Early intervention: decision-making in local authority Children's Services

Final Report: January 2013

30th January 2013

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The Social Care Institute for Excellence (SCIE) was established by Government in 2001 to improve social care services for adults and children in the United Kingdom.

We achieve this by identifying good practice and helping to embed it in everyday social care provision.

SCIE works to:

- disseminate knowledge-based good practice guidance

- involve people who use services, carers, practitioners, providers and policy makers in advancing and promoting good practice in social care

- enhance the skills and professionalism of social care workers through our tailored, targeted and user-friendly resources.

Contents

1. Executive Summary

1.1. Introduction

Building on the findings of their 2008 'As long as it takes' report[1], Action for Children commissioned the Social Care Institute for Excellence to undertake a study of local authority decision-making in respect of long-term decision making and early intervention services. In particular, the study sought to gain a better understanding of the factors that facilitate and hinder delivery of improved outcomes for children and families over the longer-term, working on the basis that long-term planning and early intervention are inextricably linked.

This report synthesises the data gathered from: a literature review; 30 telephone interviews with senior officers and members in local authorities; and, feedback from 49 subject matter experts attending five regional events. Findings are illustrative rather than statistically significant.

1.2. Findings

What drives local authority decision-making?

Findings indicate a number of factors influence the way that commissioning decisions about early intervention are made. The extent to which different drivers have an impact at service-level, and the *way* they influence decision-making, is variable.

At the national level, drivers include the:

- consistency and strength of government focus on outcomes and early intervention, and the extent to which national initiatives fit together coherently.

- 'localism' agenda; specifically, the level of autonomy (financial and operational) offered to local authorities to identify and respond to local need.

- expectations of authorities in respect of data use, reporting and analysis.

At the local level, these include:

- localities' 'starting point', specifically whether or not there is already a clearly established vision and/or jointly owned priorities already in place including whether elected members 'buy in' to the agenda

- level of recognition that pressure on higher tier services (especially children's residential care services) means that maintaining the status quo is not an option.

- the need to commission consistently, with local authority provision not the default.

- the different definitions and interpretations of the terms 'early intervention' and 'commissioning'.

Do authorities take a long-term view when commissioning children's services?

This study found widespread agreement that supporting children and families over the long-term means tackling inter-generational issues that can require help to be offered over a decade or longer. This can be a challenge within the current environment and in the context of instability. More specifically, study participants agreed:

- **that it is difficult to work towards long-term visions while meeting immediate need.** While local authorities set visions for the long-term (10 to 20 years), strategic plans for children's services typically cover 3-5 year periods, and delivery contracts have to be managed on a much shorter-term basis.

- **there is tension between long-term outcomes and the day-to-day operating context.** The stability of services overall, and the potential to deliver long-term benefits, are limited by short-term funding cycles and national initiatives that feel hard to 'join-up' at service-level.

What helps and hinders long-term planning?

Findings indicate some general pre-conditions for developing a commissioning approach that supports early intervention as a way of delivering long-term outcomes.

Internal factors include:

- opportunities to **engage elected members** and officer investment in this work.

- being given the **freedom and encouragement** to think differently.

- having both the **organisational culture and capacity** to commission skilfully and manage the risk of working in different ways.

- building the **professional skill and confidence** to work across service boundaries, in a culture of intervention rather than onward referral.

External factors include:

- recognition of the need for **stability, as well as long-term planning and funding** at the national policy level.

- **engagement of the wider workforce**, in particular the voluntary and community sector.

- the ability to **create flexible models** of service delivery and manage the provider market.

What are the characteristics of authorities making progress?

Findings indicate that local authorities understand there is an imperative to intervene early to deliver outcomes in the longer-term, and are making efforts to respond by reviewing their existing structures, systems and processes. In terms of the detailed nature of work being undertaken, organisations are doing very different things. This study has, however, identified

some of the shared features of authorities who talk about making progress, in addition to the issues identified in 4.4. These include:

- **local leadership and commitment** to a 'long-term' programme.

- **a clear understanding of the local system** and, more importantly, children's and families' "journey" through it

- **engagement with schools, and head teachers in particular** recognising the critical role of universal services in supporting early intervention

1.3. Conclusions and implications

For Central Government

Funding early intervention: Central government may which to consider ways of funding early intervention that overcome some of the current financial barriers, for example, by:

- securing cross-party agreement about "inter-generational funding" and remove chronological barriers to service funding and provision.

- moving away from measuring 'cash-on-the-table' efficiencies to addressing avoidable spend, and recognising the necessity of double-track funding.

Building the evidence-base about effectiveness: Findings may be useful for informing the detailed work of the Early Intervention Foundation given that participants noted the need for:

- funding of longitudinal research about impact over a child's lifetime.

- provision of some guidance or benchmarks on the requisite quality of evidence.

- funding the development of economic models relevant to social care.

- funding a learning network to facilitate access to practice examples.

Leading early intervention through national policy: Authorities experience Government policies and policy-related initiatives as inconsistent at ground-level. Participants called for:

- more stability in policy, to enable authorities to plan services over the longer-term.

- clarity about Government's 'direction of travel' for early intervention policy.

Performance management and monitoring: Participants welcomed increased freedom from reporting and monitoring, but noted particular challenges in respect of multi-agency working. It is worth considering how to:

- develop a cross-agency outcomes-focused inspection and performance management framework for early intervention.

- 'join up' national policy to ensure coherence on the ground.

For local authorities and their partners

Workforce and skill-mix: Participants highlighted the importance of multi-professional teamworking, noting that this can be challenging to implement. It may be helpful to develop:

- a clear competence framework that links to performance management and accountability within a multi-professional teamwork context.
- clearly-defined roles and skill-sets of social care managers and frontline workers
- a culture change programme to support implementation of new delivery models.

Leadership of the agenda: This was seen to be absolutely critical, with wide ownership of the agenda and engagement of elected members particularly important. It may be helpful for local authorities, therefore to,

- engage members through dedicated training, a clear evidence-base and cross-party discussions perhaps through scrutiny panels
- stimulate local innovation by using learning from demonstrator projects to make the case to local politicians and other locality partners

Commissioning: Effective commissioning was seen as critical to successful, sustainable delivery of services over the long-term. Local authorities and their partners could usefully consider how best to:

- ensure that commissioning is informed by robust data to demonstrate relative cost and benefits of different interventions.
- commission services across local authority department boundaries, wider service boundaries and across the course of a lifetime. Regional co-commissioning arrangements could help address limited capacity.

2. Introduction

In 2008, Action for Children noted that 'the best promise we can give young people is to be there for them as long as it takes to meet their needs'.[2] Their pledge was launched with a [major report](#) exploring the key policy trends affecting children's services over the last 21 years. Action for Children highlighted in particular the significant number of policies, strategies and initiatives affecting the complex children's services' sector during this time. The benefits of prevention and early intervention are now widely acknowledged and accepted and these issues have been explicit in policy for many years. In spite of early intervention being both a 'hot topic'[34] and having support in cross-party discourse, the report highlights how 'significant differences have been apparent in some areas' of government policy.[5] The case for early intervention has been made, therefore, but it seems there is still work to be done to build political consensus around the issue, and to ensure it is a practical reality on the ground.[6] Indeed, there is widespread agreement that changing practice on the ground to make early intervention a reality is fraught with difficulty.[7][8] Most notably, there is tension between responding to short-term planning and funding cycles while addressing long-term outcomes and intervening to prevent problems happening or worsening.[910]

There is evidence of considerable work ongoing in localities to embed early intervention and preventative approaches in day-to-day practice, for example, as part of The Centre for Excellence and Outcomes in Children and Young People's Services' (C4EO) sector-led improvement work.[11] Such approaches encompass a wide range of activities; however, implementation can be uneven. The Allen Review noted that embedding evidence-based programmes (EBP) alone is 'patchy and dogged by institutional and financial obstacles'[12] and, as early intervention work is typically considered to cover a much wider range of activities than solely those classed as EBP, the scale of the challenge is likely to be much larger. There is a need, therefore, to understand better the conditions that facilitate and hinder effective, long-term commissioning practice, in order that local authorities and their partners can deliver successful, sustainable early intervention. To address this need, in March 2012, Action for Children commissioned the Social Care Institute for Excellence (SCIE) to undertake a study of local authority decision-making in respect of early intervention. The aims of the study were to:

- understand how local authorities respond to changing policy drivers, in particular those which have an impact on their ability to plan and deliver long-term, working on the a priori hypothesis that early intervention is a core component of long-term planning.

- identify, share and build ownership of possible solutions to some of the challenges faced by agencies working to improve the lives of vulnerable children.

- make an informed contribution to discussions about the 'localism' agenda, through delivery of the aims above.[13]

The specific objectives were to identify:

- the necessary conditions for embedding and sustaining effective commissioning of early intervention services.

- brave and/or innovative decision-making from which others can learn, particularly related to overcoming challenges stemming from short-term planning and funding.

- the support that could be offered at the local and national level to help embed sustainable early intervention approaches.

SCIE's work comprised analysis of relevant literature and a set of 30 in-depth semi-structured qualitative telephone interviews with senior representatives from English local authorities. SCIE summarised the findings in an interim report, which was then shared with, and presented to a total of 49 subject matter experts attending at a series of five "round-table" events held across England in Autumn 2012. These facilitated events were an opportunity to test the findings with a wider group of stakeholders and also allow them to provide additional, in-depth data for the study. Attendees also discussed the implications of the main messages for policy and practice and make recommendations for central and local government. Additional information about methods can be found in Appendices I to III.

This report synthesises the data gathered from the literature review, interviews and events and the remaining sections are structured as follows:

3. **Context:** a brief summary analysis of the key policy drivers in respect of early intervention, localism and commissioning of children's social care.

4. **Findings**

    4.1 What is understood by 'early intervention'?

    4.2 What are the drivers of commissioning decisions?

    4.3 Do authorities take a long-term view when commissioning children's services?

    4.4 What helps and hinders long-term commissioning?

    4.5 What does early intervention commissioning look like in practice?

5. **Conclusions and implications** for Government, local authorities and their partners

6. **Case studies**: examples of practice from which others can learn, linked to findings.

