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iMPOWER is the largest independent consultancy focusing on change and transformation for local public services. Because we only work with the public sector, we have in depth knowledge and experience of the complexities faced in delivering high quality services on ever decreasing budgets. At iMPOWER we solve these complex social problems by changing behaviours. We recognise that re-designing public services requires deep citizen insight, stronger relationships between commissioners, providers and citizens, and better collaboration across all stakeholders. Our mission is to use citizen insight to reshape the public sector from the bottom up, to deliver sustainable and fit for purpose services.

With an increasing focus on major transformation programmes across all local public services, iMPOWER's success is built on our distinctive approach that celebrates the power of deep service knowledge and commitment to the sector. Our regard for local government and its people is what makes working with us a truly different experience. Most of our consulting staff have previously worked in the public sector and all our staff are passionate about driving improvements in local services. Our staff therefore speak the right language, and make change happen by building local ownership and the commitment of staff and politicians.

Uniquely, our transformation approach focuses as much on demand as supply. We understand that savings from better commissioning, partnership working, outsourcing and unit price management have largely been exploited, and that further emphasis on "supply side" savings risk both the quality and stability of service provision. We believe the next significant win for local government is a whole system focus on demand management and prevention. To date, only isolated pockets of creative demand and prevention work exist across the local government landscape and these represent the exception, not the norm. At iMPOWER we place demand management and prevention at the heart of transformation.

Our distinctive style and consultancy approach has delivered successful transformations across a full range of local public services. We have deep expertise in all services, but also in key competencies including:

- **Corporate and service based transformation and efficiency**
- **Adults and Children's social care transformation**
- **Health**
- **Partnerships, Outsourcing and Divestment**

iMPOWER is the leading provider of children's advisory services, having delivered 4 large-scale transformation partnerships and 65 projects across 28 councils in the last 3 years. iMPOWER is driven by the belief that the only way to achieve sustainable service models is to have a deeper understanding and focus on demand management. This has included the publication of our widely respected paper Breaking the Lock, which emphasised the need to remodel the children's system to concentrate on early intervention to reduce demand to higher cost provision.

Find out more at
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INAUGURAL CHILDREN'S SERVICES ESSAY COLLECTION

FOREWORD

Helen Bailey, iMPOWER Chief Executive

What struck me about this thoughtful collection of short essays/think pieces was the way that our very varied and distinguished contributors have illustrated the breadth and complexity of the issues facing leaders in Children's Services, the politicians who employ them, and the communities that they serve.

Each of these is an insight into one aspect of managing in today's complex and uncertain world. However, for those "leading not reading", these perspectives are playing in their day to day decision-making. This is a world of "no easy answers", resource challenges and multiple perspectives.

Ray Jones' warning, based on experience of safeguarding; not to be tumbled into frenetic change by a poor Ofsted judgement, or in response to tragedy, is complemented by Sally Robinson's call for social work to be a profession more confident in its own skills, training and experience.

Sean Harriss illustrates the challenges of leading transformation, and both he and Ray Jones provide a real insight into the double-edged sword that is regulation. We need standards and we need confidence in those standards, but a poor judgement and a poor reaction to that judgement can destroy the confidence, of the community in the service, and of the service in itself leading to greater risk – in the short term at least. Simon White gives us further food for thought by pointing out that we will, in making judgements, see data and trends through pre-programmed eyes.

Liam Booth Smith and Amanda Kelly focus us on the challenge of resources, and the interplay of supply and demand; public policy and private markets. There will never be "enough" resource and so how do issues including "safety", "entitlement" "quality" and "need" get acknowledged in allocation decisions made locally and nationally.

At iMPOWER, we are proud to be grappling with these important issues with clients and colleagues. We contribute our expertise in seeking to manage demand, to support transformation and to influence the behaviour and expectation of professionals and their citizen clients. This collection shines a valuable light on the real dilemmas facing us all. If it "takes a village to raise a child", the wisdom here will help us all to be better villagers!

CONTRIBUTORS

Liam Booth-Smith: Liam is the Chief Executive of independent think-tank Localis. He has over a decade's experience as writer and researcher on politics and public service reform. Before Localis he was Head of Research and Communications at a consultancy business and prior to this was Head of Communications and External Affairs at the think tank NLGN. He has also worked for a national charity and in the public sector. Liam has published many reports on policy, public service reform and democracy and been a contributor to a number of books and essay collections. He is a regular commentator in the media on politics and culture, writing columns for national newspapers and magazines.

Sean Harriss: Sean has been Chief Executive at Lambeth Council since March 2015. At Lambeth his priorities have been to maximise the benefits of growth and regeneration for local people, to improve Children's Social Care, and establish a robust financial position given the ongoing reductions in government funding. Sean is also the chair the Children's Services Improvement Board. Before joining Lambeth, Sean worked at a number of councils in the North West of England, including Bolton Council, where he was Chief Executive for eight years.

