a baseline position on the organisation’s capacity and competency;
- a further six months to stabilise the service by strengthening core systems, ensuring the right thresholds for entry into children’s services are in place, and clearing backlogs;
- a further year of iterative implementation, checking quality, and problem-solving; and
- all the while, engaging and communicating with the workforce and key partners.

Estimated timescales for each phase of the improvement journey



Those local areas that had made the transition right the way through all of the phases of the improvement journey reflected that to move from fair to good and great required around a further three years. This period was characterised by the relentless pursuit of quality and consistency of practice, embedding and normalising of improvement routines, disciplined innovation, and eventually looking to reach out beyond the service to provide more system-wide leadership.

Key enablers of improvement in children’s services

During the research, we explored with the participating local areas what had been the most important “enablers” of their improvement. Based on their improvement journeys, we identified seven key enablers of children’s services improvement. These are captured in the figure below.

Put briefly, the first four enablers describe the importance of getting key people in a range of roles and organisations lined up behind a single, coherent strategy for improvement, and the importance of building the organisation culture, ethos and values to sustain improvement. Any attempt to deliver long-term and sustained improvement at scale, irrespective of the service area, requires clarity of vision and a well thought-through **strategic approach**. Local areas described to us that this must be bought into by those at the top of the organisation, including political and corporate leaders, and shared by all staff. It should be informed by robust self-assessment and frank acceptance of external feedback. All local areas described the crucial role a long-term strategy had played in guiding their improvement; none, however, said that time spent disputing whether their services really were poor had contributed to improvement.

Seven enablers of improvement in children's services



A corollary of having a long-term strategy for sustaining improvement is having stable, consistent **leadership and governance** in place to implement it. Leadership of children's services must be *effective* – and those we engaged argued that this required a relentless focus on quality, engagement in frontline practice, and the ability to model the core values and service standards – but it must also be *stable*. This applies not only to the senior leadership of children's services, but also to middle managers, who can play a crucial role in embedding improvements and ensuring consistency of frontline practice. Likewise, political and corporate leaders can play a crucial role in catalysing a speedy and effective response to serious weaknesses in children's services, sustaining improvement through effective long-term planning and scrutiny, and embedding effective frontline practice through, for example, effective corporate parenting arrangements. Political and corporate leaders, who know what good children's services look like, and are signed up to effective long-term plans for improvement, have a vital role in driving and sustaining improvement.

Even with an effective strategic plan and sound leadership, children's services cannot improve without effective frontline practitioners. This is why **engaging and supporting the workforce** is such a crucial part of securing improvement. This requires ensuring that there are sufficient suitably-qualified staff in post to deliver a safe and well-functioning service, retaining those staff and enabling them to deliver high-quality social work through effective support and supervision, professional development, and active caseload management. Ensuring staff feel trusted, valued and supported can be crucial to avoiding the vicious cycle of workforce turbulence, high staff turnover, and consequent rising rates of agency staff that can follow an adverse inspection judgement.

The multifaceted nature of children's services means that local authorities cannot succeed in delivering a high-quality service on their own. Effectively **engaging partners** and the intelligent use of external support and challenge to cement partnerships were characteristics of local areas that had improved or maintained a high-quality service. They had done this through personal engagement with senior partners, effective strategic governance arrangements, and multi-agency collaboration, often

starting with aligning thresholds and moving onto multi-agency audits to drive practice improvements. The local areas that were most confident about their improvement were those that had been able to foster an overarching vision, a set of values, and an organisational culture that was shared by leaders, practitioners and partners.

The fifth enabler – what we have termed **building the supporting apparatus** – describes the need to put in place the foundations or essential “wiring” of effective children’s services. The focus here is on ensuring that strong core systems and processes are in place. Furthermore, it is essential that leaders and managers “know the business”, which requires robust routines for collating and triangulating real-time performance data, the results of audits of frontline practice, and feedback from children and families.

The sixth and seventh of our key enablers – **fostering innovation** and **judicious use of resources** – describe how local areas have enhanced their practice and sustained improvement. Innovation has a vital role to play in improving children’s services, but must be disciplined if it is to lead to sustained improvements and avoid diverting energy and resources from core business. This means ensuring clarity of purpose, precise planning, effective implementation and rigorous analysis of the effectiveness of any innovation before considering wider roll-out. The use of resources must be equally clear- and far-sighted in order to sustain improvement. The risk to be avoided is for the long-term plan for improvement and the organisation’s financial plan to be misaligned, with pressure to withdraw resources from improving children’s services prematurely.

How the current system supports improvement and how this might be made more effective

During our engagements with the local children’s services and national stakeholders, we asked colleagues to reflect on how effectively the system at national level supported local children’s services to put into practice and sustain the enablers of improvement detailed in the previous chapter. We drew two insights from these discussions.

First, we concluded that the current national system contains the right elements to support children’s services improvement, but requires greater strategic coherence and co-ordination to sustain system-wide improvement. Second, in order to expand the capacity for system leadership and avoid the risk of over-burdening a small number of high-performing local areas, the national system needs to focus not only on intervening in poorly-performing local areas, but also on systematically supporting those on the fair-to-good and good-to-great stages of the improvement journey.

Doing this will require three things to be in place: an evidence base of what works to drive improvement, a graduated approach to support and accountability, and the right underpinning conditions to be in place.

In terms of **an evidence base of what works to drive improvement**, currently this can be somewhat fragmented and piecemeal. There is a key role to be played by the sector and its partners in bringing together an active research agenda, leading national policy debates, and strengthening and professionalising the leadership of the children’s services sector. We suggest that there is an opportunity offered by the announcement of the forthcoming Department for Education (DfE)-commissioned ‘What Works Centre for Children’s Social Care’ to bring together the latest research

about driving improvement in children's services. Such a body, working alongside organisations like the Virtual College, Association of Directors of Children's Services (ADCS), LGA and Society of Local Authority Chief Executives (SOLACE), could play a key role in enhancing practice and leadership within the sector, akin to, for example, the Royal College of Surgeons.

There must also be mechanisms for applying this evidence base in practice. This is what we mean by **a graduated approach to support and accountability**. Currently, children's services leaders argue that there is sufficient soft intelligence to identify the early warning signs of serious failure, but a lack of clarity about who is responsible for collating and acting upon this intelligence. Sector-led organisations such as the LGA and ADCS have offers of peer review for local areas, but taking part is voluntary, and this limits the effectiveness of peer review as a mechanism for spotting the signs of decline before it becomes terminal. The DfE has recently announced that seven local areas will be designated as *partners in practice*, and will have a role supporting improvement in other local areas. This is to be welcomed, but there remain questions about the sufficiency of system leadership capacity, given the number of local areas that may require support, and the evidence of the relative effectiveness of different models of support.

In this report, we have outlined a more coherent approach to support and accountability, which would bring together informal and formal accountability and support. We have suggested a more explicit role in collating and acting upon soft intelligence for a representative body or consortium. This could, if aligned with a more targeted approach to peer reviews and commissioning of support from a broad pool of system leaders, play a key role in identifying and seeking to address concerns before they reach crisis-point. They could also act as a trigger for Ofsted inspection and, if appropriate, more formal improvement support and intervention. Local areas suggested that the effectiveness of formal accountability and intervention could, in turn, be improved by ensuring that there was greater alignment of reporting arrangements between the DfE and Ofsted, and through the development of a more explicit evidence base for the effectiveness of different models of intervention.

Lastly, there must also be the right **underpinning conditions** in place, most notably a well-functioning labour market. Many local areas reported difficulties recruiting and retaining high-calibre social workers, in part due to some of the vagaries of the social work agency market. Addressing these will require a mix of both national and local intervention. Our research suggests that investment in workforce development, with a firm focus on the quality of supervision, practical support, professional development and keeping caseloads manageable, has a vital role to play in retaining a highly-trained, stable workforce within children's services. At a national level, government and the sector may wish to consider further actions that might be taken collectively to address some of the negative effects of the current agency market and improve the range of recruitment options open to local areas that receive an inadequate inspection judgement. Kite-marking social work agencies may be one way that local areas can be assured of the reliability of the information about prospective agency staff. Fostering the development of pools of social workers who can be deployed to provide short-term additional capacity, which some local areas have explored, may be another means of enabling local areas to draw on staff with the right skills at the right time to support their improvement.

Acknowledgements

This project was undertaken by a small team from Isos Partnership, led by Ben Bryant, Natalie Parish and Simon Rea. During the fieldwork stages of the research, we were able to draw on the knowledge of two expert research partners, Andrew Bunyan and Nikki Pace.

During the research itself, we worked with frontline practitioners, heads of service, senior leaders of children's services and partner agencies, and elected members from nine local areas, whom we engaged in the action research aspects of the project:

- Achieving for Children (Kingston-upon-Thames and Richmond-upon-Thames);
- Barnsley;
- Bexley;
- the Doncaster Children's Services Trust;
- Hampshire (with the Isle of Wight);
- Leicester City;
- Lincolnshire;
- North Yorkshire; and
- Nottinghamshire.

We also engaged senior leaders from eight other local areas: Birmingham, Buckinghamshire, Derbyshire, East Sussex, Medway, Rotherham, Staffordshire and Wiltshire.

All were at different stages of their improvement journey, and, due to the action research nature of the project, we were privileged to be able to work alongside them on an ongoing basis while they were planning, implementing and refining plans to improve local children's services. This has proved hugely valuable, and we have sought to capture their experiences of pursuing sustainable and rapid improvement to illustrate the key points made in this report.

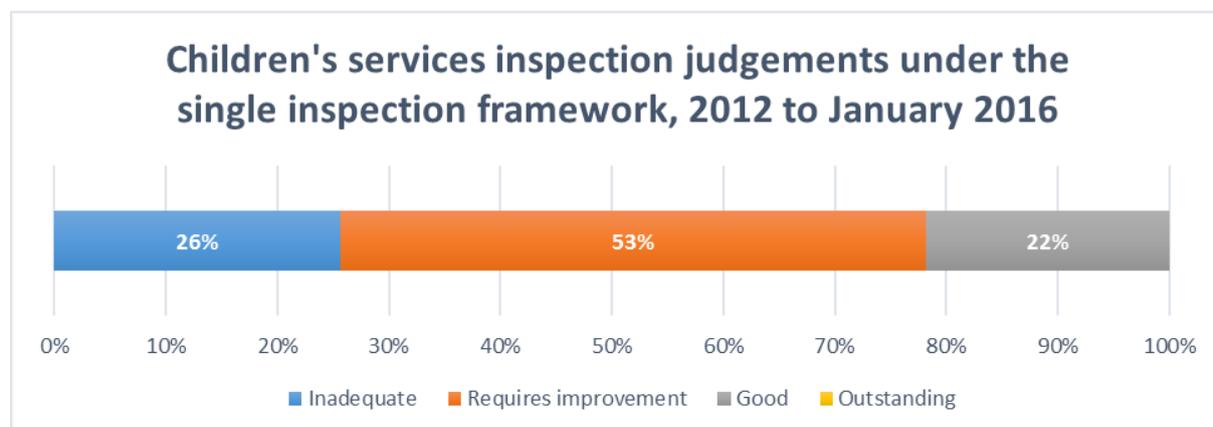
We were also able to draw on the knowledge and expertise of a range of national stakeholders, including colleagues from the LGA, ADCS, SOLACE, Ofsted and the DfE.

All colleagues who agreed to take part in this research, in whatever capacity, shared a deep and unshakeable commitment to improving children's services and to ensuring vulnerable young people are kept safe from harm. We are grateful to them for giving of their time so generously, and we hope that this research proves valuable to them and their counterparts in children's services across the country.

Introduction

The context of the research

In 2012, Ofsted introduced a new single inspection framework for children’s services. At the time this action research began (January 2016), 78 local children’s services had been inspected, of which 20 had been found inadequate, 41 were deemed to require improvement, and 17 were judged good. This is represented in the chart below.



During the course of the research, additional children’s services departments have been inspected. Significantly, during this time, two members of the tri-borough authority – Kensington and Chelsea, and Westminster – have become the first local children’s services departments to receive outstanding judgements under the current framework. (The third member of the tri-borough authority, Hammersmith and Fulham, was judged to be good.)

There has been some controversy in the sector about whether the single inspection framework delivers an accurate judgement of performance in all cases, and particularly whether the category of requiring improvement is too broad, and the boundary between good and outstanding is attainable. It is not the purpose of this research to reopen these debates. Rather, the focus of this action research is to pose the question of how local children’s services can best be supported to improve in the context of the systemic challenge posed by the profile of inspection results. A sector in which more than a quarter of services are deemed to be inadequate and, in addition, over a half are not yet good demands some probing analysis. This includes exploring what conditions or actions are most likely to enable services to improve rapidly and in a sustained way, what inhibits that improvement, and where the capacity for improvement is most likely to be found.

There is a second observation that forms an important backdrop to this research. There is currently a lack of a clear evidence base regarding which of the many forms of support are most likely to lead to improvement, and how these might be delivered at sufficient scale to address the degree of challenge currently facing the sector.

The aims of the research

The objective of this research is, therefore, to understand how, in the current financial, political and inspection climate, local children's services can best be supported to improve rapidly and in a sustained way. The research has sought to answer two central research questions.

- c. What are the key enablers of (and barriers to) improvement in local children's services?
- d. How can the system as a whole facilitate and support improvement in local children's services?

In order to fulfil this objective, and answer these two questions, the research has sought to understand:

- the experience of a broad range of local authorities and their partners in the period following inspection, in terms of the actions they took and the constraints they faced;
- the factors or activities that were most likely to support improvement and those which hampered further progress;
- how those factors are influenced by local context;
- whether it is possible to identify an overall improvement journey that local services have broadly followed, and what the stages and phases in this journey are;
- whether there are essential preconditions that must be in place before meaningful improvement can occur; and
- whether some improvement interventions appear to be consistently more effective than others, and the circumstances in which that might hold true.

The research aims to provide a rich evidence base on the challenges and opportunities faced by local authorities in adapting to the current challenging context, combined with practical examples and case studies of good and innovative emerging practice. It is hoped that these will be of direct value both to policy makers in central government and those involved in delivering local children's services and their partners.

This final report summarises the evidence collected throughout the whole research process. While the initial fieldwork engagement has focused primarily on local authorities, we recognise that truly effective children's services are a joint enterprise between children's social care, education, health, the police, corporate functions, the voluntary and community sector, and young people and families themselves. We also recognise that referring to local authorities as the agents of children's services improvements can be misleading when some responsibilities for delivering local children's services are placed with independent bodies, such as children's services trusts. We have sought, therefore, to refer to 'local children's services' as a shorthand for the broad consortia of organisations involved in driving improvement in children's services in a local area.

Our approach to the action research

The action research has been carried out with nine local children's services. These were selected on the basis of objective criteria designed to ensure that the research covered local children's services at different points in the improvement journey, as set out below. The final sample of nine was chosen with a view to achieving a balance in terms of size, geography, urban and rural, and deprivation.

Region	Group 1: Improved inspection outcome		Group 2: Inspection outcome not improved	Group 3: Sustained good or better
	Improved to RI	Improved to good		
South / London	Bexley	Kingston-upon-Thames		Hampshire
North	Barnsley	North Yorkshire	Doncaster	
East Midlands		Nottinghamshire	Leicester City	Lincolnshire
Totals	2	3	2	2

The action research was carried out in two main phases: an initial phase focused on gathering evidence and establishing a baseline, and a second phase focused on action learning during which we facilitated joint problem-solving and sharing of ideas between the authorities involved.

During the first phase of the research, from December 2015 to February 2016, the team carried out initial fieldwork visits to each of the nine selected areas, interviewed key national stakeholders, and carried out a brief review of relevant published literature and research. During the fieldwork visits we interviewed a cross-section of members and officers including:

- elected members, in most cases the lead member for children’s services;
- Directors of Children’s Services or their equivalent;
- Assistant Directors for social care, or their equivalent;
- Heads of Service with oversight of key functions such as referral and assessment, adoption or looked-after children, or area-based managers;
- frontline team managers and social workers; and
- leaders in key strategic partners, including local health services and the police.

During the second phase of the research we worked with local areas to identify the specific live challenges on which they were working. We brought the authorities together in structured “action learning sets” as a means to solve problems collaboratively and to identify actions to be trialled. We also carried out some additional interviews with senior officers from local children’s services in eight areas to provide a complementary picture to some of the authorities in our sample and to widen our evidence base. These eight areas were: Birmingham, Buckinghamshire, Derbyshire, East Sussex, Medway, Rotherham, Staffordshire and Wiltshire. They were selected using the same criteria we used to identify the nine local areas that took part in the action research.

In the final phase of the project, in May 2016, we invited colleagues from all of the local areas that had participated in the research to attend a final workshop to test and develop the key themes and messages from the project. The diagram below shows the project in its entirety.

Our approach to the action research

Phase 1 Qualitative research December-January	Phase 2 Interim report Mid-February	Phase 3 Action research #1 – February-March	Phase 4 Action research #2 – April-May	Phase 5 Final report End of May
Activity				
Project set up Designing research tools Selection of local areas Interviews with national stakeholders Fieldwork in 9 local areas, and one-to-one calls with other local areas	Drafting interim report Discussions with project steering group Developing detailed areas of focus to inform the action research, based on the three research topics	Set up the two action learning sets Agree areas of interest and priority action for individual local authorities Hold first action learning set engagement	Hold second action learning set engagement Help local areas to refine their areas of focus in light of the work they have done Support local authorities to evaluate impact of their actions	Workshop of all local authorities involved to test and disseminate findings Consolidating all the research material into a final report
Outputs				
<ul style="list-style-type: none"> ▪ Project plan ▪ Research tools ▪ Write-ups of local area fieldwork visits 	<ul style="list-style-type: none"> ▪ Comprehensive interim report ▪ Outline areas of focus to form a basis for the action research 	<ul style="list-style-type: none"> ▪ Outcomes of the first action learning set written up ▪ Agreed areas for local area action 	<ul style="list-style-type: none"> ▪ Outcomes of the second action learning set written up ▪ Facilitated self-evaluations 	<ul style="list-style-type: none"> ▪ Case studies from action research and illustrations of effective practice ▪ Publication-ready final report

The context in which local children’s services are working

A report by the National Audit Office in November 2014 estimated that the reduction in funding to local authorities between 2010-11 and 2015-16 was 37% (*The impact of funding reductions on local authorities*, National Audit Office, 2014). This equated to a 25% real-terms reduction once council tax had been included. The report found that spend on children’s social care had been protected overall (in fact budgeted spend actually rose slightly during the period) and the bulk of savings had been found in other service areas. However, this is during a period in which demand for children’s services has risen. Between 2010-11 and 2014-15, the number of referrals into children’s social care rose by 3%, the number of children in need throughout the year rose by 6%, the number of children subject to a child protection plan rose by 16% and the number of looked-after children rose by 6%. The latest data from local authorities confirms this trend. This has been driven not just by a rising child population in general, but also increasing numbers of young people coming into care later in their lives with complex and multiple needs.

