

Pillars & Foundations:

Next practice in children's services

A Think Piece

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The Association of Directors of Children's Services Ltd



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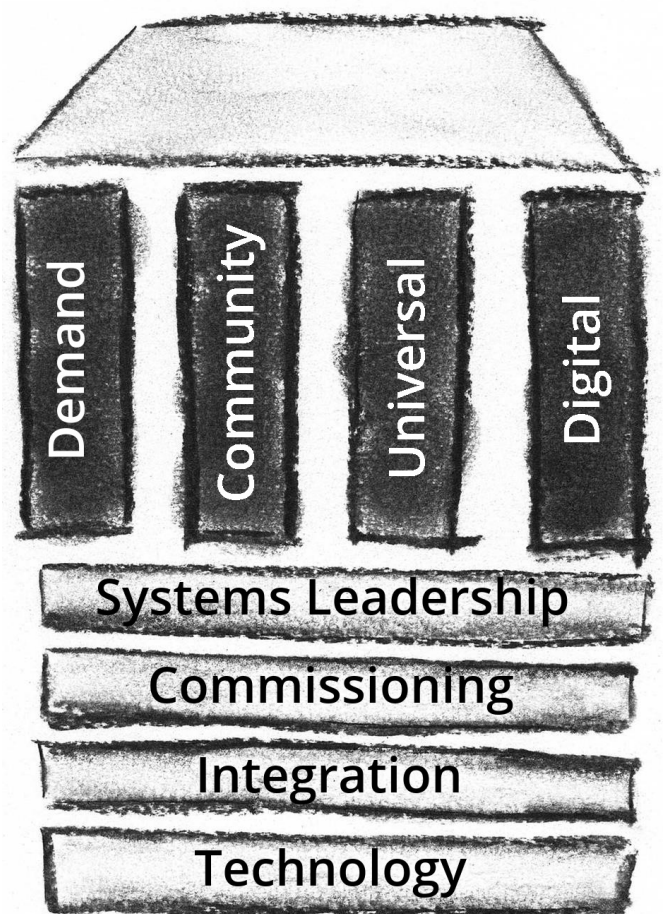
A Think Piece

This is a think piece: the paper is in places provocative, designed to stimulate thinking, challenge and debate.

Across the country, change in children's services is rapid and accelerating. Sometimes the response to austerity is knee-jerk: market consolidation and shared services, bigger caseloads and higher thresholds, cost shunting and salami-slicing, all of which can lead to poorer outcomes for children, young people, their families and carers.

But there are also early signs of next practice in children's services, characterised in this discussion paper as **Pillars** of service re-design and **Foundations** that enable these changes.

The reductions we are seeing in public finances will inevitably increase demand from families, but austerity can also drive innovation and positive change in our services. Whether it's big data that makes children's services proactive, place-based commissioning, digital services, devolution, early help for hidden need, new provider models, or even social-engineering. There is a brighter horizon that makes this an exciting as well as challenging time to be working for children and families.



Demand Management

All services seek to reduce demand but the method varies:

1. Getting the intervention right first time
2. Raising thresholds to stop access
3. Shifting demand to other channels
4. Reducing the period of intervention
5. Helping earlier, often targeting those in need.

In this section we focus on early help to reduce demand as we are seeing big changes in the model due to pressure for quick cashable savings.

The old business case for early help is broken. Every time we intervene early we are making an assumption that the individual will require more expensive services in the future, but this can be untrue and their needs may instead be met by their family or community. So expenditure on early help may in these cases, to some extent, be wasted.

There are two ways to mend the business case: better predictions so that we know who will need expensive statutory services in the future; or finding a way to help *all* children and families with a need early. This is complicated by significant hidden need in our society, for example the following vulnerable groups.



- Nationally around 1% of school age children receive a CAMHS service, but 24% either have a diagnosed or less severe mental health need¹
- As an average perhaps one in eight young carers are known and receive support
- A study of social workers in a large city suggests they are unable to support 80% of the need they see.

How have we got here? Perhaps as demand rose or funding became tighter we increased our thresholds and pushed need away – a model tacitly endorsed by central government and the inspectorates.

Next practice in children's services will be to turn demand management around so that all children and families that are likely to need a service in the future, receive early help now. So that early help services become predominantly proactive rather than reactive. But

¹ Department for Education, Mental Health and Behaviour in Schools, <http://tinyurl.com/nqty7vp>

rather than providing this support directly, we will work with the resources in the system, the community, universal and digital help. With such a change we might therefore expect a big increase in the number of families receiving early help, and a big reduction in cost per intervention.

Savings targets will inevitably continue to drive the system – requiring cashable returns from early help within two years or so. The commissioning challenge is therefore to implement much cheaper early help which reduces demand to statutory services quickly, allowing changes to staffing within the next financial period. Of course, selecting the right interventions will be difficult and the sector will have to work together to prototype and test innovative new early help models.

East Riding of Yorkshire - Children's centres provide a range of services for 0-9 year olds. In recent years the authority has incorporated children's centres into its multi-agency safeguarding service. Children and families not meeting statutory thresholds for intervention are referred to children's centres for additional help and support. For those aged 9-19 who do not meet thresholds for social care services, youth and family support services can provide a support function.