It is worth noting that commissioning of early intervention and long-term planning of children's services are inextricably linked and mutually reinforcing. As identified by Allen and Duncan-Smith, early intervention is a long-term strategy focused on investing now to realise benefits in the future.[14] An early intervention-focused approach to commissioning children's services recognises that poor outcomes are the result of deep-seated cycles of deprivation. As noted in the Allen Review, intervening early to prevent problems happening or worsening, therefore, necessitates taking a long-term view; 'tackling causes rather than symptoms, reducing dysfunction and creating essential social investments with good rates of return'.[15]

3. Context

Understanding 'early intervention'

While the notion of early intervention has featured in the children's social care rhetoric for some considerable time[16] it has been particularly prominent over recent years.[17] Within this context, the term 'early intervention' has been defined by C4EO as:

> ...intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems. Effective intervention may occur at any point in a child or young person's life. [18]

It describes, therefore, both the services provided to all children and families (i.e. universally), particularly during the 'early years' period (pre-birth to aged three), as well as the targeted support offered to those statistically more likely to suffer poor outcomes at any stage of childhood or adolescence. While there is broad consensus about the value and meaning of early intervention, as a term it has also stimulated some debate. [19] [20] This has encompassed, for example, the issue of evidence-based practice and the potential inappropriateness of giving 'programmes and policies...the title and kudos of 'early intervention'' where their benefits have not been demonstrated.[21]

There is an added challenge of 'earlier intervention 'fatigue' resulting from the huge proliferation of interventions' on offer. [22] This is set against the backdrop of a frequently changing children's services landscape: Action for Children have noted that approximately 300 'different initiatives, strategies, funding streams, legislative acts and structural changes to services affecting children and young people...have come in the past 10 years'.[23] It may be helpful, therefore, for local authorities and their partners to have a better steer on what to do (and not do) in relation to commissioning and de-commissioning of future-focused early intervention activities. Given the wide range of resources already available, this study seeks to gain more clarity on what needs to happen in order to ensure that commissioners of children's services can deliver early intervention services that effect change in the longer-term.

There has also been concern raised that some of the approaches defined as 'early intervention' necessitate an over-focus on individual children or families without addressing the wider societal-level factors that predict outcomes.[24] Related to this, there is support throughout the literature for recognising the complex inter-related nature of risk factors 'that may indicate the actual or potential vulnerability of a child and/or family to poor outcomes'.[25] It is this combination of 'impact and interaction' of risk factors[26], as well as the challenges of accurately predicting complex behavioural outcomes,[27] that renders the planning, commissioning and delivery of frontline services particularly taxing.

The multi-factorial nature of risk has been discussed most recently within the context of child poverty. This was highlighted in particular by the Field Review'[28] which builds on the principle that identification of risk and protective factors related to social exclusion is a central pillar of

early intervention.[29] This is also linked to the notion that poverty is about 'more than just the absence of money'.[30]

Localism and sector-led improvement

While in the late nineties 'central authority was...a feature of the first New Labour government'[31], over recent years, there has been increasing focus, in legislation and policy, on devolving power away from the centre. 'Strong and Prosperous Communities',[32] the Local Government and Public Involvement in Health Act, [33] the Lyons Inquiry [34] and 'Total Place'[35] for example, communicate the last Labour government's intention of giving local agencies more ability to determine what happens in their areas. While such policies could be deemed illustrative of 'localism', it has been argued that:

> [despite] its popularity, localism as a term is difficult to define, not least because much of the literature tends to use related terms such as decentralisation, local government and local democracy.[36]

Indeed, the wider literature supports the view that a range of ideas are encompassed within the over-arching concept of localism.[37] Most recently, 'localism' as a formal policy imperative has been made explicit in the 'Big Society'[38], mandated by the Localism Act passed by the Coalition government.[39] In this context, localism has been defined as 'decentralis[ing] power away from Whitehall and putting it back in the hands of local councils, communities and individuals to act on local priorities'[40]. Some would argue for a more nuanced definition, however, supporting the view that '[localism] is not about giving more power to councils...[but] about empowering communities to take action'.[41] While there has been debate about the extent to which this will be realised - if one agrees that neighbourhood-level 'capacity to respond to the new opportunities will be patchy'[42] - allied with both (related) interpretations of localism is the stated commitment to giving local authorities 'greater flexibility for local spending decisions' without 'the bureaucratic burden of targets and inspection.[43] This presents an opportunity for leaders of children's services who recently made a plea for:

> ...a radical reduction of regulation, guidance and processes, and...a more flexible and local approach to the commissioning, design and delivery of services for children and young people.[44]

What it means in practice to have the new 'freedom to respond to what local people want'[45] (and indeed, whether this describes local authorities' actual experience of localism) is addressed in the present study.

The *new economics foundation* argue that '[r]e-localising decision-making is one important aspect' of driving improvements through localism, but that this should be accompanied by decentralisation of 'power and responsibility' to people who use services, and the frontline professionals who work in them.[46] It has been said that the policy narrative of 'double devolution'[47] – the transfer of power from central to local government, then on again towards communities – has been overtaken by the language of 'empowerment'.[48] Both concepts recognise explicitly the importance of facilitating community and user involvement in service delivery, which is also at the heart of the 'sector-led improvement... gathering momentum' among stakeholder bodies.[49] Indeed, sector-led improvement – such as that driven by the

Children's Improvement Board (CIB) – has the potential to dovetail with community empowerment and revised regulation through localism:

> [The CIB's] work has focused, to date, on the development of a programme of mutual support to [local authorities] in the context of the reduction of central government control and prescription and the end of field forces and other improvement support available...[50]

Both sector-led improvement and reduced central government control connect to, and may offer potential benefits for, early intervention; specifically, there is increased expectation of local authorities to engage partners in redesigning local services to achieve better outcomes. This chimes with the growing emphasis on delivering early intervention in a multi-disciplinary, whole system way, recognising the wider, inter-generational determinants of children's 'life chances'.[51] It is also aligned with the Munro review recommendations about reducing the potential distraction of a burdensome inspection regime which can lead professionals to become 'unduly fixated on compliance with regulation rather than good practice'.[52] While the Munro demonstrator sites are in their infancy, given the subsequent implementation of new centrally-driven initiatives affecting children and families, most notably 'Troubled Families'[53] this study will usefully question the current balance between government-led and locally-determined programmes.

Commissioning to improve long-term outcomes

The significant structural and practice changes implemented through 'Every Child Matters' (ECM)[54] led to extensive, wide-ranging programmes of work aiming specifically to improve core outcomes over the longer-term.[55] The legislative protection of children's rights through The Children Act 2004 sought to strengthen this further.[56] The 'progressive universalism' at the heart of both policy and legislation emphasised the importance of providing targeted support for those most at need – intervening early to help those most likely to suffer from poor outcomes - within the context of a model that offers services to all.[57] More recently, the current Coalition, while continuing the previous Government's commitment to targeted social investment, has been shifting away 'from state intervention in childhood and family life'[58] and towards new models of service provision and ownership, all in the context of significant budget cuts. The re-branding of the former Department for Children, Schools and Families as Department for Education '[indicated] a return to education priorities'[59] and has been accompanied by reduced local authority control over schools.

While there was notable emphasis on joint-working under ECM, this has also been an imperative in wider policy for some considerable time. The need to move 'from a purely transactional approach [to outsourcing services] to something more collaborative', for example, emerged nearly two decades ago.[60] This continues under the current Government, prominent most recently in the introduction of the Health and Wellbeing Boards[61] which sought to establish a new basis for local commissioning. The notion of 'commissioning' (and joint commissioning) of services, however, became particularly prominent in children's social care shortly after ECM.[62] Most notably, this was communicated through the 'Joint Planning and Commissioning Framework for Children, Young People and Maternity Services'[63] and the

'Strong and Prosperous Communities' white paper[64] which emphasised the commissioning role of local authorities, defined in associated statutory guidance as:

> ...one in which the authority seeks to secure the best outcomes for their local communities by making use of all available resources – without regard for whether services are provided in-house, externally or through various forms of partnership.[65]

The aim of the joint commissioning framework[66] was to enable local agencies, through the vehicle of Children's Trusts[67] to 'design a unified system in each local area...[that] will join up services so they provide better outcomes than they can on their own'.[68] While no longer a statutory requirement, many remain in place and serve as platforms for strategic commissioning. Indeed, engaging other agencies in strategic-level decisions has always been at the heart of commissioning:

> '...commissioning makes things happen by working with and through others'[69]

The rhetoric of early intervention and prevention has been central to the discourse on commissioning. However, the complex, inter-related predictors of outcomes for vulnerable children and families have posed some practical challenges in terms of delivering these activities at locality level. In spite of the plethora of available resources to support joint commissioning, there is evidence of considerable work still to be done to ensure this activity is both understood,[70] [71]and delivers as anticipated.[72] For example, the issue of how to (and who should) commission strategically 'remains highly contested'[73] .

Researchers have also identified cultural, structural and process-related barriers with the potential to impede effective commissioning of early intervention services at the locality level[74] [75] including the lack of natural fit between system reform and evidence-based programmes.[76] In addition, there is a noted absence of 'hard evidence for...effectiveness or efficiency' of many initiatives aimed at improving children's lives.[77] All of this is set within the context of ongoing integration of health and social care, particularly as a result of the Health and Social Care Act 2012,[78] and significant financial pressures in both sectors. These factors render the development of robust models of joint commissioning increasingly urgent. Currently, practice evident nationally varies in terms of the extent of integration demonstrated, and research suggests that 'experiences...have not been universally positive'.[79] Opportunities and challenges for early intervention presented by a drive for more coherent working between different agencies at the local level are explored in this study.

Changing professional roles

A number of recent policy developments have sought to increase service integration and inter-agency safeguarding[80] specifically in respect of children's care, demonstrated, for example, by growing emphasis on the 'Team Around the Child' (TAC) and 'Team Around the Family' (TAF) as 'effective multi-agency systems'.[81] This represents a shift from more traditional, siloed ways of working which, in turn, aims to have a significant impact on professional roles and responsibilities and, ultimately, to improve outcomes for children and families. The new context means that frontline professionals will be required to understand the implications of working within systems rather than structures and this has already started to become explicit in certain areas of children's services policy, for example, in respect of

safeguarding.[82] While this offers some opportunities for early intervention - in that professionals can gain, potentially, a broader view of a child's needs - progress can be stymied by such factors as 'professional stereotyping' and difficulties sharing information.[83]This study explores the relationship between changing professional roles, operational settings and working to improve outcomes over the longer-term.

A TAC/TAF model invariably involves a lead professional or 'dedicated key worker' supporting the whole family, making efforts to work across traditional service boundaries to secure the resource-mix as required. On one hand, this can help to streamline care and 'offer flexibility to deploy more intensive interventions' than could otherwise be delivered in the community.[84] On the other, '[there] may not be the right resources readily available in the local market' or, in other words, there is 'a skills gap'. [85] Indeed, recent research on effective professional relationships has shown that delivering the 'action-focused practice' that engages and empowers families requires a supportive organisational culture and focused training.[86]

Government's considerable investment in 'early years' support over recent times - for example, through 'Sure Start'[87] - has gone hand-in-hand with growing emphasis on the importance of structured parent training interventions.[88] The critical role played by parents in driving positive long-term outcomes is a central component of recent policy. On this theme, researchers have highlighted the importance of professionals working to address the difficulties parents face – to enable them to improve children's outcomes by being better parents – rather than looking at the child's needs in isolation[89]. It is argued, however, that this should not simply be equated to delivering early intervention:

> In some circles, early intervention and prevention has become a euphemism for parenting support or at the very least seeking to address parent or environmental problems that impact on effective parenting, such as substance misuse, mental health, debt and housing. We know that it is essential to address these issues in order to promote child wellbeing. [90]

While some of the wider debate around poverty is contentious, the focus of early intervention in the Field Review relates to early (and ongoing) engagement of parents in their role as 'the key architects of a fairer society'.[91] This was emphasised in the Allen and Munro Reviews which noted the roles and responsibilities of professionals in breaking inter-generational cycles of poor multi-domain outcomes, by improving parenting potential.[92] [93] The Tickell Review also emphasised the critical role of parents, as well as the relationship between parents and early years services.[94] Agencies' responsibilities for assessing need at a strategic level and translating this into delivery of appropriately intensive holistic interventions at ground level, is also a key issue.