Chapter 1: The improvement journey of local children’s services

The local children’s services that have engaged in this research represent a broad spectrum in terms of where they are currently on their improvement journey, and the steps they have taken to reach that point. This breadth of experience has given us an insight into the key phases of improvement that local children’s services go through, how they inter-relate, and some broad ideas about the typical timescales associated with each phase.

To describe the improvement journey that local children’s services undertake, we have deliberately constructed a language that is not tied to Ofsted inspection judgements. In presenting the evidence of how children’s services improve we are not seeking to second guess what it might take to reach a particular judgement – that is well described in the Ofsted inspection framework. Instead, we are seeking to set out what characterises the activities that a local children’s service might take, and the support that it might benefit from, as it seeks to improve, or sustain, the quality of service that it provides. We have used the descriptors of *poor*, *fair*, *good* and *great* and the stages of transition between them to describe the different stages of the improvement journey.¹ The sections below set out some of the broad characteristics of each phase of the journey.

In presenting the phases of the improvement journey, we are not suggesting that the improvement journey is linear, nor that progression through the stages is automatic or straightforward. Indeed, the local areas with which we worked emphasised that improvement was cumulative, and that it was necessary to continue to undertake the activities that had enabled the service to move from poor to fair in the fair-to-good and good-to-great phases of the journey. For example, building the vision, values and culture of the organisation and robust self-assessment are both vital activities in the initial stage of the improvement journey, which must be continued and sustained if improvement is to be embedded. Furthermore, the local areas were also keen to stress that, while there are defining characteristics of each phase, there are also specific risks of “slipping back” at each stage of the journey. In the sections that follow, we identify and describe both.

Poor to fair

We found that improving from the point of having a poor service with serious weaknesses to one that was safe and could be described as fair had two defining characteristics.

First, the emphasis was on putting core systems and processes in place, reasserting control over the system, accurately assessing risk, making sure cases were allocated, clearing backlogs and bringing caseloads down to manageable levels through recruitment and redistribution. Local children’s services talked about the need to ‘steady the ship’ or ‘get the basics right’ in the first phase.

Accordingly, the leadership needed during this period tended to be characterised by “command-and-control” approaches, which defined service standards and processes and then monitored the system hard to make sure they were adhered to. Staff who had experienced a service in crisis or failure that had been successfully turned around frequently referred to the fact that the structures put in place to reassert a managerial grip on the service made them feel safer and less exposed in their roles.

¹ See, for example, these descriptors used by Mona Mourshed, Chinezi Chijioke and Michael Barber, in their 2010 report, *How the world’s most improved school systems keep getting better*.

The local areas with which we worked argued, however, that there was a second crucial component of the poor-to-fair journey that was critical to sustaining improvement. As one senior leader put it, the poor-to-fair journey ‘was not just about making the trains run on time’. Focusing solely on top-down leadership would foster compliance in frontline practice, rather than building the foundations for high-quality social work. Many of the social workers we interviewed in participating local areas described how important it was that senior managers engaged them, had a clear moral vision, and focused on quality rather than simply hitting targets.

As such, this second crucial component of the poor-to-fair journey focused on rebuilding the ethos and culture of the organisation. This included developing the long-term strategic direction, a clear approach to delivering high-quality frontline practice, workforce development, and set of organisational values and behaviour. It also involved engaging frontline staff, gathering their ideas, and using their feedback to shape the long-term vision for the organisation. In other words, while the first set of activities aimed to reassert management grip on the service and put in place the core processes, this second set of activities aimed to construct something that existing and prospective staff could buy into, and a touchstone to which leaders and managers could keep referring back in order to maintain focus.

A number of local areas that had either provided support to those which had failed, or that had emerged from failure themselves, reflected on the need to take stock and to assess accurately the specific weaknesses that had contributed to the poor outcomes for children and families. Specifically, they argued that there were two main risks with which to contend during the poor-to-fair journey.

- a. **Launching into and imposing a restructure and strategic plan** – local areas spoke of the temptation of launching into a wholesale restructure or new innovation to spearhead a period of turnaround. Indeed, some described the momentum that had been lost in false starts or unnecessary reinvention. There was a strong message that what was needed at this stage was accurate diagnosis and in-depth, open engagement with staff, followed by the relentless application of core systems and processes that are tried and tested, adapted to the local context.
- b. **Not getting to a baseline** – the idea of “getting to a baseline” was a recurrent theme during our discussions with children’s services leaders who had been through the poor-to-fair journey. As one experienced senior leader put it, ‘no matter how bad the Ofsted report is, what you will find in reality will be worse’. Children’s services leaders argued for the importance of undertaking a thorough diagnostic across all services to understand the capacity and competency of the organisation, and the quality of frontline practice.

In a number of discussions, senior leaders made the point that it might be necessary during this period to “hold your nerve”: while practice might be improving and foundations being successfully laid, data might still not be improving or initially might be appearing to go in the wrong direction (especially if thresholds needed revisiting).

Fair to good

The next stage in the improvement journey, from fair to good, was, in some respects, seen as harder to crack than the first stage. The activities that local areas described during this phase were markedly

similar to those identified in the preceding section. There were, however, three subtle shifts of emphasis in how local areas approached improvement in the fair-to-good stage of the journey.

First, in this phase, there is an emphasis on vigilance and developing the capacity for ongoing, robust *self*-assessment. One authority that had been in intervention spoke of the importance of avoiding the trap of thinking that, once the intervention had been lifted and an external improvement board was no longer in place, the focus on children's services improvement could be reduced. Local areas saw that avoiding the risk of "slipping back" required:

- recognition that improvement was a long-term process, of which the poor-to-fair stage was only a very short first section;
- an ongoing commitment to a long-term strategic plan for sustaining improvement; and
- developing the capacity for self-assessment and putting in place effective mechanisms for oversight, scrutiny and challenge, including from elected members, the Local Safeguarding Children Board (LSCB) and well-chosen external critical friends.

For improvement to be sustained, the local areas argued, these characteristics needed to become embedded within the day-to-day organisational culture of children's services and partner agencies. In other words, a key aspect of the fair-to-good stage of the journey is fostering a clear-sighted, evidence-informed culture of improvement that shapes and reinforces day-to-day practice.

Second, at a leadership level, the locus of leadership, which may necessarily have been of a more directive, strategic-level nature during the poor-to-fair stage, starts to shift from senior leaders to middle managers. Improvement becomes something that is owned more broadly across the organisation, rather than something that is done and led by senior leaders. At this point, the emphasis shifts to enabling middle leaders and frontline staff to take greater ownership of decision-making, to apply quality standards confidently, and to develop routines that would embed a culture of continuous self-improvement. Likewise, in relation to partnership working, at this stage of improvement local authorities also saw the nature of their engagement with partners shift from working in parallel towards common goals to more genuine multi-agency working at both strategic and operational levels.

Third, the emphasis of improvement activities shifts from addressing specific "mission-critical" service areas (such as the front door) to considering all children's services as an interdependent system, and on ensuring the consistency of practice across all parts of that system. There is recognition that initial improvements may not have benefited all parts of the organisation equally, and that practice and quality are not yet consistent across all teams. In several instances, local areas described how, at this stage of their journey, they had a well-functioning front door in operation, but an undeveloped early help, targeted family support and preventative offer or, alternatively, growing numbers of children in care.

The watchword for local areas during this phase was avoiding complacency and the subsequent loss of focus on improving children's services. Senior leaders described the risk that senior political and corporate leaders within the local authority and in partner agencies, who may have played a pivotal role in ensuring commitment to and investment in the initial improvement activities, may think that the problems in children's services had been addressed and would be less engaged. Local areas that had successfully avoided this risk described how they had developed a detailed plan for *continuous* improvement, to which political leaders, corporate leaders and partners were signed up.

The Continuous Service Improvement Framework: Barnsley

Having been issued with an improvement notice in 2012, Barnsley had a positive experience of working with an improvement board and an independent chairperson. The challenge, for Barnsley, was how to maintain pace and embed improvements after the improvement notice was lifted. To this end, Barnsley developed the Continuous Service Improvement Framework. This aims to align key elements of improvement so that they are working in tandem to improve services and outcomes. These include:

- a plan for continuous service improvement delivered by partners working together;
- robust and clear system governance – through the children’s trust board, scrutiny from elected members, and the Barnsley Safeguarding Children Board; and
- developing a culture of respectful challenge and making the voice of the child part of business-as-usual for all services and agencies.

Working within the framework, partners have been able to drill down into priority areas in order to embed and spread improvements in frontline practice. The front door has been a key area of focus, and improvement work has resulted in a decrease in the volume of referrals to the service. There have also been reductions in the numbers of child protection plans in the last two years, and improved permanency planning for children in care. [Read the full case study in the annex of this report.](#)

Good to great

For those local children’s services that were moving from good to great, or were sustaining excellence, the tempo and focus of improvement shifted again. We identified two significant characteristics of this stage in the improvement journey.

First, having focused initially on “mission-critical” aspects of the social care system, and then turned their attention to embedding improvement across children’s services as a whole system, the emphasis in the good-to-great stage of the improvement journey was on maintaining a consistently high standard of practice across all services. In some ways, this is simply a continuation of the activities that characterised the poor-to-fair and fair-to-good stages of the journey – rigorous analysis of and relentless focus on the quality of frontline practice. What was distinctive about this stage, as described to us by the local areas that we engaged, was that improvement had ceased to become a “project”, something discrete from core business, and had become “the norm”, part of “what we do”.

Improving outcomes for children on the edge of care: North Yorkshire

North Yorkshire has achieved significant improvements in children’s services since 2009, recently being named as one of the DfE *partners in practice*. Key to this success has been a long-term whole-service strategic plan for embedding effective and consistent frontline practice, and on shifting the focus of support over time from statutory services to prevention and early help. This has three elements. First, North Yorkshire has focused on strengthening routes into children’s services and ensuring consistent decision-making by means of a multi-agency customer contact centre. Second, it adopted a strategic approach to placements and permanency, with weekly routines to ensure

oversight of those entering and in care, and the innovative *no wrong door* approach to provide tailored early support for young people on the edge of care or entering care late in their lives. Third, performance improvement groups enable leaders and managers to exercise ongoing forensic scrutiny of practice. As a result, between 2012 and 2016, there has been a significant reduction in referrals and conversion of referrals to assessments has risen (from 64.9% to 97%). Child protection plans have reduced (by 36%), as has the number of looked-after children (by 15%). Financially, £3million is no longer being spent on the looked-after children budget, enabling further investment in prevention and early help. [Read the full case study in the annex of this report.](#)

Second, these areas continued to focus on the routines designed to ensure consistent high-quality practice and management of risk. In this stage of the journey, these routines have become so well embedded and understood that these local areas are also able to embrace disciplined innovation as a way to improve service delivery and make efficiencies. Openness to challenge, through both external and internal peer review has also become the norm. Planning is longer term, takes place across the whole partnership, and is absolutely rooted in securing the best outcomes for children.

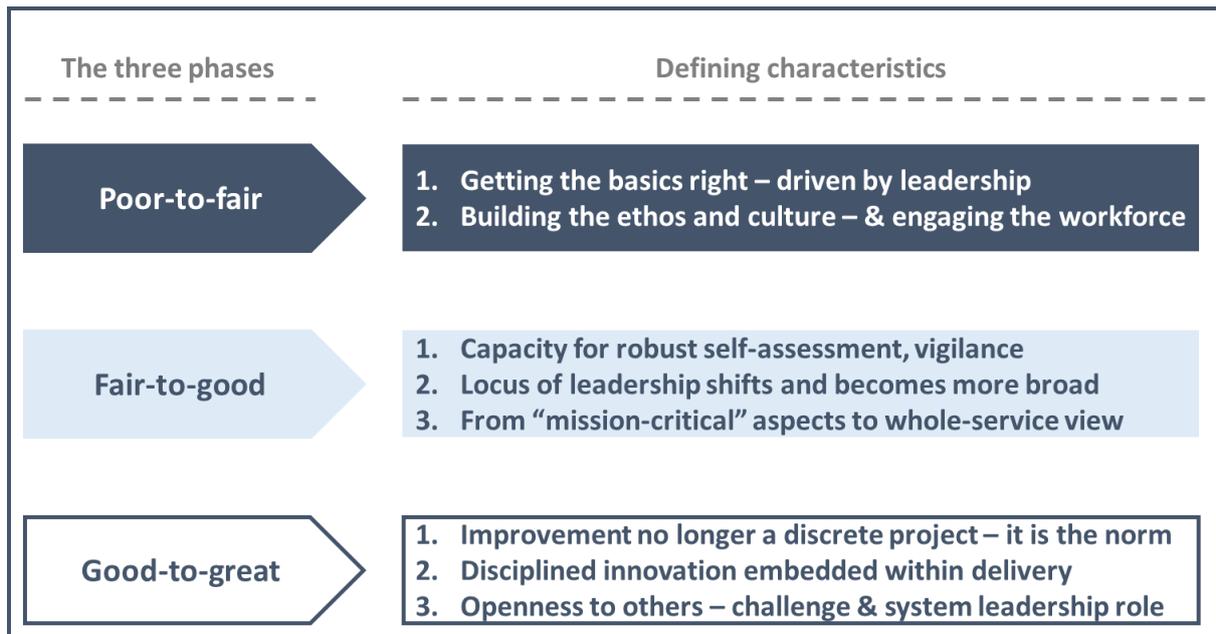
Increasingly for these local children's services there is the scope to become "system leaders", systematically sharing their expertise with others and learning from the experience of doing so. We return to this theme in chapter 3. Among the local areas with which we worked, there were some that saw themselves as having successfully navigated each stage of the improvement journey, having been poor and now being on the way to becoming great. They recognised, however, that even local authorities that were ostensibly good could be vulnerable to a loss of focus on key service areas, which could result from key staff leaving or becoming overstretched if they were involved in supporting other local areas. They recognised the importance of embedding improvement so that it was not dependent on a few key individuals in leadership roles.

Local areas that were involved in system leadership roles were considering carefully how they built up the strength and depth in their organisations so that members of staff were able to step up into new roles, either working externally to support others or taking on greater responsibility within their own service. These local areas saw that, if done correctly, this could offer considerable benefits in terms of being able to offer high-calibre staff a range of routes through which to develop themselves and progress in their career.

Summarising the improvement journey

A key finding of this research has been that the activities of local areas at each phase of the improvement journey are consistent, continuous and cumulative: local areas that might see themselves as being in the good-to-great phase had not stopped doing what had got them through the poor-to-fair phase. What had enabled them to sustain their improvement was precisely that they had continued, embedded and built on these activities. Nevertheless, there are distinct emphases and risks that define each stage of the improvement journey. These are summarised in the diagram below.

Defining characteristics at each stage of the improvement journey



The timeline of improvement

Evidence from the fieldwork engagements demonstrated that improvement in children’s services was seldom perfectly linear and smooth. Even those children’s services with an impressively rapid trajectory described challenges and setbacks along the way. One very consistent message made by the local areas that took part in the research, however, was that securing sustainable improvement was a long-term endeavour. This is to do with the scale, pace and complexity of a typical children’s service. Local areas highlighted three factors that might influence the speed with which progress was made.

- a. The depth and extent of the initial service failure.** Among local authorities judged inadequate for children’s services there was perceived to be a difference between those children’s services where, on the one hand, a small number of crucial elements of the system had become unsafe and jeopardised the quality of the service overall and, on the other, those areas where almost all parts of the system displayed serious and critical weaknesses so as to leave the entire system in a state of crisis. If the service had been failing for a significant period of time, this could also have had a knock-on effect on the children and families being supported by children’s services. For example, those older children preparing to leave care may have had experiences marked by having been taken into care too late, and having been through a series of disrupted and unsuitable foster placements. These factors would influence the complexity of their needs, and the demands placed on services such as leaving care. Typically, and unsurprisingly, local areas that had experienced a history of weak children’s services saw that their improvement journey would take longer than those where weaknesses were contained within some specific areas of practice.
- b. The length of time it took senior leaders, including political and corporate leaders as well as senior children’s services officers, to recognise fully and accept the weaknesses in the service.** Local areas emphasised that this was an essential precondition to making progress.

Unless there was full and frank acknowledgement of what had gone wrong by those in positions of authority, no meaningful work could take place to put things right.

- c. **The effectiveness of the initial response to failure.** A number of local areas that had improved from poor to fair, or better, described how it was very easy in the early stages after an adverse inspection to embark on the wrong set of actions to kick-start improvement, or to become overwhelmed by factors such as the mass exodus of permanent staff which often follows a poor inspection.

The first two of these factors relate to the conditions that need to be in place before a local children's service can start making improvements, and what may need to be done to get to the "starting-line" of their improvement journey. The third relates to how effectively a local area starts the improvement journey.

Notwithstanding these differences, many of the local areas that took part in the research described a similar experience in terms of the timescales required for the different phases of the improvement journey. Most local areas suggested that the time needed to get from a poorly functioning service to one which was fair – safe, effective, well-managed and doing the basics well – was around two years. If, however, leaders and partners were not willing to recognise the scale of past failure and if there was not the leadership, partnership-working and governance to support what was required to address those weaknesses, then the poor-to-fair phase could take longer.

