Department for Education

Evaluation of the effectiveness of the local authority support on sector improvement, partners in practice and interventions

Research report

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Government Social Research

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Executive Summary

In July 2018, the Department for Education (DfE) appointed Ecorys UK with the Rees Centre at the University of Oxford, Ipsos MORI and sector-expert researchers to undertake an evaluation of DfE's interventions and improvement support for local authority (LA) children's social care services. The evaluation aimed to:

- assess the impact of the intervention and improvement support offer on LA children's social care services performance

- determine which activities, approaches and models were most effective

- understand how local context determined the success, or otherwise, of the improvement activities and approaches

- assess the value of money of the programme.

A mixed methods design was used, comprising of 4 strands of qualitative research: a quantitative research strand including an impact assessment adopting a quasi-experimental design (QED) and an economic analysis[1] and 2 surveys of Directors of Children' Services (DCSs) or Children's Trust's Chief Executives.[2]

Key findings

On the strength of the overall evidence, the evaluation concludes that the DfE's suite of interventions and improvement support has contributed towards improvements in performance within the sector since 2017. Overall, the analysis indicates that the success of any given approach is as much down to *how* the LA is supported as to the mechanics of what is done. While suggestions for improvement were made, the evaluation also highlighted the contribution of regional networks and the interactions between LAs, the DfE and other key stakeholders within the regions. The key findings for the different strands of the evaluation are presented below.

Quantitative impact assessment

Child/family outcomes

The evaluation found a statistically significant increase in the rate of Child Protection Plans (CPPs) closed following support from DfE. There was also an increase in the number of CPPs reviewed in the required timescales. These impacts, which can both be

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[1] The QED sought to estimate what would have happened in the absence of DfE support for LA children's social care services. It was based on child/family outcomes using 'synthetic control methods' (SCM) and difference-in-difference analysis.

[2] Survey results are not presented in the summary but can be found in the full report (see Annex 3).

considered indicators of Children's Social Care service improvement, were most evident for the sub-sample of eight LAs that received substantial financial support from DfE (£1m+).[3] There was also evidence of improved Ofsted Judgements following support for these LAs.

Typically, other child and family outcomes appeared to stabilise following DfE support, but these changes mirrored trends in other LAs, that had not received support (i.e., the comparator group).

Children's Social Care workforce outcomes

The impact assessment found a statistically significant increase in the percentage of social worker vacancies following DfE support, which likely reflects a recruitment drive. There were indications of other outcomes improving following DfE support, but these were not statistically significant. Further details are provided in the main report.

Economic analysis

The programme is not designed to generate savings, despite this economic analysis found that for the 8 LAs receiving substantial financial support from DfE (£1m+), total costs avoided as a result of additional CPPs closed were estimated at between £3,388,349 to £6,776,698 over a three-year period. It is possible that the full costs avoided will continue to materialise (in children's social care practice and subsequently the data) beyond the analysis period (up to March 2020). As such, the cost-savings presented are a conservative estimate.[4]

Qualitative research findings

Intervention support

For the local authorities where DfE had intervened following a judgement that their children's services were 'inadequate' the evaluation explored: the factors that caused children's services to fail; the impact of the inspection judgement; experiences of the different models of intervention, and their respective advantages and disadvantages; the key aspects of successful intervention irrespective of the specific model and views on the ways to sustain and support improvement into the future.

Among evaluation participants directly involved with failing children's services, there was a consensus that the problems were usually an indication of systemic failure within the

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[3] Eight LAs receiving substantial financial support from DfE (£1 million+ since 2017), where impacts on overall effectiveness were most anticipated. Except for 1 LA (with substantial financial support from DfE over multiple years), all LAs in this group were subject to Children's Trust and/or LA partnership intervention.

[4] The overall cost of DfE support for these LAs (2016/17 to 2019/20) was £22.7m.

council and its partners. Where there was denial of these problems, this was often an insurmountable obstacle to improvement without formal intervention.

In these instances, alternative delivery models (ADMs) were set up. Of the 9 study authorities, 6 were Children's Trusts and 3 LAPs were established. Benefits of the models were identified. For Children's Trusts, these included: starting afresh with a new service after a challenging journey; independence from the council and potential conflicting priorities; the speed of decision making within a Trust model compared to LA-led services; and potentially attracting a high calibre of staff. For LAPs, advantages of the model included the LA retaining some sense of ownership; the relatively rapid speed within which provision, leadership and direction was provided; and the opportunity to work and learn collaboratively.

While both models brought about improvement in services with a history of intractable problems, there were also a range of operational and political challenges. For Children's Trusts, this included high set-up costs; uncertainty for staff; high levels of bureaucracy (e.g., setting up a separate organisation, IT systems); lack of clarity around roles and accountability; budgeting when there was difficulty in accurately predicting demand for children's social care; and complex relationships with the council once the Trust was being set up. For LAPs, challenges related to: the partners' capacity to fulfil the role, and whether the LAP was perceived as a 'take over'.

Of the 'inadequate' authorities in the evaluation,15 remained in LA control based on an assessment that they had the capacity to improve. They received oversight and support from DfE appointed advisers, with the support differing in intensity. The benefits, regardless of the specific model, identified included: providing additional capacity, expertise and emotional support; offering an authoritative voice; the council retaining control; and the intervention giving an added impetus to service improvement. Conversely, challenges were identified, and these generally related to where at least some key ingredients for successful relationships were missing (see below).

Overall, those with direct experience of working in, or with, 'inadequate' authorities suggested that DfE intervention can provide the impetus and resources needed to bring about change. That said, authorities preferred to drive their own improvement as far as possible and believed that change was more likely to be sustainable where staff had been directly involved in determining and implementing the programme of change. Factors that particularly facilitated improvement were associated with 'softer' aspects of the approaches, such as the development of trusting relationships and cultural change, and less to do with the specific intervention models. Key ingredients for successful relationships included clarity of roles and expectations; open, honest and trusting dialogue supported by sensitivity and a strengths-based approach; a genuine partnership between LAs and credible partners with relevant skills and experience.

Evaluation participants argued that there *was* an ongoing need for an intervention programme in children's services but would like to see a shift towards a more collaborative approach that intervenes to *prevent* failure. Some argued this could be facilitated by earlier conversations between DfE and LAs.

Improvement support

Based on the views of DfE and local authority participants, the evaluation found that the improvement support strand of the Partners in Practice (PiP) programme had made considerable progress in just over 4 years for LAs assessed as 'requiring improvement'. It had substantially increased LAs' willingness, capacity and capability to give and accept each other's support. It also developed a solid foundation for a sector led improvement approach (the 'PiP approach'), grounded in partners' experiences of innovating services, and improving outcomes for children and their families. The PIP programme supported the development of DfE's new programme of Sector Led Improvement (SLI) Programme which DfE introduced in 2021.