In particular, there has been considerable policy-focus on identifying and providing targeted, multi-agency investment in families with multiple problems[95], most notably through 'Troubled Families'[96]. Evaluations of family-focused work taking place over recent years - for example, the Child Poverty Pilots[97] – suggest there are benefits to be realised. The LGA notes that '[s]avings have been made by councils who have strengthened their commissioning arrangements and invested in preventative measures'.[98] This study explores local authorities' perceptions and experience of such drivers.

Innovation models of delivery and funding

Local authorities are working to identify the most appropriate professional skill-mix to support 'whole system' approaches – i.e. those where all relevant agencies work together cohesively - while also trying to identify areas of 'high spend and variable performance' that might benefit particularly from an early intervention focus.[99] The Local Government Association (LGA) suggests that, for children's services, these areas include 'special educational needs (SEN), fostering and adoption, schools, youth provision and safeguarding'.[100]

Increasing the focus on early intervention at locality-level has led some authorities to think about developing new ways of commissioning and delivering services. It has also been argued that efficiency is a strong driver of innovative practice.[101] There has been explicit focus on financial efficiency for several years now, yet the rate at which innovative practices are developed, implemented and disseminated in the public sector varies significantly. Given the argument for increasingly data-driven practice in social care[102], this could be attributed to the 'dearth of research evidence' to support a relationship between innovation and improved outcomes[103]. While there have been a number of structural and financial levers for innovation implemented at the national policy level,[104] research suggests that developing new ways of working does not necessarily require large-scale investment.[105] Factors such as willingness to take risks,[106] political environment, leadership and technology[107] and skilled facilitation during the design phase[108] have all being identified as drivers of innovation in the public sector. The extent to which these have an impact on sustainable early intervention services are explored in this study.

The financial freedoms and 'general power of competence' awarded to local authorities under the Localism Act is intended to give them 'the green light to work in innovative ways'.[109] This potentially means being able to develop and implement new models of service funding and delivery. In children's social care, this is allied with the implementation of regional structures for support and funding, through the Children's Improvement Board (CIB).[110] The extent to which these activities have driven changes at ground-level is explored in this study.

Government has indicated that any commissioning models used need to be fit-for-purpose, recognising explicitly the value that can be added by a range of 'public, private or civil society' organisations.[111] Policy also seeks to 'drive efficiency, effectiveness and innovation in public services' by incentivising performance using financial levers (for example, through payment-by-results mechanisms[112] [113]), 'setting proportions of specific services that should be delivered by independent providers' and enabling organisations to 'run services, own assets and...form mutuals'.[114] This has been accompanied by some investment - for example, the £19m support for public service mutuals[115] - and the commitment to creating 'a level playing field for charities, voluntary groups and social enterprises that want to bid for public service contracts'.[116] This study explores local authorities' perceptions of the impact of different funding models on early intervention and long-term planning, including the non-ringfenced Early Intervention Grant available in 2011/12 and 2012/13 (now discontinued).

In respect of funding streams, however, successful delivery of early intervention recognises that 'the simple transfer of monies is not enough'.[117] Local authorities will also need to manage local markets in a way that acknowledges the changing relationship between citizen and state[118][119] and this has implications for commissioning (and de-commissioning) of services that deliver over the long-term. If 'fiscal centralism has nearly run out of road' as a result of genuinely devolved control, the future of service provision is likely to involve far greater accountability for delivery at the local level than before.[120] Social care users and their families ought to be at the heart of this model of accountability. Children's services have already gained some ground here, with initiatives such as budget-holding lead professionals[121], individual budgets[122] and direct payments[123] ensuring that they are able to influence how funds are allocated to meet their needs. In respect of the wider children's care context, commentators have noted the potential offered by 'place-based budgeting' to 'treat the individual through a tailored package'[124] but observe that this relies on securing engagement of key partners and ensuring voluntary and community sector bodies are not disadvantaged by commissioning processes.

4. Findings

4.1. What drives local authority decision-making?

Summary

Findings indicate a number of factors influence the way that commissioning decisions about early intervention are made. The extent to which different drivers have an impact at service-level, and the *way* they influence decision-making, is variable.

At the national level, drivers include the:

- consistency and strength of government focus on outcomes and early intervention, and the extent to which national initiatives fit together coherently.

- 'localism' agenda; specifically, the level of autonomy (financial and operational) offered to local authorities to identify and respond to local need.

- expectations of authorities in respect of data use, reporting and analysis.

At the local level, these include:

- localities' 'starting point', specifically whether or not there is already a clearly established vision and/or jointly owned priorities already in place including whether elected members 'buy in' to the agenda

- level of recognition that pressure on higher tier services (especially children's residential care services) means that maintaining the status quo is not an option.

- the need to commission consistently, with local authority provision not the default.

- the different definitions and interpretations of the terms 'early intervention' and 'commissioning'.

4.1.1.   National-level drivers

Continued focus on outcomes and early intervention

Over and above the money local authorities are given through the Early Intervention Grant,[125] participants noted that the ongoing national focus on improving outcomes for vulnerable children, young people and families[126] drives local decision-making. While, in broad terms, local authorities welcomed increased freedom from regulation and bureaucracy, there was a clear message that the number and nature of policy directives matter. Specifically, multiple, short-term and apparently disjoint initiatives can undermine local-level progress towards long-term outcomes. Related to this, participants talked about local-authority decision-making being heavily influenced by the way that funding is routed through national initiatives (for example, 'Troubled Families'[127]). While local authorities said they value opportunities to access new funding, those that undermine pre-existing plans and strategies can lead to an incoherent approach and:

"...a patchwork created by national initiatives......the [local] landscape is influenced by the history around national investments...it's made more complicated by the fact that within each administration there are different initiatives."[128]

Furthermore, participants noted that the benefits to be achieved through early intervention focused initiatives are likely to be realised over a much longer period of time than the monitoring and reporting frameworks of some centrally-driven initiatives allow.

Given that the introduction of the Early Intervention Grant (EIG) signified the removal of ring-fenced funding, local authorities are trying to focus on spending available monies only on activities linked clearly to delivery of outcomes; "turning the best elements of early intervention into something a bit more rigorous"[129]. There were mixed views about the end of the EIG from April 2013. Some did not see this as a particular problem, given local authorities' experience in using a range of funding sources to pay for early intervention activities:

"We don't just look at the Early Intervention Grant to develop services".[130]

"...fundamentally we have a belief in [early intervention] so we're trying to use all of our monies...not just our Early Intervention Grant."[131]

Others thought it was more problematic as it meant previously available monies were more likely to be subsumed by other activities or services. In terms of discussions about the financing of services over the long-term, however, local authorities focused mainly on the over-arching pressure on them to save large sums of money, or, "cash-on-the-table efficiencies"[132]. As a result, they are pushed to reduce spend on children's services overall[133] and/or in relation to specific user populations, most notably looked after children. These financial pressures can drive "slash-and-burn" activities in local authorities which are incongruous with adopting a strategic, long-term vision for the future of children in the locality.

'Localism' and increased autonomy for local authorities

Participant data suggest that 'localism' is a debated concept. While most viewed the potential freedom from burdensome monitoring and reporting positively, it was noted that the phrase 'localism' does not always have a particularly good reputation in local government as, in practice, it can feel inconsistently applied. This apparent inconsistency can make local authorities feel nervous about developing new ways of working, uncertain about the parameters within which they are operating. Furthermore, it was reported that 'localism' can be used interchangeably with 'local government' when, in fact, the two are not equivalent.

Speaking positively of new freedoms, authorities highlighted in particular the opportunity they provided to think about service planning from first principles: to consider the outcomes to be achieved and, in turn, what services need to look like to achieve them.

"...de-ring fencing of grants and the accompanying policy vacuums have forced a rethink of how our early intervention and prevention work should be delivered."[134]

"Removal of ring-fencing has helped us shape local delivery..."[135]

While a number of authorities reported reduced levels of recording, others felt unsure about what data should be captured on an ongoing basis. To this end, it was suggested that more

guidance on government's expectations of local authority monitoring is required. There remains a question about what this needs to look like but it is interesting to consider this point relative to the view that some local authorities welcomed the chance to "rise to the challenge" of increased freedoms, having not been pushed to do so before.[136] One of the key difficulties, however, seems to be managing the tension between planning and prioritising at ground-level while being sufficiently flexible to respond to national opportunities for funding and nationally-determined priorities. There is also the difficulty of balancing more local autonomy with an appropriate level of reporting to the centre:

> "...hold us to account about what difference we make but give us the local freedom"[137]

Related to this is the challenge of attempting to respond to long-standing problems resulting from multiple, societal-level factors, by focusing on individual young people or families, i.e. there is a limit to what is within the local authority's control. This reflects the wider debate about the appropriateness of some early intervention approaches referenced earlier (see: Context: Understanding 'early intervention').

> "We need...more local autonomy and control...the downside is that you can't solve all the local problems by working at the local level. There are lots of drivers [of poor outcomes]; you can't pathologise by looking at the individual families on an individual street."[138]

Finally, participants agreed that whether or not authorities can take advantage of new freedoms by innovating at the local-level is likely to be determined by the extent to which they can influence different partners. In particular, trying to work with agencies that have regional (rather than local) structures can exacerbate professional and fiscal vested interests and, in doing so, stymie progress towards long-term commissioning.

Shift to data-driven planning and evidence-informed practice

The need for local authorities to become more sophisticated about gathering and using data to inform commissioning is a key theme emerging from this study.[139] This is because effective commissioning, that delivers over the long-term, requires an understanding of local population need and the impact, or likely impact, of different interventions on outcomes. Indeed, this has been recognised nationally in the form of the Department of Education grant-funded 'Early Intervention Foundation', to be headed by Graham Allen MP, which aims to 'help local commissioners make decisions on the basis of robust evidence of cost, benefits, risks and projected outcomes'.[140]

Authorities in our study noted that improving local population outcomes over the long-term requires a 'needs-led' approach. A number of interviewees highlighted the importance of a rigorous Joint Strategic Needs Assessment (JSNA) in this respect, reflecting the high priority this is also given in the literature.[141] In addition to the JSNA, authorities are using nationally available datasets, undertaking secondary analysis of locally-gathered routine data, undertaking primary research, and accessing data observatories.