Amanda Kelly: Amanda is Managing Director at iMPOWER. Before joining the firm, she was a Partner with PwC. Amanda's commitment to working with the public sector to drive improvements in children's services stretches back to 2002 when she led a national Government review of adoption services. She then went on to lead several successful interventions on behalf of Government into failing local authority children's services. Amanda is a regular contributor to the trade and national press, and has appeared as a commentator on BBC news and Radio 4's Today programme.

Professor Ray Jones: Dr Ray Jones is emeritus professor of social work at Kingston University and St George's, University of London. Ray is a respected author, is a frequent media columnist and commentator, and has undertaken research on adolescents and social work, neighbourhood work, child protection decision-making, direct payments for disabled people, 'troubled families', health and social care teams, and serious case reviews. The updated second edition of his most recent book 'The Story of Baby P: Setting the Record Straight' was published in January 2017 by Policy Press.

Sally Robinson: Sally Robinson qualified as a social worker in 1990, and after a year working with young people in America, has worked in local authority Children's Services in the Tees Valley since 1991. Her current position is Director of Child and Adult Services at Hartlepool Borough Council where she has been in post since May 2015. Prior to this, Sally was the Assistant Director of Children's Services within the same authority. Sally is passionate about the delivery of good social work services to children and young people, with a strong focus on effective work with children that really makes a difference and improves their life chances.

Simon White: Simon has been an interim manager and consultant for over 10 years mostly working in adults and children's services. He is currently acting as Director of People in the Royal Borough of Kingston. Previous assignments have included working in Suffolk, Sandwell and Worcestershire. He has always been interested in getting complex systems to change, and understanding the power and influence of organisational cultures. Before becoming a consultant, Simon was Chief Executive of the London Borough of Waltham Forest, and Director of Social Services in the London Borough of Camden.

INTRODUCTION & ACKNOWLEDGEMENTS

I am delighted to introduce this inaugural series of contributions on the challenges facing children's services. They set out some clear views and raise some fascinating questions. The challenges faced are considerable and well documented; from increasing demand and shrinking resources, through to inappropriate cuts in prevention spend, and the recruitment and retention of social workers. All at a time when central government is actively pushing the use of (largely untested) alternative delivery models, with a system still underpinned by an inspection framework no longer fit-for-purpose.

We live in a time when there are constant challenges to the way children's services operate, and to the broader concept of public service delivery. This is a debate that is not exclusive to the social care community, and this is reflected in the backgrounds of our authors. However, whilst diverse in topic, the essays reveal some interesting links and themes. Is social care moving away from its original purpose? Is the system equipped to effect change and manage demand on the scale and pace required? What does improvement activity really need to focus on, and why? What are the skills the workforce need to enable them to have the confidence to deliver? What are the issues coming over the hill that may compound those we're facing today?

2017 stands to bring some exciting, and in some cases controversial, developments and innovations to children's social care, including the Children and Social Work Bill, the next wave of the Innovation Fund, the launch of the social work accreditation scheme, and the launch of the What Works Centre. Risk-based opinions aside, all of these provide further evidence of the sectoral thirst for continuous improvement, and the empowerment of social care staff to do the best they possibly can for the children and families they work with.

These essays make a valuable input to the debate about sustainable children's services, and I welcome them. I would like to thank each of the contributors for their time and insights, and without whom this collection would not have been possible – thanks to Professor Ray Jones, Simon White, Sally Robinson, Liam Booth-Smith, Sean Harriss, and Amanda Kelly. I would also like to thank Leo Jones and Jenna Collins, my colleagues at iMPOWER, for their assistance in developing the idea and drawing together a diverse and focused group of contributors on this set of subjects. Finally, thanks to all of those who download our materials and engage with us so consistently and candidly; you have helped to ground this collection in the wider realities of the challenges facing the public sector and bring in the voice and insight of the citizen – something we always aim to do with our work at iMPOWER.

Olly Swann

Director
iMPOWER Consulting

PSYCHOLOGY AND DEMAND MANAGEMENT: IT'S US THAT NEED THE TREATMENT

Simon White, Director of People at Royal Borough of Kingston upon Thames

One of my epiphanies as a new Director in inner London was on older people and residential care. The council had high numbers comparatively and the Assistant Director explained to me that this was a problem of demography and house prices; an aging working-class population stranded when their children move away. As a result, poorer older people were left isolated, with no support network and needed the support of the council. This sounded plausible to me.

However, it was later discovered that the council had been filling in our statutory returns differently from other people. In fact, it turned out we had relatively fewer people in residential care. About six months later, I heard the Assistant Director explaining to Members that the reason for our comparatively low numbers was that our increasing black and minority population meant residential care was not an easy cultural choice.

This story shows how the human ability to "make sense" of any given state of affairs is very powerful, and can obscure the fact that we make our own history, even in social care. The numbers of older people in residential care, or the number of looked after children, are not "natural facts". They are the end points of complex systemic processes which we can influence, but not control.

