

Can we secure better outcomes and manage demand in children's services?

Reflections on experiences in Denbighshire County Council

**Leighton Rees
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1 Introduction

This is a period of major change in children's social care. In Wales we are about to launch into a new period of legislation and associated policy as a result of the Social Services and Wellbeing (Wales) Act 2014. At the same time we are facing huge challenges to the old models of assessment and delivery due to:

- Austerity. Local authority and other statutory partners budgets have experienced significant reductions over the last government term and more is expected in the period to 2020.
- Demand. Demographic change, changing family structures and improved survival rates for all children form a backdrop to increasing population demand on social care.
- Capacity and effectiveness. Many partners are increasingly concerned about the quality and capacity of their in-house and commissioned services, including those in the private and voluntary sector.
- Complexity. Pathways between agencies supporting children and families remain complex and difficult to negotiate for many.

Across Wales people in social services are beginning to suggest that the old model of relationship between the state and members of society, based on strong and complex assessment, needs based eligibility and limited access to fixed public sector resources is not really working.

This latest occasional paper on practice and service development published by the Institute of Public Care at Oxford Brookes University (IPC) is a personal view based on my experience as Head of Children and Family Services in Denbighshire County Council between 2011 and 2015, and describes the attempt that my colleagues and I made to make sense of these changing demands and build a new model of services and engagement with families in response. It is characterised by the following:

- A move away from social work's traditional connections with the medical model of working - with its emphasis on Assessment – Plan – Review approach to working with families, towards a much more integrated approach to shared problem solving and development.

- An approach which puts early intervention at the forefront, but which also recognises that for those who cannot be prevented from entering the children's social services system it is equally crucial to deliver effective intensive intervention.
- An attempt to describe a different approach to front line leadership replacing concepts of 'management' with that of professional leadership.
- An emphasis on impact and outcomes as the key measures of success.

2 Our vision and priorities

In Denbighshire our Children and Family Services is committed to improving the life chances of the most vulnerable children, young people and their families and wherever possible enabling children, young people and their families to live together safely in their communities. We have what we think is an ambitious vision:

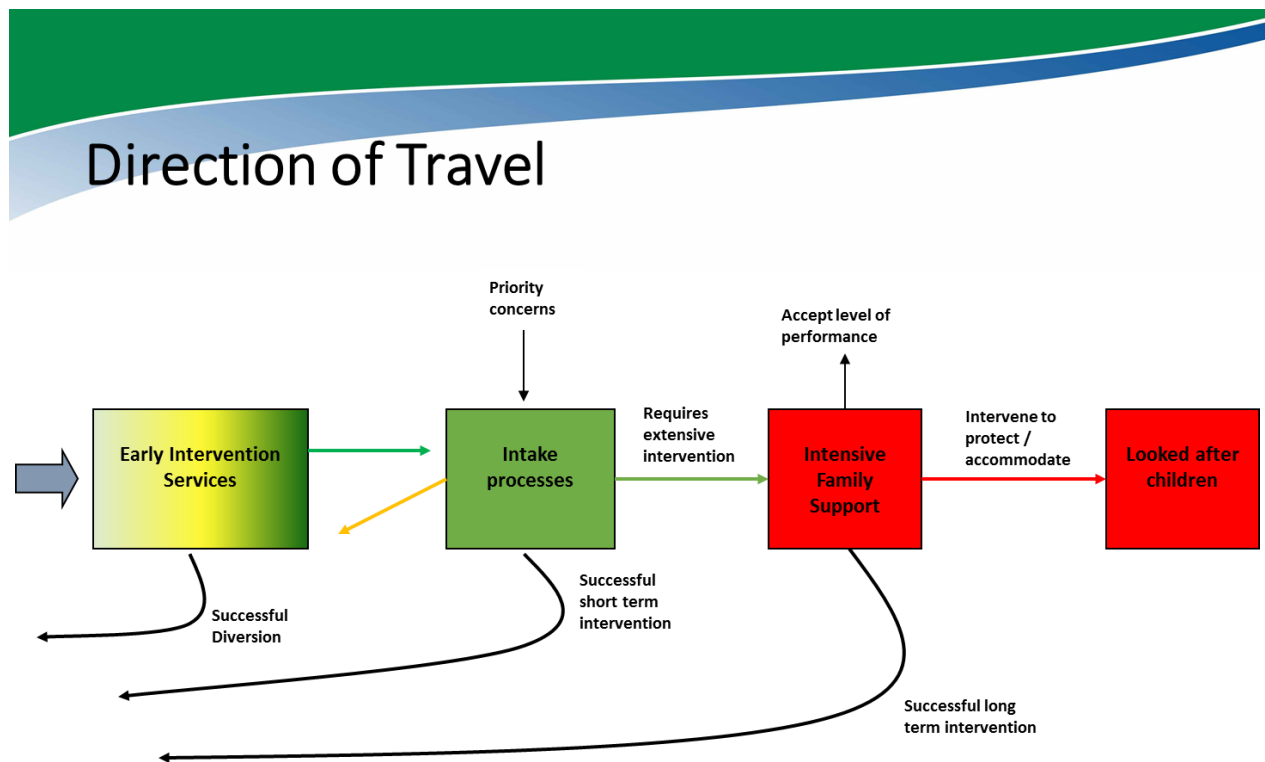
Vulnerable children are safeguarded, live within permanent, stable, secure and loving families which provide opportunities for success and enable them to grow and develop into healthy, well rounded adults.