There is a clear commitment to understand which interventions work, for whom and under what circumstances, based on robust evidence.

"For too long we've carried on doing things we think are going to work, without examining the evidence base."[142]

Some specific methodologies were highlighted as being useful here including, for example: 'outcomes-based accountability'[143], zero-based budgeting[144] and the use of outcomes frameworks and measurement tools to target resources and evidence impact[145]. Overall, however, there was a strong theme that more could be done to help authorities understand 'what works', as well as what constitutes evidence-based practice. While there is a wealth of data on early intervention available, participants reported that frontline staff and managers alike have little time to extract just the information relevant to their work. In addition, the skill required to make sense of data ought not to be underestimated; not every organisation has this, and local authorities have seen loss of research and analytical capacity over recent times. While there was active support for the sorts of locally-led innovation and research that can help build the knowledge base about what works, this can also cause problems: specifically, standards of evaluation and outcomes-measurement can be inconsistent from one place to the next.

The increased focus on using data is also a response to the changing role of local government in respect of public health,[146] and the discrepancies between data gathered across health and social care at the moment. In this respect, a number of authority interviewees noted that learning from the health sector may benefit their work and, indeed, this is an issue which is already being addressed nationally.[147] [148]

4.1.2.   Local-level drivers

Established, relevant priorities

Research findings suggest that broadly, the work local authorities are doing on outcomes-focused service planning over the long-term, builds on the extensive and wide-ranging activities that have been undertaken over recent years.

"We've spent years breaking down barriers between services...so there is wider availability of different service groups to children and families."[149]

This is reflected in the literature on 'effective local practice' in early intervention; specifically, the Centre for Excellence and Outcomes in Children's Services (C4EO) found that several case study sites 'developed their approach on the back of recent successful experience', i.e. adopted an iterative, incremental approach building on, rather than replacing previous ways of working.[150] Recognising that many of the outcomes services aim to achieve will take years (and, in some cases, generations) to manifest, there can, understandably, be resistance to changing models of working deemed to be relatively new.

One of the principal factors influencing commissioning at the local level, therefore, was said to be the priorities already identified by established multi-agency platforms, such as Children's Trusts or Early Intervention Boards. Related to this, several people referred to the Children and Young People's Plan as a critical document guiding their work even though it is no longer a statutory requirement for them to produce one.

> "Setting the desired outcomes is fairly easy. We have hung on to the five 'Every Child Matters' outcomes and money is our common language."[151]

Authorities agreed that in order to deliver benefits over the longer-term, a wide group of partners (including housing, criminal justice and health) need to be able to take ownership of early intervention, in a holistic way. There was also a clear message from research, however, that there is still some way to go before non-social care services routinely see early intervention as "everyone's business".[152]

Increased pressure on higher tier services

The financial and practical unsustainability of current provision was reported to be a significant driver of change. Aligned with the policy directives described earlier (see: 3. Context) the majority of participants emphasised the importance of reducing spend on high-cost services. In particular, reactive, crisis-led services were seen as expensive, unsustainable and not always capable of delivering the best long-term outcomes for children and families. Interviewees in particular also talked about needing to reduce numbers of looked after children and children subject to a Child Protection plan within their authorities. Authorities are grappling with how to move away from a crisis model of care while safeguarding and meeting need in the short- to medium-term (see also: 5. Recommendations).

Need to develop a consistent approach to commissioning

In making the shift to approaches focused on delivering outcomes over the longer-term, there was a strong theme about creating user-centred services. Participants talked about developing commissioning models that ensure interventions reflect people's needs rather than existing structures. Related to this, there was also considerable discussion about developing new models of provision, and engaging providers in new ways. In some cases, this was linked to broader work on service integration i.e. ongoing work to engage a wider group of cross-sector stakeholders in the delivery of support to children and young people and families. In other cases, this commitment was set within the context of a bid to become either wholly 'provider-neutral', or more challenging of the assumption that the local authority should be the default provider of children and young people's social care services. A number of local authorities are looking to apply the same criteria and challenge to commissioning their internal services as to those commissioned externally. Authorities also reported working hard to streamline groups of related but separate services.

Both literature and interview data suggest that there is some way to go before a significant number of local authorities have the capacity and/or will to develop delivery models such as cooperatives or mutuals. While there has been some high-profile discussion of this, and there are clearly examples of innovative practice[153], it remains early days and this study found limited evidence that this is a high priority for authorities at the present time. A survey of local authority Directors of Children's Services found that:

> '[m]ost interest is being expressed in sharing services across local authority boundaries or mutualising services that were formerly provided directly by the local authority, but, in many cases, this remains an intention rather than a formal decision.'[154]

There was recognition, however, that lessons can be learned from the private sector in terms of maximising efficiency, and that there is also potential to source investment from non-traditional funders of social care (e.g. local or regional philanthropic sources).

Definitions and interpretations

Findings indicate that there is an inherent challenge in terminology used in relation to the commissioning of early intervention services. Specifically in relation to 'early intervention' and 'commissioning'.

Early intervention

'Early intervention', although the focus of considerable discussion at the local level, still means different things to different people.[155] It is important to understand what people mean by 'early intervention' given the a priori hypothesis that, in order to improve outcomes in the longer-term, services should work to prevent problems occurring or worsening. Nuanced and/or complementary but non-identical definitions may be appropriate given the increasing role of multi-professional teams. In order to ensure effective partnership working, many authorities have undertaken targeted work on this issue. This has focused typically on understanding different stakeholders' perceptions of the term, and agreeing the shared definition that will work in multi-disciplinary discussions.

The term 'early intervention' is also being used to describe broad approaches, or the general focus of service "re-shaping"[156], as well as specific evidence-based, manualised programmes (e.g. Family Nurse Partnerships). There is a particular challenge for local authorities here, namely, gathering robust evidence that enables them to determine which interventions are most useful to replicate with which particular service users.

Commissioning

Given the wealth of research on this topic already, participants were not asked directly about how to commission effectively; however, the importance of commissioning was a recurring theme raised throughout interviews and events. 'Commissioning' is still not a universally understood concept and may be confused – and used interchangeably - with contracting or procurement.

> "I'm not sure people understand what commissioning is about... people have to move away from seeing commissioning as about buying and selling things."[157]

It follows, therefore, that people may not always recognise or see the value of a commissioning approach.

There was strong agreement that delivering sustainable, long-term solutions requires a shared understanding of how to commission, and the skills to do so. Participants talked about services being far more likely to be able to improve the well-being of children and families, if they are commissioned (rather than simply procured) using a process that defines clearly the outcomes to be delivered at different levels, and over different time periods.[158]

4.2. Do authorities take a long-term view when commissioning children's services?

Summary

This study found widespread agreement that supporting children and families over the long-term means tackling inter-generational issues that can require help to be offered over a decade or longer. This can be a challenge within the current environment and in the context of instability. More specifically, study participants agreed:

- **that it is difficult to work towards long-term visions while meeting immediate need.** While local authorities set visions for the long-term (10 to 20 years), strategic plans for children's services typically cover 3-5 year periods, and delivery contracts have to be managed on a much shorter-term basis.

- **there is tension between long-term outcomes and the day-to-day operating context.** The stability of services overall, and the potential to deliver long-term benefits, are limited by short-term funding cycles and national initiatives that feel hard to 'join-up' at service-level.

Working towards long-term outcomes while meeting immediate need

Acknowledging the difficulty of planning early intervention services over the long-term, most participants talked about having in place (or being in the process of developing) clear plans for a three, four or five year-period. This was set, however, within the context of being clear about the long-term outcomes to be achieved. A theme here was the need to focus on a few, critical priorities for the purposes of the three-to-five year plan, rather than having extensive, wide-ranging aims.

The biggest tension overall was said to lie in managing short-term need (and, indeed, working to make a difference in the short-term) while also acknowledging that the multi-faceted determinants of many problems[159] faced by vulnerable children[160] and families will take years to address. Localities are grappling with the need for a 'twin-track' approach which can support both reactive services to safeguard children as well as longer-term, sustainable, preventative approaches.

Authorities also talked about being limited in their ability to deliver consistent interventions that support a child or family's journey along a "managed pathway"[161] over a decade or more. There can be "a tendency to resort to structural responses"[162] to social care problems, rather than thinking through the impact of service user and carer engagement with support at key stages of their lives. The transition between children's and adults services can be particularly problematic given inconsistencies both in eligibility thresholds and in the actual support available. A recurring message in the study was about the need to facilitate longer-term

commissioning, considering in particular a child's transition to adulthood; this was referred to a number of times throughout events as 'lifelong commissioning'.

Tension between long-term planning and the day-to-day operating context

The difficulty of balancing long-term views with immediate needs is compounded by challenges related to short-term funding cycles and financial uncertainty. One interviewee summarised this as:

> "...working in an environment where savings and efficiency are...delivered at risk of destabilising long-term planning"[163]

Related to the previous point, participants also highlighted how it is often not made sufficiently explicit that investing-to-save can actually increase costs in the short-to-medium term as previously hidden unmet need becomes evident. This can lead to the term 'investing-to-save' becoming interpreted as simply increasing costs. A recurring theme from event discussions was the need to move the debate on, such that the focus is on 'cost avoidance', i.e. authorities and their partners working to avoid unnecessary spend. Some suggested that this framework offers an opportunity to look at current models of provision and see where inefficiencies and waste can be reduced. Indeed, in terms of the wider context, the pace of change in the health and social care sectors over recent years has been fast and, as a result, participants reported that service commissioning and/or delivery models can also become unfit-for-purpose relatively quickly.

> "Our current structure is two years old and that now feels like a long time!"[164]

While authorities talked about being well-used to managing in changing contexts, the need to develop and embed new ways of working can also introduce considerable instability to the system. This instability was said to threaten the potential effectiveness of early intervention work, which requires the ability to make meaningful plans over a much longer period, ideally with some sense of the likely context:

> "To really change things, we need to plan for 20 years; we also need to know the future of local government."[165]

This seems to be at odds with the rate at which authorities are required to re-assess communities' needs: while many interviewees talked about evaluation and review as an integral part of planning cycles, it is also likely that a considerable proportion of data-gathering is focused on demonstrating the impact that services are making.

> "We re-plan every three years and review annually....we are constantly reassessing [the community's] needs."[166]

The challenge of decommissioning

The current economic pressures provide an opportunity – welcomed in some cases – to take a critical view of the extent to which services are delivering outcomes. Accordingly, such activity can also lead to decisions to stop funding "services that [have] no evidence of impact"[167] although this can be tricky to implement. Authorities' varying ability to disinvest in services that do not deliver can limit their work to achieve a long-term vision. It can be difficult to close or scale-down services, even those that do not perform optimally. Decommissioning

can be hindered by: long-standing authority-provider relationships; historically output-focused (rather than outcome-focused) performance management targets; and/or, political sensitivities.