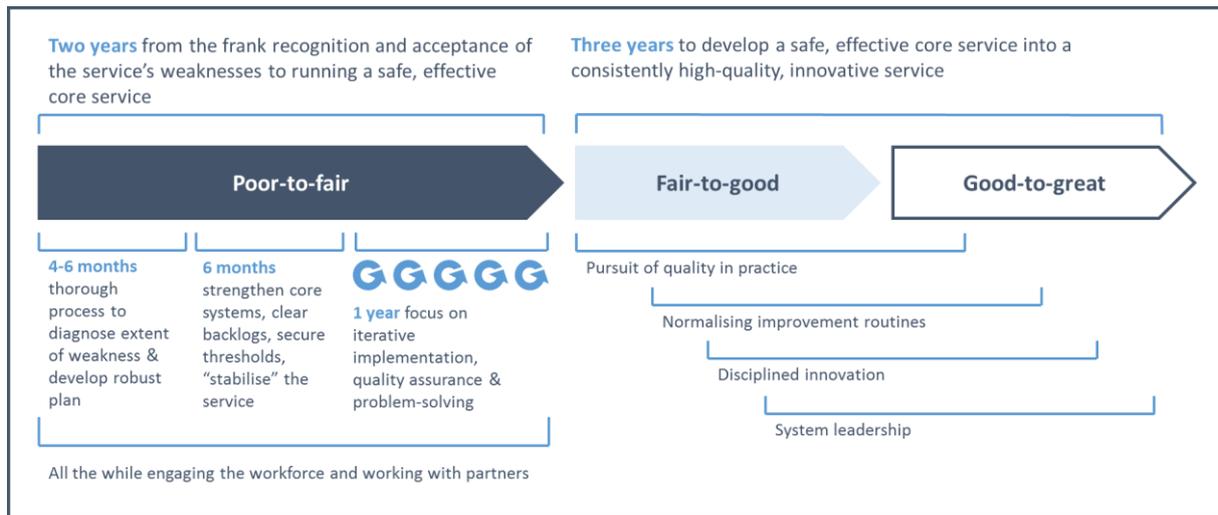
Those that had recently undertaken this journey further compartmentalised this phase into an initial diagnostic stage which might last from four to six months. During this time, the extent of weakness in the service would be accurately assessed and a firm strategic plan developed through ongoing and open engagement with the workforce. Leaders spoke of the importance of getting to a baseline position of understanding the organisation's capacity and competency, and getting into the detail of frontline practice to assess where there were weaknesses as well as any specific areas of strength. This would then be followed by a further six months during which the focus was on strengthening the core systems and processes – putting in place the essential "wiring" that enables a children's service to function. Several local areas described the focus during this first year of the improvement journey as being on "stabilisation" of the service. In particular, they emphasised the importance of ongoing engagement with the workforce throughout this process to ensure they felt valued, to build their confidence and skills, and to avoid a mass exodus of staff who had been disengaged by the imposition of a new structure or practice model.

Year two was then devoted to rigorous implementation of the new systems. This meant the diligent monitoring of performance information and use of audit to systematically identify those parts of the system which were not working well and putting in place actions to address these weaknesses. One local area described that, after the focus in year one on stabilisation, the focus in year two was on 'getting back to good social work', using monitoring, audit and other quality-assurance routines to assess the quality and consistency of practice and solve problems iteratively.

A small number of local areas in our sample had made the entire improvement journey from poor to great. Those that had done this described it as a five-year journey. The period from fair to good, and in some cases on to developing a great service, was seen as requiring roughly three years, and was characterised by the relentless pursuit of quality in practice, the embedding and normalising of improvement routines, disciplined innovation, and eventually looking to reach out beyond the service

to provide more system-wide leadership. A broad timeline of the improvement is captured in the diagram below.

Estimated timescales for each phase of the improvement journey

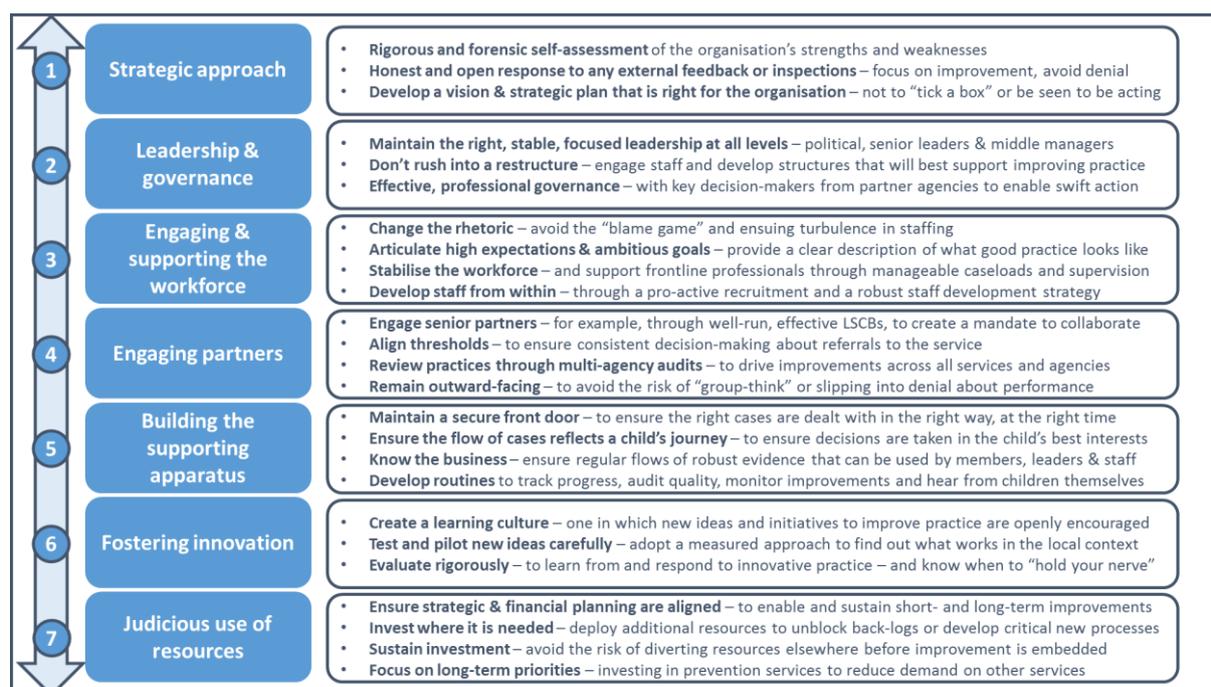


These are intended to be indicative timescales, based on the experiences of the children’s services that took part in the research. It is not meant to imply a one-size fits all model: some local areas will progress more quickly; others will do so more slowly, depending to some extent on the factors outlined above. For all, there is a risk that this is not a simple, linear progression, and there are risks of slipping back at each stage of the journey. We hope that setting out the stages and timescales of improvement, and the defining characteristics, rough timescales, and attendant risks at each stage, may provide a useful means of orientating how local areas plan to improve and sustain effective children’s services.

Chapter 2: Key enablers of improvement in children’s services

The fieldwork visits and the action learning phase of the research both afforded a clear insight into the actions that local areas were taking to secure improvement. We identified seven clear areas of activity that, taken together, provide a way for local children’s services to address the challenge of improvement. Interestingly, these seven areas of focus were remarkably consistent across areas irrespective of their starting point in terms of the quality of children’s services delivered. They are, to some extent, the DNA of a well-functioning children’s services system. It is also the case, however, that the way these different enablers were applied, and the focus and attention afforded to each, differed depending on where the local authority was on its improvement journey. The diagram below summarises the key enablers of improvement, which are then explored in greater detail.

Seven enablers of improvement in children’s services



Enabler 1: Strategic approach

Any attempt to deliver long-term and sustained improvement at scale, irrespective of the service area, requires clarity of vision and a well-thought-through strategy. It is therefore no surprise that, in our conversations with local areas, the importance of the strategic vision came through strongly. There are, however, a number of specific elements to the development and communication of an effective strategy for children’s services that are worth highlighting.

The first issue, which was raised with us by a number of the lead members to whom we spoke, is that, brutally speaking, children’s social care is not an issue that wins votes. For a local politician, listening to her or his constituents, the issues which will continually be brought to their attention tend to relate to environment, planning, refuse collection, transport or education. Very rarely will a well-functioning children’s services department contribute to a councillor’s chances of being elected or to their relationship with residents. The point at which children’s services does enter the political spotlight is on the rare occasion when something goes disastrously wrong, and in that situation it can rapidly

become a vote-*loser*. At that point, however, in the throes of handling the crisis, it can be too late to engage a council's political leadership in the development of a well-planned, long-term strategy.

The development of such a strategy must, therefore, start at the very top of the organisation. Ongoing and effective dialogue between elected members and senior officers are vital to establishing:

- the moral imperative for sustaining an effective children's service;
- sufficient understanding by elected members of how the service manages risk and the implications of the council's statutory obligations; and
- the long-term political commitment to investment, leadership and scrutiny.

The second feature of children's services is that they are highly multifaceted services that involve hundreds of decisions being taken on a weekly basis by staff working across multiple teams and organisations. The complexity of the lives of many of the children who come into contact with children's services means that, over an extended period, they are likely to be supported by a large number of staff, often working across organisational boundaries. It is perhaps no surprise, therefore, that one of the watchwords associated with the development of the strategic vision in our fieldwork group was 'consistency'.

Local areas emphasised the importance of setting out the vision, clearly and simply, and then reiterating it frequently so that it was fully understood by staff and partners. This was even more the case for local children's services experiencing the sort of turbulence that can follow an adverse inspection judgement in terms of staffing or leadership. In these situations, establishing the core principles and strategic direction of the service, and then sticking with that through the vicissitudes of implementation, was seen as particularly important.

Crucially, local children's services distinguished between developing a short-term plan to address a crisis from a long-term, evidence-based strategic plan developed through close engagement with leaders, managers, frontline practitioners and service beneficiaries. They argued that developing a plan for addressing immediate and urgent issues had its place, but only the consistent application of a strategic approach could deliver sustained, service-wide improvement.

A further key determinant of the effectiveness of the strategic vision was the local authority's capacity for honest self-appraisal. For those local areas seeking to improve after an adverse inspection judgement, it was clear that the speed of improvement was closely related to the authority's and other partners' ability and willingness to step back, take a close, hard look at their capacity and quality, take on board the findings of the inspection, and put in place a pragmatic plan for addressing weaknesses. One Director of Children's Services described this process as 'getting into the weeds'. Many of those local children's services that had made slower progress had not been able – or willing – to undertake such a dispassionate and forensic assessment of their areas of weakness. Rather than embracing external feedback and moving forward, these local areas had lost valuable time and energy in attempting to defend a poor-quality service.

It was not only in the period immediately following an inspection, however, that honest and critical self-appraisal was needed. A number of local areas some way down the improvement journey described the importance of maintaining a robust and current understanding of where children's services may be vulnerable – for example, due to staff turnover or changes in leadership of key services. Those local children's services that had sustained good or better practice over a number of

years were often characterised by their openness to challenge, commitment to internal or external peer evaluations, and their honesty about areas of concern. Precise diagnosis, and clear actions arising from this, was seen to be critical to developing a strong strategic plan at any stage in an authority’s improvement journey. Critically, these characteristics were hardwired into the organisational culture of children’s services departments and partner agencies.

It was clear from our fieldwork that the way the strategic vision is created and refreshed evolves as local children’s services progress on their improvement journey. Some of the critical differences are exemplified in the table below.

Poor-to-fair	Fair-to-good	Good-to-great
<p>Clear and honest diagnosis of weaknesses and their causes.</p> <p>Developing a collective commitment and understanding between elected members and senior officers.</p> <p>A clear, simple vision developed by leaders, communicated often, delivered through the organisation, and underpinned by a strong, values-led organisational culture.</p>	<p>Building systems for ongoing self-evaluation.</p> <p>Increasingly mature dialogue and scrutiny between elected members and senior officers.</p> <p>Greater opportunities for middle managers and social workers to contribute to and shape the vision.</p> <p>Wider consultation with partners and community informing the strategic plan.</p>	<p>Systems for honest appraisal and continuous improvement fully embedded.</p> <p>Incisive and productive scrutiny at the political level.</p> <p>Strong shared culture in which the long-term vision is co-created with staff and partners.</p> <p>Listening to the voice of children and families enables the service to assess and refresh its strategic plan.</p>

Enabler 2: Leadership and governance

Closely allied to the concept of a consistent and principled strategic vision, as described above, is the effectiveness of the leadership of children’s services. Senior leadership within children’s services – the Director of Children’s Services, their Assistant Directors and Heads of Service – clearly have a vital role to play in driving and sustaining improvement in children’s services. During the research, local areas described the importance of both achieving stable leadership and of certain qualities of leadership.

Experienced leaders, middle managers and frontline social workers described four key leadership qualities that they considered to be vital in driving improvement and sustaining high-quality children’s services. These were seen clearly in those local areas that had improved rapidly or had sustained strong children’s services.

- a. **Relentless pursuit of quality** – the unremitting flow of new cases into children’s social care and the ever-changing nature of the business requires a leadership approach that combines stamina and perseverance.
- b. **Sustained, informed and demonstrable engagement in frontline practice** – the most effective senior leaders demonstrated a clear understanding of the complexity of social work practice, and used tools such as audit and frontline visits both to keep in touch with the quality of frontline practice and to remain visible and accessible to staff.

- c. **A firm focus on the detail, without losing sight of the bigger strategic vision** – this manifested itself in leaders who knew their service well and consequently could manage risk intelligently, while communicating effectively about the connection between frontline practice and the overall vision and strategy.
- d. **Able to model the behaviour, values and service standards that they expected from their organisation** – particularly through their determination, commitment and focus on putting children and families first. The need for leadership that was visible was a point that was made many times to us: leaders who were able to engage directly with social workers on visits, review cases with them, and engage in active performance management.

The social workers we engaged echoed these points. They described how important these characteristics were in engendering trust between senior leaders, middle managers, and frontline professionals. They recognised that, by their very nature, their jobs involved high stakes and exposed them to risks. Feeling like they were trusted and supported by their immediate managers and senior leaders was an essential part of making them feel safe in their roles.

As such, while the characteristics above relate to senior leaders within children’s services, an important part of driving and sustaining improvement within local children’s services is empowering and enabling middle leaders to adopt and develop these leadership traits. As we have described in chapter 1, an important shift during the improvement journey is from a more directive leadership approach at the outset to more distributed leadership with middle leaders playing an increasingly vital role. Maintaining, or establishing, an effective group of permanently employed heads of service and team managers was cited as a critical element of the improvement journey in all the local authorities we visited. This is one of the most important levels of the organisation in providing oversight and supervision to frontline social workers, monitoring and auditing cases, and connecting with senior management in investigating issues and solving problems. Performance groups and other fora where middle managers met regularly to review evidence about the quality of frontline practice, if run effectively, could play an important role in embedding a culture of mutual support and challenge across teams, and helping to maintain the consistency of frontline practice.

Conversely, many of the local authorities that had experienced failure or significant weakness in their services reflected that one of the key contributing factors was a lack of capacity in middle-leadership posts which meant roles became unsustainable, or lack of clarity in decision-making delegation and responsibility which left both middle leaders and frontline staff exposed.

Those local areas that sustained good children’s services over a significant period of time attributed much of their success not only to the *characteristics* of their leadership, but also to maintaining *stability* in key children’s services leadership positions. They argued that consistent leadership in key children’s service leadership positions – Director, Assistant Director and Head of Service – had enabled commitment to a long-term strategy, which in turn had bred investment in frontline practice, consistent decision-making and commitment both to and from the workforce.

For children’s services looking to improve after an adverse or challenging inspection outcome, leadership stability was also deemed important, but necessarily had a different complexion. Of the six local authorities in our sample that had previously been judged inadequate, the senior leadership was replaced in four. In many cases, this was seen to be a necessary precursor to getting the service back on track. There are, however, also cases in which rapid and sustained improvement has been achieved

without a change in senior leadership. Clearly, the capacity of the leadership of children's services to drive improvement will be a crucial determinant of whether a change of leadership is required or not.

Irrespective of the decisions made in the immediate aftermath of inspection, it is undoubtedly the case that, once the right leadership is in place, stability and continuity in leadership have played a critical role in enabling sustained improvement over a period of time from children's services looking to progress from a low base. This helped to establish consistency in the implementation of the strategic plan, engagement and development of the workforce (to which we turn in the next section), and the continuous holding to account of the service.

Just as effective, stable leadership is needed throughout children's services, and not just from senior leaders, so too improving and strong children's services require effective support from a council's political and corporate leaders. During our research, we found that a council's corporate and political leaders could play a crucial role in catalysing children's services improvement. For example, several of the local areas with which we worked described how strong leadership from political leaders and the chief executive had been crucial in avoiding falling into denial and in responding constructively to an adverse Ofsted inspection.

Conversely, where political and corporate leaders do not recognise the full scale of issues in children's services, this can impede the pace and effectiveness of improvement. Local areas described to us how, in many local areas that had got into difficulty, there had been a lack of understanding of and engagement in children's services from political and corporate leaders. Children's services had been seen as "the domain of the Director of Children's Services", and there had been a lack of oversight from corporate leaders. A vital pre-condition for improvement was building up not just their engagement, but also a deep understanding on the part of political and corporate leaders of what a good, safe and well-functioning children's service looked like. For a local area to sustain improvement, and avoid the risk of "slipping back", political and corporate leaders needed to understand the long-term and ongoing nature of children's services improvement. Furthermore, they needed to understand that their engagement in the process of improvement was as important in years three and four as it was in years one and two.

Furthermore, political and corporate leaders also play crucial roles in planning and sustaining improvement, anticipating and managing risks, and ensuring high-quality frontline practice. Lead members, working with their cabinet colleagues, can play a crucial role not only in scrutinising children's services, but also helping to create an enabling environment for improvement by continuing to articulate the council's improvement priorities and encouraging other services to support this agenda. Likewise, the role of political and corporate leaders, through a council's corporate parenting arrangements, is vital in ensuring effective support and outcomes for children in care. As we have described in chapter 2, developing effective support for children who are looked-after has been an important part of the work of those local areas that have sustained improvement from poor and fair towards good and great.