The Children and Family Service is committed to ensuring that in order to provide positive experiences, effectively meet need and promote positive outcomes we have the right balance of staffing, resources and services. We try to work in partnership with families, partner agencies and community based organisations to provide a holistic and coordinated approach to delivering targeted, focused and universal services. Our current priorities try to ensure a good balance between children and families facing different challenges:-

- To protect vulnerable children from significant harm.
- To work with vulnerable families to avoid escalation of difficulties and reduce risk of family breakdown.
- To ensure looked after children have positive placement experiences within permanent, stable, secure and loving families that promote and encourage them to achieve their potential and have a smooth transition into adulthood;
- To ensure children with complex additional needs are provided with a range of opportunities to maximise their potential and social inclusion within their family.

3 The changes we wanted to make

Since 2011 we have been clear that to achieve our vision and meet our priorities we needed to change the way in which we work and the way in which our services respond to children and families. In essence we were clear that the purpose of services at each stage of the pathway between early intervention and substitute care should be to divert children and their families from needing an escalated level of intervention wherever possible. This can be summarised in the diagram below:



This may seem obvious to the outsider, but it challenges an orthodoxy often assumed by a wide range of professionals, politicians and the public – that services merely respond to the needs of a family and that escalating needs are the inevitable result of a family's internal problems. We believe that the services and support that families come into contact with can have a huge impact on their future situation and that, moreover, we should be targeting the families where, in particular, early support or intervention is most likely to have a significant effect on future need. To achieve this change required a number of inter-related approaches described below.

3.1 Clarity of focus

The first area of attention was the focus of services. We considered that there is often a lack of clear thought about early intervention and early help - and in particular how such programmes can reach the intended target or on many occasions even specify who the intended target is.

By seeking to deal more effectively with matters that would otherwise come to Children's Social Services at an early intervention stage it seemed obvious (given that public funds are not limitless) that it would be necessary to find a way to identify who and with what needs to prioritise. We agreed that there are a number of characteristics of traditional arrangements:

- Certain families are more likely to come to the notice of statutory agencies than others.
- That not all (or even the majority) of need is concentrated in deprived/disadvantaged wards.

- That traditionally we get involved too late and then it outstrips our resources in both quantity and quality.
- Those eligibility- led processes will only ever deal with a minority and priority will be those with the most manifest needs.
- That open access provision risks being more accessed by the more able/more available rather than the most needy.