The reduced number of care proceedings for the under two's has been very marked with 95 applications for care orders in 2012 dropping to 45 in 2014. Proceedings are also undertaken in a timely manner with the average case taking 18 weeks to be concluded. The children's centres work alongside social workers to undertake pre-birth assessments and where the outcome is a recommendation to court for a care order and a permanency plan, the planning for permanency begins pre-birth and the outcome for the child is an early secure placement. Children's centres continue to work with birth parents, particularly when further pregnancies are anticipated. Children's centres are also working with extended family members to support them in special guardianship orders or child arrangement orders and with adopters both pre-placement and post-placement.

All support and safeguarding front line staff have been trained using the Signs of Safety approach. This has assisted with common language and risk assessments in particular. Teams can often be found 'scaling' a family risk assessment with other professionals and the family.

The authority has shifted staffing resources from safeguarding to early years' service to support this work. This model of early intervention has had a demonstrable impact on numbers of younger children in care. Between 2013 and 2015 the number of children in care under four years old reduced from 92 to just 33.

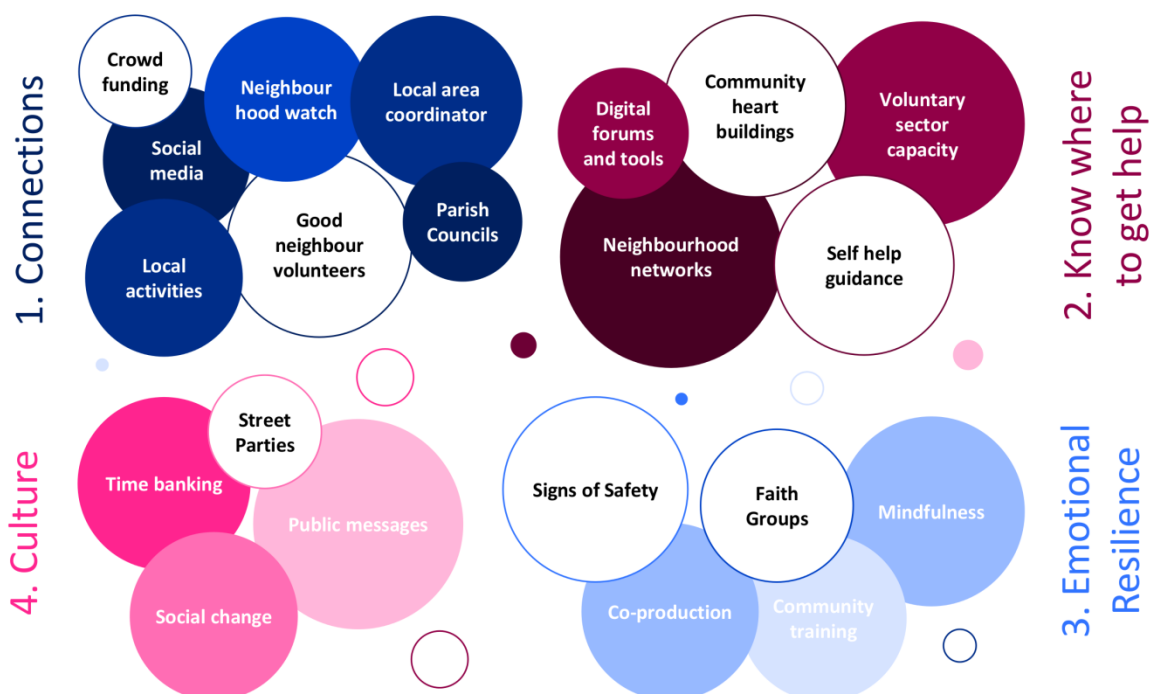
Community Resilience

There are two key elements to community resilience – interventions that draw on family or community resource through co-production, and methods that increase the intrinsic ability of individuals and communities to bounce back without intervention.

Many local authorities are embracing social capital or community resilience, but robust models that can be reliably implemented for cashable savings are hard to come by. There are four things we are potentially looking for to increase community resilience²:

1. **Connections** – bonds and bridges between citizens and between groups so there is a strong support network. Can we understand the connections that might make vulnerable families more resilient?
2. **Know where to get help** – including community buildings and people, self-help guidance and services.
3. **Emotional resilience** – for an individual and family to bounce back from stresses without requiring help from statutory services. Can schools help teach resilience?
4. **Culture** – reciprocity, co-production and lower inhibitions to encourage residents to engage and support each other.

The diagram shows activities and resources that we might be able to encourage or enable to increase community resilience and in the long-term reduce demand for services.



² NEF and Cabinet Office are testing these themes in the Social Action research project

London Borough of Hackney - Pause is a new approach to working with women who previously had and are likely to continue to have children removed from their care. Pause intervenes to break this cycle during the period when the women have no children in their care and they are using Long-Acting Reversible Contraception, giving them the opportunity to reflect, tackle destructive patterns of behaviour and to develop new skills and responses that can help them create a more positive future. The success of Pause is measured in two ways: women not going on to have further pregnancies, or women having children who are not subsequently taken into care.