We talk more about the need for effective governance, bringing together the local authority and key partner agencies, in the section below about engaging partners. Nevertheless, within local authorities, it is also important that there are effective mechanisms that ensure ongoing oversight of the children's services improvement strategy by political and corporate leaders, as well as effective and informed scrutiny from elected members.

Enabler 3: Engaging and supporting the workforce

The third key pillar of improvement, or sustained good practice, identified by the local authorities in our sample was the engagement of the workforce. The first prerequisite here was getting sufficient permanent long-term staff in post to deliver a stable and well-functioning service. This was demonstrably not the case in many of the local authorities which had been judged inadequate, and remained a key challenge for many of the authorities improving from requires improvement to good. One local authority, for example, described how, at the point at which the inadequate judgement had been made, the service was operating with over 70% of its social work staff as short-term agency workers. Teams described the turbulence this created, with staff leaving and new staff joining on a weekly basis and no consistency of practice, decision-making or culture. The same authority, having made significant progress in addressing many areas of concern, was still contending with a high proportion non-permanent staff, although more of these were choosing to stay for longer periods, creating a greater sense of stability. Another local authority that had improved from inadequate had reduced its reliance on agency workers from 50% to 4%.

The issue of recruiting sufficient permanent staff is not solely a challenge for local areas improving from a low base. One local area that had maintained good or better services for many years described how its local labour market, with the close proximity of a high number of neighbouring authorities aggressively recruiting through higher salaries and use of agencies, led to a greater reliance on non-permanent agency staff (at around 20%) than they would wish.

Despite the challenges, however, local areas were developing a number of successful approaches to recruiting sufficient high-quality staff. For example, many of the nine local areas we visited were actively growing their own social work staff through use of social work academies. A number of authorities were also recruiting from abroad, and many were thinking imaginatively about the range of incentives other than simply a higher salary, such as flexible working or enhanced career prospects, which might induce people to apply for social work positions.

Of course the corollary of recruiting high-calibre staff, in establishing a stable and engaged workforce, is taking active steps to retain those staff already in the service and develop them into effective practitioners. Interestingly, many local areas reflected that even in a service that has been poorly rated the vast majority of staff, with appropriate support, guidance, supervision and structures, can go on to thrive in an improving or good service. They saw the role of leaders and experienced practitioners as articulating high expectations, but also providing clear support and scaffolding about what high-quality frontline social work looked like. Wholesale replacement of staff, therefore, appears rarely to be the solution to failure. One of the pitfalls highlighted to us by local authorities was responding to a crisis by not only rushing to change the personnel but also rushing to reorganise the structure. Having the courage to take the time to consult widely and agree a structure that was right for, and enjoyed broad support across, the organisation was identified as a key trait of effective leadership when tackling underperforming children's services.

Those areas that were most successful at retaining their workforce were crystal clear about creating a safe environment in which social workers could operate. This meant having good supervisory arrangements, active caseload management, a clear structure for delegating and escalating decisions, and appropriate procedures in place that were understood and owned by staff. As one social worker

we interviewed put it, ‘if you look after your workers, they will look after your service. If staff feel valued, they will value the work they are doing.’

Social Work Support Officers: Nottinghamshire

Nottinghamshire ran a 12-month pilot to test the use of Social Work Support Officers (SWSOs). Four frontline teams were supported by SWSOs, with one SWSO to five social workers. The role was designed to take routine administrative tasks away from social workers (such as booking meetings), leaving more time for social workers to work with the children and families they were supporting. Another success criterion for the pilot was to improve morale in the pilot teams with the aim of improving retention and reducing the need for agency staff. The authority surveyed both the SWSOs and the frontline teams throughout the pilot, and compared the results with the workforce survey data that was being collected from other teams. The results were extremely encouraging. The data from the pilot frontline teams supported by SWSOs suggested that they had better morale, better work/life balance, and better attendance than the social workers in the non-pilot teams, as well as having more time for direct work with families. While it is not possible to say definitively that all these outcomes were due to the SWSO pilot, the role played by the increased support to the pilot teams was obviously significant. The SWSO role is now being extended to other child protection teams. [Read the full case study in the annex of this report.](#)

Another important aspect of retaining high-quality staff is having a well-thought-through and active approach to career development and talent management. That meant creating opportunities for effective staff to accelerate into positions of greater responsibility and leadership as well as taking swift, fair and decisive action with the small minority of staff unable to meet the demands of the role. There is, however, a careful balance to be struck between the necessary steps being taken to widen the recruitment pool for the purposes of filling vacancies and efforts to retain more senior and experienced staff. In more than one local area we were told by social work staff that the caseload protection that had to be given to newly-qualified social workers could lead to the caseloads of more senior members of the team becoming unsustainable. Monitoring the ratio of newly-qualified staff to experienced staff in any single social work unit is therefore an important part of any staff recruitment and retention strategy.

Creating a talent pool and understanding social workers’ career motivations: Lincolnshire

Lincolnshire reviewed their recruitment and retention strategy and workforce data, and identified a number of social workers that left once qualified (typically within two or three years of starting employment). They undertook a workforce pilot to identify with team managers staff who were performing well and likely to need a change of role in a given timeframe, thus creating a “talent pool” for the future and eventually reducing reliance on agency workers. The pilot also aimed to understand the career aspirations and motivations of social work staff. Lincolnshire sent invitations to 123 staff to take part in two personality profiling questionnaires that considered working styles and preferences, behaviour and motivators (both positive and negative). The results of the tests are being analysed and used to create a map of behavioural profiles. They show some interesting motivators and preferences across the workforce, and suggest a range of questions to be investigated in more depth. The data should be very useful in helping to inform career trajectories for staff, develop training programmes and toolkits for social workers, and help job descriptions to

better reflect the skills and behaviour needed for new employees. In time, it should also be able to influence a refreshed workforce strategy and help the authority to 'know its workforce' more deeply. Lincolnshire also want to understand how the profile results compare with staff in other local authorities and are keen to enable other local children's services to undertake similar exercises. [Read the full case study in the annex of this report.](#)

One local area that took part in this research had sought to understand the retention benefits that were most likely to attract and keep high-calibre social workers. It found that while salaries were seen as important, they were not the most important factor. Instead, the key contributing factors were found to be:

- **keeping caseloads manageable** – so that social workers have time to engage with children and families;
- **the quality of line management and supervision** – they have observed a clear connection between the calibre of the individual line manager and the stability of the social work team;
- **training and development** – including secure career pathways to advanced practitioner status or team manager roles or the opportunity to specialise, for example in areas such as preventing domestic violence; and
- **making the practicalities of the job easier** – for example being able to use their car to visit families, park at work, and to be supported by technology to work remotely and have flexible working options – the use of technology in particular was mentioned by several local areas as showing commitment to staff.

As one social worker put it, 'we bin things that are not very good, and we keep really good evidence-based practice'.

Stabilising the workforce: Achieving for Children, Kingston-upon-Thames

Kingston found that, counter to their expectations, the turnover in social work staff increased after they were judged to be good. To address this issue, and to recreate the essential stability in their workforce and team management structure, they instituted a programme of assessing, through staff surveys and exit interviews, what was causing social workers to leave. Based on the findings of this analysis they established a social care workforce board to re-professionalise their approach to recruitment and retention. Crucially, this focused not just on social workers, but also on recruiting permanent team managers – one of the key findings of the initial diagnostic phase was that social workers left when they no longer felt they had consistent team management. The service has now strengthened their 'retention offer' through better training pathways, progression, talent management and oversight by heads of service. This is paying dividends – all team leader posts have now been recruited to and the vacancy rate for social workers is heading back towards 10%. [Read the full case study in the annex of this report.](#)

The final critical aspect of creating a stable, effective and engaged workforce is engendering a commitment to high-quality social work at all levels of the system. Those children's services that were securely good were very confident that staff at all levels understood what high-quality frontline social work practice looked like. One authority commented that much of its work was about managing risk,

and it was vital that staff throughout the organisation understood this. There was a commitment to ongoing training and development, healthy competition between different teams, and frequent opportunities for staff to observe practice in other areas of the service, for example through internal peer review structures. Local areas seeking to improve from fair to good and great reflected that inculcating a consistent understanding of high-quality social work was one of the most challenging aspects of making the leap to a genuinely high-functioning service.

The Practice Improvement Programme: Doncaster Children's Services Trust

In 2014, the first independent children's services trust was established to deliver children's services on the council's behalf. The direction that established the trust includes the goal that children's services are judged good by 2017 and outstanding by 2019. Doncaster Children's Services Trust's leadership recognises that achieving sustained and rapid improvement will depend on building the capacity of the workforce. For this reason, the trust has launched the *Practice Improvement Programme*. This has three elements:

- **a staff learning and development programme**, based on latest policy developments and research, to ensure staff have a consistent set of core skills;
- **a bespoke programme of individual and group coaching and mentoring** to develop the skills of team managers and advanced practitioners; and
- **practice advisers**, who work with frontline social work teams to embed effective practice and build capacity.

The aim is to embed learning in frontline practice. Recent staff feedback has been overwhelmingly positive. Case audit is demonstrating a change in approach to using evidence-based tools and in the quality of assessment and recording. There are also improvements in workforce stability, with a reduction in the rate of agency staff from 18% to 9%, and with 15 former agency staff now becoming permanent. Sickness absence has reduced, and long-term sickness has reduced by half. [Read the full case study in the annex of this report.](#)

Enabler 4: Engaging partners

The multifaceted nature of children's services means that local authorities cannot succeed in delivering a high-quality service on their own. The effective engagement of institutional partners and the intelligent use of external support and challenge to cement partnerships were characteristics of the areas that had either made sustained progress or had consistently maintained a high-quality service.

No areas, however, were complacent or underestimated the complexity of engaging partners effectively, and the many different contexts in which partners interacted meant that there was no simple or single approach. Nonetheless, it is possible to draw out some key elements which are likely to facilitate the development of good partnerships. At a senior level, a close working relationship between the small number of people with real decision-making power and responsibility was seen as absolutely critical. For a Director of Children's Services, for example, knowing their counterpart in the health services and the police, and having the sort of relationship that could be used to unblock barriers, was vital.

At the frontline there was a clear dividend associated with the frequency and consistency of communication. A common stumbling block was the lack of alignment over thresholds which, when unresolved, rapidly led to lack of trust and frustration. Those areas that had a multi-agency safeguarding hub (MASH) team with strong engagement from partner agencies strongly advocated the benefits of this.

The value of a highly effective LSCB chair and a well-functioning board was also emphasised. At their best these bodies provided genuine scrutiny, oversight and accountability to partners as equals in a shared commitment to keeping children safe. They were able to ask intelligent and probing questions and would complement the authority's own audit, scrutiny and governance procedures. Those local authorities that had been subject to an externally-chaired improvement board often spoke highly of the impact that an effective external chair could have in bringing partners to the table, facilitating swift decision-making and holding partners to account for progress.

One local area described the 'tenacious' focus of the independent chair of its improvement board, which had made a significant contribution to its progress. The board used the data to focus on the 10 to 12 areas for development that were proving the most difficult to shift. The chair would then personally follow up what she had been told at the board through deep-dive investigations into practice and meeting with groups of social workers to triangulate the qualitative and quantitative evidence. Local areas that had achieved and sustained improvement described the role of partnership governance arrangements, as well as regular engagement in sector-led networks, as a crucial means of remaining outward-facing, retaining aspects of independent challenge and avoiding the risk of "group-think" setting in.

In addition to having mechanisms, such as a well-functioning LSCB, for maintaining effective partnerships at a *strategic* level, local authorities and their partners also highlighted the importance of multi-agency audits as a mechanism for driving improvements in multi-agency working at an *operational* level. They argued that a genuinely joint approach to planning, carrying out and reporting back from audits of frontline practice was crucial to ensuring that the audits were owned by partners collectively and that the learning was translated into improvements in practice across the work of all partners. One local authority also described the importance of a really well-functioning independent reviewing officer (IRO) service and skilled child protection conference chairs as an important element of operational scrutiny. In this authority, which had previously been inadequate, the IRO and child protection conference chairs had been outsourced and the contract was poorly managed and ineffectively delivered. As part of its improvement plan, the service was brought back in-house and strengthened. Senior managers described how it had evolved to provide really constructive challenge and thoughtful support. It was 'the eyes and ears' of good practice, placing the voice of the child at the heart of the service.

Reducing the rate of child protection cases: The Isle of Wight

The Isle of Wight, in partnership with Hampshire, identified that their rate of child protection was much higher than statistical neighbours and rising. Following a forensic audit of cases, they found that the current high rates of child protection were to some extent a justifiable and appropriate reaction to thresholds for intervention being set too high when the service had been inadequate. Specifically, both partners and social workers had become very risk averse in their practice – they were lacking the confidence to manage risk safely and lacked the mutual trust to make decisions

that would enable children to be safely taken off child protection plans. The local authority recognised that managing the child protection risk safely, and reducing numbers appropriately over time, would require the meaningful engagement of their partners. They therefore used network meetings as a forum for shared learning on child protection, carried out thematic multi-agency audits around thresholds and held multi-agency lunches as a forum for the exploration of particular casework issues. As a result, a shared culture of trust and confident decision-making with partners is beginning to emerge. Child protection numbers have reduced from 276 to 210 in six months and rates of re-registration have remained stable. *Read the full case study in the annex of this report.*

One local authority that had improved rapidly from inadequate reflected that during a period of crisis there could be a danger that partners become “invested” in the failures of children’s services because this allows them not to address shortcomings in their own service. Turning around this dynamic required commitment on the part of the authority to reflect honestly on its own weaknesses and take swift action to address these, and strong governance to challenge complacency and ensure there was genuine collective responsibility and mutual accountability between partner agencies. The LSCB, an externally-chaired improvement board, or broad performance and accountability boards were among the ways in which local areas had sought to embed robust partnership governance.

Enabler 5: Building the supporting apparatus

All of the enablers of improvement that have been discussed hitherto – the development of a consistent strategic vision, the oversight of effective and informed leadership and governance, and the engagement of a stable staff base – depend on there being high-quality core systems in place. Conversely, in all those areas that had experienced failure or poor aspects of their children’s services, elements of system or procedural weakness were apparent.

This report will not attempt to describe in detail all the systems and procedures needed to underpin a well-functioning local children’s service. Instead, we focus on three specific areas that were highlighted as being particularly critical by the local areas with which we have worked:

1. managing referrals and assessments at the “front end” of the social work system;
2. putting in place structures which facilitate the timely flow of cases between teams; and
3. secure data management and reviewing practice quality.

One of the first actions taken by all the local children’s services that had improved from inadequate was putting in place a secure front-end to their social work system. This meant creating a safe way of managing referrals into the service, allocating cases efficiently, attending to the both the timeliness and quality of initial assessments and achieving security in decision-making. A good dialogue with partners, to establish and secure appropriate thresholds for referrals and make sure that these were consistently applied, was critical. Many areas had made good use of MASH arrangements to provide the all-important front door into social care. For many of those seeking to improve from a position of crisis or failure, clearing a significant backlog of cases while simultaneously attending to new cases entering the system was a particular resourcing challenge. This is not, however, an area for complacency even in the best-functioning children’s services departments. One local authority that has sustained good children’s services over many years commented that the volume and complexity

of cases into a typical social care service was such that a good service could become poor within a matter of three months if there was not sufficient grip on referral and assessment processes.

Moving on from the social work front door, many of the authorities we visited described the importance of having a system which supported the timely flow of cases between teams as responsibility for a child shifted. Local areas had achieved this in different ways. For example, one high-performing authority had instituted an area-based management system that meant that all the teams related to a child's journey through social care were located under a single manager. This, they felt, removed perverse incentives for teams to refuse to take on new cases in order to minimise their caseloads or to dispute role boundaries. They considered that, under a unified management structure, decisions could be taken more quickly in the interests of the child. Other local areas had opted for a performance-management-driven approach, with clear procedures rigorously applied and close monitoring of workflows and caseloads.

Finally, all the local authorities to which we spoke were unanimous in the importance they attached to the intelligent tracking of data and evidence about the quality of frontline practice. Children's social care is an area of delivery that is awash with performance indicators. The characteristics of those local areas that used these indicators well as a means to improving their service were:

- the frequency and regularity with which data was scrutinised at all levels in the system;
- the development of a core data set that represented for that area the "vital indicators" of the health of the service;
- the intelligent use of benchmarks and comparisons with other children's services, such as geographical neighbours and similar local areas; and
- a clear understanding of what each indicator really meant, and how it related to other indicators to form an overall picture of how effective children's services were performing.

This intelligent application of data, metrics and key indicators went hand in hand with strong audit systems that allowed senior managers to triangulate both qualitative and quantitative evidence of performance and quality of practice. In this context, one authority talked about the importance of looking closely at planned changes to ensure that there was not an adverse impact on professionals or service delivery and ruling them out if this might be the case – for example, moving to centralised data collection or quality-assurance processes.

In addition, in the most high-performing local areas with which we worked, leaders and senior managers would routinely ask the question, "*would this be good enough for my child?*" Those children's services would also have robust mechanisms for gathering feedback from children and their families who had been supported by children's services about their experience, and used these routinely to improve the quality of practice.

Enabler 6: Fostering innovation

Through the fieldwork phase of this research it became apparent that innovation, in the context of improving children's services, can be a double-edged sword. Many of the best children's services departments that we visited were characterised by their openness to new ideas and learning, their creativity (particularly in the face of budgetary constraints) and their willingness to try something different. Likewise, some local areas had used new ideas, co-developed by leaders and frontline staff,

as a spur to rapid improvement. Conversely, we also heard examples of where the wholesale embrace of a particular innovation had triggered an over-commitment of senior managers' time, a lack of attention to detailed casework, a disruption of established processes, and the subsequent decline of the service.