For at least a couple of decades, the relative rates of older people in residential care were best explained by the historic decisions of private providers when the benefits system paid for residential care, prior to the community care reforms (places with a lot of provision had high rates). Essentially, there was a supply-side driver that had nothing to do with the demographics or even the self-proclaimed values and objectives of social workers and their managers.

Focus on and promote frontline capability and commitment, and do not get over-excited about, or obsessed with, big-bang/frequent organisational change and churn. Essentially there was a supply side driver had nothing to do with the demographics or even the self-proclaimed values and objectives of social workers and their managers.

Nowadays there are different drivers. In my current authority, the numbers of older people being admitted to residential or nursing care has risen by about ten per cent every year for the last five years, and it seems this is not uncommon in my part of London. The system can easily come up with explanations – older people are moving here in their retirement, dementia is increasing, longevity is rising, older people with multiple long term conditions are rising and so on - but my nerves are twitching. How can these long, slow population changes be producing a trend which will double the numbers being admitted to residential care in seven years? And why is the number of self-funders in residential care apparently falling (as bed numbers reduce)? This is a system issue.

However, we must avoid jumping to conclusions. It might suit councils to think this was because of the emerging crisis in acute care, since the increasing demand of residential care fits with the period when pressure on social care to facilitate hospital discharge has also been increasing. But it could also be that the wrong community services have been cut, or because of changes to end-of-life care.

Our impulse to find meaning does not mean facts are optional, merely that we have a bias for explanations which do not reflect badly on ourselves, or which mean that we don't have to change what we do.

In this case, our values should tell us that it is wrong that the state is ending up taking away people's lives (and money) because we have created a system in which it suits us to increase the use of residential care.

Similar points can be made about Looked After Children (LAC). Research on differing LAC rates[1] shows that children from all social classes are more likely to be in the care and child protection system in areas of lower deprivation, but this is masked by the extremely high rate of involvement in the bottom two deciles, particularly from white families. What is striking is that these correlations are largely invisible in each local system. Most people believe that they are working in a rational system where thresholds are applied and checked, courts provide oversight, and there "must be" good reasons for things to be the way they are. In wealthy areas there are "reasons" that spring easily to mind: children with problems really stand out, close geographic proximity of rich and poor may reduce social cohesion, possible recent EU migration that the statistics have not caught up with and/or possible forms of "middle class" neglect or abuse. But if these are post hoc explanations, then they are no more than plausible stories.

Our values should tell us that we do not want children to be in care or in the child protection system unnecessarily. We should not intervene more because we work in a rich area, particularly if our targets are the few poor people who live there. If black children were disproportionally in the care system (as they once were) we would ask questions and consider whether there was institutional racism or stereotyping going on.

The work of Kahneman and Tversky (who heavily influenced the Behavioural Insights Team) can provide an explanation as to why local systems believe so strongly that they are 'normal'. We use what they called 'heuristics' for everyday decision making, including professional judgements. These are 'rules of thumb' and are often based on previous experience. They can work pretty well most of the time, but often come unstuck when dealing with rare events, or where information is incomplete (as can be the case in child protection).

 When heuristics are used in child protection decisions the process can be described as one of 'recognition' as well as risk assessment. If you see experienced workers at work in a multi-agency safeguarding hub (MASH) it is impressive how quickly children are 'sorted' and the degree of consensus between agencies. They are using typology to recognise most children who meet or do not meet threshold, and saving their thinking time for the hard cases.

Child protection systems aim above most things to be consistent. The system 'trains' referrers by simple re-inforcement mechanisms, so that they learn which children are the business of social care and which are not. In poor councils where decision making is not consistent, there is often conflict and real distress among referrers because they know that previously the council took a child who was 'just like' the one batting back this week. They are using 'recognition' too.

A local system, particularly if it is running well, can easily develop its own sense of what is normal, and settle into it. Some councils (like Leeds, Essex and the Tri-Borough) have used new models of practice to reduce their LAC populations, using social work values to challenge the status quo.

We have to be alert to the powerful psychological processes that determine our own beliefs. Above all we have to understand that we are in charge of demand, not facing it like a force of nature. Public services make their own customers, and always have done.

1 Inequalities in child welfare intervention rates: the intersection of deprivation and identity, Bywaters et al, Child and Family Social Work, 2014

THE IMPROVEMENT JOURNEY

Dr Ray Jones, professor of social work at Kingston University and St George's, University of London

From 2009 until 2016 I oversaw child protection in six areas of England. I was the independent chair of the local safeguarding children's board (LSCB) for a major city where children's social services and the LSCB were rated by Ofsted as 'good'. The five other areas had all been rated as 'inadequate' by Ofsted and I was appointed by the councils and the secretary of state to advise on and oversee their improvement.