Reflecting on the work of Bebbington and Miles¹ who drew a clear correlation between certain census factors and increased risk of becoming looked after, it raised the potential to focus effort in those areas and aspects. We had been aware of previous work in Merthyr Tydfil where the local authority had profiled the interconnections between families in their child protection/looked after children system. They explored further one cohort of 40 nuclear families, who were all related in one way or another to each other, who had had some 93 open cases to children's services and 63 of their children (about 1/3 to 1/2 of their looked after population) who had been looked after by the Local Authority.

Together this raised the potential not to go as far as suggesting predictability for any one family, but certainly to shape a population profile of much increased vulnerability. This was further developed in the shape of a Vulnerable Families Mapping exercise. This used the combination of "Think Families" indicators, plus some locally developed secondary indicators, which tried to identify indicators that may be visible earlier in the cycle.

On a multi-agency basis a simple information gathering tool was used to profile families that any professional viewed as vulnerable. We shared our initial thinking with colleagues and the same exercise has now been undertaken by 8 Local Authorities, profiling nearly 9000 families. The results have been remarkably consistent at least for those most in need.

For example:

Families with 5 or more Think Family indicators	General population
85-93% no resident parent in work	Less than 1 in 5 households in Wales
49-80% no parent has academic qualification	Less than 1 in 7 households in Wales
70-78% mum has a mental health problem	1 in 4 people in general population are likely to experience mental health needs
40-63% of families experience domestic abuse	1 in 4 women will experience domestic abuse at some point in their lives.
40-59% of families there is evidence of substance misuse	Less than 1 in 20 households in UK.
27-39% of children are not attending school at least 75% of time	1.5% unauthorised absence from Welsh schools in 2011/12

¹ Bebbington and Miles 'The Background of Children who enter Local Authority Care' British Journal of Social Work 1989 (19:1)

Key secondary indicator	Proportion of families with 5 or more Think Family indicators
There is evidence that one or both parents have previously been in social care or experienced abuse as a child	33-43%
There is evidence that one or both parents have had a limited education due to special educational needs, or poor attendance	47- 82%
There is evidence that members of the family have a history of offending or of criminal behavior	38- 61%
There is evidence that the family regularly miss routine health/ immunisation appointments	32-49%
There are signs that the family is experiencing loss	30-47%
There is evidence that the household accesses local community services	24-48%

The analysis also provided the following key messages:

- High levels of predictability among those most in need.
- Problems lie in the circumstances of families not geographic communities. Whilst there was some increased incidence in more deprived wards 50/60% of the need was not in those wards. Even in the deprived wards the level of vulnerable families was approx. 5% of the total population of that ward.
- That most vulnerable families did not have just one identified need, that problems both current and in their background were overlain in the same household.
- It in turn raised issues about the value of segmented services which perhaps don't address the interconnection, exacerbated by the fact that we rarely orchestrate involvement at best we coordinate.
- That levers for change operated by various statutory players are pulled in an inconsistent and uncoordinated fashion.

Within Denbighshire there was multi agency agreement to using this mapping as a basis for commissioning our service. This led to the development of our approach to early intervention seeking to respond both to the profiling, but also the messages detailed above. The vulnerability factors were used as service access criteria, the complicated and less complicated circumstances differentiated and the supporting commissioned services sought to provide focus on key issues in an integrated way.

These provided us with an approach to early intervention that more effectively enabled the Children's Social Services to focus on priority concerns, whilst not just rejecting lesser priority needs.

3.2 Clarity of response

Having provided some shape to our response to early intervention/prevention it was then necessary to explore in more detail what we needed to do to better handle our response to the core Children's Social Services agenda.