In the original Hackney pilot, Pause worked with 29 women over an 18 month period, during which time there were no further pregnancies and therefore no removals into care. According to the cost benefit analysis, this has resulted in an estimated combined in-year cost avoidance to the local authority placement budget and NHS Special Care Baby Unit of just over £1.2 million, when the cost of delivery of Pause is excluded.

Co-production practice for frontline staff has developed significantly across adult and children's services in the last three years. No longer do we take the position of rescuer-fixer for families. We are now the facilitator to help the family to deliver their own outcomes.

Suffolk County Council - Signs of Safety³ originated in Australian child protection practice and is now being introduced widely in the UK. Suffolk has taken a whole system approach to implement Signs of Safety, applying the model flexibly across all children's services including external providers and partners.

Signs of Safety is based on a solution-focused approach, where the worker's relationship with the family is about drawing out their naturally connected support network and engaging the family to work out their own solutions. The relationship changes from a hero-victim dynamic to one of co-production.

Understanding and working with the strengths of the family and their support network is the key to sustainable change, combined with robust risk assessment which is direct in its identification of harm to the child if nothing changes. Plain-English outcomes are agreed in collaboration with the family, setting the success and exit criteria, and plans focus on the changes the family will make, using support from extended family, friends, community, voluntary and faith groups (whoever is important to that particular family) and only then on how statutory partners can be deployed to collaboratively achieve the outcomes.

Evaluation of Signs of Safety in Suffolk has been undertaken by University College Suffolk and London

³ www.signsofsafety.net



School of Economics. Findings show that practitioners feel supported by the whole system approach and report that families are more engaged, understand why services have become involved in their lives and how they need to change. Direct feedback from families, the courts and partner agencies has been equally positive. As early help teams and universal services become more confident in using Signs of Safety, Suffolk expects to see a reduction in demand and repeat referrals.

The child's voice is vital to Signs of Safety. The Council uses a range of tools such as the three houses that children illustrate showing good things, worries and wishes. These are used to co-produce plans for their safety and wellbeing.

As commissioners we have been short-sighted in what resources we can deploy to achieve outcomes, focusing on what we directly control rather than what we influence and enable. Sometimes our services are based on a specialist or medical rather than social model; we now have the opportunity to turn this around so that we draw more community and family resource into delivery.

And there are signals that both formal and informal volunteers will be far more involved in the future. By 2020 some children's services departments will be half the size they were a decade earlier. Recruitment, training and supervision of formal volunteers costs between £5 and £10 per hour of face-to-face time with families, whereas a social worker costs between £100 and £200 for the same hour of face-to-face time depending on productivity. The two workforces have different strengths. In some instances a professional will be more effective and in others a volunteer might achieve better outcomes through a strong and sustained relationship with a local family.

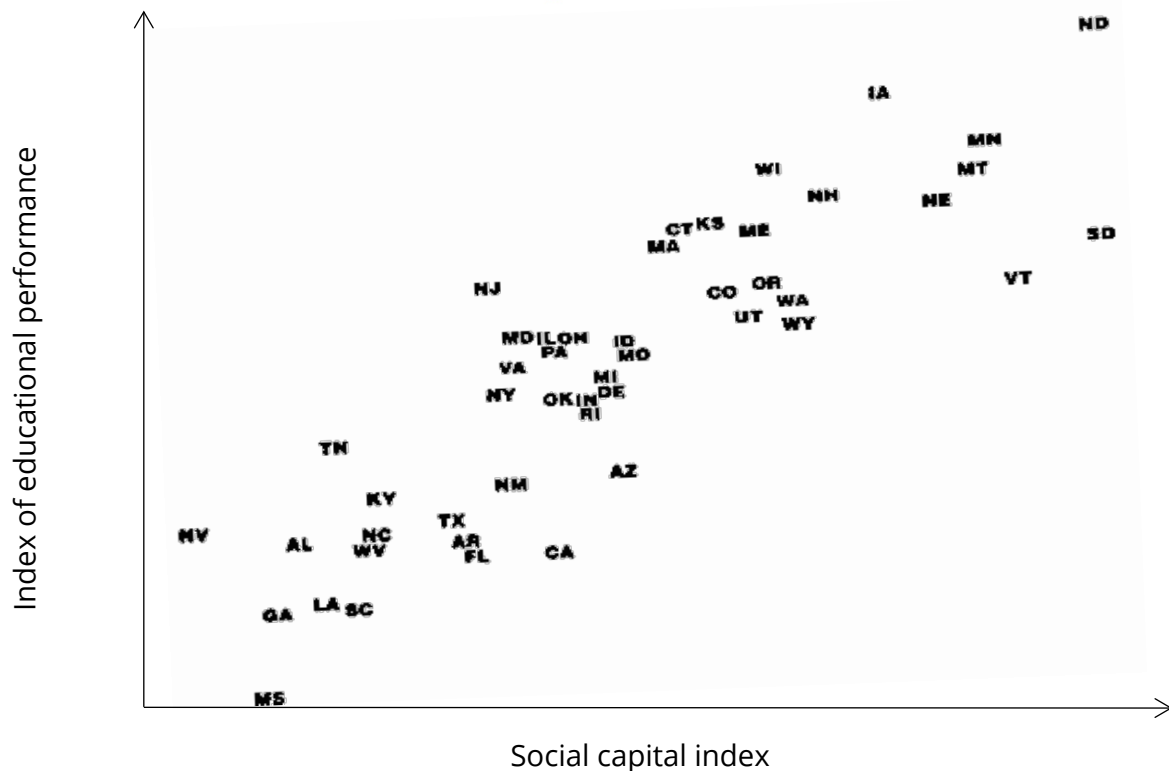
Next practice suggests there will be a blend of the volunteer and professional workforce in both children and adult services, supported by clear routes for escalation and de-escalation. After all, our fourth emergency service is entirely voluntary. We will, however, need to make a judgement call on when and where it is appropriate to use volunteers rather than the professional workforce.