In the areas rated as 'inadequate' there were two root causes of the difficulties they were experiencing. In two areas there had been poorly managed major organisational change. Both related to the introduction of what has been called the 'Hackney reclaiming social work model', developed in part by the chief social worker for children and now heavily promoted by the Department for Education and its Innovation Fund.

The model was found to be unsustainable with consultant social workers carrying direct case responsibility for 60 to 80 cases. They were often consumed by preparing and presenting care proceedings and had little time to supervise others in their small units. The units lacked resilience and capacity when workers were away because of (often stressed-related) illness or where posts became vacant. The units and the service imploded, 300-400 cases were unallocated, and allocated cases often received little attention. Not surprisingly, worker confidence declined, resignations increased, and there was a growing dependence on interim agency workers of variable quality and commitment.

In the three other areas there had been frequent changes over several years of children's services top leadership and senior management. The response of the councils to managers not achieving improved performance data and enhanced Ofsted gradings within 12-18 months was to sack the managers. The merry-go-round of managers coming and going left a service with little direction and with workers understandably withholding their commitment from newly arriving senior managers who were likely to be here today and gone tomorrow.

The managers themselves knew they had to be in a rush to achieve improvement. Management cultures were manic and macho with the managers issuing diktats but staying at a distance from front-line teams and front-line realities. Once again, worker resignations increased and numbers of interim agency workers escalated, and it was not unusual to find 50-60% of the workforce were agency social workers and managers.

What lessons might be learnt from these experiences? First, avoid tumbling over in the first place and being pushed off the cliff edge by an 'inadequate' Ofsted judgement. Concentrate and be fixated on building and retaining a stable workforce who feel secure and safe. Create an organisational culture which gives genuine praise and recognition whilst promoting high standards and professional learning and development and where blame is not the default position when there is a terrible tragedy. Focus on and promote frontline capability and commitment and do not get over-excited about and obsessed with big-bang frequent organisational change and churn. Top leaders also need to recognise that the paced introduction and embedding of change and culture takes about three years. They should then stay for longer (at least for five years ought to be the expectation) to really create a top performing service.

Second, top managers need to be around long enough to get to know their frontline workers, and especially front-line managers who are key to driving and overseeing daily performance. It is front-line team managers who create the micro-culture experienced by workers. Grow and treasure practice managers and supervisors who are the bedrock of the service.

Third, flag up and report to councillors when workloads outstrip resources rather than waiting to be told by - and may be learning for the first time from – Ofsted that the frontline has crumbled and corners are being unsafely cut. Not all councils have the political governance where it is easily possible to tell about the crisis of workloads overwhelming the service. One of my first priorities and tasks when arriving in a council and with its partners is, when necessary, to tell truth to power when political – and may be chief executive – bullying has hampered and undermined service delivery.

But if an 'inadequate' Ofsted is received, it will now get worse not better. Ofsted has been a 'hit and run' inspectorate. It has lacked consistency and confidence, and undermined services. It has upped the standards against which it rates councils, and made the terminology of its judgements more demeaning ('adequate' has become 'requires improvement'). It has front-loaded its reports with all that needs improving in the council so that even 'good' councils get poor local media coverage. There are, after several years of concern, some recent hopeful and helpful signs that Ofsted is seeking to change and focus on service improvement and development rather than just inspecting and rating.

The demoralising impact, however, of an Ofsted judgement propels a service already in difficulty into the spiral of a crisis in confidence and a collapse of capacity. Threshold management and triaging of incoming work deteriorates and other agencies also lose confidence and pile in new referrals which they define as requiring a child protection response. Workloads increase at the same time as the workforce is bruised and battered by the Ofsted rating. Top managers may have been told to leave and there is the double whammy of a council losing and lacking wisdom and expertise, and knowledge of its own history, at the same time that this experience and understanding is required even more.

It then takes about 18 months to two years to rebuild a stable and solid service, and in the short term additional external capacity must be bought in. An obsession with the quality of frontline practice and its supervision is an inevitable requirement at this stage of the improvement journey, resulting in an audit culture of case scrutiny. The local safeguarding board led by its independent chair also needs to ensure that other agencies do not dump their own service anxieties on to the council and that the improvement journey is seen as a shared multi-agency task.

But the real trick is not to get frozen at this stage of the improvement journey of centralised control and an audit culture. To embed and enhance improvement beyond getting the service back into control requires a phased, but not too long delayed, move to a culture which empowers hopefully increasingly stable frontline teams with an understanding of what constitutes good practice.

None of this is a quick fix. It is not easy to achieve. And for councils across England experiencing a 90% increase in child protection workloads in the past eight years at the same time as a 40% reduction in government grant, and with an increasing (now 20% plus) dependency on interim social workers, avoiding stumbling and being pushed over the edge is becoming more difficult. This is the reality which needs to be told and it should also be told by the national inspectorate.

SOCIAL WORK: A LOST ART?