Initially we felt that the preoccupation over many years with a model of working based on 'assessment – plan – review' as the key building block for response was not sufficient. Whilst recognising that these were important it was clear that the process of engagement and working with these vulnerable families required a more complex form of interaction, involving more subtle identification-engagement-intervention activities:



If we were to take forward both dimensions it was clear that we needed to think about the factors that would help shape that approach. We identified 6 'I's for that purpose, which are as follows:-

- **Intelligence** – seeking to deliberately establish and use intelligence systems and processes to:
 - Be relevant to our customers
 - Understand what we are seeking to respond to
 - Focus and target our activities
 - Minimise process waste caused by duplicate and redundant activity
- **Intelligent** – In recognising with humility the challenge faced by some families it was important that we applied our intellect to finding a way through the problems, how we made sure that staff had the skills and support needed to develop and perform. To take the risk to move away from the comfort of the simplistic case management approaches which achieve order for us but did little to simplify the user experience.
- **Integration** – both internally between elements of service and with partner agencies we need to ensure that they are properly orchestrated to respond in a coherent and interconnected way.

- **Image** – recognising the importance of ensuring the way the service presents and is perceived both by service users and other agencies is seen as credible, authoritative, knowledgeable and trusted.
- **Impact** – at all levels we need to see whether what we are doing is making a real difference to real people's lives.
- **Indicators** – identifying and developing ways of understanding at both a macro and micro level the effect of the approaches taken.

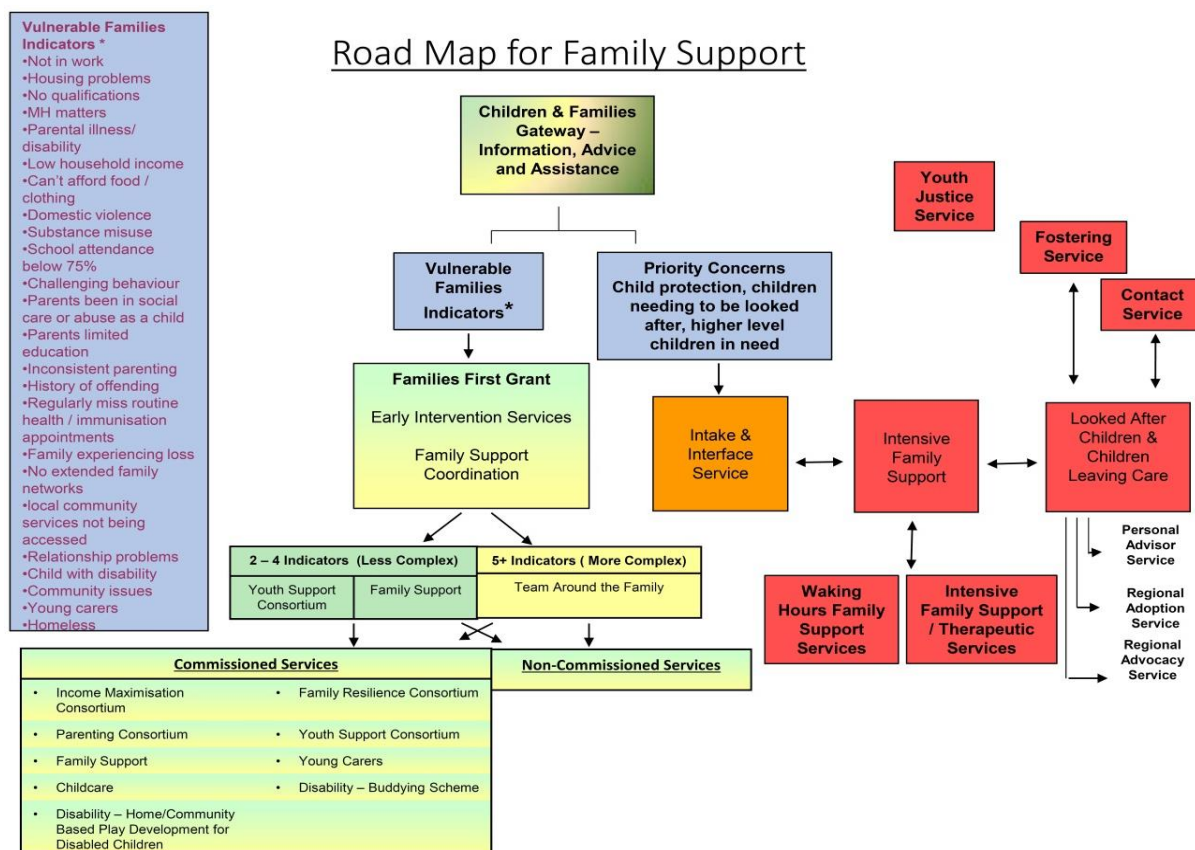
If we were to emphasise professional skills and development it was necessary to think about whether our current approach to structuring the response was fit for purpose. We were clear about certain key features:-

