

Guest editorial

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Innovation in children's social care: from conceptualisation to improved outcomes?

Introduction

Concerns regarding increasing demand for children's social care services and poor outcomes for children and families are widespread. How countries have responded to these issues has varied, but one response has been to "innovate" with a view to transforming practice.

In England, between 2008 and 2020, there was a 19% increase in referrals to children's social care, a 76% increase in the number of children subject to child protection plans and a 34% increase in children looked after ([ADCS, 2021](#); [Department for Education, 2009a, 2009b, 2020a, 2020b](#)). In this context, innovation has been seen by government as a key mechanism to reduce the level of statutory interventions in family life.

The Munro Review of Child Protection (2011) highlighted that increasing regulation, guidance and inspection had resulted in children's social care becoming increasingly procedurally driven and emphasised the importance of implementing evidence-based models of practice [...] to facilitate the provision of timely and effective help to children and their families (pp. 8-10). She also recommended a reduction in top-down bureaucracy to give "professionals greater opportunity for responsible innovation and space for professional judgment" (p. 22).

The government's commitment to innovation was further evidenced in clauses contained in the Children and Social Work Bill. These proposals, which became known as the "power to innovate" would have given the Secretary of State the ability to:

- exempt a local authority in England from a requirement imposed by children's social care legislation; and
- modify the way in which a requirement imposed by children's social care legislation applied in relation to a local authority in England, where this would support the local authority to implement a new approach.

Following significant opposition, these clauses were not included in the Children and Social Work Act 2017. However, the government's commitment to innovation was, and remains, clear.

Between 2014 and 2020, the Department for Education invested around £300m in the Children's Social Care Innovation Programme with the aim of developing, testing and sharing new approaches to transform outcomes for children in and on the edge of care. Innovation was perceived to be needed not simply to achieve better outcomes and secure better value for money, but also because:

[...] the scale of change needed requires more than incremental improvements and cost reductions – it requires new approaches to practice and service delivery ([Children's Social Care Innovation Programme, 2016](#), p. 3).

However, despite the success of some of these innovations, they have not impacted significantly across the system, and the overall number and the rate of children in care and

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children subject to child protection investigations has continued to increase. This we would argue is not simply a result of a failure of innovation, but the context – both national and local – in which innovation takes place.

The link between poverty, deprivation and statutory interventions is now well established (Bywaters *et al.*, 2017). Since 2010, the number of children living in poverty in England has increased by around one million (Joseph Rowntree Foundation, 2021). At the same time, austerity policies led to a reduction in funding for local authorities by an average of 40%, with more deprived authorities experiencing more severe cuts (*ibid*). Consequently, local authorities have reduced spending on non-statutory services for children, such as children's centres and youth services, by 35% between 2012/13 and 2019/20 (Department for Education, 2021).

Working within the often complex legal and regulatory requirements of statutory social work places additional pressure on a social care workforce that is already under stress. Seventy-five per cent of child and family social workers who participated in a longitudinal study reported that they regularly worked beyond their contracted hours. Because of a high turnover of staff, agency workers made up 15% of the workforce in 2020 (Johnson *et al.*, 2021).

Within this overall context, the motivation for this special edition was to explore the barriers and enablers to spreading and scaling innovations in children's social care and the challenges associated with realising improved outcomes. This was also informed by a recognition that charting of innovation journeys and use of implementation science is arguably less well developed in children's social care, when compared to health. It is important that we learn from other disciplines, which bring valuable learning and insights (Greenhalgh and Papoutsis, 2019), but it is also important to recognise that the social care context is not the same as in health and the differences bring additional complexities and challenges (practical, ethical and financial), as well as opportunities.

Innovation in health-care settings

In health-care improvement, it is recognised that conceptualisation of an innovation to improved outcomes is a complex journey that can take years. Understanding how to improve health outcomes requires translating evidence-based knowledge and implementing system-wide, evidence-based innovations/interventions. Robust theories to inform this innovation and implementation journey are therefore needed; the field that focuses on “how” to do this is known as implementation science (Nilsen, 2015). Implementation science is linked to three classes of theories:

1. process theories that inform and guide the mechanisms of change and the process of implementation;
2. determinant theories that reveal the moderators of implementation outcomes, that is, what influences the implementation outcomes; and
3. evaluation theories that guide how to assess the process of implementation to improve the chance of a programme/intervention working in the “real world” (Skouteris, 2021).