Sally Robinson, Director of Child and Adult Services at Hartlepool Borough Council

What does it mean to be a social worker in 2017? Social work is more than a system or a process, it is a skill and expertise developed over a long period of time through training and continuing professional development, always being built upon, used and refined. Too often, it seems, social work is regarded as a process to be followed, a single track which, once started, trundles along a predetermined pathway, usually of escalation, if an intervention is unable to achieve vague or global outcomes. Sadly, despite the highlighted challenge of too much bureaucracy in social work and much talk about its reduction, the response has been to overlay or replace existing bureaucracy with new or different processes, rather than releasing social workers to dedicate their time to building relationships, understanding how a family functions, and working with the family to agree, develop and implement a programme of support that will help them overcome their difficulties.

Social work is not a process, it is an art, a skill, a way of working with people in crisis to help them to see their way through the crisis and strengthen their future. I am concerned that the real purpose and art of social work is becoming lost, and there is a workforce that is struggling with its identity as 'social workers' and what this really means.

As a Director of Children's Services, I know how hard social workers work, and the demands that are put upon them; they are a dedicated and committed workforce that really want to make a difference for people. The profession has an incredibly strong value base; this is not a career someone accidentally finds themselves in, but one of positive choice based on a desire to help and support people who are, for whatever reason, finding life difficult. I frequently refer to the public description of social work as defined by the Social Work Task Force in 2009 'social work helps adults and children to be safe so that they can cope and take control of their lives again. Social workers make life better for people in crisis who are struggling to cope, feel alone and cannot sort out their problems unaided'. This chimes as true today as when it was written over eight years ago, and we should be proud of this description of our profession.

However, it is my concern that currently, the complexities and demands of the role are leaving social workers feeling overwhelmed, lacking confidence in their skills and expertise, and feeling uncertain about what they can and should do. Social workers have become care managers, they are no longer the agents of change, but the coordinators of care plans. Families face such complex and acute problems and, when responding to this, social workers look to external resources to deliver an intervention or package of support; the role of, and direct intervention from, the social worker is often unclear and frequently not articulated within a support plan. Isn't this our core business, what we were trained to do? Social workers rarely deliver the intensive package of support that families so often need, and which they are usually the most skilled to provide.

Having worked in children's social work for over 25 years, I have seen children's lives become significantly more difficult, complex, and traumatised, and the skills required by social work practitioners need to be greater, stronger, and deeper. Social work training has not kept pace with the needs of the children whom we serve. Social work students are graduating with a degree in social work, yet they are not equipped with the extensive skills required to respond to the needs of vulnerable children and how to implement their theoretical learning into practice. In placement, social workers learn about the social work process of assessment, planning and review, rather than how to help

children and families, how to listen to people to understand their life experiences and how this has affected them. How many students and ASYE social workers develop plans where resource workers provide an intervention with their families? Surely this is the time, when they have protected caseloads, they should be searching through their learning to identify a strategy, a model, an intervention that will help this child and family and implement this, which, in turn, develops and strengthens their social work skills.

As Munro told us, the fundamental foundation of social work is relationships. Social workers need to be given the time and skills to develop relationships with children and their families. A social worker's first contact with a child and family should be the time when they explain their role, what they can do to help, and asking the child and members of his/her family to tell us, in their words, about themselves and what help they need. How often do social workers take the time to simply listen, reflect and let people know that there are things that they can do to help? Instead, we expect children and families to provide us with private and personal information, often upon first meeting them under the guise of preparing an assessment. We need to rethink how we do this in order to better understand what life for this family looks, feels, and sounds like. We need to build relationships with individual members of a family, get to know and understand them, help them to develop trust and know that our aim is to help them deal with the problems they are experiencing. Through doing this, we might be able to help them to be safe, feel they can cope and take control of their lives again.

I have been heartened recently, when talking to our Frontline students to learn their course is ensuring those qualifying through this route are receiving training on social work interventions. Frontline students are being provided with a range of skills and interventions they can utilise to help and support a child and family, and undertaking this work themselves. They were able to tell me how they were putting their learning into practice, and there is much to be learned from this approach.

It is beholden on those who are leaders in social work to champion the art of our profession. To ensure the workforce has the skills, knowledge, tools, time and encouragement to be social workers; not simply workers who observe, instruct, record and monitor. We must encourage social workers to have confidence in their professional skills, and to use these creatively, imaginatively, and to best effect. I want social workers to be proud of their profession, have an unwavering belief in the value of what they do, and take every opportunity to develop and refine their skills using these to maximum effect spending their time, efforts and expertise with children and their families to make a real difference to their lives.

THE CHILDCARE MARKET PROBLEM

Liam Booth-Smith, Chief Executive at Localis

Offering to pay for more than you can afford is typically a bad idea. However, when you can make that offer on someone else's behalf, secure in the knowledge they'll pay for you, would you? In the case of childcare, repeated governments have replied with a resounding yes. The danger comes when neither of you can afford to pay.