Alongside formal use of community resource will be a changing social expectation of the role of the community and families in supporting each other, with help from local agencies to guide and enable community resilience.

Bowling Alone - Community resilience or social capital is described by Robert D. Putnam in 'Bowling Alone'⁴ as the collective value of all social networks and the inclinations that arise from these networks to do things for each other.

The Bowling Alone research shows a strong correlation between high social capital in the United States and many of the outcomes that we seek for our residents. Some of these findings are astonishing and show how important community resilience might be to improve national outcomes and cashable savings:

⁴ Robert D Putnam, Bowling Alone, <http://bowlingalone.com>



Graph showing link between community resilience and educational attainment in US States

- **Achieve** - Educational performance of schools goes up with social capital
- **Healthy** - Research suggests social capital changes biochemical effects on the body and consequent impact on health. There is a correlation to length of life, rates of heart disease and cancer, and recovery from stroke
- **Safe** - Murder rates inversely correlate to social capital; states with high social capital halve their homicides. The relationship holds true when adjusting for wealth and education differences. UK data shows that areas where people have stronger bonds and community activity have fewer muggings, assaults and burglaries
- **Happy** - Civic connections rival getting married and affluence as predictors of life happiness.

So what is all this telling us, and why are some individuals and families already resilient? There seem to be four types of community connections that we draw on: family, geographic, community of interest (e.g. work or faith) and online communities. Each connection can help citizens to bounce back from stresses, so we may be able to strengthen resilience for more vulnerable individuals if we move away from a geographic definition of community. And the ability to improve a whole host of outcomes from safety to health to happiness is potentially within our grasp.

Stoke-on-Trent City Council - The House Project is a pioneering new housing co-operative, led by young care leavers using homes owned by Stoke Council. The project provides young people with their own home while also providing comprehensive and co-ordinated support to enable them to be safe and successful as co-owners and managers of their own housing.

The project employs facilitators who support the young people to become resilient and independent adults, providing bespoke independence training programmes based around the practical challenges of managing a property and working as a team to run a business.

While the project aims to develop a new housing model that provides long term homes for young people, it also aims to provide a measurable impact on employment, health, offending and accommodation outcomes for young people leaving care.

Changing culture - Most local areas have strategies that include peer support, self-help and co-production, but these changes are cultural. What are the mechanisms to help residents to change their thinking and therefore behaviours? The diagram below shows a web of influences that might help to gently shape local cultures.



Changing Culture

Universal

As the capacity of our frontline staff reduces, there will be a larger draw on universal staff, for example in schools, early years settings, general practices, pharmacies, nurseries and fire services. Universal staff will be expected to reach beyond their comfort zone to deal with users' issues at the point of identification rather than referring to more expensive statutory services that do not have such an established relationship with the user.

Targeted help - Can we predict who will need help in two years and give their names to teachers to help families a little more? Gently shifting to a universal plus model.

Local government has a responsibility to encourage, support and increase confidence in universal service staff so that they can move into this more impactful role. No service is out of scope, with some local authorities already increasing the role of schools in safeguarding as their own staff are cut. Progress towards this model might include changing referral thresholds, establishing telephone or online support, and setting up professional teams in universal settings.

And it will be increasingly important for universal services such as schools to remain engaged with a child or family even as more specialist services take the lead. This will provide a route back to lower tiers and maintain relationships during the intervention.

North Yorkshire - The No Wrong Door model provides young people on the edge of care and their families access to round-the-clock support to resolve issues that can lead to adolescents going into care. Two central hubs bring together staff from the NHS, police and housing services who work with young people in a different, often more informal way.

No Wrong Door ensures that through one key worker, young people can access the right services, at the right time and in the right place to meet their needs. With an integrated service that provides care and support to our more complex and troubled young people in care, a key worker will stay with the young person throughout their care journey and ensure their needs are addressed within a single team of skilled workers.

The project brings together more accommodation options, moving away from traditional residential care, with a network of high needs supported lodgings, community families, bespoke and supported placements and private housing providers.