The evaluation found that the PiP programme provided the opportunity for strategic partnerships to be set up to improve and innovate services, with benefits for both partners (e.g., those giving and receiving support). Factors identified as supporting the effectiveness of the PiP programme aligned with some of those identified for the intervention strand (see above). Factors that were specific to PiP programme included: developing a partnership of equals between the LA receiving and providing support; adopting a relationship- and strengths-based approach; and implementing a systematic approach. The ability to retain a flexible and tailored model was also valued. Finally, participants argued for an evidence-based approach to sector led support to inform decision-making and the implementation of different approaches.

The evaluation also identified some weaknesses in the PiP programme's design and implementation. These included: a dissonance between the PiP approach developed by partners and DfE's conceptualisation and description of the programme outcomes, which was considered to have undermined the programme's acceptability to some extent. Further, LA participants thought that the PiP offer could have been better promoted and brokering arrangements could have been better supported. They also suggested that giving the sector a greater role in these would ensure that the PiP approach was embedded when promoting and brokering of the improvement offer, thus supporting more effective partnership arrangements. Finally, the findings explained that a lack of resources and a framework to collect evidence on the impact and effectiveness of the PiP offer was an issue. LAs would have welcomed ongoing learning and insights about what works in delivering effective improvement support.

Overall, there was a consensus among LA participants that a key outcome from PiP programme should be to support the improvement of services and practice. That said,

they felt that expressing this outcome in terms of 'preventing authorities from becoming inadequate' was at odds with the principles of equal partnership and the strength-based approach which underpinned how partners typically worked together.

Understanding LAs' use of data to inform improvement

This strand of the evaluation comprised a sub-sample of LAs (see below) and sought to explore the importance of data and information being accessed and used holistically to inform children's social care services improvement.

The evaluation identified 3 overarching and related components as being pivotal to the effective use of data to inform improvement work. These were:

- technical and functional capabilities of the local management information system. This was identified as often being the first step for improving data use and included developing a modern single repository. Importantly, participants explained that this took time to implement, typically 18 months to 2 years.

- analysis and outputs that were useful and meaningful. Data users and analysts needed confidence in their systems and outputs. Participants identified data dashboards, the Children's Services Analysis Tool (ChAT)[5] along with case audits as important tools for supporting the understanding of the service at both the strategic and operational levels. Both were needed to inform change in the right areas.

- integration of analysis into practice. Analysis needed to go beyond statutory reporting and compliance. It needed to support and inform practice; further, skilled and knowledgeable data teams were crucial for effective and accurate analysis and interpretation, which needed to be done in collaboration with children's social care teams.

Looking ahead to the future of sector led improvement, investment in building analytical understanding and capacity for the sector was identified as a priority. Other priorities identified included ensuring a sufficient number of suitably qualified and skilled analysts within children's social care services and ensuring data and information play a prominent role in the SLI Programme (see above).

Regional arrangements and the RISL role

As Regional Improvement and Innovation Alliances (RIIAs) built on pre-existing relationships and networks, the evaluation identified that the 3 case study models were at varying levels of development and maturity. The context and size of each region was key

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[5] The CHaT was initially developed by a group of London boroughs and Ofsted to better visualise the data that is shared between local authority children's services departments and Ofsted during an inspection.

to understanding their approaches and the ease with which trusted relationships and a collaborative culture was developed.

We found that a group of DCSs tended to be at the centre of RIIA models, driving the work, overseeing the core activities and reporting to the locally agreed governance arrangements (e.g., a board). DCSs were often supported by a regional coordinator, who was key in supporting the activity but involvement from the corporate and political leaders appeared to be a new feature.

Participants valued the contribution of the RIIAs in providing a framework and structure for LAs to engage as a region and to feel responsible for each other. A strong, stable and effective RIIA appeared to depend on an inclusive structure. RIIAs also needed appropriate resources, capacity and support to engage effectively; supported by a genuine desire to collaborate, be open and honest, and engage in constructive challenge.

DfE RISLs were in place in each region to support two-way communication with the DfE. Where RISLs understood their region's context; had time to build trusting relationships with DCSs; were skilled in analysing evidence and seeing the wider context, and were able to communicate effectively, they were valued. However, the continuity, stability and seniority of RISLs was a challenge for regional stakeholders.

Finally, evaluation stakeholders indicated that regional arrangements could be improved by enabling the sector to lead regional improvement in collaboration with central government; providing a long-term strategy and funding to promote sustainability; enhancing RISLs to provide two-way intelligence between the Department and authorities; and creating a central repository for information and learning about what works to be shared.

Recommendations

In drawing together the key findings from the evaluation, the evaluators make the recommendations for the DfE, and for the regional and local levels.

1. Consider developing a system for LAs at risk of inadequacy to access advice from a Commissioner/Improvement Adviser *before* their Ofsted inspection, followed by a period (for example, 6 months) for the LA to show whether they can create the building blocks for improvement. This could pre-empt unnecessary 'shaming' and subsequent destabilisation that risks making the service worse.

2. Reframe the language of 'inadequacy' and a deficit-based model to reflect a more effective, strength-based approach that has been adopted within children's social care work with families.

3. Clarify that the purpose of intervention is to achieve sustainable improvement for children, not just an improved Ofsted rating. This would involve taking a more systemic look at the contribution of political/executive leaders and partner agencies rather than focusing solely on children's social care services.

4. Work with Ofsted to review and critically reflect on respective roles in relation to LAs during the early stages of intervention to explore the potential for preventing LAs to be judged inadequate.

5. Work with Ofsted to explore streamlining monitoring and reporting arrangements and reducing the administrative burden on local authorities in intervention.

6. Consider reviewing the brokerage arrangements for PiP/SLI Programme support, so that LAs are afforded greater discretion to scope their own support needs and to find a PiP offer that is right for them, within the parameters of the programme.

7. Improve the level of information and guidance that is available to LAs about the PiP programme, including easily accessible information about the eligibility criteria, access arrangements, and the range of PiP specialisms and expertise. This might include a national prospectus of PiP offers, or a managed network to facilitate exploratory conversations with LAs addressing common improvement challenges.

8. Consider the potential for extending and widening access to improvement support for LAs during and following the transition out of intervention and during the 12 months DfE monitoring period post-exit.

9. Consider the case for establishing a national network, supported by webinars and banks of resources, for sector led improvement. This could include all regions and LA to support conversations between stakeholders. Furthermore, establishing an outcomes framework and a set of tools to capture and share learning to support continuous improvement, drawing on evidence from both supported LAs and improvement partners would help ensure LAs have easy access to evidence-informed practice and new research. These developments might also include collaboration between the DfE, LGA, ADCS and other key partners

10. Promote a stronger reflective practice element of national support arrangements for LAs so strategic and operational meetings regularly showcase data and evidence within a 'critical friend' environment.