There was a consistent theme from event participants that responding to challenges to commissioning decisions can take up a considerable amount of local authorities' time. Having said that, many authorities are taking bold commissioning and decommissioning decisions, for example, by reallocating resource away from universal services, and into more targeted, intensive interventions with more complex children and families:

> "...we have done a lot to identify our [most] needy families...we have pulled back some resources e.g. from family and youth services..."[168]

4.3. What helps and hinders long-term commissioning?

Facilitators of, and barriers to long-term planning

Findings indicate some general pre-conditions for developing a commissioning approach that supports early intervention as a way of delivering long-term outcomes.

Internal factors include:

- opportunities to **engage elected members** and officer investment in this work.

- being given the **freedom and encouragement** to think differently.

- having both the **organisational culture and capacity** to commission skilfully and manage the risk of working in different ways.

- building the **professional skill and confidence** to work across service boundaries, in a culture of intervention rather than onward referral.

External factors include:

- recognition of the need for **stability, as well as long-term planning and funding** at the national policy level.

- **engagement of the wider workforce**, in particular the voluntary and community sector.

- the ability to **create flexible models** of service delivery and manage the provider market.

4.3.1.   Internal factors

Member engagement

The need for elected member engagement in the early intervention agenda was a recurring theme throughout interviews and events. Being able to plan over the long-term requires elected members to back an early intervention approach, recognising that many of the returns on investment may not be realised within their leadership lifetime. Elected members are in a powerful position: one interviewee noted that the elected member has to "sign-off expenditure over a certain figure which doesn't really make sense when colleagues, for example, in health [managers] can control much larger budgets".[169]

> "...the political process is short-term. For me, one of the conditions [for long-term planning] is having a good relationship with elected members who have the ability to see the longer-term vision...particularly beyond the term of their office."[170]

Related to this, elected members also need to recognise their influence in the commissioning process. [171] Specifically, successful delivery of early intervention is underpinned by cross-

party recognition of 'the benefits of reducing our long-term debt by spending much less on reactive late intervention'.[172] Ad hoc elected member involvement or lobbying was also said to destabilise commissioning plans:

> "I also wonder whether there needs to be greater debate about what role the elected members play. There's too much of a relationship between the political world and the role of particular providers, for example, elected members getting involved in the cases of particular families."[173]

While some talked about how engagement can simply be dependent on individual personalities, there was also considerable agreement about what can help secure elected member support for early intervention work. In particular, participants thought it useful to provide:

- a compelling narrative that makes clear the links between early intervention, and, national and local priorities e.g. reducing numbers of looked after children.
- relevant data on local need and the potential financial and quality gains to be made from intervening early.
- examples of lessons and gains made from early intervention in comparable peer authorities ideally supported by economic data.
- opportunities to engage members as early as possible in discussion and decision-making and then to continue to do so, on an ongoing basis.

A number of authorities talked about how scrutiny reviews can be useful in building consensus around issues. They can help to maintain focus on the outcomes to be achieved rather than risking issues becoming 'political footballs'. In addition, it may be useful to look at the role of ward councillors and to ensure that members are held responsible for families' access to help within their own wards (and provided with the relevant information to do this).

Freedom and encouragement to think differently

Participants also talked about the importance of being given freedom to make brave decisions that permit innovative service delivery. Firstly, this related to freedom from national-level regulation and frameworks deemed overly prescriptive. This was partly supported by the literature on development and diffusion of novel practice which notes the importance of 'the right kind of external pressure'[174] from Government: specifically, not too much and not too little. This runs contrary to the idea that organisations need total freedom from regulation and also relates to the idea that 'pressure on resources often acts as more of a spur to innovation than in times of plenty'[175], a view reflected by some interviewees. Secondly, several participants described the need for freedom from bureaucracy at the local, organisational level. They talked about having to 'work around' overly burdensome local-level procurement processes that would have otherwise hampered an innovative, partnership-working arrangement between the local authority and a community sector agency.

> "Where you get unstuck is where you start to get too hung up on procurement rules that completely smash any attempts at innovation out the way..."[176]

Participants identified that the sort of creative commissioning which may be required to meet long-term need is likely to involve systems and structures that feel qualitatively different from those in place before. There is a wealth of evidence to suggest that good local-level leadership – political, strategic and operational - is a critical success factor when implementing any new way of working and this was a theme from this study. In terms of authorities' abilities to think creatively, the literature reviewed suggested that there is no shortage of innovative practice per se[177]; the main challenges relate to their ability to spread pockets of good practice in early intervention more widely:

> '...the key problem may not be a lack of innovation but a lack of the means of making the most of it.'[178]

This seems to be a critical issue for developing long-term commissioning solutions. In general, this study's findings suggest that new ways of working to deliver early intervention are being piloted on a relatively small-scale and that authorities can find it difficult to keep track of what peers are doing.

The need to carve out space and time to think carefully about future strategy and plans in respect of early intervention – including new systems and structures - was a key theme in the research. This was supported by evidence from the literature review. A case study of innovative commissioning of a young people's outreach service, for example, found that:

> '[i]nnovation was seen as an incremental and developmental process, rather than a new event. [Staff] saw it developing incrementally through cycles of action and critical reflection.'[179]

Organisational culture and capacity

Findings indicate that the sort of innovative commissioning of early intervention services required to deliver long-term intervention relies on an organisational culture that:

- **acknowledges, and is sensitive to the balance 'between risk, innovation and effectiveness'** and encourages creative ways of achieving outcomes, while ensuring that the authority still delivers the 'core business'.[180] Protecting the interests of vulnerable children and families clearly ought to be the priority, but there was widespread recognition, from literature and stakeholder comments, that this is a complex area of work. In particular, there is a need to balance professional judgement with transparency of process and practice, and clear accountability for risk management and safeguarding.
- **is collaborative and 'pervasive';** specifically, this involves demonstrating a genuine commitment to forging 'true partnerships'[181] with both staff and people who use services.[182] Actively seeking the views of children, young people and families and respecting their beliefs and preferences is central to successful early intervention practice. This is no less important for interactions between different professional groups.[183]
- **nurtures the 'belief that you can make a difference;[184]'** interviewees emphasised the importance of having a 'can do' culture, where staff are proactive and willing to try

new things in the bid to make a lasting difference to the families with whom they engage.

- **makes it clear that early intervention is part of everyone's job**. In order for wider engagement to be successful, local authority social care staff need to understand the rationale for, and commit to early intervention as a way of achieving long-term outcomes.
- **is focused on service improvement as the basis for change**; it is important for authorities and their partners, while being honest about the financial pressures, to be able to justify any changes to working practices in terms of the potential they offer for improved services, rather than being "about making cuts"[185]

Building professional confidence

Professional skill and confidence was discussed in the context of developing a culture of intervention rather than 'referring on' to other services. It related in particular to supporting staff as they begin to operate within new workforce models, for example, a TAC/TAF.

> "We're skilling the workforce to identify and advise and recognise when more specialist intervention is needed. ... [we need] individuals able to be confident they're retaining their own expertise and professional identity"[186]

This is clearly aligned with the provisions of the Munro review and, indeed, there was considerable discussion with participants about the need to support colleagues to exercise increased professional judgment, within the context of a highly risk-averse sector. Focusing on appropriate skill-mix was emphasised here, most notably, by ensuring that multi-professional teams encourage wider ownership of early intervention while not diluting professional expertise.

Developing new multi-professional teams can be particularly challenging given that different professional groups are likely to be subject to different monitoring and reporting requirements. Accordingly, participants suggested that, at the national level, there is a need to consider sector regulation in relation to early intervention approaches, noting that this needs to be a jointly owned issue but agencies are more likely to invest in what they are going to be measured on:

> "…what concentrated our minds [on early intervention] was inspection."[187]

Related to the previous point, the importance of empowering professionals to feel confident when working with issues that cut across traditional service boundaries was also a theme. This might involve, for example, a children's services social worker dealing appropriately with issues that might seem more directly related to criminal justice colleagues' work. Participants suggested this active intervention, requires:

- **confidence in, and commitment to use of professional judgement** and expertise (at individual, local and national levels). This study found tension between increasing professional judgement and autonomy, and the ongoing focus on public accountability and risk aversion in respect of safeguarding. This can pose a significant change management challenge for authorities and their partners. Munro was highlighted as

providing a real opportunity here but one which could be given more weight at the national level to allow localities to use it as a platform for influencing.

- **an understanding of "how change happens"** as well as what works and for whom.
- **a "risk-sensible"[188] approach** founded on:
  - clarity about skill mix, roles and responsibilities;
  - clear lines of accountability (with DCS as over-arching accountable person);
  - culture change work both locally and nationally to support a shift away from risk aversion and back towards professional judgement, skill and competence;
  - support to tackle the technological and information-sharing barriers that can significantly limit information-sharing and confidence in working with risk.

In terms of the commissioning of innovative new models of delivery, both those interviewed and in attendance at events noted this is most likely to be a success when the 'right' people are involved. While this may seem like an obvious finding, participants often took pains to explain that this was less about professional competence as defined by job title or level of seniority, as personal style. This was reflected in the literature:

> 'Finding these people is not an easy task: they are rarely defined by their pay grade or job title. It is their mindset and their willingness to ask 'why?' that defines them'[189].

4.3.2. External factors

A stable environment

The importance of stability was a central theme: specifically, this related both to national policy drivers and funding, as well as local structures. As discussed earlier (see: 4.1) participants recognised that a certain degree of change is inevitable; however, they emphasised that delivery of long-term outcomes requires some stability over the intervention period, and, that this time-frame can be considerably longer than some funding streams allow.

Local-level stability can be a result of, for example, relatively consistent population need or stable political structures (related also to the role of elected members, see: 4.4.1)

> "In [Local Authority 1] there is local political stability and this helps us to ride the storm easily. That's not so in other places [especially those] with hung majorities..."[190]

Investing time in developing leadership structures can help in this respect. Some talked about the benefits of joint appointments with the health sector as being useful for strengthening leadership of early intervention. Similarly, a study conducted as part of the national Commissioning Support Programme[191] demonstrated the benefits of integrated strategic leadership:

> [A] tripartite arrangement between the DCS, the Chief Executive of the Council, and the Chief Executive of the PCT is a powerful force in children's commissioning... It can help to manage the influence of elected members and reduce the potential damage caused by political lobbying.[192]

Instability at the local level was typically discussed within the context of instability nationally. For example, interviewees talked about the planning blights that can stem from uncertainty at

the national level, or the different financial demands placed on partners who are all expected to contribute to delivering early intervention.