Staff have also been challenged to work in different ways, with the focus more upon outreach and activities and preventing children coming into care – as well as the more traditional role of looking after children in care.

Digital Help

Many parts of government and the private sector are moving interaction to digital channels, but children's services have been slow to adopt alternative models. Curiously the children and young people we work with prefer to engage online and yet we don't often use email to communicate, let alone other channels of digital engagement and delivery.

As the physical presence of services becomes prohibitively expensive and we attempt to increase the volume of early help services, there will be an inevitable shift to technology – blending face-to-face with online delivery. By volume, some services may become a predominantly online early help model in the future.

Suffolk - Health partners, the County Council and schools are redesigning emotional wellbeing services. Local research suggests there is more need than can be met by the acute service so Suffolk is building early help interventions to reduce demand. The new model is underpinned by five big ideas:

1. Simple referrals and pathways through a single point of access and assessment for support, focusing on the whole family
2. Right support, right time, evidenced. The clinical evidence base for mental health has improved – services will be designed around the most effective interventions in multi-agency settings
3. Big increase in early help working with schools, primary mental health workers, council staff, parents, carers and peers to significantly increase the volume of support. With guidance including MindEd to train and develop confidence
4. National research shows almost a quarter of a class has an emotional wellbeing need – this is no longer a niche issue but about everyone taking responsibility to support children and young people
5. Help when you need it using online 24/7 chat with professionals at the moment of crisis; and apps and forums for peer support.

Children's services will go through a big period of change as we become accustomed to online provision and change the day-to-day roles of our staff. Emerging services might include: triage of need through online assessment; advice and guidance democratising approaches such as Signs of Safety and speech and language therapy; online counselling and support through Skype, WhatsApp, Snapchat and other social media platforms; digital services pushed to users such as school nursing or guidance; peer support forums and social apps with professional moderation; and online care plans owned by the user and shared with services.

There may be a time when every children's service has an online presence as a first tier of interaction with users, creating a new norm for how we do business.

Nottinghamshire County Council - The Council is piloting a new online Education, Health and Care plan for families. The wiki plan was developed with young people, it sits alongside statutory partners' plans and is owned by the family who give permission to specific professionals to access and contribute.

Kirklees Council - Local authorities are increasingly looking at new and innovative ways to share information with residents in need of support. Rather than waiting for a referral to a service, Kirklees Council is investigating ways in which live information can be provided online, ensuring accurate and up to date information is available without delay. While this is expected to alleviate some demand on resources, investments are being made to identify and support children, young people and families who are in the most need. Predictive modelling, using data based on the troubled families characteristics along with other indications of vulnerability, will be used to help to identify those families who may need additional support.

Working with schools in a different way to support the delivery of universal and more targeted services, families will be allocated a key coordinator with whom they can develop a long term relationship. The key coordinator will help to coordinate activity and interventions to meet the needs of the family. This will be a graduated offer depending on the level of need and will be underpinned by clear escalating arrangements.

Systems Leadership

We face wicked, adaptive challenges: increasing demand with half the budget; making sense of the system of complex local and national services; new relationships with citizens; giving up power to gain influence in partnership working; or constant uncertainty when breaking new territory. So along with changing children's services there will be changes to the way we manage and lead.

Complexity - Children's services are inherently complex, for example:

- The way an individual makes decisions is only just starting to be understood by behavioural scientists⁵
- The interaction between that individual and their family and environment is far from straightforward
- We send in a professional to try to change that individual, family or environment
- We have multiple tiers of management to direct policy, training, processes, quality assurance, etc.
- This is mirrored by partner organisations with different targets and incentives to cost shunt
- We might have a transformation programme to change parts of the system and improve efficiency
- Central government departments and inspectorates which are often misaligned.

Somehow we expect to improve that child's life, reduce demand, take money out, meet all the targets and have a work-life balance. Children's services are complex systems.

The Virtual Staff College paper on Systems Leadership⁶ describes individuals' thinking, behaviours and actions in six dimensions:

1. Personal core values
2. Observations, hearing and perceptions
3. Cognition, analysis and synthesis
4. Participatory style
5. Behaviours and actions
6. Personal qualities.

These leaders are not hero-innovators but public servants who know how to enable, encourage and make things happen in the absence of formal authority.

⁵ Jonathan Haidt, The Happiness Hypothesis, www.happinesshypothesis.com

⁶ Virtual Staff College, Systems Leadership: Exceptional leadership for exceptional times
www.virtualstaffcollege.co.uk/wp-content/uploads/VSC_Synthesis_complete.pdf

Whole system transformation - There is an emerging approach to service design in large and complex systems – sometimes called radical efficiency⁷, systems thinking or Outcomes & Efficiency⁸. One local authority took on the challenge of redesigning all children's services in six months, where a traditional approach to mapping and business process re-engineering would be too slow.

The Council engaged and enabled frontline staff and parents through mixed groups – each tackling commissioning questions describing radical new service designs. It was this involvement and real empowerment which created the momentum for change and made sure new designs would be both practical and efficient. Staff and parents became the champions for the change and new operating models.