- We needed to structure the service from the front line up not the top down.
- It needed to emphasise the best opportunities to develop (not stunt) professional practice.
- It needed to provide an environment in which inexperienced workers could grow in confidence and skill, rather than being brutalised by the experience.
- It needed at the front line to be more about professional leadership rather than line management.
- That we should encourage integration between fieldwork and service provision.
- That the voice of the child and family should be a key feature.
- That it was less about reacting well to (and in) chaos and more about minimising the surprises and handling change in a considered and thorough way. Reducing drama and excitement.

Our approach was to shape the first line practice into Practice Groups, with a role of Practice Leader. They would focus on encouraging, developing and enhancing professional practice with a small group of social workers (usually 3) rather than large teams and management roles.

These practice groups are focussed on professional delivery, some have an area of focus, 14+; court work; children with disabilities. The Practice Leader is responsible for the supervision, mentoring and delivery of practice and professional standards. It is expected that they have an intimate knowledge of their practice groups workload. They undertake shared working consultation and advice but also continue to hold some cases. They encourage innovative practice and innovation. Having quality practice, the voice of the child and their wellbeing at the heart of what we do.

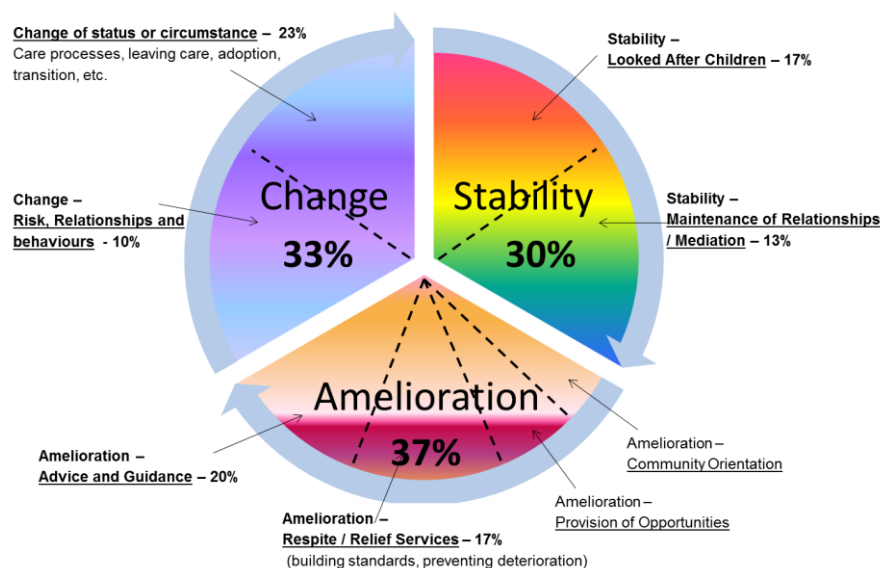
These would in turn be led by a Service Manager who, where possible, would hold the fieldwork service provision and commissioned services aspects for their portfolio. These in their most recent iteration can be seen in the diagram.



This approach started to identify very quickly skills deficits in some workers and development needs for both workers and practice leaders to which we needed to respond.

Having taken these initial steps we utilised another concept map to help us think about the core Children's Social Services function. Again, using intelligence from our systems we sought to explore the nature of the role and what we were trying to achieve for vulnerable children and their families.

Principle Interventions Dimensions



It is clear that each one of these dimensions has implications in terms of skills and resources, it also starts to raise questions about the notion of omni-skilled social workers, or whether we need to find ways to better play to the strengths of particular workers. This would entail being better able to understand, gauge and apply the skill sets available. It would also raise questions about the way we develop our workforce to ensure that their abilities to engage and intervene are at their optimum level required for each of the dimensions.