11. Reflect on strong views from the sector that authorities are the best placed to undertake data-gathering, peer challenge and review based on their understanding of the regional context, and to consider whether a re-framing of RISL's monitoring responsibilities and boosted capacity for RIIAs is merited in light of this. This could

> include creating a longer-term strategy for RIIAs with the necessary resources to help regional arrangements to support sector- led improvement activities.
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> 12. Consider enhancing the RISL role to include not only children's social care services but also education, SEND and early help; to support succession planning (for example, by creating a deputy-RISL role) to promote continuity, and allowing RISLs to be a stronger conduit of two-way communication between DfE and LAs.
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> 13. Continue to support and encourage (whether financially or not) innovation within sector led improvement for CSC services, remaining open to models and approaches that have worked well in other sectors (such as education), those that are developed within a regional context, and delivery of SLI via digital platforms

Policy context

The DfE is responsible for responding to failure or weakness identified in children's social care services, underpinned by the Ofsted inspection regime:

- Where local authority children's social care services are graded 'inadequate', the DfE has a **statutory power to intervene** where the Secretary of State is satisfied that the service is inadequate.[6] They can issue an Improvement Notice (IN) and assign an Improvement Adviser (IA) to work with the LA to draw-up and monitor progress against an Improvement Plan. If insufficient progress has been made after 6 months, or where there is evidence of persistent or systemic failure, the DfE will issue a Statutory Direction (SD) and appoint a Commissioner to consider options for removing children's social care services from council control (e.g., by creating a Children's Trust or adopting a Local Authority Partnership (LAP)).

- Where local authority children's social care services are graded 'requires improvement', or are at risk of failure, the DfE has a suite of options for providing **improvement support**. Since 2016, the Partners in Practice (PiP) sector improvement programme[7] delivered on a peer-to-peer basis by authorities that were graded as 'good' or 'outstanding'.

Regional Improvement and Innovation Alliances (RIIAs)[8] were set up across the 9 regions. They sought to support LAs to work collaboratively to provide support and

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[6] See Section 497A of the Education Act 1996v as applied by Section 50 Children Act 2004. [Accessed 3rd March 2022]

[7] PIP was replaced by the Sector Led Improvement (SLI) Programme in 2021.

[8] In 2016, Regional Improvement Alliances (RIAs) were set up, building on the established work of the Association of Directors of Children's Services' (ADCS), the Local Government Association's (LGA), and the Society of Local Authority Chief Executives' (SOLACE) sector led regional support arrangements. In 2018, these were renamed RIIAs.

challenge for children's social care services. DfE employed Regional Improvement and Support Leads (RISLs) as a main link within each of the regions.

Methodological overview

The evaluation adopted a mixed methods approach comprising qualitative and quantitative research. For LAs in receipt of **intervention support**, 24 authorities were involved. This included 6 Children's Trusts; 3 local authority partnerships (LAPs); 4 children's social care services that had support from a Commissioner beyond the initial review; 5 LAs that received Intensive Improvement Advice (IIA) and 6 that received Improvement Advisor (IA) Support. Qualitative fieldwork was carried out in spring 2019 (wave 1) and in late 2020/early 2021 (wave 2). Eighty-eight participants were interviewed.

Twenty LAs were involved in the evaluation as part of the **improvement support** (e.g., the PIP programme) strand in spring 2019 (wave 1). Nine LAs had delivered improvement support and 11 had been in receipt of it. Ten of these authorities were re-interviewed in 2020-21 (wave 2). In addition, interviews were carried out with 6 DfE officials and the evaluation team attended PiP managers meetings. Over 80 participants were interviewed overall.

To understand how **LAs use local administrative data** and other sources of evidence to inform practice development, particularly for their improvement work, the evaluation team also interviewed a range of LA stakeholders. These included performance or data management team and quality assurance team representatives, and senior managers from 7 local authorities that had been part of the *intervention* strand. In total, 23 participants were interviewed in spring 2021.

Regional case studies were carried out in 3 regions: South West, East Midlands and the North East. These case studies were supplemented with interviews with the lead DCSs in a further 3 regions, RISLs and 4 national stakeholder interviews. In total, over 24 interviews were undertaken.

The primary child/family outcomes of interest for the **quantitative impact strand**, sourced from children's social care national data, were: re-referrals to children's social care; Child Protection Plan (CPP) conference held within 15 days; CPP for a second time; CPPs reviewed in the required timescales; and CPPs closed[9]. The impact assessment used a quasi-experimental design (QED) using 'synthetic control methods' (SCM[10]) and difference-in-difference analysis. This was supported by an economic

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[9] The rationale for the selection of these outcomes is provided in Chapter 3 of the full report. Additional secondary outcomes were also analysed, including workforce outcomes.

[10] Synthetic control methods (SCM) estimate the difference in post-intervention (i.e., DfE support) trends between LAs supported by DfE (i.e., the treatment group) and a synthetic control group, for the outcomes of interest. The synthetic control group is a weighted average of potential comparator LAs (i.e., not

evaluation to estimate the impact of interventions on child/family outcomes showing statistically significant impacts. It also sought to explore cost savings associated with DfE's intervention support

The evaluation team carried out 2 surveys of Directors of Children' Services (DCSs) or Children's Trust's Chief Executives. The first survey was administered in spring 2019, the second in late 2020/early 2021. Response rates to the surveys were low, in part due to the pressures the sector was under during 2020/21 due to the COVID-19 pandemic - as such these findings should be treated with caution. Survey responses were used to inform themes for further exploration during the qualitative data collection strands. The survey results can be found in the full report (see Annex 3).

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supported by DfE). Comparator LAs that were more similar to the treated LAs on pre-intervention outcome trends received a greater weighting than those that were less similar.

Introduction

In July 2018, the Department for Education (DfE) appointed a consortium led by Ecorys (UK) with the Rees Centre at the University of Oxford, Ipsos MORI and sector-expert researchers to undertake an evaluation of interventions and improvement support for local authority children's social care services. Adopting a mixed methods approach, the evaluation sought to assess the (cost) effectiveness, outcomes and impacts of the Department's support for local authority children's social care services (CSCS) at risk of failure.[11]

This final evaluation report presents the triangulated findings from the following strands of evaluation data collection and analysis:

   a) a large multifaceted qualitative research strand, based on data collected from national and regional level stakeholders, local authorities (LAs) and their improvement partners between autumn 2018 and spring 2021;

   b) an impact assessment using a quasi-experimental design (QED), to assess the quantitative impact of interventions on selected outcomes of interest from children's social care national data; and,

   c) two surveys of LA Directors of Children's Services (DCSs) and Chief Executives of Children's Trusts, these were conducted in spring 2019 and spring 2021. Due to the low response rates for the surveys, we have referred to the survey findings throughout the report where relevant to do so. The detailed survey results are presented in Annex 3.

In this introductory chapter, we set out the policy and regulatory framework for DfE's sector improvement programme in children's social care services and explain the main types of interventions and support that they use.[12] We then explain the aims, sampling methodology and research methods that we deployed for the qualitative strand and present the caveats framing the analysis. Finally, we outline the structure for the remainder of the report.

Background context: summary overview

The DfE is responsible for taking action in response to failure or weakness in the provision of local authority children's social care services. The over-arching objective of the DfE's policy, along with a wider programme of improvement work, is to reduce the number of LAs entering intervention over time and to raise standards within the sector.