⁷ NESTA / Innovation Unit, Radical Efficiency, www.nesta.org.uk/publications/radical-efficiency-practical-guide

⁸ Richard Selwyn, Outcomes & Efficiency: Leadership Handbook, <http://tinyurl.com/gvt28m9>

Commissioning

We could be forgiven for thinking that commissioning is already here, but perhaps we're not quite at full stretch and there are some big changes to come.

Commissioning is the thinking and wide range of skills that are able to redesign and get the best from the whole children's services system. It's about technical problem solving using commercials, procurement, markets, needs analysis, performance management, targeting resource, process re-engineering and Lean service design. And it's about adaptive solutions such as systems thinking, co-production, early help, influence and partnership, being entrepreneurial, community resources, big data, behavioural economics, culture, transformation, inspiration and leadership.

Getting the right mix of ingredients in commissioning to deliver outcomes in the most efficient, effective and sustainable way is tricky. The following areas of development are noted by the National Commissioning Academy⁹:

- Optimise the total resource in the system such as community or family resource, as well as the money, staff, buildings, local businesses, markets and partner contributions
- Be really clear about the outcomes we are delivering, how these outcomes are delivered through a range of support, and improve data to measure real impact and target hidden needs through predictive early help
- Better understand the package of mechanisms required to achieve a particular outcome efficiently, including use of influence, co-production, partnership work and how we incentivise providers
- And finally, understand and re-architect the whole system of services and resources – potentially through joint public sector commissioning or design teams.



⁹ National Commissioning Academy, Cabinet Office and LGA, www.local.gov.uk/productivity/-/journal_content/56/10180/3865378?_56_INSTANCE_0000_templateId=ARTICLE

Local authorities are the lead commissioners in a local area and as our understanding of the complexity of systems and human interactions improves there are big efficiency improvements (maybe up to 50% in some cases?) to be had from applying systems thinking, testing new perspectives such as Nudge¹⁰, prototyping and implementing the new models.

Behavioural economics - Our understanding of the human brain and decision making has increased significantly in the last two decades. We now know that most decisions are made unconsciously, with the conscious brain more often than not justifying the decision like a well-paid lawyer.¹¹

With this new understanding we are starting to see practical application of behavioural economics to public services. For example: asking for a signature before citizens complete a form reduces fraud; showing how energy usage deviates from neighbours normalises behaviour; shifting diet decisions from the immediate to a future choice improves health.¹²

Children's services are often about helping families to make and keep to the right decisions – so should be fertile territory for Nudge, but so far there is limited application.

In the future, children's services will be built on proactive engagement with families rather than the reactive model of waiting for a need to become severe enough to present to the front-door or universal services. Data integration and predictive modelling will identify which families to help, and show over time which interventions are having the best impact on outcomes.

There is something about commissioning that enables us to be professionally curious, ask the right questions, stretch the boundaries of service design, and to consider a combination of economic, technical and psychological solutions to wicked challenges¹³. Good commissioning is therefore an important foundation to deliver next practice for children's services.

Predictive modelling - Or risk stratification has shown in one London borough that a child with special educational needs who is also receiving free school meals has a 70% likelihood of being referred to social services in the future.

Research in New Zealand¹⁴ that combines local authority and health data can predict, at the age of two years, which children will be on the child protection register in the future.

¹⁰ Cass Sustein / Richard Thaler, Nudge, <http://tinyurl.com/cw5t2ml>

¹¹ Jonathan Haidt, Righteous Mind, <http://righteousmind.com>

¹² Behavioural Insights Team, www.behaviouralinsights.co.uk/wp-content/uploads/2015/07/BIT-Publication-EAST_FA_WEB.pdf

¹³ Rory Sutherland, Perspective is Everything, www.ted.com/talks/rory_sutherland_perspective_is_everything?language=en

¹⁴ University of Auckland, Centre for Applied Research in Economics, <http://tinyurl.com/jdtodzy>

Another London authority is using bank loan default algorithms with demographics, housing, social care and MOSAIC or ACORN data to predict which families need additional support. These examples enable us to predict need and target early help services to reduce demand.

Alternative delivery models - There are two clusters of alternative models for children's services. The first is to reduce transactional costs, improve service quality or change leadership through teams that are spun out, for example Kingston and Richmond Achieving for Children. The second cluster is horizontal integration across the public sector, often incorporating up-stream services to reduce demand, for example integrated care organisations to deliver the NHS Five Year Forward View¹⁵.

What's unclear is how the role of the local authority will develop in relation to people services given the increased emphasis on place and growth, reduced influence over schools, and increasing influence of the NHS over adult services. Where will children's services delivery end up?

¹⁵ NHS, Five Year Forward View, www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

Integration

We all know that the current structures of local and national partners are a little crazy – each organisation is incentivised to pass risk and cost shunt to the other in exchange for marginal cost savings, and targets are misaligned or even fully opposed. Abortive solutions include duties to cooperate, shared governance, better care funds, total place and community budgets.