The analysis led us initially to explore certain aspects, first the ability to manage change in terms of risk, relationships and behaviours and linked with that the mediation / management of relationships. It in turn led us to think about the nature of the response available to those requiring intensive support or intervention. In our view, this needed to be able to respond at the times of the day, days of the week when the need is likely to be there and with a level of intensity and speed that gave us a chance of having an impact.

We were clear that having a lot of commissioned services would not address the need. We opted instead to develop services in two dimensions:

- Firstly the development of a Waking Hours Family Support Service able to engage and intervene seven days a week from 7am to 10 pm which incorporated both family support workers and family aides. We also enhanced our therapeutic services to include the functions required of an Integrated Family Support Team. The combination of the two gave us the capability to respond with an approach which fitted the circumstances.

These were supported by the development of an Intensive Intervention Panel which sought to ensure appropriate focus and professional rigour to what at this stage are immensely complex and worrying family circumstances in which children are at serious risk of significant harm.

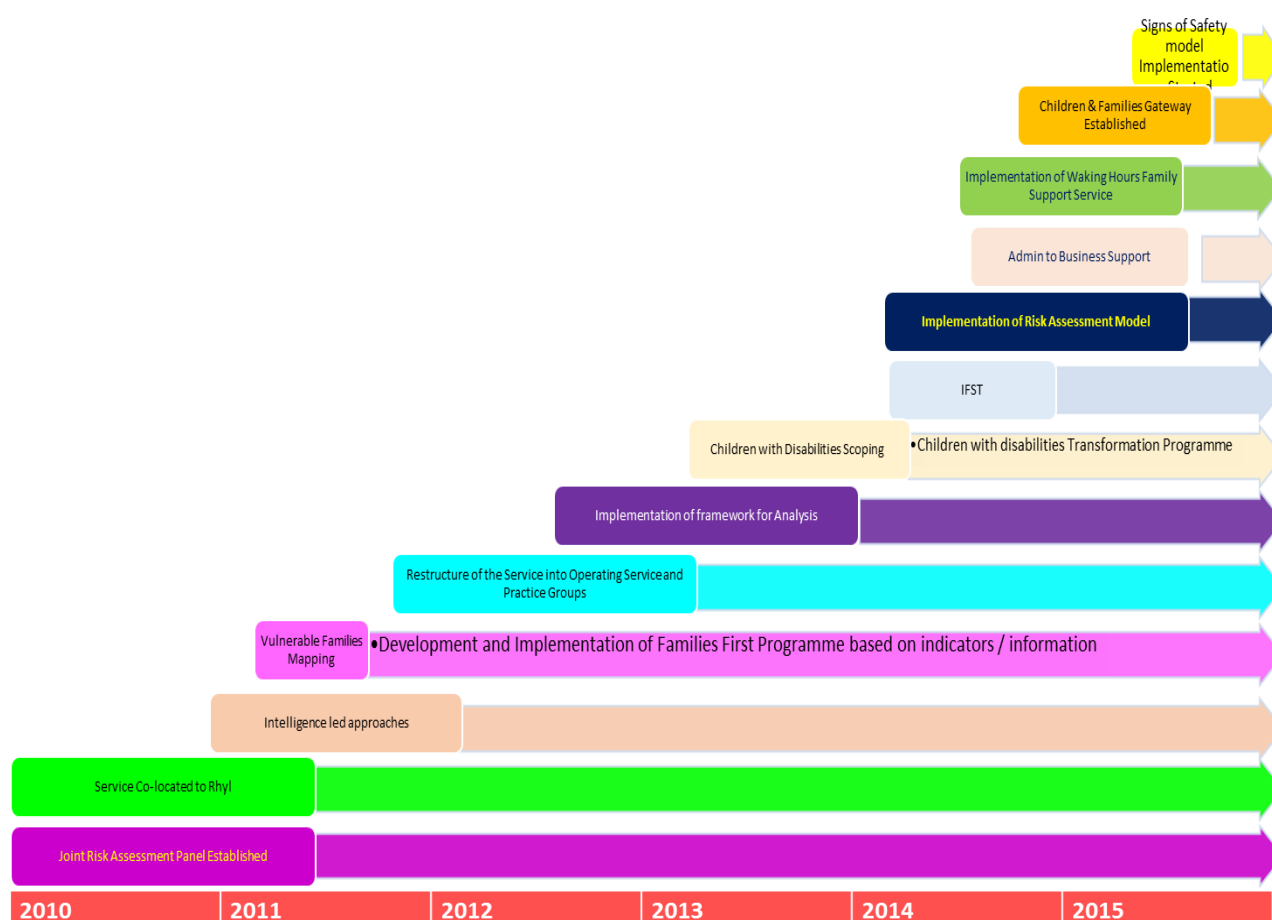
- The second major initiative was to focus on the needs of Children with Disabilities. Again we sought to use the intelligence from both Children's Services and Education systems to understand the nature of the need. The profile highlighted that most children with disabilities lived in stable home circumstances. This, in turn, started to ask the question about the need for this to be dealt with by an assessment based approach, as against a more developed offer from a range of non-assessed services to respond to needs identified in a more inclusive and proactive way, giving youngsters positive choices.