Conversely, structures that are "too stable"[193] could potentially be limiting in that they may compromise innovative thinking. It may be that stability at the local level can be considered more broadly: a number of interviewees talked about creating and following a consistent vision, which was developed in collaboration with partners. It seemed that the development of this vision or narrative enabled these sites to stay focused on their own local priorities even in the face of a changing external environment. There also seemed to be cultural factors at play here specifically in relation to local authorities' ability to tolerate ambiguity. Some authorities seem more accepting than others about operating in a state of flux. These could be described as taking a 'polarity management'[194]rather than a problem-solving approach. Such a stance would assume potential value in two apparently opposing 'polarities' (e.g. centralisation versus localism; stability versus instability) rather than identifying one option as a problem and the other a solution. This is also aligned with the view that early intervention is not the 'alternative to later intervention', [195] rather:

> "[s]ome children and families may need repeated support, while others may have their life/problem trajectories sufficiently changed by an 'earlier' intervention to not require later interventions'.[196]

Funding cycles and regulations

As discussed (see: 4.2.1), participants talked about the challenges they experience when translating national level initiatives into service-level activity. They talked about the difficulty of planning services over the long-term when funding cycles work on a shorter-term basis, and of trying to 'join up' the funding available through different initiatives. They also highlighted the difficulties of developing new models of inter-agency working, particularly involving partnerships with non-statutory bodies, when different agencies are subject to different accounting regulations. It can also be the case that partners are not in an equal position to contribute financially to an agenda that needs to be jointly owned and delivered. Local authorities can experience particular challenges in translating hypothetical support into tangible delivery and resource commitment on the ground. There is a related problem caused by providers being selective about their service provision:

> "Partners are not so keen to provide services although they may be happy with early intervention principles...providers prefer to try to cream off the easier commissions and not want to focus on the more intransigent problems, which are often the bread-and-butter of social care."[197]

Savings from early intervention-focused initiatives may accrue to one agency rather than being distributed equitably across all investing partners. This poses a particular challenge given that what is needed from multi-agency working to deliver long-term outcomes is active, resourced involvement "not just more 'visioning'".[198] National multi-agency funding was thought to offer one solution to this.

Engagement of the wider workforce

Throughout discussions, participants emphasised the importance of workforce engagement to support sustainable planning theme. This related both to "selling" the benefits of early intervention, and addressing the inherent culture change associated with delivering services in this way, across different staff groups and different sectors.

> "...you have a simple decision to make: you have to balance how much you want to spend on stopping bad things compared to responding to them...[staff are] taking time to 'make the case' for a preventative approach"[199]

A related issue was that of professional development and skill-mix across organisations, particularly in the context of the drive for multi-professional working and integration of different services and teams across a locality. Overcoming the 'silo-working' that can be a particular barrier to delivery of long-term outcomes is critical. Interviewees talked about this working particularly well where staff are very clear about the benefits to be gained, both in terms of the children and young people's outcomes and in terms of their ability to perform their role effectively. Communicating these benefits and helping people to understand them takes time:

> "It's taken a lot of banging away at it...you need to win hearts and minds. You keep having to bring it all back to what works for families...changing the culture is the hard bit."[200]

Participants noted that being able to deliver effective services over the long-term is inextricably linked to commissioning skills. They reported a number of human resource complexities in challenging traditional service models. These relate, in part, to the issue described early (see 4.1) about variable understanding of commissioning. They are also linked to some of the well-reported cultural barriers that can be evident when making the shift from a paternalistic model of service delivery to co-producing outcomes with children and families. In addition, the issue of commissioning in a way that assumes 'provider neutrality' raises a particular human resource question for authorities, given the way that most are currently structured, articulated by one interview as follows:

> "If you have a career path where people are very knowledgeable about service delivery and get promoted as a result of that, then you have a senior leadership that is focused on service delivery. We're likely to need a different skill-mix..."[201]

Flexible models of service delivery and market management

The literature suggests that new models of budgeting (for example, as illustrated in the 'Total Place' pilots[202]) and/or service redesign may be useful in releasing additional resource and the majority of authorities involved in our fieldwork said they were thinking about how to remodel existing services to improve outcomes over the longer-term. This included, for example, working to significantly reduce levels of council provision and/or make multi-professional input a reality. Indeed, many authorities talked about actively challenging their position as default social care service providers (for an example of this in practice, see Luton's case study in section 6.1). In doing so, they talked about strategic commissioning for outcomes, rather than "commissioning on the basis of historical accident".[203] Many

participants also noted, however, that commissioners can be limited in terms of identifying alternative options for provision, noting that:

- in some cases, the local market does not have (or chooses not to offer) the diversity of provision required. A recent study notes that '[o]ne of the biggest barriers to innovation is the limited market and the limited engagement between the public sector and providers'[204] although authorities surveyed 'were optimistic that opportunities would be given for external organisations to enter the market in the future'.[205]
- in other cases, significant support (requiring financial investment) would be necessary to enable a wider range of voluntary and community sector organisations to enter the market in a meaningful way. Some voluntary and community sector bodies are simply better equipped to respond to invitations to tender than others, which could mean that those less familiar with tendering and procurement processes, for example, miss out on opportunities.

The importance of engaging voluntary and community sector bodies to improve intervention and add extra capacity and/or release capacity in statutory services was emphasised. Participants highlighted that it may not be easy to see exactly where voluntary and community sector bodies should be focusing their efforts in supporting statutory sector partners, or what business models they need to adopt: "social enterprise is such a mantra...the messages have got really confused".[206] It was suggested, however, that there could be a particular role for smaller voluntary and community sector bodies in helping larger ones to deliver, which could potentially add considerable capacity in a locality.

A particular challenge faces local authorities in identifying and engaging marginalised groups in early intervention programmes, although this is critical to achieving programme aims.[207] Authorities reported a related problem with programmes either not being in places where vulnerable families are likely to access them, or families not wanting to engage in services because they cannot see the benefit of doing so. Ensuring that services meet the needs of vulnerable groups is likely to be a particularly important consideration in the context of decentralisation of services.[208] Again, participants highlighted the importance of changing the relationship between social care and families to a more collaborative one in which outcomes are co-produced. This is aligned with the recognition of how important it is for interventions to be tailored to families' needs which, in several examples, necessitated non-social work staff brokering relationships between statutory services and vulnerable families.

4.4. Characteristics of authorities making progress

Summary

Findings indicate that local authorities understand there is an imperative to intervene early to deliver outcomes in the longer-term, and are making efforts to respond by reviewing their existing structures, systems and processes. In terms of the detailed nature of work being undertaken, organisations are doing very different things. This study has, however, identified some of the shared features of authorities who talk about making progress, in addition to the issues identified in 4.4. These include:

- **local leadership and commitment to a 'long-term'** programme.

- **a clear understanding of the local system** and, more importantly, children's and families' "journey" through it

- **engagement with schools,** and head teachers in particular recognising the critical role of universal services in supporting early intervention

Local leadership and commitment to a long-term programme

Having visionary leaders – both elected members and authority officers - who embody the will to change and are prepared to take brave decisions was a consistent theme from research.

> "Having people prepared to be open-minded and brave [is] more and more important. You need expertise and good technicians but it's not sufficient only to know how to do a process...you need creativity."[209]

Such leadership was said to involve, for example, senior officers: working to secure member buy-in to early intervention; supporting staff to work in a changing context, with different requirements of their professional roles; and, holding partners to account for delivery of priority outcomes.

A number of authorities talked about trying to lead radical or creative approaches to service delivery in their locality. Many such approaches involved whole-system change or, as one participant described it, developing "the Rolls Royce model"[210]. These are likely to include significant investment, for example in: engaging a wide range of stakeholders; developing a shared vision; remodelling service delivery infrastructure (for example, see Stockton's case study: section 6.2) and/or implementing multiple, inter-related initiatives across a locality. These models aim to be sufficiently flexible to withstand changes at the national and local level, and to thrive regardless. The model described in Hartlepool's case study (see: section 6.3) provides one example of how such an approach might translate into local initiatives.

A clear understanding of the local system

Participants highlighted that the most compelling cases for invest-to-save initiatives are invariably founded on robust, concrete data. It can be helpful, for example, to map out the local journey of a child with complex needs, as a way of demonstrating just how many services are typically involved, how frequently and at what cost. This can support the development of "a more systemic approach"[211] to planning and delivering services that involve not only social care, but also criminal justice, health and education: an approach is a positive, necessary response to "the changing world".[212] Wolverhampton's case study (see: 6.4) provides on example of how one authority is working to streamline the user journey through the system – making it more needs-led than service structure-led. Recognising the mutually-reinforcing nature of many issues affecting vulnerable children and families, many authorities talked about trying to use existing levers to strengthen, and extend existing cross-sector, multi-agency working. These levers might be, for example:

- **structural** e.g. Children's Trusts or Health and Wellbeing Boards.

- **process-based** e.g. use of the Common Assessment Framework

- **topical** e.g. an "appetite" for undertaking work on a particular issue.

Participants described the aim here as being to engage communities in a way that 'unlocks' local capacity[213], both that contained within formal structures (e.g. other statutory agencies, voluntary and community sector bodies) as well as informal capacity (e.g. local community volunteers). Coventry's case study (see: section 6.5) provides an example of how one authority has engaged volunteers to enhance the social care offer, adding to capacity. Unlocking local capacity requires an understanding not just of "what works" generally, but of what works (or is likely to) in addressing the needs of the communities in question.[214] Authorities describe how they demonstrate to stakeholders that engagement and collaboration will enable all partners to build on areas of strength:

> "We know what we're doing well...We know about the changes that have taken place in the area...Fundamentally, we know our needs and our population."[215]

This work might involve tackling high priority cross-cutting themes, for example, the relationship between children and young people welfare and youth justice[216] in supporting vulnerable children. Medway's case study (see section 6.6) provides an example of how one authority has worked to develop an integrated service offer to tackle these issues.

Engagement with local schools and head teachers

School engagement in, and co-ownership of the early intervention and prevention agenda was seen as absolutely critical but was noted to be particularly challenging given: schools increasing autonomy (and, accordingly, local authorities' decreasing influence over them, especially as a result of 'academisation'); the fact that schools are measured principally on attainment outputs, rather than broader wellbeing-related indicators; and, the varying levels of commissioning capacity in schools. Where authorities talked about having positive relationships with schools, these were attributed to:

- considerable investment in cultivating individual relationships with staff, head-teachers in particular (see Dudley's case study, section 6.7 for an example of one approach).

- communicating clearly the vision for schools' role in supporting early intervention, and the potential benefits to them (e.g. improving children's participation in, and experience of education).

- having open, honest discussions about the Pupil Premium, particularly in respect of how it can be used to support the early intervention agenda.

- using existing local multi-agency platforms on which education is already represented (e.g. Children's Trusts).