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[11] An unpublished interim report was submitted to the Department in summer 2019.
[12] There are a variety of other approaches to sector improvement, such as those conducted by the Local Government Association (LGA), but they are not the subject of this study.

Prior to autumn 2018, DFE had separate intervention and improvement support teams working with LAs. However, in late 2018, these two teams were integrated.

The Ofsted inspection regime provides the main trigger for DfE intervention involvement, as follows:

- **Where local authority children's social care services are graded 'requires improvement' following an Ofsted inspection**, or are at risk of failure, the DfE has a suite of options at its disposal for providing *improvement support*. Since 2016, this centred on the Partners in Practice (PiP) sector improvement programme,[13] which was delivered on a peer-to-peer basis by authorities that were graded as 'good' or 'outstanding' and supported by the regional arrangements established in the form of the Regional Improvement Alliances (RIAs), which later became Regional Improvement and Innovation Alliances (RIIAs). These arrangements are described below.

- **Where local authority children's social care services are graded 'inadequate' following an Ofsted inspection**, the DfE has a *statutory duty to intervene* where the Secretary of State is satisfied that the service is inadequate.[14] The DfE can issue an Improvement Notice (IN) and assign an Improvement Adviser (IA) to work with the local authority to draw-up and monitor progress against an Improvement Plan. If insufficient progress has been made after 6 months, or where there is evidence of persistent or systemic failure, the DfE will issue a Statutory Direction (SD) and appoint a Commissioner to consider options for removing children's social care services from council control.

Further insights into the intervention arrangements available to LAs, and their perceived effectiveness are presented in Chapter 2. Further quantitative impact assessment insights are available in Chapter 3.

The individual components of DfE's improvement support offer are summarised below.

Partners in Practice (PiP) programme (which, in 2021, was replaced by the Sector Led Improvement (SLI) Programme)

The Partners in Practice (PiP) programme was announced in the DfE strategy document: *Putting children first* (July 2016).[15] Further details about the PIPs, and their aims are presented in Chapter 4.

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[13] PIP was replaced by the Sector Led Improvement (SLI) Programme in 2021. Further details are presented in Chapter 4.

[14] See Section 497A of the Education Act 1996v as applied by Section 50 Children Act 2004. [Accessed 3rd March 2022]

[15] DfE (2016) *Putting children first: Delivering our vision for excellent children's social care*. London: DfE Publications.

Regional Improvement Alliances (RIAs) and Regional Improvement and Innovation Alliances (RIIAs)

The Association of Directors of Children's Services (ADCS), the Local Government Association (LGA), and the Society of Local Authority Chief Executives (SOLACE) have long provided sector led support at the regional level. In 2016, the Regional Improvement Alliances (RIAs) were announced in *Putting children first.*[16] Through the RIAs, which later became Regional Improvement and Innovation Alliances (RIIAs), the DfE aimed to work collaboratively with the ADCS, the LGA, and SOLACE to support continuous improvement in Children's Social Care Services, supported by self-assessment and peer challenge. Each Government Region (n=9) has a RIIA, following a pilot phase in 3 authorities. Further information about the regional support arrangements is presented in Chapter 6.

Regional Improvement and Support Leads (RISLs)

The Regional Improvement and Support Leads (RISLs) provide a main DfE link with the regions. Since April 2018, a DfE official has been assigned to each region, to provide support and challenge for children's social care services. Further information about the RISL role is provided in Chapter 6.

In December 2018, DfE moved from an entirely regionalised structure for improvement support, and created three consolidated teams covering the North, Central and South of England, while continuing to support the RIIAs within this structure. These developments were out of scope for this evaluation and are not discussed in this report. Within both DfE and Ofsted, there have been further policy developments throughout the delivery of the evaluation. These were out of scope for the study and the findings presented here relate directly to the original evaluation aims outlined below.

Aims of the evaluation and brief methodological overview

The purpose of this research study was to undertake a process, outcomes and impact evaluation of DfE's intervention and improvement support to LA children's social care services. It aimed to:

- Assess the impact of the intervention and improvement support offer on LA children's social care services performance

- Determine which activities, approaches and models were most effective

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[16] Ibid. (2016)

- Understand how local context determined the success, or otherwise, of the improvement activities and approaches

- Assess the value of money of the programme.

The evaluation adopted a mixed methods approach comprising extensive qualitative research and a quantitative impact assessment using secondary outcomes data.

Qualitative strand

The qualitative research strand provided detailed insights into the delivery of intervention and improvement support, from the perspective of authorities that experienced it and their improvement partner(s). The evaluation had 4 qualitative strands to explore the circumstances surrounding the need for external help, the factors influencing the selected intervention (see Chapter 2) or improvement model/s (see Chapter 4), the types of support provided and by whom, perceptions of what worked well or less well, and perceptions of outcomes. It also provided an opportunity to explore the question of attribution, albeit qualitatively and based on the views of a sample of senior leaders.

There were two waves for this qualitative research:

- For the first wave (2018-19) we conducted in-depth qualitative telephone interviews with DCSs or Chief Executives of Children's Trusts in a sample of 34 authorities. We also selected 1 example of intervention or improvement support in each local authority for in-depth discussion and conducted an interview with a relevant member of external improvement personnel (referred to throughout this report as 'improvement partners'). In total, we completed 24 of these interviews because some partners had been involved in supporting more than 1 authority. To complete the data collection, we interviewed 9 of the DfE's RISLs. Further information about the sample is provided in Annex 1.

- The second wave of the research started in spring 2020 but was postponed due to the outbreak of the COVID-19 pandemic. Fieldwork resumed in late autumn 2020 and was completed by the end of April 2021. Due to restrictions in place due to the pandemic, the semi-structured interviews were carried out via Microsoft Teams or telephone, rather than face-to-face. The second wave of fieldwork built on wave 1 and comprised interviews with a range of stakeholders from a sub-sample of the 34 LAs involved in wave 1, plus two further LAs that were purposively selected in collaboration with DfE. These LAs represented a range of LAs/Trusts that were/had been in intervention and authorities that had been supported by PiPs (and some PiP LAs themselves). Over 100 participants contributed to this strand of the evaluation.

In addition to the LA case studies, the evaluation team also qualitatively explored how LAs used data to inform and improve their service delivery and the regional arrangements in place to support children's social care services (see Chapter 5). A further sub-sample of 7 LAs supported the evaluation team to explore the use of data within their LAs. This strand sought to understand how data is used to support LAs to improve (these are referred to as the Data Deep Dives) and were led by the Rees Centre at Oxford University. Twenty-three interviews were completed for this strand.

Finally, the fourth qualitative strand comprised exploration of the regional arrangements, focusing on 3 case study areas and wider stakeholders (i.e., the RISLs, national stakeholders such as DfE, ADCS and LGA representatives) involved in regional improvement. Almost 40 interviews were conducted as part of this strand. The findings are presented in Chapter 6.

Further information about the methods and approach for each qualitative strand is provided at the start of each chapter.