In an attempt to encourage greater female participation in the workforce post-pregnancy, a laudable aim with significant economic benefits, the state has sought to make childcare more affordable. It has done this primarily by offering free hours of care to parents with children of a certain age. The soon-to-be rolled out doubling of this free allocation, from 15 hours to 30 hours for children aged 3 to 4, is going to put a major strain on the childcare industry. Why?

Concerns from local government and childcare providers are largely about the levels of funding and the impact this will have on the market. On the issue of funding, Government has committed to give local authorities £4.88 per hour per child in 2017/18. But, the amount actually sent onto childcare providers is less than this – even with Government's new expectation that 93% of funds must be passed onto providers[1], this comes in at a true funding level of £4.54. From a review of the available literature, taking into account both funding changes and rises in the living wage by September 2017, the childcare market funding gap is £230m for 2017-18. This means the childcare providers will need to subsidise the lost income.

Understandably providers are concerned about these new funding levels. The NAO have calculated a 4.5% cut[2] in real terms funding since 2013, with an average cost (according to NDNA) of £34,000 per nursery.[3] Critics of the childcare market have argued the extension will have a marginal impact on financial sustainability, simply because similar concerns were raised when the first 15 free hours were introduced. To make this first fifteen hours work, however, the market found funding models which made it viable to be carry this underfunded subsidy.

Underfunding has tended to be met by 'cross-subsidisation' – where parents who pay for additional hours are charged at a level high enough to pay for the underfunding of the first 15 hours. Since cross-subsidisation cannot be used once 30 hours are free (and this being close to a full time working week), childcare providers will have to choose whether to opt out or find alternative funding. In York, the only pilot authority that has extended the 30 hours over the whole area rather than a small segment, there have been problems in getting providers to opt into the scheme. Also, a majority of respondents to an NDNA survey in 2016 said they were unlikely to extend their free hours.[4] One interviewee mentioned that some may start offering things like 2-tier models, where those who pay are offered an extensive package of care and services compared to a 'basic package' for those who don't (this is already happening in a nursery in York).

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1 Department for Education (2016) – Early years funding: changes to funding for three- and four-year olds. Government consultation response
2 National Audit Office (2016) – Entitlement to free early education and childcare
3 NDNA (2016) – Annual Nursery Survey: England
4 NDNA (2016) – Annual Nursery Survey: England

Outside of this provision of formal childcare, there is very little support for informal childcarers. This is significant due to the gaps in formal help – especially for 1-2 year olds, where 15 hours are only offered to 2 year olds on a means-tested basis. Grandparents are the main source of informal help for parents. Ipsos Mori and Grandparents Plus calculated that 2.2 million grandparents look after their grandchildren to allow the child's parents to get to work, whilst 1.9 million grandparents have reduced their hours, given up a job, or taken time off to care for a grandchild.[5] Help for such grandparents is limited, in the form of a national insurance credit that can be claimed if they take time off work to care for their grandchildren. However, new information recently published shows woefully low numbers of grandparent carers actually claiming this benefit.

So, we are creating a system where state funds don't meet the cost of market provision, where the market may begin offering tiered products based on ability to pay and where family members are increasingly relied on for support in spite of their own need to be economically active. Remind you of anything? Adult social care perhaps?

I don't pretend solving the childcare market problem is simple, far from it, but we can't reasonably expect the private market to continue simply taking the loss. Much as private residential care home businesses are leaving the market, or being very particular over where they operate, we could very easily see similar commercial behaviour in the not too distant future from nurseries.

5 Grandparents Plus (2014) - Time to care: generation generosity under pressure

CORPORATE LEADERSHIP IN AN INADEQUATE SERVICE

Sean Harriss, *Chief Executive at London Borough of Lambeth*

As an introduction to my exciting new job as CEO at Lambeth, finding out a few days before I was due to start at the Council in March 2015 that Ofsted had judged children's social care as 'Inadequate' was far from ideal! This was particularly tough for everyone at the authority as the previous inspection in 2012 had seen an "Outstanding" grade awarded across the board.

It was clear to me, and quickly confirmed by the political leadership, that leading the response to this set of circumstances had to be one of my top priorities. Therefore, after leading the Council's immediate analysis and response following the formal publication of the report, I put myself forward to Chair the Improvement Board. This was agreed by the DfE as part of formal intervention.

As a leadership response at the time, and with hindsight, this was the right move as it demonstrated the seriousness that I and the Council gave the outcome of the inspection. The journey to deliver the necessary improvements though has been far from easy, and until recently has seen more bad days than good. Hopefully my experiences will help other colleagues who unfortunately find themselves in the same boat to steer a course through what are inevitably very choppy waters.