5. Conclusions & implications

5.1. For central government

Funding early intervention

A number of financial barriers were found to stymie progress to delivering long-term outcomes for children and young people. One of the most significant challenges facing authorities is how they can make the necessary investments in re-shaping delivery such that it tackles intergenerational issues, while also funding immediate need. Related to this are the challenges of securing and protecting multi-agency funding to support service delivery over the long-term.

The implications of these findings for central government, identified by participants, are that there is a need to:

- **secure cross-party agreement about "inter-generational funding"** of early intervention-focused work, i.e. 10 to 15 year, joined-up funding that is coherent across departments and policies.
- **consider how to remove chronological barriers** to service funding and provision, i.e. to ensure young people are supported during and after their transition to adulthood.
- **moves away from measuring 'cash-on-the-table' efficiencies** to looking at avoidable spend and efficiencies measured over the longer-term.
- **address some of the national financial regulations that render the local financial context unequal:** authorities gave the examples that mainstream funding can contribute to reserves, grants cannot, and that charities can carry funds from one year to another whereas local authorities cannot. Related to this, Government could develop policies that seek to ensure financial gains realised through invest-to-save initiatives are distributed and reinvested across all contributing partners.
- **recognise explicitly the necessity of double-track funding**, perhaps exploring the possibility of an investment fund that sits above revenue spend, perhaps sourced from the Children's Improvement Board; and/or, pump-priming significant, evidence-based invest-to-save models (e.g. as was the case for 'multi-systemic therapy').

Building the evidence-base about effectiveness

Participants were clear that both making the case for early intervention and using resources in the most effective way relies on a robust evidence base and a clear understanding of how to translate evidence about 'what works' into practice. While it may be that much of this work is likely to fall within the remit of the Early Intervention Foundation (EIF), this had not yet been commissioned at the time of the present study. Implications of our findings may be useful for informing the detailed work of the EIF given that participants noted the need for:

- **funding of longitudinal research** to increase knowledge about the benefits of different interventions over the course of a young person's life, specifically to support authorities and their partners in determining:

    o   when to intervene;

    o   with whom to intervene; and,

    o   how to intervene, i.e. the effectiveness of interventions, as well as the professional skill-mix, competences and attributes required to deliver them.

- **provision of some guidance or benchmarks** on the requisite quality of evidence, in order to support and spread good quality local level innovation, as well as funding for local-level evaluation.

- **funding of the development of economic models relevant to social care** that can help local authorities and partners demonstrate the benefits of early intervention approaches. Related to this, Government could also share explicit information about the costs associated with poor commissioning and/or a short-term focus, both in respect of outcomes and money.

- **funding of a learning network to facilitate ready access to examples of practice** from other authorities and to support professional development in respect of early intervention.

Leading early intervention through national policy

This research found that authorities experience Government policies and policy-related initiatives as inconsistent at ground-level, particularly those coming from different departments. Some policies can help or hinder others. There was also a clear message that tackling complex issues requires children and families to be supported over several years, which requires stability in national policy. Policies perceived to be inconsistent or short-term were reported to limit local authorities' ability to deliver early intervention-focused approaches in the way that they would like.

Participants identified the critical implications for government as being the need for:

- **more stability in policy**, to enable authorities to plan services for children, young people and families over the longer-term. Related to this was the request for Government to communicate its direction of travel for early intervention policy, recognising that political support is an essential success criteria.

Performance management and monitoring

Participants welcomed increased freedom from reporting and monitoring, but noted that this can also provide some challenges, particularly in respect of multi-professional teams and cross-sector working. Specifically, there can be confusion about how different performance management and regulatory frameworks fit together (and related to this, lack of clarity about Government's expectations in terms of lines of accountability). Different agencies are also likely to prioritise different activities, depending upon the focus of their monitoring and regulatory frameworks; this can impede work towards over-arching early intervention aims.

The implications of these findings, participants noted, are the need for:

- **an outcomes-focused inspection and performance management framework** that is consistent across different agencies involved in delivering early intervention, which makes clear overall accountabilities.

- **'joined-up' national policy** that provides different partners with "a common language around data" and an ability to deliver coherent early intervention work through consistent initiatives.

5.2. For local authorities and their partners

Workforce and skill-mix

In summary, participants concluded that improving young people's outcomes relies on the timely delivery of effective, efficient interventions. To be efficient and effective, these interventions will be founded on the most appropriate skill-mix delivered via multi-professional teams. Working in a way that recognises explicitly – through changes to structure and practice - the mutually reinforcing nature of different problems affecting children, may well feel qualitatively different for professionals compared to previous, more siloed ways of working. Participants also agreed that moving towards service delivery that takes a longer-term approach requires highly skilled commissioning.

Participants noted that these findings suggested the need for:

- **a clear local framework and infrastructure for commissioning,** supported by clearly defined roles and responsibilities. This should work to ensure accountability and respective contributions are clear, at the organisation, team and individual levels.

- **a clear competence framework** that links to performance management and accountability within a multi-professional teamwork context. This should also make explicit the value of, and place for professional judgement.

- **clearly-defined roles and skill-sets of social care managers** recognising the need for highly skilled service commissioning of multi-agency services. Related to this, participants recommended looking to learn from public health colleagues, particularly about implementing, and evidencing impact of multi-professional interventions.

- **clearly-defined frontline worker roles** within new multi-professional or multi-agency arrangements, recognising the need to balance generalist skill with specialist expertise, and to build professional confidence.

- **ensure that implementation of new delivery models is accompanied by culture change activity.** This may include, for example, delivering workforce development programmes about commissioning or looking for opportunities to engage in peer support activities.

Leadership of the agenda

This study found leadership of the early intervention agenda at the organisational, political and operational level to be absolutely critical. Specifically, participants agreed that authorities invest time and effort in engaging and involving elected members. In addition, the ability to plan, fund, commission, deliver and evaluate early intervention services within the context of a multi-disciplinary system was also recognised as essential, given the importance of wide ownership of the agenda 'on the ground'.

The implications of this are that local authorities and their partners may wish to consider how best to:

- **confidently communicate** the evidence about the potential benefits of, and rationale for long-term interventions. This should be supported by concrete data and should accept that commissioning services that deliver over the long-term involves some bravery. It requires things to be done differently rather than simply cost-cutting.

- **stimulate local innovation** by using learning from demonstrator projects to make the case to local politicians and other locality partners

- **engage members as leaders of this agenda.** Participants highlighted a particular need to:
  - ensure training and support for elected members recognises the skills needed to operate as part of the council, not simply as operating in a cabinet in isolation.
  - present a compelling narrative to elected members about the potential gains to be made by early intervention, underpinned by relevant data that highlights both the political and financial imperatives.
  - involve members in cross-party discussions about long-term investments, early on in the decision-making process, using scrutiny panels as an opportunity to do this.

Commissioning

As referenced above, this research found that skilled commissioning of early intervention services is seen as absolutely critical for taking a long-term approach to improving outcomes. Data suggest that there are still different levels of understanding about how commissioning differs from procurement, and how it should be applied to secure services that really make a difference to families in the long-term.

Local authorities and their partners, therefore, could usefully consider how best to:

- **ensure that commissioning is informed by robust data** which gives value to a range of qualitative and quantitative data. The data on the needs and preferences of children, young people and their families' should be absolutely central to the whole process. Economic data are also critical to include, for example, cost benefit analysis, or simply unit cost data to allow for comparison of services.

- **commission services for children, young people and families in a way that recognises these services cannot be delivered in isolation**. This would involve:
  - joined-up commissioning within the local authority itself, i.e. across departments;
  - commissioning services across the course of a lifetime; and,
  - joint-commissioning beyond simply health and social care, informed by robust data, specifically, projections of likely future scenarios and associated costs under different service provision models.

- **"do commissioning properly",** ensuring that procurement is fit-for-purpose and recognised as only one part of the commissioning cycle (rather than synonymous with commissioning).

- **develop regional, intelligence-led co-commissioning** arrangements, to help address the fact that there can be variable capacity in terms of commissioning skill, and time available.

- **use the range of funding opportunities and levers potentially available** to support commissioning of early intervention-focused services. For example, financial support from the private sector; use of Health & Wellbeing Boards to align funding streams; and capacity and expertise within the local voluntary and community sector.

6. Case studies

6.1. Luton: working towards provider neutrality

What were the drivers of change?

Luton Borough Council (LBC) used to have 23 Children's Centres provided by a range of voluntary sector and statutory organisations. The council identified the need to: save money; re-focus resources on early intervention and prevention; and, improve the effectiveness of interventions for children, young people and families.

What was done?

LBC worked through a re-commissioning process, providing information, support and training to existing providers. This involved setting out explicitly the service objectives, outcomes to be achieved and available resources, and asking for help in co-designing a new 'hub and spoke' model featuring 23 delivery sites and seven management hubs.

Providers submitted outcomes-focused Expressions of Interest which were evaluated by a panel. LBC was able to deliver the full proposed model as a result of the bids, while also ensuring providers could be held accountable for meeting the needs of the local population. The centralisation of management activities to the seven hubs also resulted in cost savings overall.

What were the benefits?

Undertaking this process demonstrated clear commitment to:

- **a 'provider-neutral' stance**, i.e. the emphasis on delivery of the new model by whoever could demonstrate the best ability to meet the service specifications within available resources. This position was consolidated by the work described in '**Vibrant, sustainable, local**', the report of the VCS commission, which reviewed the Council's relationship with its Voluntary & Community Sector providers.

- **engaging and supporting providers** through the process of commissioning, including being prepared to have difficult, frank conversations about delivery expectations and finance**.** LBC are planning to strengthen the outcomes-focus further by introducing 'payment-by-results' (currently in development).

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6.2. Stockport: transforming 'early help and prevention'

What were the drivers of change?

In accordance with the Munro recommendations, Stockport Metropolitan Borough Council (SMBC) wanted to develop a coherent approach to delivering 'early help' in the locality, as a way of securing better longer-term outcomes for children. Specifically, SMBC sought to: work in an increasingly targeted way with the most vulnerable children; make it easier for families to access appropriate support; reduce duplication of effort; and, develop a simpler management structure around family support, with clear lines of accountability.

What is being done?

After extensive public consultation, SMBC is currently establishing a single, Early Help and Prevention (EHP) service, bringing together a range of currently separate council teams, to provide early help and prevention-focused support for children and young people aged 0 to 18. The EHP will adopt a locality-based structure, with four integrated area teams covering the Borough. Each area comprises Children's Centres, plus one Family Support Team managed by a qualified and experienced social worker.

The EHP aims to deliver longer-term outcomes by prioritising vulnerable families and/or those where there is particular risk of escalation. SMBC has developed clear 'Prioritisation Guidance' that sets out how this process will work. The over-arching approach involves the EHP screening needs below the social care threshold and, via the Comprehensive Assessment Framework (CAF), offering a multi-agency response with monitoring of CAF completion. The EHP will use only agreed evidence-based interventions and will work closely with social care to step-up and step-down to statutory services, promptly as necessary. Children's Centres have a remit to work with whole families when there is a child under five years old.