The message, therefore, appears to be that in both improving children's services departments and those sustaining good or better services over a considerable period, there can and must be attention to innovation. It is, in many ways, what enables an engaged workforce to remain excited, challenged and to renew itself. Equally, however, it must be innovation that is disciplined and controlled. That means:

- using pilots or small-scale trials to test a concept before it is implemented wholesale;
- basing decisions on what works on the forensic use of evidence;
- being willing to re-evaluate and redesign (and if necessary abandon a concept that does not work); and
- achieving the right mix of bottom-up creation of ideas and senior leadership commitment to seeing through change.

One local authority described 'kicking the tyres' of an innovation or 'testing it to destruction' before implementing it. To do this or any form of innovation well, this local area reflected, broad, deep and meaningful consultation with staff to test and challenge proposed changes was essential.

Enabler 7: Judicious use of resources

The final pillar, or enabler, of improvement is the prudent and judicious use of resources. One of the corollaries of stable and consistent leadership that enabled children's services to thrive was the knowledge that councils would continue to invest in order to maintain a safe, well-functioning and constantly improving service. It was not necessarily the case that the highest levels of investment translated into the best levels of service. What was essential to sustained improvement, however, was for the long-term strategic plan for children's services and a corresponding long-term financial plan to be absolutely aligned – 'bolted together', as one chief executive termed it. This would enable leaders to deliver a core level of staffing, provide ongoing support and training to frontline professionals, and maintain reasonable caseloads, while also being able to invest in ancillary support services where these were needed.

In contrast to long-term alignment in strategic and financial planning for children's services, the senior leaders we engaged identified two points on the improvement journey when injudicious disinvestment and poorly-planned cuts to services could risk destabilising a service. First, many of those local areas that had experienced a dip in performance could attribute some of that to savings that had not been planned or made judiciously. They saw that these approaches, where cuts to services were made without consideration of their impact on frontline practice, had consequently overloaded key posts and failed to manage demand or risk. It was also notable that one of the frequent challenges highlighted by social workers in authorities where morale had been lower was the paucity of support services to which they could refer families. Social workers spoke of the deep frustration of accurately assessing a family's needs and knowing what would help that family to progress, for example the provision of counselling and support to deal with victims of domestic violence, but having no local services on to which to refer those families.

It was also emphasised that, just as a sudden and poorly planned cut to budgets often contributed to failure, it was very frequently necessary to invest heavily to turn around a poor children’s service. The level of additional investment quoted by local areas involved in the fieldwork ranged from about £1.5 million in a small authority to £35 million in a large authority. Often this investment was needed to overstaff the front end of the service in order to reduce unallocated cases rapidly or to get ahead of the curve of new cases entering the system. There was also investment to bring down caseloads across a service, recruit and attract new staff (often at additional cost through agencies to plug short-term resourcing gaps) and procure new ICT and management information systems.

Second, just as poorly planned and injudicious cuts could destabilise a service, so too could the premature disinvestment from children’s services after a local area had made the transition from poor to fair. Such an approach was one of the characteristics of local areas that had slipped back or “yo-yoed” between poor and fair, rather than sustaining improvement.

In short, local authorities argued for the importance of investing sensibly to address pressing short-term problems, in order to create the conditions where frontline practitioners could deliver high-quality social care services. They also argued, on the other hand, that decisions about long-term investment should be linked to the long-term strategy. Specifically, resources should be focused not only on addressing short-term problems, which admit the temptation to reduce resources once the superficial issue is solved, but also on embedding improvements and developing preventative services that can help to reduce demand in the long term.

How the seven key enablers manifest themselves across the stages of improvement

The seven enablers at each stage of the improvement journey



As explored above, while the seven key enablers have a resonance for local children’s services at all stages of the improvement journey, the way in which they manifest themselves clearly evolves as

services progress. The diagram above summarises the key shifts in emphasis in how children's services leaders might approach the seven key enablers as they move from poor to fair, and on to good and great.

Developing a toolkit for the stages of improvement

One of the insights afforded by this action research has been the opportunity to learn from many different local authorities and their partners, in contrasting political, economic and demographic contexts, wrestling with a similar set of challenges and opportunities. Interestingly, opinion between local authorities was divided on whether some processes, procedures or service models could be taken off the shelf and 'dropped' effectively into a new context or whether more bespoke service design was needed. Some local areas talked of the importance of having the internal capacity to implement any new processes effectively: without this, an imported procedure could be damaging if implemented poorly. What was striking, however, was that in many cases the core interventions that were made, or the processes that were introduced, varied less by local context than might be imagined. This suggests that there may be a benefit in assembling, over time, a set of tried and tested approaches that might be applied by local children's services as part of their improvement armoury. This may be particularly valuable in the current situation in which there are many local areas, all across the country, trying to improve simultaneously with a great risk of time and effort being expended on embarking on false starts which might be avoided.

It is beyond the scope of this research to specify all the approaches that might be required. The action learning phase of this project, combined with the fieldwork, has offered some suggestions as to what the building blocks might be.

- **Front door arrangements** – among the local authorities in our sample that were progressing from poor to fair, one of the most pressing issues with which they had to contend was addressing weaknesses in how children were admitted into the social care system. In exploring this further with local authorities, it became apparent that there were only limited variations on a core set of well-defined processes which made for an effective 'front-door' to social care. Many local areas had deployed MASH arrangements which were serving them well. The two local authorities which were engaged in a long-term partnership to improve a neighbouring children's service both described how they were able to integrate the front door arrangements for the two services, essentially bringing in a core system basically unchanged from a well-functioning children's service to a poorly functioning service.
- **Thresholds** – integral to the effective implementation of a front door into social care is the establishment of clear and consistent thresholds. Again, these appeared to differ less in relation to the context of the local area than might be imagined. Children's services leaders who had the experience of working across multiple different areas suggested that the level at which a threshold was defined, and the processes needed to implement it consistently, did not differ significantly from one area to another.
- **Policies** – one of the very time-consuming aspects of improvement described by local authorities that were on the journey from poor to fair was reviewing their main social work policies and putting in place the management systems to ensure that they were implemented consistently. Some explained how these two roles (the rewriting of policies and policing their

effective use) often converged on key middle managers who might simultaneously be struggling to fulfil the day-to-day requirements of leading a team. However, there was also some suggestion that services could place an over-emphasis on rewriting policies and procedures from scratch and that drawing from a tried and tested bank of material might be equally effective.

- **Performance datasets and reporting** – all the local areas that had really got to grips with addressing weaknesses, finding solutions and establishing an effective (or indeed excellent) service spoke about the importance of the judicious use of performance information. Crucially, this was not just performance reporting for its own sake, but focused scrutiny of how a service was performing in order to drive decisions and changes in frontline practice. It was clear that the children’s services that did this really well had identified a subset of indicators that they would track regularly over time and were clear about the inter-relationships between those indicators. The subsets of indicators used, and the way and frequency with which they were interrogated and used again, did not appear to differ substantially between different areas.
- **Audit routines** – if a performance dataset provides the quantitative evidence to drive progress, it is a well-established routine of auditing frontline practice that delivers the essential qualitative evidence. Again, this was an area where local authorities that were doing this effectively appeared to deploy similar approaches in their selection of cases to audit, the questions they asked during the audit process, and the frequency with which audit was undertaken. As with the scrutiny of key performance data, effective children’s services were also consistent in using the outcomes of audit, including multi-agency audits, to share learning and drive changes in frontline practice. In this way, monitoring and auditing became part of an iterative, action-orientated and practice-focused feedback cycle.
- **Social care workforce strategy** – a large number of the local authorities that were engaged in the research, particularly those moving from fair to good, were developing strategic responses to workforce pressures in their local areas. This is amply evidenced by the number of local authorities which chose to focus on workforce issues during the action learning phase of the research and whose progress is captured in the case studies. In this area there is clear local differentiation in the specific incentives and initiatives that have been tried, and these are a reflection of local labour market conditions. There are, however, similarities and consistencies in both the broad diagnostic approach taken by local areas, and the key themes that they have aimed to address to enhance recruitment and retention, including managing workload, talent management, career progression, reducing administrative burdens and enhancing management skills. It may be, therefore, that assembling examples of effective approaches under these broad themes would have a wider application and resonance.
- **Models of social work practice** – some well-functioning children’s services departments had a strong adherence to a particular social care model of practice. Others described themselves as cherry-picking from a range of different approaches to create a more hybrid approach. There were also examples where the poor implementation of a particular social care model that was not right for the context or stage of development of the service had been one of the catalysts that precipitated failure. This, then, appears to be an area where, although there is a variety of context-specific practice, the system might benefit from a clearer comparative

exposition of the core models, links to various sources of support and advice, and prompts to help services choose between the different options and approaches.

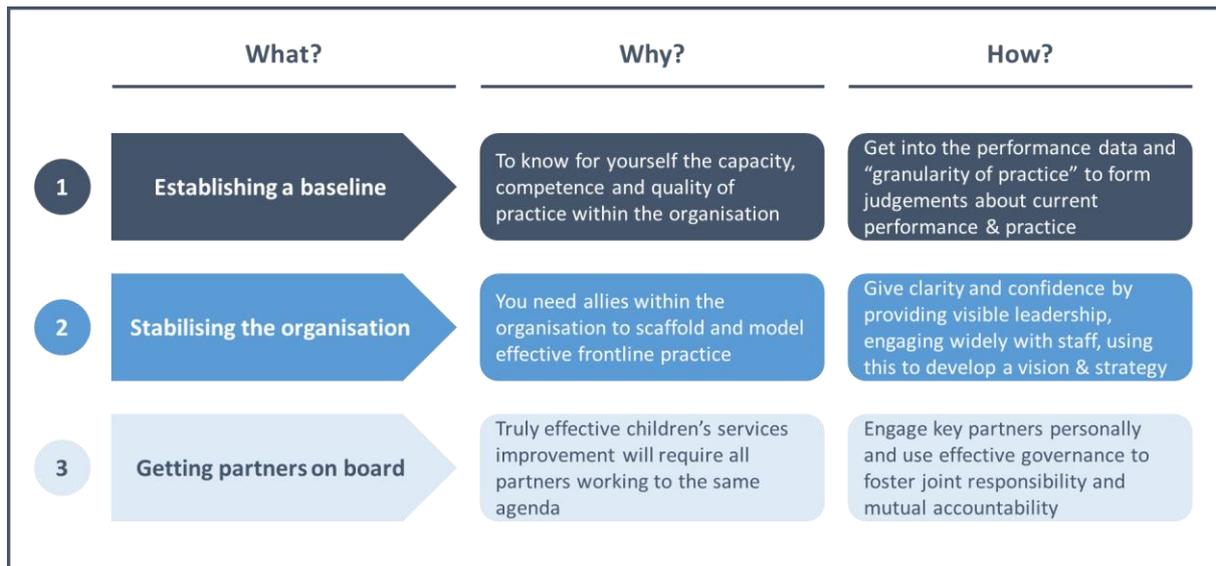
- **Disciplines around problem-solving and innovation** – some of the most effective local authorities which took part in the research were characterised by the structured way in which they approached problem-solving and the rigour with which they tested and refined innovations. In these cases the content of the particular problem or innovation was obviously specific to the service and the local context, but the approaches used shared a lot of key elements with well-evidenced techniques for service redesign and service improvement which span sectors and industries. The use of evidence and survey data, the iterative nature of testing and refining, the engagement of partners and the openness to learning from mistakes are all hallmarks of these. It suggests that the collation of broader service redesign and improvement techniques and how they might be applied in a children’s services context may benefit services at an earlier stage in the improvement trajectory.

The suggestion that a bank, or toolkit, of resources might be assembled is not intended to oversimplify the children’s services improvement process. As many of those practised in supporting children’s services improvement pointed out during the course of the research, the best-designed intervention will fail if its implementation is poorly led and if the service does not benefit from going through the process of refining and ultimately owning the change. The development and application of a toolkit therefore should be approached with some caution so as not to give the false impression that there are “quick fixes” that can be applied without proper planning, preparation or leadership. With that caveat in mind, however, the findings of this research suggest that there is more that could be done to build the evidence base and knowledge of what works, to package this in a way which is accessible and easy to use, and to derive the benefits of elements of the system which are consistent in terms of content and approach, thereby freeing up time and resources to develop those aspects which really are unique to individual local areas.

Three practical steps for new leaders at the outset of an improvement journey

We would make one final point before we leave the subject of the enablers and phases of improvement at local level and shift our focus to how effectively improvement is supported at a system level. This is that, during the research, one experienced Director of Children’s Services reflected that they would have found it invaluable to have a summary of some very simple practical steps to take when beginning their improvement journey. In the final fieldwork phases of this research, therefore, we worked with a small number of leaders of local children’s services to identify the most important first steps to take as a leader when starting out on the children’s services improvement journey. The three steps we identified are set out in the figure below.

Three key steps when embarking on an improvement journey



We have noted earlier in this chapter that **establishing a baseline** was a theme much remarked upon by children’s services leaders during the research. By this, they meant taking steps to establish the weaknesses and strengths of the organisation, where practice was weak and where it was strong, and whether the service had the capacity to improve quickly. Despite the range of data and reports a new leader might receive – some of which, in an underperforming service, may not be reliable – it was important to form a judgement for oneself about the performance and practice of the service. There are three key steps leaders should take during this stage:

- **interrogate the data for yourself**, looking particularly at benchmarks (neighbouring and similar local authorities, national averages and past performance) and “having a fine eye for detail”;
- **getting into the granularity of practice** – going out to see frontline practice, shadowing team managers and social workers, and working with peers to assess the quality of practice and the robustness of decision-making; and
- **assessing the competence of the workforce** – to judge where there are pockets of good practice that can be built upon, what the overall development needs are, and looking at vacancy rates across teams to understand workforce needs.

There are risks, however, that if leaders take these steps, staff may feel threatened or patronised. Children’s services leaders argued that it was important to be firm about the necessity of such steps at the outset of an improvement journey. They also noted, however, that this could help to engage the workforce if presented, not as a means of judging staff, but as a way for them to be open about the areas where they would welcome further support.

As we have noted earlier in this chapter, wholesale replacement of staff rarely appears to be the solution to failure. Indeed, if staff feel that they are not trusted or are being placed in risky situations, the ensuing turnover of staff can make it much harder to secure improvement. This is why, after establishing a baseline, the children’s services leaders spoke about the importance of **stabilising the organisation**. This meant providing visible leadership and engaging staff openly, and avoiding staff feeling vilified and “done to”. Furthermore, it meant using engagements with staff to listen to their

concerns, draw on their ideas for improvement (and draw out the areas where they most need support), and then use these ideas to inform a vision and long-term strategy that has broad support within the organisation. Leaders also talked about “setting out your stall” to staff about standards and expectations. Managers might need to be supported actively in addressing areas of poor performance. Leaders also stressed the importance of identifying allies who can be deployed to support and disseminate effective practice within the service so as to improve practice. Leaders talked about needing to avoid the temptation to “hunker down”, and instead to be open and invite others (for example elected members) to be part of the journey.

As well as establishing a baseline and stabilising the organisation, the leaders we engaged stressed that a third set of initial activities at the outset of an improvement journey was **getting partners on board**. The children’s services leaders we engaged argued that this should include:

- **building personal relationships with counterparts in partner agencies** – through open and honest discussion about their priorities, current challenges within children’s services, and how they can support improvement;
- **building rapport and commitment to an improvement agenda** – engaging them and their staff in developing a long-term vision and strategy for improvement;
- **testing this through some early forms of collaboration** – developing agreement on consistent thresholds for referrals, and testing their implementation, was seen as an important initial area of focus for partners from which further collaboration could be built; and
- **developing effective multi-agency governance** – with senior leaders engaged to enable swift decision-making and foster joint responsibility and mutual accountability for implementing the improvement strategy.

Chapter 3: How effectively the current system supports improvement

During our engagements with the local authorities and national stakeholders, we asked colleagues to reflect on how effectively the system at national level supported local children's services to put into practice and sustain the enablers of improvement detailed in the previous chapter. We drew two key insights from these discussions.

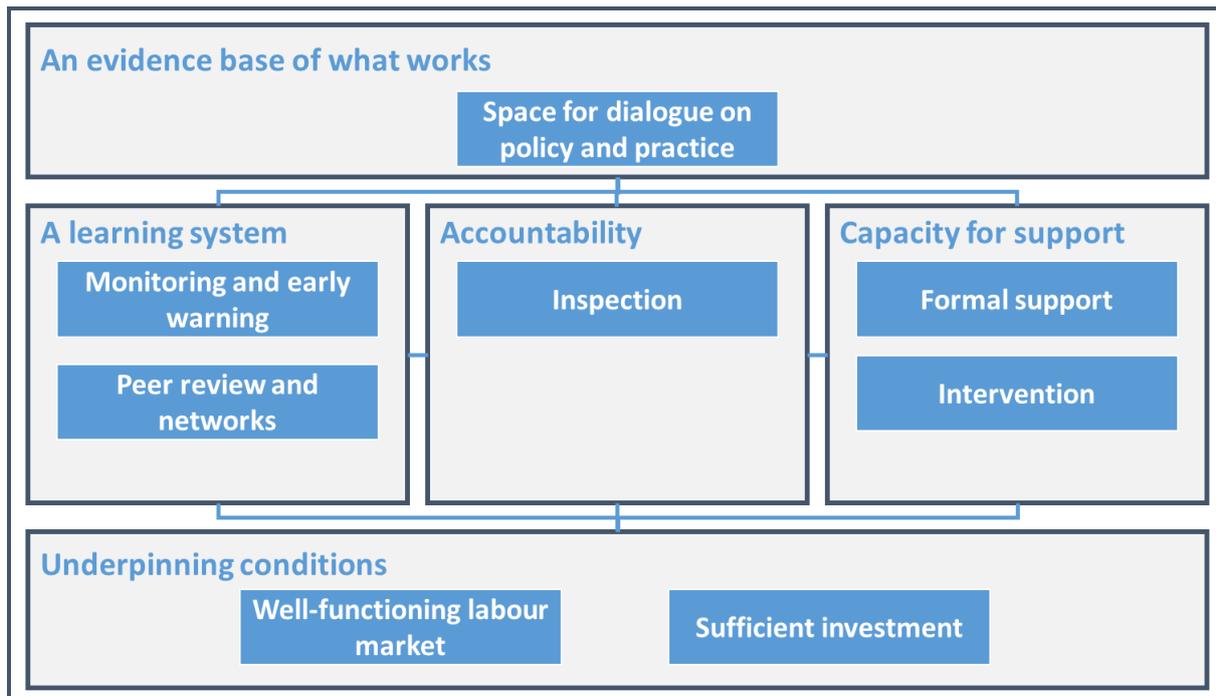
- a. **The current national system contains the right elements to support ongoing improvement, but greater strategic coherence and co-ordination is required to sustain system-wide improvement.** This will require there to be a clear strategy for improvement, coherent leadership of the agenda by national bodies working in partnership with the sector, and support for a highly-skilled and stable workforce, with focused support for improvement and innovation. In other words, for local children's services to put into practice the seven enablers outlined in the previous chapter, those same characteristics need to be in place at the level of the national system.
- b. **There is an inherent fragility in the children's services system, which the national system should seek to address.** Given the constant flow of cases and decisions within children's services, even ostensibly high-performing services can fall suddenly into rapid decline. Utilising high-performing services to support those in difficulty is sensible and should be encouraged. Nevertheless, it also brings with it a risk of overburdening high-performing local areas. This risk is increased if there are only a small number of high-performing local areas that can act as system leaders. The national system needs, therefore, to focus its efforts not only on intervening in poorly-performing local areas, but also on systematically supporting those on the fair-to-good and good-to-great stages of the improvement journey.