Next practice has to solve the challenge of integration comprehensively and at all levels – the opportunity may be within reach via devolution and health system changes. We need to integrate practice, thresholds, teams and technology around the user so we intervene once and consistently. Where appropriate and when it makes sense, we need to integrate organisations, management and back-office functions to squeeze the last drops from the public estate and overheads. And integration of local government could allow children's services departments to reach optimum size by formally joining with other authorities.

Special educational needs - A child with moderate learning difficulties that is not supported is predicted to cost UK PLC £2-3m during their adult life¹⁶. It's a small investment to support the child and their family, but the return on investment is not to the local authority so there is a disincentive to invest.

The Early Intervention Foundation predicts that we spend £17bn per year in England and Wales on short-run late interventions for children¹⁷. If we can find a way to integrate services and funding, perhaps some of this spend can be redirected to early help.

Surrey County Council - The integrated youth support service offers a holistic response to young people's needs. A single case worker coordinates a bespoke package of support and delivers many of its components, working directly on issues of family preservation and homelessness, offending and substance misuse, emotional and mental health, and employment and training regardless of the point of entry.

In 2012 the Council disbanded its Youth Offending Team and incorporated these functions into the wider youth support service in recognition that young people who offend often have a range of unmet needs, which are in common with other children in need of safeguarding and help. This integrated approach required a significant investment in staff training and ensuring the provision of expert support is readily available behind the generic frontline workers. The benefits of this approach, however, are tangible as Surrey now has the lowest number of first time entrants to the youth justice system, the lowest number of young people who are NEET in England and has made a significant impact on youth homelessness.

¹⁶ National Audit Office, Oversight of special education for young people aged 16-25, www.nao.org.uk/wp-content/uploads/2011/11/10121585.pdf

¹⁷ Early Intervention Foundation, Spending on Late Intervention, www.eif.org.uk/wp-content/uploads/2015/02/SPENDING-ON-LATE-INTERVENTION.pdf

The investment in these targeted prevention services has come from savings from integration and successful diversion from formal and acute responses.

Recent developments with devolution and the NHS Five Year Forward View are leading to potentially new levels of integration underpinned by risk sharing agreements or integrated care organisations. There is, however, a danger that poorly focused integration can be a distraction that takes leadership time but delivers little in cashable benefits.

At a local level joint commissioning teams between the NHS and local government make sense, as do business cases for joint investment in early help where the return on investment is passed to the partner who takes the risk. And in all this talk of integration is there potential to re-think public health? To re-align public health budgets to invest in early help that gives a cashable return to children, adult and NHS partners within a shorter financial period.

Technology

Many industries have been revolutionised by digital services, new IT and big data analytics. There are obvious areas of change such as automated tax or vehicle licensing, but also unexpected changes.

Blue-collar manufacturing jobs were the first to go to computers and robots, but white-collar jobs will be next, for example, investment banking, traders, accountants, technical writers, retailers are all at a high risk of disappearing.

Nearly half of UK jobs are at risk from automation¹⁸ and it's likely that this wave of change will hit public services, accelerated by austerity.

Next practice is hinting at the following potential shifts:

- The first point of contact for services and advice is likely to move online through portals designed for young people, parents and carers, and professionals
- Integration of data across partners to generate a needs assessment for every family and show who needs more help (accepting we still have legal issues to solve)
- Commissioning and professional decision making could be increasingly underpinned by big data, and predictive modelling of need and service effectiveness
- Children's needs are often assessed through surveys delivered at school, but the findings are aggregated. Can this data be used at an individual level to show impact of every intervention, team and service on outcomes? Coupled with predictive modelling this would give us unprecedented understanding of needs and how they escalate – potentially the most important next practice in this paper
- Productivity can improve through automation of repeatable processes and professionals recording information with users (co-ownership of data), with services increasingly *pushed* online to users based on locally held needs data
- Genetics can identify children who become more depressed following maltreatment¹⁹, and who will respond better to medication²⁰. It is likely that these technologies will become affordable and useful to help tailor health and care services (although this brings ethical issues)
- The market for public services will become more diverse, for instance apps that deliver offshore GP services direct to the citizen, online education courses, and Facebook's plans for a public service delivery platform
- Personal technology will enable a whole range of outcomes and service improvements such as self-diagnosis, medical monitoring, tailored interventions,

¹⁸ Andy Haldane, Bank of England, www.bankofengland.co.uk/publications/Pages/speeches/2015/864.aspx

¹⁹ J Kaufman, Brain-derived neurotrophic factor-5-HTTLPR gene interactions and environmental modifiers of depression in children, www.ncbi.nlm.nih.gov/pubmed/16458264

²⁰ Fatih Ozbay, Social Support and Resilience to Stress, www.ncbi.nlm.nih.gov/pmc/articles/PMC2921311/

assistive technologies, online education, video sessions, remote monitoring and new social interactions²¹.

The only question is how long will it take before we are able to embrace next practice to both improve outcomes and deliver up the savings?