There is also a clear workforce component to the service transformation; specifically, the EHP will be supported by a bespoke: set of Integrated Working Principles; Practice Framework; Career Pathway; and, set of quality assurance tools. There is explicit recognition in the Prioritisation Guidance that decision-making about access to services involves managers using professional judgement to balance the risks and anticipated impacts of the interventions.

What are the expected benefits?

While the implementation work is still in its infancy, the planning phase has identified clear potential benefits for the locality. The service redesign has enabled financial savings of £1.2m with most frontline posts protected and some reduction in management posts. Intended objectives include:

- **long-term benefits for children and families:** application of the Social Work method to manage family support workers, for evidence based and effective work, with confidence in managing risk
- **improved practice:** monitored via a Quality Assurance Framework, and a Performance Management Framework

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6.3. Hartlepool: implementing a new vision for early intervention

What were the drivers of change?

The biggest lever for this work was the need to identify and respond to unmet need. This was in addition to addressing strategic priorities related to: improving children and young people's (children and young people) quality of life and supporting effective parenting.

What was done?

Hartlepool Borough Council has re-designed the delivery of its children's services to focus on early intervention and prevention. All children referred for support receive an early intervention response and the early intervention strategy sets out a coordinated approach to commissioning services that focus on breaking the inter-generational cycles of need. As well as developing a mixed economy of provision, Hartlepool Borough Council (HBC) will be challenging itself to see whether, of those services it currently provides directly, there are any that could be delivered more effectively through commissioning from non-statutory agencies. Considerable time and energy was spent "selling" the vision, recognising the importance of support at the political, strategic and operational levels. The model features:

- **the Information Hub,** a single point of access to all services HBC commissions or provides for children and families in the locality. This service has a strategic manager who will monitor all case information, contract compliance and key metrics in order to be able to compare performance of one service compared to another in responding to referrals and improving outcomes for children and families.
- **multi-disciplinary locality-based** teams aiming to provide a coherent, cross-sector service offer. Within these teams, the Early Years Pathway will ensure resources are targeted at "hotspots" of disadvantage, based on evidence from in-depth needs analysis. The pathway is initially aligned with the midwifery and health visiting pathway, coordinated with the Family Nurse partnership work, with the aim of becoming fully integrated over the next few years. The Family Support Service will also be delivered using a locality model, providing additional resource to universal services and focusing 'on key indicators such as improving school attendance, poor parenting and inadequate care of children'[217]. Services will be hosted by a range of facilities within the community as a way of promoting and increasing access.

What have been the benefits?

While the long-term benefits of this work are expected to take 10-15 years to become evident, in the short-term, this approach has:

- **given partners the freedom to think differently**. HBC saw the removal of ring-fenced funding in children's services as an opportunity: it facilitated the challenge of traditional models of delivery - and silo-working - and enabled partners to collaborate in order to redesign services based on identifying local need.
- **helped build a shared understanding of need in the locality** and professional confidence to manage prevention work. HBC has focused considerable effort on Tier 2 services, supporting professionals to identify identifying when they can actually intervene, and when it is appropriate to refer to other experts.

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6.4. Wolverhampton: developing a new operating model

What were the drivers of change?

Wolverhampton City Council (WCC) identified a need to rethink the way commissioning decisions are made in respect of children's services in order to drive long-term improvement in outcomes while also working in the shorter term to: reduce numbers of looked after children; improve safeguarding overall; create a preventative approach that recognises the multiple determinants of problems that manifest within both education and welfare sectors; and, respond to rising costs associated with higher tier interventions.

What is being done?

WCC's New Operating Model for Children's Services is founded on a commitment to: service models based on need rather than thresholds; streamlined support for families; professional development and increased professional judgement; diversifying the provider-base; and, child and family-focused delivery. The detail of the approach is still being developed and agreed with all partners but key features are likely to include:

- review of multiple **assessment** methods with use of a fit-for-purpose Common Assessment Framework (CAF) as the foundation, supplemented by specialist assessments that build on the same foundation while being more in-depth.
- a 'Team around the Child' approach to **intervention,** coordinated by a lead professional who engages social work (rather than 'referring on'), as required. This is designed to facilitate access to specialist services at an earlier stage, locating specialist social work support within the context of local integrated service delivery.
- locality-based, multi-agency **service delivery** teams (MASTs) building on existing arrangements in which such teams are linked to Children's Centres and already encompass a range of services (including educational psychology and welfare support, for example). The MAST/Children's Centre (CC) managers will be leaders of integrated services in local areas rather than managers of a team or a CC. Senior psychologists or social workers would assume the lead professional role, while social work managers manage risk and performance, quality assurance and HR issues.

What can others learn?

While this new model is still at the early stage of development, WCC is building on the work done to create early support services for families (MASTs) out of a more traditional school-facing service model. For example, this included commissioning educational welfare services alongside more targeted work in Children's Centres. Drawing on Early Intervention Grant to develop these services has already led to the:

- development of more coherent family offer that works across intervention levels (low to high) and ages (0-18).
- early identification of challenges through close working with schools and the availability of a range of responses to identified problems.
- sharing of expertise across professional groups (e.g. the use of psychologists to support case work by social workers).
- development of local leaders for integrated working who have a detailed understanding of their population needs and available resources.
- potential to divert families from higher level to lower level intervention through shared review of referrals to social care.

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6.5. Coventry: releasing social work capacity

What were the drivers of change?

Coventry City Council (CCC) identified a need to reduce numbers of looked after children, and children subject to care proceedings or a Child Protection Plan. There was also a particular concern about neglect.

What was done?

CCC invested 60k into a three-year agreement with Community Service Volunteers (CSV). CSV had approached CCC proposing a social work-specific volunteer 'befriending' programme that had already been delivered successfully in a number of areas. CSV recruited a Volunteer Coordinator (VC) to whom they then provided supervision and professional development. The VC was based in CCC offices and had access to administrative support, child protection-specific training and a link person within the Social Work management team.

The VC recruited and supervised enough volunteers to work with 25 families at a time.

Volunteers provide support for as long as required. Their work includes, for example: building trust with families so that they can engage them in community-based services (e.g. Children's Centres); helping with form-filling or other administrative tasks; spending time explaining social work processes and aims so families feel less threatened by them; and/or advising on parenting. The emphasis is on enhancing the social work offer, not replacing it but providing this support in this way has also meant social workers and other professionals can re-focus their input. For example: a trained volunteer, rather than a social worker, can now support a family through a housing application.

In the first 15 months of the 'Volunteers in Child Protection' scheme (ViCP), one-third of families supported were de-escalated through social care. Out of 46 families, 13 were de-escalated from 'Child Protection' to 'Child in Need' (CIN) status. Of these, four were then closed to social care during the ViCP involvement. In addition, two families who were referred to ViCP at the CIN stage were then closed to social care. Finally, three children were discharged safely from care.

What can others learn?

CCC note that this model of working can:

- **contribute to de-escalation of child protection cases** thereby making a tangible contribution to both prevention and efficiency agendas.
- **potentially strengthen the workforce in the longer-term.** Volunteering offers an excellent opportunity to develop sector-specific skills and experience.

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6.6. Medway: an integrated prevention service

What were the drivers of change?

Medway Council (MC) identified the need to integrate the support offered to families involved in the criminal justice and/or welfare services. Specifically, MC aimed to:

- reduce first time entrants (FTE) to the criminal justice system
- reduce referrals to social care;
- ensure families are supported and don't "fall through the gaps" between services;
- improve outcomes for children in broad terms.

What was done?

The Integrated Prevention Service (IPS) sits within MC's Inclusion Directorate and brings together three previously separate entities: Medway Family Intervention Project; Medway Youth Justice Prevention Programme; and, Medway Targeted Youth Support Programme. The aim of this was to provide a streamlined, coherent service that facilitated more targeted, preventative work to families in need. Implementation of the new model was delivered through having a clear vision and senior-level leadership, in addition to bespoke training and support for frontline staff, and, dedicated communications activity around the initiative.

IPS involves staff from across the Council, with the range of skills, coming together to provide a holistic model of support in respect of three broad areas:

- *Early Intervention*, in school, home and community)
- *Prevention and Diversion*; specifically diversion from criminal activity using a "triage" scheme
- *Crisis Intervention*: aimed at supporting those referrals from social care that do not meet the intervention threshold, or supporting a plan "step-down" care proceedings

IPS also encompasses a range of targeted interventions including, for example: anger management, 'consequential thinking' and parenting programmes. Cases are referred to IPS via a panel of Operational Managers who identify the support to be provided. In this way, services are targeted to the families' needs, rather than being determined by their point of entry to the social care or criminal justice system. Once within the IPS, a family has one keyworker, irrespective of the escalation or de-escalation of care. Where there is a change in the family's circumstances, the Care Plan changes rather than the keyworker.

What were the benefits?

MC is now looking to develop its 'Troubled Families' response in a similar way, noting that this model of working has already improved performance against key indicators, streamlined the service for families and saved money. They report, for example:

- **reduced FTE to the criminal justice system:** the Council reports a sixty per cent cut in the budget and a FTE reduction of 62% against the national target
- **reduced duplication of assessment** and necessity for families to pass from one service to another
- **increased professional skill** in relation to managing issues across welfare and criminal justice services.

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6.7. Dudley: 'team around the school' pilot project

What were the drivers of change?

Dudley Metropolitan Borough Council recognised the potential benefits to early intervention and delivery of long-term outcomes of close collaboration with schools. They identified that the Common Assessment Framework (CAF), if used in schools systematically, could be a useful way of strengthening partnership working. It could also help to identify those children most at need of support and facilitate their access to that support, in a streamlined, consistent way.

What is being done?

Dudley developed and piloted a virtual, multi-disciplinary 'team around the school' service, led by a nominated person with responsibility for the pilot from each of the schools within the cluster. This involved:

- schools signing up to follow standard referral processes for early intervention, including working collaboratively to develop and agree a care plan for each referral.
- schools working in partnership with key agencies to support children identified based upon individual assessment of need.
- the social care professional providing agreed support and information to families throughout the referral process in conjunction with the schools' nominated person. For example, this might involve a school learning mentor and an early intervention social worker making a joint home visit to complete a CAF, once a child has been identified as having possible support needs.

What are the expected benefits?

Both schools and social care professionals found the pilot to be a positive experience. In particular it has resulted in:

- **agreed, standardised pathways** that ensure every referral is assessed in a coordinated way with the referring agency
- **communication structures established** across all participating schools, as indicated by evaluation questionnaires completed as part of the pilot.
- **reduced numbers of direct referrals to Social Services and CAMHS** requiring child protection or tier three interventions, attributed to more coordinated early intervention, assessment and case planning procedures.
- **reduced anxiety in school staff** dealing with children and families in need of assessment/referral, owing to an ability to directly access social work support.

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