We have mapped these insights from local areas to create the schematic below, which captures the core components of any self-improving system. Typically, self-improving systems are characterised by:

- the regular and free flow of ideas about what works and why;
- an evidence base to inform practice that is well-understood and frequently added to;
- a culture of learning, and in particular the right environment to learn from mistakes;
- a well-functioning accountability regime;
- expert system leadership capacity to drive improvement where needed;
- a labour market that provides sufficient skilled practitioners; and
- investment proportionate to meet expectations and ambitions.

The diagram below illustrates how the key components of the children's services system might work in concert to deliver these characteristics. Through our research, we have sought views from practitioners on the extent to which these key components are working well, and are sufficiently well-aligned, in the current children's services system.

The core components of a self-improving children's services system



Space for dialogue on policy and practice

A number of the senior leaders to whom we spoke during the course of the research commented that, compared with other areas of public policy, the space for a well-informed discourse around children's services, and children's social care in particular, was slim. They considered that the evidence on what works was rather piecemeal, that social work leadership and practice was not as professionalised as other areas of public service, and that there was not enough investment in research to address these gaps. Despite the work of organisations such as Research in Practice, which works with 90 local authorities to bring together research insights in order to foster evidence-informed practice in social work and across children's services, there remain many challenges to embedding evidence-informed practice. Furthermore, there also appears to be too few fora in which significant strategic questions about challenges facing the sector and the profession can be debated and system-wide responses considered.

Monitoring performance leading to early warning of weaknesses

The idea of "getting ahead of the curve" and spotting the early warning signs of serious decline is not a new idea, and has been explored before in many different guises. If the sector's ambition is to move to a more systematic, graduated approach to children's services improvement and intervention, then early identification and support need to be central to that. Local areas argued that there were two vital questions that needed to be addressed in order to develop an effective system for identifying the signs of decline before a service reached crisis-point.

- a. **What are the early warning signs of decline?** Local areas and national stakeholders cautioned against a purely – or even largely – data-driven approach to identifying local children's services that were at risk of slipping. They argued that there were limitations to the data itself, and that in weaker local areas there were likely to be issues with the accuracy and reliability of the

data. Furthermore, some senior leaders argued that there were sources of evidence which would be critical in identifying weaknesses in children's services before they became endemic (such as complaints), which were only visible to the service in question. Nevertheless, the majority of experienced children's services leaders we engaged argued that they had sufficient soft intelligence to know when there appeared to be serious weaknesses in a neighbouring local area.

- b. **Whose role is it to identify these signs, to whom, and to what end?** What these experienced children's services leaders said the system lacked was not this soft intelligence, but rather the mechanisms through which this information could be used to trigger support for local areas before they reached crisis-point.

The challenge for the children's services system, therefore, is not one of identifying the right datasets to identify local children's services in decline, but rather how to utilise the intelligence within the system to best effect. There were some dissenting voices, however, about whether this could be a purely sector-led approach. The litmus test, as one experienced children's services leader put it, was whether collectively children's services leaders in a region would be willing to go to the chief executive or lead member in a neighbouring local area and tell them there were serious weaknesses in the latter's children's services.

Networks for informal support and peer learning

At present, different models of peer review operate across the children's services sector. There is a national offer, co-ordinated by the LGA as part of its offer of sector-led support, focused on safeguarding services, care practice and diagnostic reviews. In addition, there are also regional and local peer review networks, including those that operate within the ADCS regions.

During our research, there was a range of views put forward about the effectiveness of peer review and peer-to-peer networks across the children's services system. For the most part, these reflected colleagues' experience of the regional and local peer review arrangements in which they were involved. Some local areas spoke positively about their experience of being involved in peer review, both as the *reviewee* and the *reviewer*. There were two elements that they described as being critical to a valuable peer review experience. The first was the approach taken by the *reviewee*. Those local areas that had benefited most from peer review described how they used the opportunity to submit their approach to external scrutiny in order to test the accuracy of their self-assessment and to use the outcome to refine their practices. Second, and equally important, was the approach taken by the *reviewer*. Local areas described how they had deliberately chosen reviewers who would be thorough and inquisitive, but equally would be able to engage positively with professionals and leaders in the service they were reviewing. It was vital that the review leads were focused on the outcome of the peer review, rather than simply telling the receiving local area "this is how I would structure your organisation if I was in charge".

In some regions, there are strong peer-to-peer networks and peer review arrangements in place. The local areas that took part in the research described effective collaborative working in the East Midlands and the Yorkshire and the Humber regions, focusing on peer review, and regional themes such as adoption, early help and child sexual exploitation.

The picture we built up through the research was one of a patchwork of peer-to-peer collaboration, with the more outward-facing, self-confident and entrepreneurial children's services leaders forging connections with their peers, rather than a vibrant, consistent and extensive culture of peer learning at national, regional and local level. This is an obvious and crucial weakness in the current system: that there is no requirement for local areas to engage in peer review. Only those that volunteer to will receive a peer review, and these are likely to be the local areas most open to challenge. This limits the effectiveness of peer review as a means of identifying and helping to address the early warning signs of weakness before it becomes terminal. There are also other drawbacks to the current approach to peer-to-peer networking, including:

- **relatively limited opportunities for peer-to-peer networking for those in middle management positions, particularly in smaller services** – middle leaders therefore miss out on what could be an important source of professional development, and further demands are thus placed on senior leaders;
- **the lack of immediate practical advice from those that have made the journey from poor to fair and beyond** – for local authorities constructing their responses to an inadequate inspection finding; and
- **too few opportunities for services to develop practice jointly with others** – instead, local areas told us, there is too much emphasis on good practice seminars and “show-and-tell” approaches to peer learning.

Inspection

Local children's services recognised the fundamental importance of inspection. They agreed that the principle of having a mechanism for providing independent, impartial assessment and scrutiny of services, according to a published, transparent framework, was critical to ensuring services improve, that poor performance is flagged up and ultimately that children are kept safe. Several local authorities spoke specifically about the important role that inspection had played in their improvement journey. These included instances where the local authorities and their partners had used the experience of inspection to:

- **undertake rigorous self-evaluation** of their own strengths and areas for development;
- **provide an external view** on how they were performing, from which they could learn; and
- **provide an independent baseline**, which could be used to engage external partners and develop a new strategy for improvement.

Other local authorities, while supporting the principle of impartial inspection, voiced concerns about the way the current inspection framework was applied. Specifically, they voiced three concerns.

- a. **The consistency with which the inspection framework was applied** – local areas cited what they perceived to be a risk-averse approach from some inspection teams.
- b. **The timing of inspection** – some local authorities considered that, rather than providing a baseline or a judgement on how their plans were progressing, they had been re-inspected at a time when their plans were still embedding. As a result, they argued that the inspection experience had had a counter-productive effect on their organisation. One suggested that the gathering of information through DfE monitoring visits and the trigger for a re-inspection could be better joined up.

- c. **A lack of clarity about what was required to achieve a judgement of outstanding in the current framework** – it should be noted that this concern was raised before the outstanding judgements were achieved by Kensington and Chelsea, and by Westminster.

Formal improvement support and intervention

As with inspection, there was also recognition that central government had a necessary function in co-ordinating intervention where serious failures were identified in local children's services. Many of the local authorities reflected positively on aspects of the support they had received or the intervention mechanisms that were put in place. There were four main types of formal support and/or intervention described by the local authorities in our sample.

- a. **The creation of improvement boards with independent chair-people** – as a mechanism for bringing together senior leaders and key partners, ensuring robust and professional governance, and providing expert external challenge. Where these boards were felt to be most effective, local authorities reflected on the tenacity of independent chairs in following up issues, their ability to bring a broad range of partners to the table, and their willingness to engage middle managers and frontline staff.
- b. **The support provided by highly-experienced children's services senior leaders on a peer support model** – this provided a regular point of external challenge and support with the capacity to advise on issues in greater depth than an independent chair of an improvement board.
- c. **Long-term strategic partnerships between neighbouring local authorities where leadership is shared** – there were two such partnerships in our sample, and these were reflected on extremely positively by all parties involved. The partnerships were felt to have delivered sustainable improvement rapidly and enabled learning to flow in both directions. They had also broadened the roles and career pathways for social workers and managers, which had in turn had a positive impact on staff retention.
- d. **Appointing commissioners or creating independent trusts** – it was felt that, where appropriate, these could be an effective vehicle for creating the leadership and governance structures that enabled a strong and undiluted focus on improving children's services.

We should point out, however, that while we came across examples during the research where such approaches had proved effective, there were also instances described to us of similar interventions had not led to the desired improvement. Local areas involved in this research reflected that the effectiveness of formal improvement support and intervention depends on both the quality of the external support and the conditions within the receiving service. In particular, they reflected that a crucial consideration was whether the receiving service had the leadership, management and governance, at political, corporate and service levels, to drive action and respond to challenge.

Local areas were, overall, less positive about the "parachuted leadership" approach, where children's services were led by a series of individuals appointed on a short-term basis. This was not a comment on interim appointments per se. Instead, it was a comment on the fact that, as we have highlighted in chapter 2, driving and sustaining improvement requires, among other things, a clear long-term strategic plan, stable leadership (including corporate and political leadership), and ongoing engagement between leaders and the workforce. Participating local areas reflected that a high

turnover of interim leaders, particularly in the absence of an overarching long-term strategic plan, could de-stabilise a service, demoralise staff, and lead to turbulence and turnover in the workforce.

The research exposed three challenges around how support and intervention are currently deployed.

- 1. Local areas felt that there needed to be greater clarity about the respective roles of inspection, intervention, support and post-inspection monitoring.** The effective alignment and the avoidance of duplication between these roles are of vital importance. Local authorities reported to us that a lack of co-ordination could lead to those responsible for leading improvement in local children's services spending a disproportionate amount of time servicing the parallel but unaligned requirements, including reporting requirements, of multiple external masters. The local authorities we engaged emphasised the difference between *driving improvement* and *monitoring improvement* – they recognised the latter was important in its own right, but only if done proportionately, in a co-ordinated manner, and did not reduce an organisation's capacity to drive improvement.
- 2. There remains a lack of clarity and robust evidence about how the right model of intervention is selected and how interventions are reviewed and escalated where necessary.** As we have described above, some local authorities described examples where their experience of intervention or the experience of other local authorities they had supported had been positive. Others, however, described examples where similar approaches had not had the same effect. They noted the importance of having a robust analysis of the root causes of the problem, including the inter-relationship between children's services, leadership and the corporate and political governance within a local authority. All argued for a more explicit and evidence-based menu of support options, so that the right approaches could be matched to an individual local area's circumstances, and intervention could be escalated or de-escalated as needed.
- 3. There needs to be greater attention paid to developing the system leadership capacity to provide support to underperforming children's services from elsewhere in the sector.** The idea of the most effective practitioners playing a role not only within their own institution, but taking on a leadership and improvement role across the wider system is not a new concept. The local areas we engaged were strongly in favour of a more explicit and formal role for system leaders within children's services, utilising their expertise to support other services, and building capacity and resilience across the sector.

Local areas reflected, however, that at a time when local authority resources are reducing they did not have the spare capacity to deploy leaders, managers and practitioners to support counterparts in other areas. They considered that, for a peer-led approach to be fully effective, there would need to be more effective co-ordination, so that local authorities could plan on the basis that a certain amount of their capacity would be likely to be needed to support others.

In this context, local children's services welcomed the *partners in practice* approach, announced in late 2015 by the DfE, as one that could bring about a more consistent, evidence-based, graduated approach to intervention. They considered that such an approach was much needed, and would help to put in place approaches to intervention that drew on the expertise and experience of the sector, informed by evidence of what worked at different stages of local authorities' improvement journeys,

and tailored to each local context. The development of *partners in practice* is an important step in developing the capacity of the sector to be self-improving.

Among the local areas whom we engaged, there was an interesting debate as to the extent to which joint leadership and governance were needed to make peer-led interventions really effective, or whether the same impact could be achieved through a peer support model. Opinion was divided on this question. One senior leader of an authority that had improved from inadequate felt that its progress would have been swifter if it had been partnered with another strong neighbouring service through an executive leadership model (but with each local authority retaining political decision-making responsibilities). Another senior leader who had experience of delivering support both through a shared leadership model and on a peer support basis reflected that it was easier to achieve change and take responsibility for outcomes in the service requiring improvement where there was a single leadership team in place across both services. Conversely, other areas felt strongly that their ability to source support from a wide range of partners but ultimately retain decision-making capacity and leadership within the local authority had been an effective model for improvement. It is clear that both models can be effective in different circumstances. The key message about formal improvement support from this research is that there is a need for a more explicit and evidence-based rationale for the selection of particular models of support and intervention in specific situations, particularly in terms of models of service leadership and political governance.

A well-functioning labour market

In terms of the workforce, while it was not universally the case, a relatively high number of areas described a complexity of market forces which made recruiting and retaining high-calibre social workers extremely difficult. They described a highly mobile and fluid social work agency market that was driving up the cost of social workers, with low barriers to entry and exit. This was most acute in regions of the country where travel between local areas was straightforward and where there was a high concentration of children's services departments in difficulty and having to pay over-the-odds to fill vacancies.

Local authorities were taking action to counteract some of these market forces, including focusing on the long-term career trajectories available to staff, managing talent and entering into memoranda of understanding with neighbouring authorities to control some of the most pernicious excesses of the agency market. It was feared, however, that this would only go some way towards stemming the tide of competition for social workers based on cost, which few authorities could afford to enter. One local area was considering establishing its own social work agency as an alternative to those available commercially, in order to provide high-quality staff, at less cost, and with the potential of redirecting investment back into the children's services sector.

A number of local areas expressed the view that there needed to be a more effective and efficient national response to the local workforce crisis that engulfed many children's services immediately after an inadequate inspection judgement. They also felt that there needed to be action taken to address the basic quality of the children's services agency market. They described a situation in which too many agency staff were not sufficiently skilled to perform the roles into which they were placed, and where critical information about individuals' employment history was not made available during the placement process.

Sufficient investment

Many of the local areas that took part in the research were very concerned about the scale of cuts facing children's services over the next period. Many local areas had already made significant savings and were now facing further cuts of the order of 20%. For children's services departments that were already relatively efficient in terms of unit costs, this presented a particular challenge. A percentage of the children's services budget will necessarily be tied up in long-term, essential and very high-cost residential placements for the children and young people with the most complex needs. While the most effective local areas will have taken action to reduce the proportion of young people requiring such care through innovative local commissioning, it is not realistic or indeed appropriate to imagine such expenditure can be cut entirely. This, combined with the need to maintain a core statutory service, leaves very little room for discretionary cost savings and efficiencies. The best local authorities were characterised by the innovation of staff in the face of cost pressures, but even some of those areas did not know how they would find the level of savings required over the next period. One local area predicted that a significant minority of children's services around the country would not be able to set a balanced budget over the next three years.

During a period of financial retrenchment, local areas felt it was essential to have a well-informed national debate about the level of risk that was acceptable in safeguarding children and the investment needed to underpin that level of risk. At present, however, there is not the space or the opportunity to have this discourse at a national level. Those to whom we spoke were realistic that no system could ever guarantee the safety of 100% of children 100% of the time. They also considered, however, that the level of expectation placed on local authorities and the low levels of tolerated risk were not always commensurate with the level of investment in children's services. During a period in which resources are scarce, they saw that it was essential to find a forum for difficult conversations and decisions about how to prioritise investment.

Chapter 4: Implications and recommendations

The evidence collated through this research process paints a picture of a sector in which there are many examples of confident leadership driving real improvement at pace and scale. It is, however, also a sector in which these pockets of sustained improvement have been relatively isolated from each other, without the necessary supporting mechanisms to share expertise in a consistent fashion or to learn from mistakes at a system-wide level. As described in the previous chapter, there can be a somewhat piecemeal and fragmented approach to analysing, recording and disseminating what works, commissioning interventions and support, and identifying weaknesses early before they become entrenched. This has, in turn, contributed to some of the weaknesses that we see in local children's services departments, declines that have not been arrested early enough, and false starts in the pursuit of rapid improvement. Equally, the barriers and enablers to improvement, described in chapter 2, mirror the barriers and enablers to embedding evidence-informed practice. This can also mean that local areas that do not have a well-developed approach to embedding evidence-informed practice are likely to be less adept at drawing on insights about what helps to drive and sustain improvement in children's services. In this chapter, we set out a number of recommendations for addressing these system-wide issues for the children's services sector to consider.