²¹ Apple, HealthKit, www.apple.com/uk/ios/health/

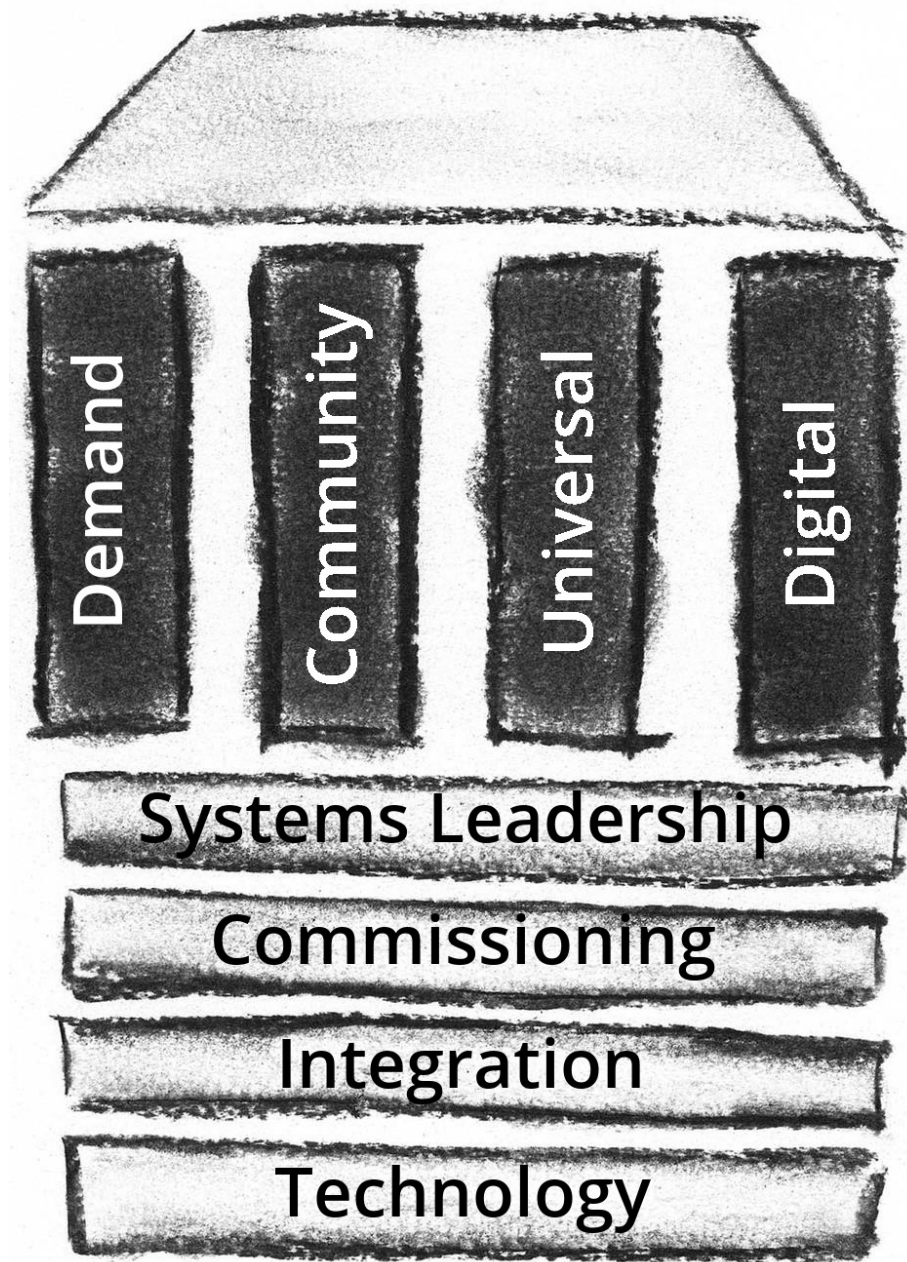
Conclusion

So the future is mixed. Yes, there is a ticking time bomb of increasing demand and the biggest cuts since the Second World War. But we are also on the cusp of wonderful next practice and innovation with overwhelming commitment from the sector to make it real.

Perhaps the destabilising challenges we face will also destabilise the status quo, and bring new solutions more quickly that change children and family outcomes for the better. The Pillars and Foundations are just the start of this story, a little inspiration to help us think beyond austerity to a brighter horizon.

Questions

1. How do we put real **early help** and demand management in place to generate a faster return on investment?
2. How can we encourage **innovation** in children's services whilst delivering efficiencies?
3. How do you create real **co-production** and **resilience** in local communities?
4. Can **devolution** and **integration** improve the alignment of incentives and self-interest, and meet our timescales for cashable savings?
5. What would we need in a **business case** to help partners to jointly fund early intervention?
6. Is demand driven by failed initial interventions – what do we need to get it **right first time**?
7. Some of the solutions have been tried and failed – what are the **blockers** that we need to overcome and how can inspection support the development of next practice?
8. What **capacity, capability** and **culture** do we need – and how do we create it?
9. What's the best way to **lead** a transformation, staff, partners and politicians through uncertain times?
10. How can we **share next practice** and successes across the children's services sector?



Pillars & Foundations: Next practice in children's services A Think Piece

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