Survey of Directors of Children's Services

As part of the evaluation, the evaluation team, led by IPSOS MORI, undertook two rounds of surveys with DCSs. The surveys sought to explore the following issues relating to children's social care services:

- How respondents view children's social care services within their LA, and their service improvement trajectory

- Any periods when children's social care services were assessed as being 'inadequate' at Ofsted inspection, and the measures that were subsequently set in place

- Any periods when respondents have received and/or provided improvement support for children's social care services.

In spring 2019, the first survey was sent to all DCSs and received 62 responses (a 41% response rate). The second survey, which was in the field during late 2020 and early 2021, only received 38 responses (a 25% response rate). The lower response rate for the 2020/21 survey was probably due to the timing of fieldwork during the COVID-19 pandemic and LAs having other priorities at that time.

Survey responses were used to inform themes for exploration during the qualitative data collection exercises. However, due to the low response rates and subsequent limitations about the generalisability of the findings, only relevant survey findings are referred to throughout this report. Detailed survey findings are presented in Annex 3.

Quantitative impact and economic strand

This strand had two aims. Firstly, to quantitatively explore the impact of DfE's support for children's social care services performance following a requirements improvement or inadequate Ofsted judgement. The evaluation team adopted a quasi-experimental design (QED) which seeks to estimate what would have happened in the absence of support. Secondly, building on the results of the impact assessment, this strand also explored to estimated cost savings associated with DfE support for children's social care services.

A detailed overview of the methodological approach is presented in Chapter 3 and in Annex 2. It is important to read the opening sections of Chapter 3, for the economic strand section 3.2) to understand the analytical approaches, the selected outcomes of interest and why these were chosen for the evaluation, the associated limitations.

Structure of the report

The remainder of this report is structured as follows:

- **Chapter 2** provides an overview of LAs in intervention

- **Chapter 3** present the quantitative impact and economic assessment

- **Chapter 4** reviews the experiences of local authorities that had received (or provided) support through the Partners In Practice (PiP) Programme

- **Chapter 5** explores LAs' use of data (the Data Deep Dives)

- **Chapter 6** examines the regional arrangements and role of RISLs

- **Chapter 7** draws together and concludes on the findings from this 3-year evaluation.

Interventions

Key findings

- There was a consensus amongst those directly involved with failing children's services that the problems are usually an indication of systemic failure within the council and its partners. Where there was denial of these problems, this was an insurmountable obstacle to improvement without formal intervention.

Alternative delivery models (ADMs) were set up in 9 of the study authorities: 6 Trusts and 3 Local Authority Partnerships (LAPs). Both models brought about improvement in services with a history of intractable problems but presented a range of operational and political challenges.

- Those with direct experience of working in, or with, 'inadequate' authorities suggested that DfE intervention can provide the impetus and resources needed to bring about change but it can also be a difficult experience for the council, children's service leaders and the wider workforce that risks destabilising the service further.

- Of the 'inadequate' authorities participating in the evaluation,15 remained in council control based on an assessment that they had the capacity to improve. They received oversight and support from DfE appointed advisers, with different aspects of the support considered more or less helpful.

- Authorities preferred to drive their own improvement as far as possible and believed that change was more likely to be sustainable where staff had been directly involved in determining and implementing the programme of change.

- The factors supporting improvement identified by those directly involved were more associated with 'softer' aspects of the approach, such as trusting relationships and cultural change, and less to do with particular intervention models.

- Evaluation participants thought that there was an ongoing need for an intervention programme in children's services but would like to see a shift towards a more collaborative approach that intervenes to prevent failure.

This chapter describes the experiences of the 24 sample local authorities where DfE had intervened following a judgement that their children's services were 'inadequate'. After briefly describing the policy underpinning intervention, it explores participants' views on:

- the factors that cause children's services to fail

- the impact of being judged 'inadequate' by Ofsted

- experiences of different models of intervention, and their respective advantages and disadvantages

- key aspects of successful intervention irrespective of the specific model

- ways of sustaining and supporting improvement into the future.

The chapter starts by summarising the methodological approach before presenting the key findings. The chapter also cross references with the DCS survey data, where relevant to do so (see Annex 3 for the detailed findings on the DCS surveys).

Methodological overview for this strand

This strand of the evaluation was conducted in 2 waves.[17] The initial wave involved 22 authorities and 38 semi-structured interviews which were conducted in Spring 2019. Interviews were carried out with the DCS or Trust Chief Executive and with the individual/organisation appointed by DfE to lead the intervention.[18] Further in-depth case studies of 6 authorities[19] were undertaken between November 2020 and April 2021 to explore the views of a wider range of stakeholders, including political and council leaders, partner agencies, managers, and front-line staff (see Table 1). The case studies were selected to represent different intervention models. They provided a broader picture, including valuable insight from those who were familiar with the service *before* it went into intervention and had experienced it from different perspectives. Two interviews were also conducted with DfE officials to provide additional context about the policy objectives behind intervention.

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[17] Fieldwork was suspended between 23rd March - November 2020 because of the COVID-19 pandemic.
[18] Some people had multiple roles and were interviewed in relation to more than one authority, and/or in both stages of the study.
[19] 4 had been involved in the first wave: 2 were newly recruited.

Table 1 Participants

Role	Number of participants
DCS or Chief Executive of Children's Trust	24
DfE appointed Improvement Partner[20]	18
Political leader	5
Senior manager – corporate	7
Senior manager – children's services	8
Middle manager/ social work practitioner	16
Partner agency	8
Other[21]	2
Total number of participants	88

Policy context for intervening in children's services

Government policy states that DfE will take action if an authority's children's services are judged by Ofsted to be 'inadequate' and that the type of intervention will differ depending on the seriousness of the inadequacy.[22] The figure below summarises the process.

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[20] This includes Commissioners, Improvement Advisers, Intensive Improvement Advisers and Local Authority Partners.
[21] Councils were invited to select other key participants.
[22] DfE (2016) Putting children first: Delivering our vision for excellent children's social care.