My first reflection is that in all the maelstrom of an 'Inadequate' judgement and all that it entails, it is easy to get distracted from the core challenges of keeping very vulnerable children and young people safe, and from improving outcomes for our looked after children for which we are the corporate parent. In decisions about people – who stays and who goes – managing the impact on the morale of the staff group – responding to the political and media challenges – it is all too easy to lose sight of the purpose of our services, and starting the vital work of improving outcomes for many of our most disadvantaged residents. Keeping this at the forefront of the leadership focus is difficult, but vital.

In Lambeth, we decided to undertake a root and branch review of our service, and to focus on long-term sustainable change, rather than quick fixes and a tick-box response to Ofsted's recommendations. This was unquestionably the right response, and was based on a philosophy of putting excellent social work at the heart of our improvement strategy, rather than the process-dominated approach that had previously existed.

However, there were a number of challenges that I didn't fully appreciate the magnitude of in executing this strategy. Firstly, Ofsted are rightly interested in current services, and while there was an acknowledgement that things can go backwards, we came unstuck as we sought to restructure the whole of the workforce and implement new systems and processes at the same time. This coincided with an Ofsted visit a year after the SIF inspection, and when they saw little discernible improvement, this sent alarm bells ringing. We hadn't got the balance right between improvement and business-as-usual, and therefore were not doing enough to help vulnerable children in the here and now.

The root cause of this issue was an understandable but nevertheless significant error of underestimating the scale of the change required, and the need to have both capacity and expertise across the service to make the changes happen at pace, whilst keeping on top of the day job. So my advice would be, when you feel you have the capacity and expertise, you almost certainly have not, and to meet the slightly different emphasis of DfE and Ofsted takes a monumental effort. Few authorities can do this on their own, and working with people who have strategically and practically done this before is a necessary prerequisite for success in my experience. Our response to the difficult Ofsted monitoring visit has created a positive momentum going forward. Lots of things will go wrong on the journey, but it is the leadership response that will define the long-term outcome.

My final big lesson is that services rarely fail in isolation. Corporate systems of quality, performance and leadership are almost certainly part of the reason for the inadequacy. They must be part of the solution, and the support of the whole council will be necessary to drive the improvement required. This will involve finding money, time, and expertise across the organisation, but in a way that doesn't drive resentment. The improvement journey is very time consuming, and all-encompassing, and ensuring that this is appreciated from the top down is fundamental if this is to be harnessed as a positive.

So, if you find you are in the scenario of being a leader of an inadequate Children's Social Care service, the key strategies and lessons that I would encourage you to think about are:

- Show strong leadership, but accept that this will need leaders at all levels to deliver change and improvement.

- Plan for long-term transformative improvement, but do not forget about the here and now – Ofsted won't.

- Finding sufficient capacity and expertise is really difficult, and you will almost certainly underestimate the size and scale of the change required.

- Work with individuals and organisations that have experience of actually turning around an inadequate service; there is no substitute for a track record.

- The failure will almost certainly be not just a service one, and the response needs to be a council and partner one too.

- Resilience, determination, and the ability to recover from setbacks is vital – this will be tough but ultimately worth it.

As our journey approaches the period before our re-inspection sometime later this year, I hope the lessons it has taken me some time to learn will be of help to others in meeting this complex and difficult challenge.

MENTAL HEALTH: A LONG & WINDING ROAD

Amanda Kelly, Managing Director at iMPOWER Consulting

When my son left primary school, I wrote the traditional words of thanks in the end of term thank- you card to his teacher, and concluded by saying 'they say it takes a village to raise a child – thank you for being part of our 'village' for the past 7 years'.

As a parent, when your child reaches school age you are suddenly welcomed into a new community and in effect your 'village' expands significantly. For most parents that 'village' tends to be the school and the wider school community, and you, your child, and the education system become locked in a shared contract. The school educates your child to a required standard, and for your part, you make sure your child attends school regularly.

When the relationship between parents and schools works effectively, it should and usually does feel like a partnership. Each side working together, focussed on different aspects of a child's development, but both sharing a common aim to maximise that child's 'whole' potential.

Again, for most people, their 'village' comes to them. The introduction of a new support network and sense of belonging that creates a connectivity is usually driven by societal norms. Whether that is the obligatory first-day-at-school photo that all parents seemingly now need to post on Facebook, or the attendance at the awkward meet-and-greet for all new parents; in whatever form it happens, the benefit of connecting in these ways cannot be underestimated.

For children with mental health problems and their families, however, accessing their 'village' is often more complex, and the connectivity and sense of belonging are often casualties that get lost along the way. This in turn creates a sense of isolation, and a risk to both the child's and their families mental and emotional resilience.

Approximately 950,000 children and young people aged 5 to 17 are thought to have a mental health disorder, and sadly, this disconnect from society which is likely to exacerbate any emerging mental health issues, can begin much earlier but usually becomes most apparent when they turn school age. Basic provision such as access to appropriate schooling or funding to provide additional support for those with specialist needs can be difficult to access. Words such as adversarial, battle, fight, and struggle, are frequently used by parents trying to navigate what can often feel like a labyrinthine network of services, organisations, professionals etc.