Space for dialogue on policy and practice

There is a key role to be played by the sector and its partners in bringing together an active research agenda, leading national policy debates, and strengthening and professionalising the leadership of the children's services sector. This role is crucial in maintaining a growing body of evidence about what works in improvement, supplementing that by commissioning new research to fill specific gaps in collective knowledge and disseminating this to leaders and practitioners across the sector. It is also vital in enabling the sector to articulate shared strategic challenges and advocate for effective solutions. At present, the Virtual College, with leadership drawn from the ADCS council and partners in Scotland and Wales, seeks to play this role. Other organisations, such as the LGA and SOLACE, also have a strong interest and part to play in shaping the sector's research and strategic priorities.

In the current climate, in which opportunities for investment are constrained and the appetite to establish new organisations is limited, we would not advocate the creation of a new body to carry out this role. Instead, we think that there is an opportunity offered by the announcement of the forthcoming DfE-commissioned 'What Works Centre for Children's Social Care' to bring together the latest research about driving improvement in children's services. Such a forum could also own the development of a toolkit of interventions mooted at the end of chapter 2. Working alongside organisations like the Virtual College, ADCS, LGA and SOLACE, it could play a key role in enhancing practice and leadership within the sector, akin to, for example, the Royal College of Surgeons.

Better monitoring leading to early warning

As set out above, if there is to be meaningful support provided at an earlier stage to local children's services at risk of decline, there needs to be greater precision about who is responsible for both monitoring and acting upon the early signs of failure. It seems clear from discussions with local children's services that this should not be part of the formal statutory accountability regime: rather,

it should precede it. Therefore, responsibility for designing and executing such a system should properly sit alongside sector-led approaches to improvement.

As noted in chapter 3, the vital question here is whose role it is to identify and share intelligence about the local children's services at risk of serious service failure, with whom, and to what end. This could be carried out by a representative body, such as the LGA, or by a strategic grouping of key national and sector partners such as the Children's Improvement Board. We suggest that this body might usefully carry out the following functions.

- **Collating soft intelligence about services that may be on the cusp of serious decline.** This may include intelligence picked up from peer networks and evidence of high staff turnover in leadership or key frontline positions. Colleagues argued strongly against a purely data-driven approach to early identification of serious weaknesses. The emphasis on soft intelligence, rather than data alone, may mean that regional networks are needed in order to provide an appropriate means through which concerns could be raised. This is not to say that analysis of key performance data does not have its place – indeed, we think there would be value in regional groupings of local children's services sharing current performance data, and there are agreements in place to do this in some regions already. Having this data in easy-to-use dashboards could provide meaningful comparisons with similar local areas for political and corporate leaders, and support peer review activities. Instead, the purpose of collating soft intelligence at a strategic, system-wide level would be in order to inform decisions about early support, rather than produce league tables of local children's services perceived to be at risk.
- **Targeting peer reviews at those local areas where the intelligence indicates that there may be issues for concern, and strengthening the peer review model to bring into scope the scrutiny of complaints information.** This could be bolstered by a voluntary agreement from local children's services to agree to a peer review at least every two years, and to submit to a targeted review if the monitoring of data suggests it would be helpful. This would help to identify those local areas where weak data systems or an unwillingness to engage in peer reviews may mask the true extent of declining children's services. This may, in itself, provide a trigger for further investigation and support. We recognise, however, that a commitment to engage in regular peer reviews (we have suggested every two years) would be a significant investment of time and resource from local areas and the sector as a whole. It would, however, provide a more systematic mechanism for identifying concerns early and mobilising pre-emptive support swiftly.
- **Commissioning follow-on support from another well-performing children's service on specific issues identified through the peer review service,** where it is evident that there is a lack of capacity to address these issues within the local authority in question.

Networks for informal support and peer learning

The evidence from the research suggested that there could helpfully be a strengthening of existing networks for peer learning and greater alignment of the existing offers of peer review, for example through the LGA and ADCS. As noted in chapter 3, ADCS regional groupings already provide a locus for informal peer learning, but feedback from the local areas we have engaged suggests that the value of these arrangements is not consistent across all regions. Building on best practice in other sectors, it

may be beneficial to introduce a greater element of joint practice development into the network learning opportunities. This might involve local authorities coming together in small groups of three or four, potentially with involvement from one of the *partners in practice* or another local authority with noted expertise in that field, to work collectively on developing solutions to specific shared challenges.

Inspection and accountability

Feedback from the fieldwork suggests that, once an inadequate inspection judgement has been made, there would be benefit in establishing greater clarity around the reporting requirements on local children's services. This would include the points at which progress is monitored and by whom – whether Ofsted or the DfE – and how each of these feed into decisions about the timing of re-inspection and the implementation of formal support and/or intervention. There may be an opportunity for better dialogue or information-sharing between those overseeing intervention in a local area (for example improvement board chairs and the DfE) and the inspectorate. Feedback from local areas suggest that this would help to ensure that local areas need only report progress once, in a single format, and that re-inspection occurs at a time when it will contribute to the area's ongoing progress.

Formal improvement support and intervention

There is a range of formal intervention methodologies currently in place, but little concrete evidence of what works best in what circumstances. The announcement by the DfE of a more explicit rationale and approach to providing formal intervention support, through the *partners in practice* programme, is to be welcomed, and could play a key role in a more strategic approach to intervention. This research has suggested that one of the crucial factors in determining the appropriate form of support and intervention should be the leadership and governance capacity, at both elected member and officer level, within a local authority. For instance:

- **peer support and oversight from an improvement board** may be the most appropriate option where a local children's service has both the officer and elected member capacity to drive and sustain improvement;
- **an executive partnership model, with joint leadership**, may be the best solution where there is a political commitment to driving change but a lack of leadership capacity in the organisation at both senior and middle leadership levels; and
- **the creation of an independent trust** could be considered in instances in which there is not the leadership commitment to and capacity for driving change at service, corporate and political level.

These contentions need, however, to be properly tested through additional research. Following on from the current research project, we will be undertaking a follow-up research project focusing specifically on assessing the relative effectiveness of different structural models of formal improvement support and intervention. This research could then feed into:

- a growing evidence base of the models of support and intervention that should be considered and in what circumstances;

- clearer criteria and processes for how decisions about the different types of intervention are taken, allowing for more timely decisions and fewer false starts; and
- a system for ongoing monitoring of the different types of intervention so that interventions can be altered or escalated if necessary.

In tandem with the creation of a stronger evidence base for what type of intervention works best and in what circumstances, there is also the need to secure greater investment in building the capacity for intervention and support. One of the clear messages that has come through this research is the power of peer-led models of improvement. It must be recognised, however, that this comes at a cost, both in terms of leadership and finances, to the local children's service providing support. If excellent local children's services are to be more than a sporadic or fortuitous source of improvement capacity, then there will need to be sufficient investment in those local areas to enable them to build a shadow management structure and surplus capacity at key levels of the system in order to enable them to release expertise for the time and at the scale needed to partner another local children's service. This would most likely need to be a combination of income generation at a local level (through selling services and expertise) with some national investment that enables some stable and ongoing development of the core infrastructure.

The new *partners in practice* programme, if aligned with an overall strategic approach across the sector and joined up to the LGA and ADCS offers of peer-to-peer support, could play an important role in helping to shape and disseminate the evidence base of what works to drive improvement. To do this, however, it will be vital that the programme focuses equally on:

- building and co-ordinating the system leadership capacity of the children's services system;
- supporting councils to move from, in our terminology, fair to good and great, so as to deepen the pool from which system leaders may be drawn and minimise the burden falling on a small number of councils;
- identifying and sharing learning about what has proved effective in driving improvements so that the benefits are felt across the sector; as well as
- providing formal support to local authorities experiencing significant difficulties and those subject to formal intervention.

A well-functioning labour market

The evidence from this research suggests that addressing some of the failures in the current social work labour market will require a mix of both national and local intervention. Local areas are already professionalising their workforce development strategies in order to grow, attract and develop high-quality social workers. A firm focus on investing in the workforce and retaining high-calibre staff, through some of incentives mentioned in chapter 2 (supervision, practical support, professional development and keeping caseloads manageable), should also be a vital part of the response at local level.

Alongside this, government and the sector may wish to consider further actions that might be taken collectively to address some of the negative effects of the current agency market and improve the range of recruitment options open to local areas which receive an inadequate inspection judgement. One of the chief concerns around the operation of the current agency market is not only that it drives up cost and creates workforce instability, but also that councils cannot ensure the quality of staff

provided. This is compounded in some cases by incomplete or poor-quality information about candidates being provided to local authorities. Given that agency social workers are currently a vital component of the social care workforce, the LGA, the DfE or other partners may wish to consider working with some of the larger agencies to develop a recognised kite-mark of quality. This could act to drive up the quality in the market and provide reassurance to local authorities about the reliability of the information about prospective agency staff. Pilot schemes to encourage those who have left the profession to return might also be encouraged and expanded.

In tandem, some of the best-performing local authorities are considering developing their own pools of social workers from which they and other local areas might draw where they need additional, short-term capacity in specific service areas. These workers would all come with the experience of being trained and having worked in an excellent children's service, and could generate income for the placing local authority and create savings for the employing local area. If there is appetite in more than one local authority to develop similar schemes, the LGA may wish to consider how it might support and nurture such initiatives on behalf of the sector to secure, for example, wider geographical coverage, greater opportunities for shared learning or greater consistency in standards, quality and approach than may result if individual areas simply develop such initiatives completely independently.

Finally, it may be worth considering how local areas can be supported to counteract the immediate turbulence in the workforce that can follow an inadequate inspection judgement and the local authority entering formal intervention. One option would be to develop an emergency pool of highly-trained social workers, experienced in turning around children's services in difficulty, who could be contracted for a period of time to help alleviate staff shortages, backlogs of cases, and the churn of multiple short-term agency appointments. This may, however, prove impractical, given that professionals with these skills are precisely those local children's services departments are keen to recruit, retain, and build a stable, long-term workforce around. An alternative may be to work with the more established and effective agencies to commission fully formed social work teams to work on specific projects in the initial period of the improvement journey.

Annex: Local children’s services case studies

The following pages include seven detailed case studies about the work of the local children’s services that have been involved in the action research part of this project. These case studies provide further information about the projects have been highlighted in the main report. We are grateful to the local children’s services involved for their permission to share their work in this way. They are set out in alphabetical order below.

Case study 1: Achieving for Children (Kingston-upon-Thames and Richmond-upon Thames)

Kingston children’s service: Developing a social care workforce strategy
Local context
Kingston children’s services were judged inadequate in July 2012. The local authority was already in negotiations with neighbouring Richmond around developing a joint leadership approach across both services. These were accelerated and by the end of the year a single leadership team had been created with a joint Director of Children’s Services across Kingston and Richmond. Through this joint leadership arrangement, Richmond was able to deploy its expertise to support the improvement of Kingston. New front-door and social care team structures were implemented based on the successful model in place in Richmond. An improvement board was established and engaged senior-level officers from each of the partner agencies. This oversaw the implementation of a clear and practical improvement plan which detailed the changes in practice that were expected. Just one year after being judged inadequate, Kingston was re-inspected and judged inadequate for a second time. However, the children’s service was inspected again in June 2015 when it was judged to be good.
The issue
Kingston found that despite being judged good their turnover of social work staff was still higher than they wished. In fact, the rate of turnover actually increased after the service was judged good, to 24%. This was contributing to a lack of stability in the service and jeopardising their ability to make sustained and irreversible improvement in the future.
Actions taken
The local authority carried out an analysis of staff survey returns and conducted exit interviews to try to understand better why social workers were leaving the service. One consistent message was that individuals were leaving because they no longer had consistent support from their team manager. It was clear that a number of key individuals in the service had been critical in holding teams together and when they were promoted or left the sense of security felt by staff also disappeared. The local authority therefore concluded that it needed to ensure a strong team management structure in order to retain social workers. To build team manager capacity the local authority:

- **established a social care workforce board** to ensure that the whole organisation was focused on recruitment and retention, to give strategic direction to the work, and to ensure that corporate HR fully understood and were able to support the requirements of social care;
- **professionalised recruitment and retention** through the development of new resources such as promotional films;
- **clearly set out their ‘retention story’**, which hinged on low caseloads, investment in continuing professional development (CPD) and management support;
- **strengthened their retention offer** in terms of progression, health packages and addressing practical issues such as a fair car-use policy;
- **ensured heads of service were responsible for phoning new recruits on a weekly basis** to ensure that they were settling in and progressing well; and
- **developed an active talent management strategy** to identify, grow and develop future team managers.

Impact

The development of the social care workforce board and the implementation of a recruitment and retention strategy are bearing dividends. All team manager posts in the organisation have now been filled or offered. Some of these have been internal appointments which have resulted from the talent management strategy. The social worker vacancy rate in the organisation is going back towards 10%.

Learning and reflections

Kingston reflected that they have had to invest heavily in recruitment and retention, and seriously professionalise their approach to all workforce issues, in order to turn the tide back in their favour in terms of creating a stable and skilled workforce. This is despite being a good children’s service with a very strong reputation. The areas of investment that have borne dividends are in schemes to reward and recognise staff for exceptional work; training and development, with a CPD pathway created for every professional group; coaching and mentoring programmes; and talent management. The local authority is looking to cross-subsidise its significant investment in workforce development by selling its training packages to other local areas.

Case study 2: Barnsley Metropolitan Borough Council

Barnsley children's services: The Continuous Service Improvement Framework

Local context

Children's services in Barnsley have been improving since their inspection in June and July 2012, which judged children's services overall to be inadequate. The DfE issued an improvement notice, setting out the improvements Barnsley were expected to make, and specifying that Barnsley should establish an improvement board with an independent chairperson. Re-inspected under the single inspection framework in June 2014, the inspection noted the improvements that had been made and judged Barnsley's children's services to require improvement. The DfE, having reviewed the improvement notice in October 2014, was confident that Barnsley were maintaining the momentum for improvement and lifted the improvement notice in November 2014.

The issue

Leaders in Barnsley describe the experience of working with the improvement board and the independent chairperson in positive terms. In particular, they highlighted:

- the board's membership, with senior engagement from key partners to enable decisions to be taken quickly;
- the rigour of being brought to account collectively and the ability to marshal partners around a single plan that was owned collectively; and
- the role of the independent chair in engaging frontline professionals and ensuring absolute transparency by, for example, testing reports to the Secretary of State with frontline staff.

The challenge, for Barnsley, was how to maintain pace and embed improvements after the external impetus for improvement, in the form of the improvement notice and improvement board, were lifted. They began planning for this early, focusing particularly on developing a continuous service improvement framework and new partnership governance arrangements to oversee ongoing improvement.

Actions taken

Barnsley's ambition is to deliver services that are judged good or better and achieve the best outcomes for young people in Barnsley. Barnsley's leaders have committed to continuing to work in partnership under the Continuous Service Improvement Framework. The framework sets out the role of all partners in contributing to effective and continuously improving children's services, and seeks to ensure that there is clear accountability so that these responsibilities are discharged effectively. There are three key elements of the framework.

- **A plan for continuous service improvement** – this plan provides the means by which progress and impact are measured. This is driven by a multi-agency officer group, chaired by the Service Director for Children's Social Care and Safeguarding and with oversight from

the Director of Children’s Services, with dedicated high-quality programme management support to “hold the ring” on the plan.

- **Robust, partnership governance** – a key part of the framework has been transferring governance of the children’s services improvement agenda from the improvement board to the Children and Young People’s Trust Board and the Barnsley Safeguarding Children Board. These bodies receive monthly reports on progress in implementing the plan, following the journey of a young person, which enables them to scrutinise progress. The framework itself is also reviewed annually by these groups.
- **Developing a culture of openness to challenge** – through modelling respectful challenge within children’s services, making effective use of external review and challenge (such as the regional ADCS peer review network), and making the voice of the child part of business-as-usual for all services and agencies.

Change and impact

In April 2015, the DfE reviewed Barnsley’s approach to improvement and the progress made to date. They concluded that Barnsley were continuing to improve at pace, and were not “slipping back”. Since then, the continuous service improvement framework and plan have enabled the local area to continue to make real improvements in services for vulnerable children in Barnsley. For example:

- the previously high volume of inappropriate contacts and referrals has been reduced;
- there are fewer child protection plans lasting for two years or more and fewer children subject to a formal child protection plan two or more times;
- there is now good placement stability for children in care, less time spent before permanency plans are achieved, and increased use of alternative orders;
- improved timescales for public law care proceedings;
- Barnsley is now in the top quartile for adoptions; and
- there is improved participation from children in care.

Barnsley’s performance data and checks on the quality of practice through frontline visits and audits, including multi-agency audits, suggest that a strong performance management culture has been embedded and that many service areas are good and improving.

Learning and reflections

Leaders in Barnsley have reflected that there has not been a single key ingredient to their improvement; instead, the key to their improvement has been lining up all of the elements that need to be in place to drive improvement through the continuous service improvement framework and the plan that sits beneath it. These include strong and visible leadership, robust governance and accountability, robust partnerships, external review and challenge, fostering a culture of respectful challenge, and hearing the voices of children and young people.

Case study 3: Doncaster Children’s Services Trust

Doncaster Children’s Services Trust: The *Practice Improvement Programme*

Local context

Children’s services in Doncaster have been through a difficult time over the past decade. These challenges have been well documented and will not be revisited here. Despite interventions from central government, and several changes of political, corporate and service leadership, Professor Julian Le Grand’s 2013 report describes a ‘constant cycle of improvement and regression’. Following Professor Le Grand’s report, the Secretary of State for Education directed the local authority to contract with the Doncaster Children’s Services Trust (DCST). The DCST was the first independent non-profit company to be created to deliver children’s social care services, and began operating in September 2014. The terms of the direction set out that children’s services in Doncaster must be judged good by 2017 and outstanding by 2019. Children’s services in Doncaster were inspected in September 2015. The overall judgement remained inadequate, but the inspection reports made clear that ‘services for children and young people in Doncaster are improving’, but that there was further to go before children’s services could be judged good.