Figure 1 DfE process for 'inadequate' authorities

Source: DfE (2016) p.55

KEY
- Persistent failure: two or more inadequate judgements in a 5-year period.
- Systemic failure: inadequate across all key Ofsted judgements.
- Trust arrangements: Company Limited by Guarantee (Slough and Doncaster); Community Interest Company; Mutual; any other alternative delivery model.
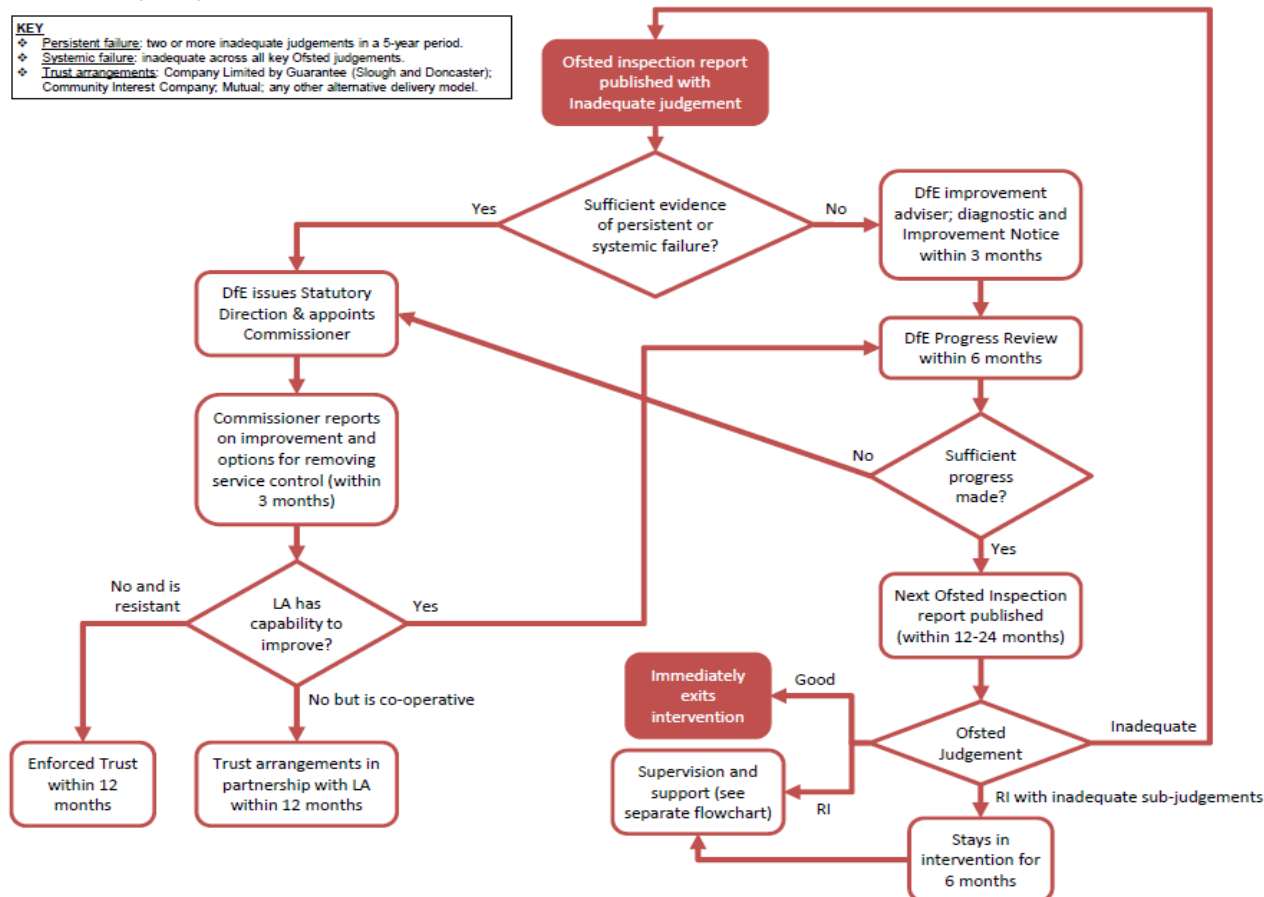
Of the 24 participating authorities in some type of intervention, we identified the following intervention pathways:[23]

- In 6 authorities, children's services were transferred from council control to a voluntary or enforced **Trust**.[24]

- In 3 authorities, a **Local Authority Partnership** (LAP) was established whereby another authority was appointed to take over responsibility for the service.

- In 4 authorities, the service remained in council control, but the **Commissioner remained in the authority beyond the initial review** to monitor progress and report to the DfE.

- In 5 authorities, DfE appointed a high performing authority or private consultancy to provide **Intensive Improvement Advice** (IIA) following the recommendations from the Improvement Adviser or Commissioner.

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[23] Authorities may have received more than one of these interventions at some point on their improvement journey but the evaluation focused on the one that was the most recent and/or significant.

[24] The term 'Trusts' is used throughout this report for simplicity: each Trust has different contractual arrangement with the council, and some describe themselves as 'companies' rather than Children's Trusts.

- In 6 authorities, an **Improvement Adviser** (IA) was appointed by DfE. In these authorities, an alternative delivery model was not considered.[25]

Factors leading to a failing children's service

It was acknowledged that children's social care services can rapidly deteriorate in any authority due to an interplay of factors such as budget cuts, changes or instability of leadership or high-profile cases in the media placing added pressure on the service. There was considerable consensus among participants about the factors that contributed to 'systemic and/or persistent inadequacy'. In these local authorities, the problems often went beyond children's services and related to the wider context within which they operated, with the whole council or system failing at some level. Even where this dysfunction was not immediately obvious, participants used the analogy of the canary in the mine: '…children's social care is always the first in the council to fall off its perch'. One corporate senior manager described the 'perfect storm' within their council with a breakdown in scrutiny arrangements, a departing Chief Executive, a poor multi-agency safeguarding board, and acknowledged that: 'These things are always a collective failure'.

'Inadequate' judgements were often accompanied by the council's failure to give children's services the priority or resources it needed. In turn, this led to a lack of a strategic approach across partners, with 'silo working' and mutual distrust. As a result, there was a loss of direction, often referred to as 'not knowing what "good" looks like'. The evaluation case studies provided a wealth of data about what it had felt like to work in the local authorities during that time. Senior managers interviewed for the study had not usually been in post during that time, but other participants had. For front-line staff, the working environment was often described as chaotic and stressful, with high caseloads, and reliance on agency staff to cover unfilled vacancies. One noted:

> I know agency staff arrived one day and said, "I'm not doing this", and left the very next day. It were just absolutely horrendous. There were no structure at the Front Door. There were cases coming through that should not have been coming through and then there were delay in them that should have come through. From my point of view, there were children left at really high risk and it were just all a bit too much (sic). – *Social worker*

In some authorities, the extent of the problems had, intentionally or unintentionally, been masked by senior managers so that corporate or political leaders failed to understand what was happening on the ground. For example, the senior management team in one

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[25] This was because they were not systemically or persistently inadequate, or because the Ofsted rating pre-dated the current policy adopted in 2016.

authority had been in post for many years and a complacent culture had developed with everyone assuming they 'knew what they were doing'. In others, managers produced data that masked the true picture of poor outcomes that lay behind the statistics.

> It was very much, "Trust us, we're a good management team. We're performing okay. Ofsted have said we're fine. Leave us alone," kind of thing. – *Corporate senior manager*

> I think that there was no direct line of sight, in terms of performance management, between what the social workers were experiencing and what was being fed back to politicians and corporately. – *Corporate senior manager*

Conversely, frontline staff may have been aware of the problems but unable to get their concerns heard despite raising issues with their immediate managers:

> It was the same conversation every week: "This needs to be done, this needs to be done. We need to improve this". Our managers were saying, "Oh, we've taken it up, we've taken it up. They're aware, they're aware" but we weren't getting anything back from it. – *Social worker*

Participants had often experienced senior managers to be unapproachable or invisible. As one frontline practitioner said: 'I don't even think I'd met my service manager'. Furthermore, there were instances where conflicts within leadership teams impacted negatively on the wider service. In one local authority, social workers described a senior leadership team who did not communicate well with each other and did not know their staff.