These approaches helped us to appreciate the scale of the tasks in the various dimensions, and to think about the skills and resource sets required to have a chance of succeeding. However, it highlighted an intrinsic weakness in the information systems that exist that they do not provide an easily accessible way of accessing intelligence. Having been established on the basis of case management principles and to respond to requirements to provide performance reassurance on a range of indicators largely process related they do not hold relevant data in a form that makes it easy to use as a source of intelligence.

Finally, we introduced a Children and Families Gateway to integrate access arrangements to both early intensive and intensive intervention services for members of the public and partner agencies. The service has also developed and implemented a number of tools for practice and participated actively in initiatives such as National Outcomes Framework; Signs of Safety approaches; various practice research projects; enhancing our ability to hear the voice of the children involved.

The flow of the developments is summarised below:

Changing Pattern of Response to Child Safeguarding & Family Support



We have over the last year or so been consolidating these approaches. It is clear that the elements we have in place deliver responses at times and in a form which provides us with the tools to succeed. The challenge is always to constantly develop the professional skills of the work force.

We have sought this year to see whether there is any evidence of long term impact that is related to the changes shown by the Performance Indicators and activity data.

4 Has it made any difference?

Any change in practice is time consuming and requires evaluation over a long period of time to determine if it has had the desired impact, and we are still in some of the early

stages of change in Denbighshire. Nevertheless we think that we are now seeing consistent emerging results of the intelligence-led /professionally focussed approach to change described above. In summary they are:

4.1 Workforce

Over the period of five years we have not changed the numbers of professionally qualified staff apart from as a direct result of the Integrated Family Support development with Welsh Government. However at both Early Intervention and Intensive Intervention levels we have increased the number of family support roles, using resources from Families First and part of resources gained from closure of a residential home, changing the balance of skills in the service. We think there have been good improvements in the arrangements and experiences of staff and the quality of our work:

Staff	
2011	2015
<ul style="list-style-type: none">• Frequent turnover• Significant staff anxiety and dissatisfaction• Poor quality work in certain areas	<ul style="list-style-type: none">• Virtually no turnover• Staff satisfaction and pride in what they are achieving

Managers	
2011	2015
<ul style="list-style-type: none">• 15 people with manager role (13 running children's social services)	<ul style="list-style-type: none">• 5 people with a manager title (3 running children's social services)

4.2 Workload

Another area where we have seen significant improvements have been in overall workloads:

- Contact rate up 4,998 to 11,095
- Referral rate down 1170 to 670
- Re-referral rate down 38.8% to 15.1% (a drop of 78%)
- Looked after children down from 175 to 147
- Child protection register steady at around 40 families at one time
- Children in need cases reduced from 363 to 252 - the lowest in Wales
- Open cases reduced from 625 to 491

We think this is leading to better quality, more intensive effective support for families, and better outcomes in the longer term.