Trust is another word often used, but sadly frequently, in the context of how that trust has been eroded. Unlike the scenario painted above where the 'village' comes together to maximise a child's potential, it can often feel for parents of children with mental health needs that they are alone in rooting for their child.

This only serves to increase that sense of isolation. For a child with a mental health issue it can be catastrophic. We know that mental and emotional strength (a key part of mental wellbeing) is heavily influenced by our social interactions, and yet for many children as they reach school age they are set on a path that seems focussed on highlighting their differences but isn't really set up to accommodate them.

This isn't, however, a school-only issue. It is much broader than that. Theresa May in her speech on mental health on the 9th January talked about a 'shared society'. I've used different language here but the 'village' analogy has, I think, broadly the same connotations. It is about different bits of a community, which includes but is not exclusive to the different parts of the state, be that health, social care, education etc., coming together to help raise our children to be the best that they can be.

In her speech, May talked about the need to 'change attitudes to mental health'. She also talked about the need to recognise mental health as more than just a NHS problem. More money was pledged, including an additional £15m for community services, and she spoke about the target of by 2021 'no child will be sent away from their local area to receive treatment for mental health issues'.

But whilst it is fantastic that mental illness has received so much publicity, the funding on offer won't touch even the tip of the iceberg that is the growing crisis in CAMHS, following years of chronic underfunding. Outside of the £15m, it did not go unnoticed that there was no new Treasury money announced for the other plans mooted in the speech, and even the £15m was not reported to be ringfenced. It's possible that the new mental health dashboard might help prevent non-ringfenced money being diverted, but given the crisis that is pervading all aspects of the health service, it doesn't offer a cast iron guarantee that it won't.

Better funding of crisis, or improving access to services, won't entirely address some of the other concerns affecting our attitude to mental health issues in children and young people. Early indicators of a mental illness often go unrecognised or undiagnosed. In part, this might be because as a society we find it too difficult to acknowledge that children can and do suffer from mental health issues, despite evidence showing that 1 in 10 children are suffering and more than half of mental health problems start before they reach 14. It's much easier to put it down to them being a bit 'naughty' or just 'different'. As a result, children can often bang around the system until they either settle somewhere, or the noise from the banging becomes too loud to ignore. Crisis management is rarely the answer to any problem. Yet, in the context of early intervention being more likely to reduce the risk of children developing more serious mental health problems later in life, the way we currently gatekeep CAMHS, allied to the delays in accessing services, it looks even more flawed as a system response to a growing problem.

Still, improved access to services must be at the top of the list of things to address. Figures published by Pulse, based on information obtained from 15 mental health trusts in the UK, demonstrated how access to CAMHS had become more restricted. In 2013, 44% of referrals to CAMHS resulted in treatment. In 2015, this had dropped to 39%. More worrying, however, is that 33% of referrals were not even assessed by CAMHS. Instead, these cases would have been triaged by a GP who would have decided whether it was appropriate (or not) to refer on to a specialist service. Given how little training many GPs have in mental health, the appropriateness of them continuing to act as gatekeepers is questionable, at least until we can be sure that all people accessing mental health support through their GP are receiving the same standard of good quality assessment and advice.

Even where referrals are made, however, the average wait time to access treatment is 10 months, and reductions in specialist services mean that the medicalised approach to dealing with mental illness is increasing. A classic case of treating the symptom and not the cause. Consequently, children and young people end up being placed on a conveyor belt to adulthood where the dominant factor in helping them manage their mental illness is to pop more and more pills.

Perpetuating a medical model of mental health also offers no incentive to individuals to self-help by finding opportunities to help strengthen their own mental wellbeing or mental fitness. It also allows society to legitimise its failure to come together as a 'village' to support those children and their families trying to cope with mental health problems.

Our failure to deal with the root cause of mental illness; helping children and young people develop greater resilience and become more 'mentally fit', is perhaps best evidenced by the devastating self-harm rates which have increased sharply over the past decade. A survey of young adults found 6.2% of 16–24 year olds had attempted suicide, and 8.9% had self-harmed. Suicide is the leading cause of death in young people, and one in four (26%) of young people in the UK have experienced suicidal thoughts.

Going back to the premise right at the beginning of this paper, that it takes a village to raise a child, we need to create a model that encourages those 'villages' to be created for all children and their families, regardless of whether they fit so called 'societal norms' or not.

It is interesting that in the space of a week I have had two invitations to mental health awareness sessions from both senior schools that my two eldest children attend. Whilst only a toe in the water, these are perhaps encouraging signs that the 'villages' are already starting to come together. The government announcements have, without doubt, provided additional impetus to give mental health the priority and focus that is deserves. The trick now is to turn rhetoric into action. The gift of a happy childhood is something we should all aspire to for all our children. Sadly, childhood is a short season. We, and they, don't have time to waste.