In some authorities, these problems were long-standing. Repeated improvement plans had been initiated but, for a variety of reasons, had not worked. For example, in one authority, a new practice model was adopted but without the necessary understanding or training to support effective implementation. When new managers were appointed, they subsequently abandoned the approach.

Several participants referred to 'improvement tourists' or 'people building a CV' to describe the situation where new managers or consultants joined an authority claiming to have the answers but then quickly moved on. This seemed to be linked to a downward spiral that can occur when services are seen to be deteriorating. There were examples of leaders making unsuitable appointments or turning to those offering a quick fix.

> We then had too many people wanting to help, and we were just picked over to the point where we were paralysed. – *Political leader*

> The money that was wasted, the hopes that were dashed during that period, the new arrivals (every couple of months) who were going to be the answer but weren't. – *Middle manager*

The impact of an 'inadequate' Ofsted rating

Immediate reactions

Even where authorities knew it was a possibility, participants often described the experience of receiving an 'inadequate' rating by Ofsted as 'shocking' and 'devastating'. This was particularly evident in discussions with stakeholders who had experienced it at first hand in the 6 case study authorities. It was generally accepted that the judgement itself *was* justified. There was, however, considerable frustration expressed by senior stakeholders in some authorities who felt they had already turned the tide and were starting to improve. They questioned the purpose of the negative rating given that it risked de-stabilising any progress they had made.

Whilst not questioning the judgement itself or the need for intervention to improve the service for children, other participants commented that the term 'inadequate' was unhelpful, as one participant explained:

> It becomes a very difficult place when you give that label, 'inadequate', to an authority because the director internalises and owns that label for themselves and I'm not 'inadequate'. I never have been 'inadequate'. – *DCS*

Others commented that the judgement did not need to be delivered in such a punitive way, with one new manager saying that they had been made to feel like a 'naughty schoolgirl'. There was a feeling that the language used when Ofsted were feeding back their findings had been overly negative without acknowledging the efforts that had been made since problems came to light, as one participant described:

> It was obviously going to be a difficult meeting, no doubt about it, but I did think it could have been handled differently…. I just thought there could have been a bit more of a balance to give people a bit of hope. I think a lot of people left that room quite dejected and most of the staff were in tears. – *Partner agency*

Whilst participants acknowledged that the priority is always children's safety and that the 'wake-up call' might have been necessary, stakeholders described the immediate consequences for staff morale at all levels of the council:

I'll tell you what I found hard to stomach is that the very few of us who were permanent members of staff and tried our best and it were (sic) like a kick in teeth. – *Social worker*

This finding is important, not only because of the emotional effect on staff, but because it also risked de-motivating those responsible for laying the foundations for improvement and therefore slowing down progress.

Given that partnership working had been problematic in many local authorities,[26] the Ofsted judgement often caused further issues between agencies, particularly where there was a desire to let children's services take the blame for the situation. One stakeholder described an experience shared by a number of participants:

When you've constantly got that negativity, it does make it very hard to do partnership working, because you've got the police, health, other groups coming to the table and going, "We're doing our job, it's your problem." When you try and suggest: "Actually no, we need to change this system together" it's "No, you're the one on the telly, you're the one with the 'inadequate' judgement". – *Political leader*

For local authorities where there was a strong chance that children's social care services would be removed from council control, there was an additional layer of anxiety amongst stakeholders. On a practical level, staff worried about job security, pensions and/or working conditions. Some participants talked about unpleasant working environments where rumours were rife. The Trust concept itself also provoked strong feelings among many participants, with some being upset about the message to the community that the council could not be trusted to safeguard children. Other objections were more philosophical, with some participants expressing a belief that children's services should be delivered by local government:

… it strikes at the heart of what kind of council you want to be. If you lose your children's services, then you lose a large part of your rationale. – *Corporate senior manager*

This rationale was not only felt for political reasons but also because participants wanted local children to be at the heart of their strategy as a council. By separating the service for 'children in need' from services for other children, they felt they diluted their offer to the local community. Participants felt that any new central government policy for children

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[26] The DCS surveys explored the main barriers to effective partnership working. In 2019, the most commonly selected barriers related to financial pressures, incompatible IT systems, and conflicting priorities between organisations. Similar findings were evident for the 2020 survey. Please note there were few respondents for each survey, 62 in 2019 and 38 in 2020/21. See Annex 3 for a summary of the full findings.

risked a 'clunky' response where responsibility for children's services was split between a Trust and the council; this was because there was not a single line of accountability for implementation and delivery.

Effect on the service

The interventions put into place to improve the children's social care service are described later in this chapter. It is important to note here, however, that these arrangements did not happen immediately. There was a reported gap between Ofsted informing an authority of their judgement, DfE placing them in intervention and then the improvement work starting. Improvement partners were subject to procurement processes and then needed time to formulate their recommendations. Furthermore, ADMs require complex negotiations before they are implemented to agree who will be responsible for specific aspects of the service, reporting arrangements, how the service will be funded, legal accountability, length of the contract/arrangement, and reviewing processes. During this time, it was common for local authority senior managers to leave, yet the service had to continue delivery often with a reduced front-line workforce.[27]

Stakeholders often described this phase as a traumatic and risky period, using terms such as 'chaotic' or 'frightening'. Those in leadership positions were eager to improve the service before the arrival of the DfE appointed Commissioner or adviser because they wanted to demonstrate that they could be trusted to retain the service:

> There was this almost feeling of hysteria about: "we know it's wrong, we need to put it right, what do we do to make it right?", and we weren't getting it anywhere near. – *Political leader*

At this time, there was usually a flurry of activity, with improvement plans being created in a rush. This resulted in plans lacking a clear sense of direction, as one participant described:

> It changed that many times, and from one week to the next, it would be a new plan. There was always a plan, but the plan was never very clear, and the plan was never firm. … I don't think anybody really understood what needed to change; what it needed to look like. – *Middle manager*

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[27] In 2021, Community Care's analysis of DfE's social work workforce data (from September 2020) found that vacancy rates per full-time equivalent (FTE) staff in outstanding and good authorities was 9.2% and 14.3% respectively, compared to 16.8% and 24.5% for LAs with requires improvement or inadequate judgements respectively. Agency staff (FTE) in outstanding and good authorities was 6.4% and 15.1% respectively, compared to 16.4% and 27% for authorities with a requires improvement or inadequate judgements respectively. See: https://www.communitycare.co.uk/2021/09/24/inadequate-councils-three-times-as-reliant-on-agency-social-workers-as-highest-rated-authorities/ [Accessed 26th October 2021].