There are over 180 implementation science frameworks, and the work in health-care improvement and implementation science has grown exponentially and vastly over the last decade (Nilsen, 2015). Despite the fact that health and social care are necessarily linked and should not be siloed, less attention has been paid to innovation journeys and questions about: “What innovations currently exist?”; “How are the innovations being implemented and by whom?”; “Are the innovations leading to positive social care outcomes?”; “How can innovations be translated into sustained routine social care practice?” in children's social care settings. However, this is starting to change, and these issues are now starting to

receive greater attention in children and family social work (Department for Education, 2016; Sebba *et al.*, 2017a, 2017b; Leslie *et al.*, 2020; FitzSimons and McCracken, 2020; Costa *et al.*, 2021). At the same time, it is worth acknowledging variations in the resource to support such endeavours.

Marsh and Fisher (2005) calculated that the government and major charities spend £25 per year on research for each person working in social care, compared to £1,613 for each person in the National Health Service. As Forrester *et al.* (2009) highlight this lack of investment in social work and social care, research severely limits the development of evidence-informed policies (p. 450).

Innovation in children's social care

Our first paper, by Morris and colleagues, illuminates a number of factors that contribute to the research-practice gap and lead to difficulties embedding new innovations, thus inhibiting changes in practice. The barriers they identify include poor translation and implementation of research, gaps in the research infrastructure, poor understanding of the real world of social work in research institutions and a lack of consensus about core social work constructs (p. 185). The authors identify that front-line practitioners' knowledge, developed through real-world practice, is often omitted from programme implementation processes and call for the development of research-practice partnerships and placement of researchers-in-residence in social work settings. In the paper, they propose a social care theorising model as a means of understanding how and why an innovation can be embedded by practitioners, support programme delivery and improve outcomes for families. The model provides a framework to support practitioners theorise about the work they do with families and moves away from an expectation of rigid fidelity to model. Promoting the use of practitioner discretion, the model encourages front-line workers to adapt elements of programmes to fit with the unique contexts of the families with whom they work.

In the second of our papers, Hampson and colleagues illuminate how the cultural characteristics surrounding innovation in children's social care – in relation to power, risk and relationships – differ from those in other public sector settings. Firstly, in other settings, user demand may propel innovation, whereas in children's services, power imbalances mean that children and families cannot necessarily exert influence to the same extent (notwithstanding the principle of participation and service user voice). Secondly, risk-taking is a feature of the innovation journey in business settings, but the culture of children's services is typically characterised as defensive and risk averse (Munro, 2011). Furthermore, there is a need to recognise that the consequences of "poor" innovation in social work can have major and life-changing consequences for the people concerned. Thirdly, "in social care, the relationship often *is* the intervention, not merely an enabler of it" (p. 203; Fewster, 2004). The authors' review of the children's social care innovation literature also highlights that:

Not all activity occurring under the banner of innovation in children's social care is resulting in – or, arguably, aiming for – improvement in outcomes for young people and families. Similarly, not all innovation is being conducted with regard to the principles of human rights, social justice and participation – the values at the heart of children's social work (p. 208).

They propose a new concept of "trustworthy innovation" which holds the principles and standards of social work at its core and offers an ethical framework to support policymakers and practice sectors hold ethics at the forefront during every stage of the innovation journey.

The next paper in our special edition moves us from conceptualisations of innovation and on to the methodological approaches used to evaluate them. Lynch and colleagues present findings from a scoping review of evaluations of innovations designed to support care leavers making the transition from care to adulthood. Drawing on interdisciplinary perspectives from social care, public health and organisation science, the authors highlight strengths and challenges of existing evaluation approaches and identify opportunities for further

development. In doing so, they acknowledged that the timescales funders allow for evaluation and the budgets available influenced design, delivery and the conclusions that could be drawn concerning outcomes.

A key strength identified in the evaluations was that the voices of young people featured in the majority of the studies and in a number of cases participatory peer research methodology was used (with care experienced young people involved across the research cycle). From a public health perspective, challenges were identified in obtaining quantitative data and securing large enough sample sizes for meaningful analysis. Finally, from an organisation science perspective, the authors reflected that evaluations did not always include a focus on the processes of implementing and spreading the innovations. Where evaluations did include a process stream, analysis was not situated in organisational science theory thus limiting more in-depth and nuanced learning.

The authors proposed the development of a common outcomes' framework, including methods of data collection, analysis and reporting to aid comparative analysis of data. Additionally, they suggested that an increased focus on a theoretical framework for innovation:

[...] paves the way for improved understanding of how such processes can be strategically improved to support sustainability and scale up beyond innovation piloting (p. 222).