4.3 Targeting of support

We think that this is now more effective with more people supported through early intervention and the most complicated situations being supported by social services:

- Workload catered for by Early Intervention Services has increased by 47% to 556 families only 18 needed to be escalated to Children's Social Services, while 36 were enabled to step down from statutory service.
- Increasing complexity within Children's Social Services:
 - 64% has at least 5 vulnerability factors
 - 25% has 10 or more (up from 13% in 2012)

4.4 Performance Indicators

Our formal national performance indicators show significant improvements:

- Initial assessments completed in 7 days up from 81% to 93.6%
- Children seen up from 66.4% to 93.8%
- Seen alone up from 31.9% to 54.9%
- Core assessments completed up from 74.6% to 98.2%

This suggests a more effective way of working allowing staff to focus on quality of practice and timely completion of work.

4.5 Budget impact

Along with most Local Authorities we have made a contribution to the budget saving in cash terms that amounts to £500k (approx. 6.5% reduction). In real terms the savings total £1.03 million (approx. 11.5% reduction) across the 4 years. In most years we have also managed to come in below budget whilst delivering the agreed savings – although each year that inevitably becomes more challenging.

Like most Local Authorities the implications of high cost placements from time to time cause pressures on the budget, as an authority a contingency has been established to try and manage those.

4.6 User impact

Our processes have also sought to collect user views on the Services provided. We have tried to focus on the voice of the children and families and to enhance our ability to hear their opinions and views in all areas of our work ranging from user groups, Facebook pages, consultation events etc. to individual case based approaches. We have not completed a systematic review of impact on service users but have been very happy with much of the feedback. Families have told us for instance:-

- "The support worker has helped me to develop my independent living skills and managing my finances. He has been a rock to me and my family"
- "I found it a very positive experience. Made my input feel valued"

- "It has brought us closer, we communicate more with each other and with all the official people we come into contact with every day"
- "The service provided felt 'impartial' which allowed me to be more open and honest. I did not get the impression that that my family had been judged or pigeon holed prior to our first meeting which made me feel positive about speaking to my Support Worker"
- "...was professional and approachable.... listened and did not dismiss my comments. The whole process felt positive – I got the impression that no matter what the outcome of the assessment something could be done to help us"
- "It has taught us tolerance and has broadened our minds"

Similarly, our service partners speak positively of the service response available, in particular its responsiveness and effectiveness. Our level of complaints has not shown a significant change across the four/five years, although we are making progress in addressing concerns quickly. We are at present seeking to improve our ability to capture views in a way that is accessible, although our current information systems do not focus on enabling extrication of such data.

5 What has got in the way?

This is an evolving agenda and we are by no means complacent about the progress we have made. There are continuing challenges which people working across the sector will recognise:

- Systems that don't generate intelligence easily
- How embedded case management is in the behaviours of practitioners, practice leaders and managers
- Reluctance from other professionals sometimes to allow space to change practice.
- Skills gaps for workers/leaders/managers

These remain things to work on and improve over time.

6 Conclusion

Focussing early intervention to deliver early for families showing the vulnerability factors described has shown a reduction in the numbers coming into Children's Social Services. It has enabled us to achieve this not by rigorous methods of managing thresholds but by focussing early intervention services. The early intervention services are able to positively address the majority of needs presented and most do not need to escalate. The combination of the reduced work flow, and the Practice Group model, has enabled more focussed, calm and considered social work practice as is evidenced in several of the indicators. These, combined with an intensive intervention response which offers both therapeutic and extensive family support has enabled us to proactively respond to need at times and with a level of intensity to deliver effective practice. It is helping build staffs skills, confidence, experience and satisfaction.

The ability to respond with the pace and intensity needed at each stage in the process, provides options and creates a sense of achievement and success, encouraging workers to have the confidence and desire to grow in their practice. There is much more to do, but we believe that we are making progress.

Leighton Rees
December 2015