The issue

The leadership of DCST recognised that a significant part of achieving sustained and rapid improvement would be building the capacity of the trust’s workforce to deliver high-quality frontline practice. Following an internal assessment of staff skills and the Ofsted inspection in autumn 2015, the trust’s leadership recognised there was the need for step-change in their approach to workforce development in order to speed and embed improvements in practice. They identified that there were some significant development needs in staff knowledge, practice and confidence that were cropping up regularly, which, if not addressed, could pose a significant risk to rapid and sustainable improvement.

Actions taken

As a result, in February 2016, they launched the *Practice Improvement Programme*. The framework has three key elements.

- a. **A staff learning and development programme** – DCST has worked with partners Research in Practice to design a bespoke staff learning programme to ensure all staff had a consistent set of core skills and competencies, based on the latest policy guidelines and research, to apply in their practice. The programme focused on, for example, critical thinking in assessment, working with adolescents, public law outline, and relationship-based practice.
- b. **Coaching and mentoring** – working with partners iPeople, DCST has undertaken an assessment of the skills of team managers and advanced practitioners, which has been used to develop a bespoke programme of individual and group coaching and mentoring.
- c. **Practice advisers** – the programme has involved identifying six practice advisers, made up of three members of staff from DCST and three from partners iPeople. The role of the practice

adviser is to work with specific frontline social work teams to embed effective and consistent practices, and to build the capacity and confidence of members of those teams.

These three elements were chosen deliberately and are integrally linked. The trust wanted to avoid taking a “tick-box” approach to staff training; instead, they wanted to ensure that the training translated into improvements to frontline practice, which is why the programme has coaching, mentoring and support from practice advisers at its heart.

Change and impact

DCST leaders described how the *Practice Improvement Programme* has ‘lifted the service, lifted staff’s enthusiasm for doing things differently’. They described how the majority of staff responded to the programme with a sense of relief – the programme had, in effect, given them permission to express the aspects of their practice about which they were not confident and where they would welcome support. As well as feedback from staff, DCST are also seeing improvements in the stability of the workforce. For example, there has been a reduction in the rate of agency staff from 18% to 9%, with 15 members of staff who had come to the Trust as agency staff now becoming permanent. All team managers and advanced practitioners are now permanent as well. Case audit is demonstrating a change in approach to using evidence-based tools and to the quality of assessment and recording of work. Sickness absence has reduced, and long-term sickness has reduced by half.

Learning and reflections

There were two main reflections that the DCST colleagues who took part in this research shared with us. First, they reflected that, in organisations that have previously been performing poorly, staff can become disillusioned and can miss out on development opportunities that keep their practice up-to-date. In organisations like this, a tick-box approach to training will, if anything, breed compliance rather than commitment and enthusiasm. For this reason, workforce development has to be focused on embedding new approaches in practice.

Second, they reflected on the importance of holding a firm line about the *Practice Improvement Programme*. They recognised that not all staff would welcome having their skills assessed, and indeed apologised to anyone who had been offended by this, but explained the rationale for the approach. Nevertheless, the trust’s leadership recognised that this was necessary in order to ensure that there was a shared approach to social work practice to which staff could commit.

The programme has had a very high level of engagement. At the recent staff summit events, the programme received overwhelmingly positive feedback, with just a few voices of concern that there is ‘too much training!’

Case study 4: Hampshire County Council and the Isle of Wight Council

Hampshire and Isle of Wight children's services: Safely reducing the length of time children remain on child protection plans

Local context

Hampshire local authority has a longstanding reputation for high-quality children's services and value for money. It has been judged consistently good or outstanding for over a decade. In January 2013 children's services on the neighbouring Isle of Wight were judged to be inadequate and Hampshire was asked to provide support. A single leadership team was created with one Director leading both children's services. Hampshire placed key leaders in the Isle of Wight to stabilise the leadership of the service, and set about diagnosing the issues, clearing the backlog of unallocated cases and putting in place the core systems needed for a secure and safe service. These were largely imported directly from Hampshire, although both local authorities recognise and assert that the learning between the two has increasingly become two-way. In November 2014 the Isle of Wight was judged, on re-inspection, to have improved to requires improvement.

The issue

Despite the considerable progress made by the Hampshire-Isle of Wight partnership in developing a good-quality children's service on the Isle of Wight, the number of children subject to child protection plans remained significantly higher than statistical neighbours and had increased dramatically between 2011 and 2015. The service was concerned about the impact this may be having on children, young people and their families. The high and growing child protection rate was also leading to pressure on the service and its partners, in terms of managing caseloads, attending child protection meetings and finances.

Actions taken

The local authority set about trying to understand forensically what was driving the higher rates of child protection. They carried out a very extensive audit of child protection cases, looking particularly at the quality of plans, the actions that had been taken and the management of risk. The conclusions they drew from the initial audit exercise was that the rise in child protection cases had been to some extent an appropriate response to lack of action taken when the service was inadequate. At that point far too few children had been subject to child protection plans, and some children had been re-referred into social care five or six times in a year. As a result of this historical context, social workers had become more risk averse, and partner agencies had become less confident in supporting decisions to take children off child protection plans or managing risk without subject to plans.

In order to rebuild the confidence of staff to manage risk safely and create a shared language and understanding with partner agencies, the local authority:

- changed the format of child protection plans so that they were more family friendly and easier to use, with a RAG rating to allow a clear assessment of risk;
- carried out presentations on the new approach to child protection to partners at network meetings;

- carried out thematic audits with partner agencies to explore thresholds;
- unpicked key cases at safeguarding leads meetings;
- rebuilt trust through multi-agency lunches at which casework was examined;
- shifted the point at which they carry out legal planning on child protection cases from 18 to 24 months after a child was placed on a plan to 12 months; and
- worked closely with the LSCB and key partners to ensure senior management engagement across the partnership regarding child protection processes/demands.

Change and impact

The number of children subject to a child protection plan is now heading in the right direction. Between October 2015 and April 2016 the number reduced from 276 to 210. Critically, this has been achieved without seeing any increase in re-registrations.

Learning and reflections

The Isle of Wight reflected that safely bringing down rates of child protection depended on a very clear analysis of what was driving the increase, actions to build the confidence of their own staff to manage risk appropriately and a focused strategy to increase the trust of partner agencies in social workers' decision-making. Building the trust with partners required creating shared opportunities to explore and understand the issue.

Case study 5: Lincolnshire County Council

Lincolnshire children's services: Creating a talent pool and understanding social worker career motivations

Local context

Lincolnshire children's services have been judged to be good or outstanding for a number of years. They were judged to be good in their 2015 Ofsted inspection of children's services under the new single inspection framework. In 2010, the Ofsted inspection rated safeguarding as outstanding and looked-after children provision was judged as good with outstanding capacity to improve. Lincolnshire have been working with the DfE as one of the small number of local authorities involved in the *partners in practice* initiative to work with and support other local authorities.

The issue

Lincolnshire recently reviewed their recruitment and retention strategy, alongside workforce data, and identified that a number of social workers leave once qualified, typically within two or three years of starting employment. While this number is well below the national attrition levels for social workers, it was determined that it warranted further investigation to understand what changes and improvements may be needed. The authority wanted to understand this issue more deeply and also take action to increase the number of social workers who saw a longer-term career in Lincolnshire. They have therefore undertaken a workforce pilot with two aims.

- a. **Identify with team managers those staff who are performing well and likely to need a move of role in a given timeframe thus creating a "talent pool" for the future and eventually reducing reliance on agency workers.** The intention over time is to improve staff retention further, which has dropped by 3% in 2014-15 from 2013-14, providing succession planning for middle leadership roles, encouraging career progression within Lincolnshire, and developing career pathways that would be attractive to staff.
- b. **Understand the career aspirations and motivations of our social work staff in order to be able to better target training and career development opportunities.** By profiling a group of very capable performers, traits can be identified that should be considered in recruitment and should therefore inform the recruitment strategy.

Actions taken

On the second aim above, Lincolnshire sent invitations and internet links to 123 staff to take part in two personality profiling questionnaires, which considered working styles and preferences, behaviour, and motivators (both positive and negative). The results of the tests were then used to create a map of behavioural profiles across all participants.

Change and impact

The data and results from the tests are currently being analysed and show some interesting motivators and preferences across the workforce. One immediate learning point has been ensuring that the online testing system was open and accessible remotely to staff: a technical issue in the

office meant that the speed of internet connectivity had an impact on the tests and the deadline was extended in order to be able to accommodate this slowness of access.

Learning and reflections

Lincolnshire are currently analysing the results in detail. Already they are suggesting an interesting range of questions that could be investigated in more depth.

- **The initial results show that staff want to work in situations that have frameworks and structure and are less motivated in ambiguous, fluid environments.** This could be an important finding for how new social workers are trained and developed. It is pertinent to consider whether the high levels of regulation and guidance in the profession have created this preference for more structured environments in staff, or whether authorities automatically recruit people with this trait? In the light of social work reform, how comfortable will existing staff be with changes as they come along?
- **Initial findings have shown how confident staff feel in analysing and evaluating their practice,** how able they are to maintain professional distance in their relationships, and how emotionally resilient they are in given situations.
- **Staff had strong inclinations to work with others and in teams, exhibiting high levels of caring traits and curiosity about behaviour.** These traits demonstrate the very human side of the role but did not always sit well with the necessary evaluative elements required.

The data from the testing should be very useful in helping to inform career trajectories for staff, develop training programmes and toolkits for social workers, and help job descriptions better reflect the skills and behaviour needed for new employees. In time, it should also be able to influence a refreshed workforce strategy and help the authority “know its workforce” more deeply.

Lincolnshire want to understand how the profile results compare with staff in other local authorities and are keen to enable other local children’s services to undertake similar exercises and share results to understand whether the behaviour, preferences and motivators are Lincolnshire-specific or have wider implications and learnings for the wider UK social work workforce.

Case study 6: North Yorkshire County Council

North Yorkshire children's service: Embedding whole-service improvements

Local context

In 2009 North Yorkshire had a tricky inspection. While services for looked-after children were good, there were significant shortcomings in safeguarding services. The inspection report cited inconsistencies, unallocated work in one part of the county and plans that were not outcome-focused. A new Assistant Director arrived shortly after an Ofsted inspection that had judged children's services to be adequate.

There was a clear mandate from the Chief Executive and Director of Children's Services to bring about change and make rapid and sustained changes. The service was re-inspected shortly afterwards and, in January 2011, was judged to be a strong adequate. Services continued to improve and, in the full single inspection framework inspection in 2014, it was judged to be good across the board with seven good ratings. More recently, in late 2015, North Yorkshire was named as part of the DfE *partners in practice* programme, through which high-performing children's services departments would support other local areas on their improvement journey.

The issue

As a result of the inspection findings in 2009, the local authority was under no illusions about the need to achieve significant improvements in children's services. At the time, there was a lack of oversight of frontline practice, budgets were overspent, and 25% of staff were agency social workers. Specifically, North Yorkshire focused on developing a long-term strategic plan not only for delivering improvements, but for sustaining and embedding these right across the council. To do that, two things were required. First, consistent and effective frontline social work practice had to become the norm across the organisation. Second, over time, the focus of support for children and families had to shift from statutory services to prevention and early help.

Actions taken

Following initial work to secure the basics of the service and establish a long-term vision that was shared by all staff, North Yorkshire adopted a whole-service approach to driving improvements in children's services. This has three key elements.

- a. **Strengthening routes into children's services** – North Yorkshire developed a multi-agency customer contact centre, launched in September 2014. The aim was to ensure there were consistent thresholds used by all partner agencies, a single referral process, and the ability to target early help where it was needed most. Signs of Safety was embedded across the service and has played a key role in screening referrals to children's services. This has been crucial to ensure that there is clear, consistent decision-making at the front door of the service using a solution-focused evidence base.
- b. **A strategic approach to placements and permanency** – North Yorkshire have similarly strong arrangements for managing the local care population. The Head of Safeguarding chairs a

weekly pre-screening of all requests of those coming into care. This informs the placement and permanence panel, which exercises oversight of those coming into care, those who are looked after to ensure permanence planning is progressing, and those leaving care. A key focus at present is “preventing drift” and focusing on the best long-term outcomes for children aged 11 to 15 who are looked after. Aligned to these routines is the *no wrong door* approach, through which tailored early support is put in place to meet the needs of the most vulnerable young people on the edge of care or entering care later in their lives.

- c. **Forensic focus on consistency of practice** – performance improvement groups in particular areas, such as safeguarding and looked-after children, have been established to enable senior leaders to scrutinise performance and practice and ask the “hard questions”. This ensures that there is continuous cycle of rigorous self-assessment, forensic analysis and practice improvement. This has been crucial to ensuring senior managers “know the business”, can identify potential risks early, and can take action to ensure practice is of a consistently high standard.

Change and impact

Between 2012 and 2016, North Yorkshire has seen a significant reduction in unnecessary referrals. The conversion of referrals to assessments has increased from 63.9% in 2012 to 97.0% in 2016. There are fewer strategy meetings, with a higher proportion of initial child protection conferences (80.4% in 2012, 91.8% in 2016) leading to a child protection plan. There have also been a 36% reduction in child protection plans (from 436 to 279) and a 15% reduction in looked-after children (from 488 to 415), while there has been an increase in early help cases. Financially, £3million is no longer being spent on the looked-after children budget, enabling further investment in prevention and early help. Overall, North Yorkshire leaders and staff are confident that the right cases are reaching the right teams at the right times.

Learning and reflections

Important though they are, effective routines, processes and structures are not the only factors in North Yorkshire’s improvement journey. As one senior leader put it, ‘systems and processes will not deliver a great organisation: people will’. Settled, consistent leadership, guided by a clear long-term vision and plan that is supported by the whole workforce, has been fundamental to North Yorkshire’s sustained improvements. Social workers echoed these comments, describing specifically how they valued having clarity about the overarching vision, about what effective practice looks like, and about how they would be supported to achieve this.

Case study 7: Nottinghamshire County Council

Nottinghamshire children's service: Piloting Social Work Support Officers

Local context

Nottinghamshire children's services has been on a steady improvement trajectory over the last six years. In late 2009, an unannounced Ofsted inspection judged their contact and referral arrangements to be inadequate. Senior leaders accepted the judgement and used it as an opportunity to re-focus work on child protection. A new strategic vision and plan were put in place for safeguarding and children's services, additional resources were provided by elected members, and consistent political support has been provided. A new MASH front door to children's services was established and a new approach to data monitoring was put in place. In 2015, Ofsted judged Nottinghamshire children's services to be good under the new single inspection framework.

The issue

Nottinghamshire were aware that their social workers were spending significant time on lower-level administrative tasks that were *"routine and time-consuming – and social workers tend to struggle with bureaucracy"*. The authority also wanted to respond to the increasing spend on agency staff by improving the recruitment and retention of their social workers.

They therefore piloted the establishment of a new support role – Social Work Support Officers (SWSOs) – in four frontline teams. The success criteria set for the pilot were:

- social workers spend more time with the children and families they are supporting;
- improved outcomes for children;
- improved morale of social workers leading to improved retention rates;
- improved throughput of social work cases; and
- reduced spend on agency social workers.

Actions taken

The aim of the pilot was that the new SWSOs would take on routine tasks and 'provide a first point-of-contact for service-users'. Each SWSO was embedded within one of the frontline teams. The pilot aimed to test how the SWSOs were able to build relationships with these teams rather than being centralised support. The ratio was one SWSO to five social workers.

The pilot launched in 2015 and lasted 12 months. A job description was established and staff were recruited to new roles. The authority encountered some initial scepticism: some managers thought this was 'swimming against the tide of the budget reductions by recruiting more administrative staff'. Some other administrative support staff saw it as a possible threat to their roles.

Change and impact

Nottinghamshire surveyed the SWSOs regularly, surveyed the pilot frontline teams, and compared this data with the evidence from the other non-pilot teams from the regular workforce health-checks. The main findings were:

- **social workers in the pilot teams suggested they felt they had more time for direct work with families** and had a better work/life balance following the establishment of the pilot;
- **staff morale improved**, with almost three-quarters of social workers in pilot teams describing themselves as happy, compared with one third in other teams;
- **staff turnover reduced in the pilot teams** (by 41%) compared with an increase in the non-pilot teams (by 142%), and sickness absence had reduced in the pilot teams by a third, compared with an increase in non-pilot teams;
- **partners and other professionals provided positive feedback about the pilot**, for example how they were able to have their questions dealt with by someone in the office rather than needing to wait for a social worker to respond; and
- **there was a smaller increase in the use of agency staff in the pilot teams** compared with non-pilot teams (a potential saving of £55,000).

Learning and reflections

Nottinghamshire have seen the pilot as effective: 'we didn't expect it to be this successful!' There has been agreement to expand the pilot to fostering teams and other district child protection teams. Recruitment is currently taking place to the new roles and the new model will be operational from the end of May 2016. Strategy meetings with all the SWSOs will be used to communicate the importance of consistent roles and sharing examples of practice, 'otherwise they can lose sight of the vision', and also act as a way of engaging other stakeholders.

Nottinghamshire drew out three specific lessons from the pilot.

- It was important that the roles remained consistent and SWSOs were not drawn off into undertaking tasks that were not appropriate and should remain the responsibility of social workers**, for example completing a case file chronology. 'We've done this by directing the reporting line for SWSOs to two senior SWSOs that are independent of the frontline teams, and reporting to one service manager.'
- They needed to look across all the support being provided to social workers to ensure business support and SWSOs were aligned.**
- It takes time to see the impact.** The authority said, 'It is not possible to state unequivocally that the introduction of SWSOs is the sole reason for the pilot success criteria having been met, as so many other factors come into play in a frontline operating environment. We found it difficult to measure after six months, but after a year of the pilot running we were able to demonstrate a positive direction of travel for all of the success criteria. We expect that positive evidence will become even clearer as the model is embedded throughout the service. We did need to hold our nerve in the first six months when people were asking "where is the evidence of improvement?".'

(All quotes and evidence from Nottinghamshire County Council's internal report on the pilot, and discussions with Steve Edwards (Service Director, Children's Social Care) and Tara Pasque (project manager for the pilot).