The next paper in the edition also contributes to understanding the challenges associated with the use of quantitative data to evaluate innovation in children's care and how such issues might be managed. Preston and colleagues consider the application of experimental research design in social care and reflect on the availability, reliability and suitability of the quantitative data required to undertake such approaches. The authors explore how routinely collected data can be used in evaluations as a means of effectively assessing the impact of an innovation. Applying a case study approach, the authors reflect on using data collected for the Children in Need Census and the Looked After Children statistical returns (SSDA903) to assess the impact of two innovations evaluated under the Department for Education's Children's Social Care Innovation Programme: Contextual Safeguarding and Pause.

The article explores some of the challenges of relying on data from current statistical returns to evaluate new models of practice. Difficulties can be encountered because: thresholds for intervention change over time and vary between local authorities; children are typically the unit of analysis (making links with other significant people in their lives difficult); information on the type and volume of support provided is often limited; and separate data sets make it difficult to chart journeys into and out of different parts of the system (Bowyer *et al.*, 2018). They outline a number of considerations for those designing and conducting quantitative evaluations to assess change associated with the interventions including considerations relating to selecting a suitable methodology and identifying appropriate comparators.

The final article in the edition offers a real-world example of an area of statutory child protection practice that is currently episodic and incident focus and calls for the adoption of an alternative approach to improve service responses and outcomes. Collier and Bryce's conceptual paper examines the service response to cumulative harm in an intensive family support service in Australia. Cumulative harm refers to multiple episodes of trauma experienced through many years of childhood adversity (Sheehan, 2019). The result of cumulative harm or chronic maltreatment over a prolonged period of time is likely to lead to complex multifaceted needs (Bromfield *et al.*, 2007). However, children's experiences of multi-type maltreatment and poly-victimisation are not currently captured in during assessments meaning that assessments to inform service responses are not as accurate as they could be.

Using the example of an early intervention voluntary service in Australia, Collier and Bryce propose the development of a tool to assess and measure the impact of cumulative harm to

provide practitioners with knowledge to inform “the most effective interventions to progress healing from past trauma and support change to directly address family practices that are causing harm” (p. 260). They argue that investment in such a tool would provide the scaffolding for practitioners across disciplines to adopt a collaborative approach to working with families and would facilitate a move away from a siloed approach to child protection service delivery.

Concluding reflections

Innovation has an important role to play in improving services, practice and outcomes in children’s social care. A recent survey revealed that the challenges facing the sector have accelerated and deepened during the pandemic and that transformational change by innovation is needed (Costa *et al.*, 2021). The survey of local authorities, independent fostering agencies and voluntary adoption agencies found that all these organisations were engaged in innovation at some level, but fewer operated at the level of radical innovation (entirely different solutions to problems). The first report of the latest Independent Review of Children’s Social Care has also suggested that reform initiatives in the last decade have “been too small-scale to substantively transform practices across the country” and identifies that challenges have been encountered scaling and spreading innovations, thus limiting impact (Independent Review of Children’s Social Care, 2021. p. 77).

Moving forward, it is important to recognise the contexts in which the sector operates and the barriers that may undermine efforts to innovate, embed and sustain improvements.

Although there has been investment in innovations, arguably, many of these projects have been relatively small scale and time limited (without clear plans surrounding sustainability), and evaluations have not always focussed sufficiently on the process of implementation or been resourced well enough, or for long enough, to provide meaningful process and outcome data. The following have also been identified as barriers to innovation in children’s social care: rising demands on the sector to provide help and support, resource limitations (both financial and human), capacity and risk aversion in a highly regulated sector (Costa *et al.*, 2021).

The papers in this special issue draw attention to how some service developments may be (mis)labelled as innovations when they are driven by efficiency targets and budgetary pressures and calls for innovations that are ethical and aligned with the values of social work. They also signal the importance of capacity building, research-practice partnerships and recognition of practice-wisdom and service user engagement to support development and effective implementation in the real-world. Ongoing study and dialogue about these issues in children’s social care settings is to be welcomed. As Greenhalgh and Papoutsi (2018) reflect:

The gap between the evidence-based ideal and the political and material realities of the here-and-now may be wide. [...] The articulations, workarounds and muddling-through that keep the show on the road are not footnotes in the story, but its central plot. They should be carefully studied and represented in all their richness’ (p. 2).

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Further reading

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