Another described a chaotic response where priorities were constantly shifting:

> We missed going back to the basics and we just threw grenades at chaos. There'd be one element of chaos, so they'd say that we were accepting too many referrals. …They'd then say that we weren't challenging the referrals within the assessment and intervention…It was like a warzone, moving from one area of pressure to another. – *Middle manager*

In addition to these issues, it was common for interim managers, consultants, or other experts to be employed to replace those who had left in an attempt to drive immediate change. This rarely proved to be a positive experience, with some of these initiatives causing additional challenges, as the following participants described:

> They brought a team of social workers who were meant to be the bees' knees of social workers on this planet, to run the overflow, the overflow that we had, because we were getting too many cases in. We're still picking up the pieces from [them] now, all these years later. – *Middle manager*

> "Let's get this person in, let's bring that person in!" - and interims have their value - but it was chaotic…there needs to be some leadership and some consistency, and for a while, it was everybody and nobody. – *Corporate senior manager*

Where interim staff were employed within a local authority, it was difficult for staff to trust those appointed, particularly where the services had already seen multiple changes of personnel. Participants reported that this left frontline staff feeling despondent, with many wanting to, or being made to, leave:

> I think the social workers who had been there for a while - for a good couple of years - I think they took it quite hard. I think they felt quite demoralised and wanted to give up and jump ship and were done with it. – *Social worker*

> We saw people disappearing off the system. You knew they were suspended or left; it was gut-wrenching …. In that period of time, you either weren't allowed to take annual leave or, if you did, you were scared somebody was going to find something on your case and you were going to be suspended…I think I cried most days. – *Middle manager*

Participants explained that the sudden increase in scrutiny felt threatening with some describing a sense of 'blaming'. A frontline practitioner explained the situation in their authority:

> They called us in individually with our respective team managers and got your caseload up on the projector and basically pointed out everything that was bad about your caseload, everything that you hadn't done - which tipped a lot of people over the edge, because they were like, "You never complained about it before, but you've done this to me now." – *Social worker*

This period of turbulence was problematic as it risked making the service worse. Reportedly, it also reduced the willingness of some staff to trust and positively engage with those appointed to decide on / deliver the intervention that the authority received. For example, one improvement partner described the tense meetings where staff sat with arms folded, reluctant to engage in open discussion about what needed to change. Interestingly, this level of suspicion could dissipate as time went on if senior managers were able to establish relationships of trust and a culture of learning rather than blame.

> We were just used to being told what to do and not listened to. I don't know about the others but, personally, it took me a long time to buy into it being a partnership. – *Middle manager*

Deciding what to do

The first task of Commissioners or Improvement Advisors was to assess whether the authority had the necessary *capacity* to improve. If not, Commissioners would decide whether children's services should be transferred to an ADM. Although DfE policy presumes that the service will be removed from council control if it is 'persistently and/or systemically inadequate', the experience of the Commissioners involved in the study was that they were given considerable autonomy to reach their own conclusions. They felt that DfE respected their professional expertise, as one Commissioner described:

> When I asked that question, "What's the sense in the organisation, in DfE?" … it was, "Whatever delivers the improvement" and it wasn't "We're trying to go with a number of Trusts." – *Commissioner*

While a number of participants speculated about whether some Commissioners were more in favour of removing services from council control than others, Commissioners themselves argued they did not have a bias towards a particular model. The fact that Commissioners are appointed by the Secretary of State and therefore hold considerable power was acknowledged by all stakeholders. The Commissioners interviewed for the

study, however, expressed a wish to work collaboratively with local authorities as far as possible. Feedback from the authorities, including frontline staff and local politicians, suggested that they usually achieved a good working relationship with their Commissioner. However, there were a small number of exceptions, whereby senior staff had felt 'undermined' by a Commissioner who was described as 'negative' or 'confrontational'.

The capacity to improve

To inform their recommendations, Commissioners gathered a range of evidence, including the views of partners and frontline staff. The evaluation findings demonstrate widespread agreement about the factors that informed Commissioners' recommendations. These were as follows:

- **Acceptance vs. denial**. Perhaps the most significant factor in assessing an authority's capacity to improve was whether it accepted that the service was indeed 'inadequate'. The judgement could have been the 'wake-up call' needed to bring about change so that, by the time the Commissioner or advisers commenced work, there was evidence of a credible improvement plan. While a few authorities insisted the judgement was wrong, most were determined to do whatever was needed to bring about improvement, as one Commissioner explained: 'They were pretty much, "If you tell us how high we need to jump, we'll jump" and stuff like that. Quite helpfully cooperative.'

- **Sound infrastructure**. As many Commissioners had prior experience in a DCS role, they felt they knew what would or would deliver improvement. Even if plans had not had sufficient time to make a difference, Commissioners sought to identify that the building blocks were in place to enable future improvement.

- **Commitment of resources**. Under-resourcing was a feature of many of the case study authorities (either in providing an adequate budget or the corporate services needed to support good social work practice such as human resources or IT capacity). Under-resourcing often resulted in a shortage of social workers, and thereby creating a reliance on agency staff and/or staff with unmanageable caseloads. At this time, an important consideration for decision-makers was whether the council was willing to adequately resource the service.

- **Strong and skilled senior leadership**. The skill and experience of the DCS was a major factor in assessing whether the local authority had the capacity to improve. In some cases, the DCS had been appointed shortly before the Ofsted inspection and was instrumental in helping to identify the service's failings. In these instances, this could be reassuring to Commissioners, as they were more inclined to give these DCSs the opportunity to drive their own change. Similarly, some

Commissioners cited the attitude and skills of the council's Chief Executive and leader of the council as a factor in informing their decision.

- **Risk of disruption**. Commissioners also had to balance the risk of allowing the council time to improve against the risk of further disruption if they were to recommend removing the service from council control. As noted elsewhere, ADMs took months to set up and disruption to children needed to be minimised. If there was a credible improvement plan that addressed the authority's key issues, supported by the infrastructure needed to deliver it, then councils retaining control of the service was thought to be the best option.

Pathways towards improvement

Although there were differences of degree, all study authorities faced the same challenges in the problems that needed to be fixed. As outlined in other recent studies on improvement and innovation in children's social care,[28] these included:

- establishing an effective senior leadership team

- ensuring staff had the right skills

- ensuring compliance with basic processes

- recruiting and retaining social workers

- establishing a performance and quality assurance system

- creating a culture where everyone knows what 'good' looks like

- addressing local areas of weakness, such as the 'front door' for referrals or legal proceedings to protect children from harm within their family.

Authorities drew on the same solutions and sources of support: these included commissioning consultants, accessing help from PiP authorities, or from other

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[28] See: Bryant, B., Parish, N., and Rea, S. (2016) Action research into improvement in local children's services: Final research report, Spring 2016. London: Local Government Association and ISOS Available at: https://static1.squarespace.com/static/5ce55a5ad4c5c500016855ee/t/5d1cdb618ba73d0001a0deca/156217 2269534/160621_LGA+children%27s+services+improvement+action+research_final+report.pdf [Accessed 26th October 2021] and McNeish, D., Sebba, J., Luke, N. and Rees, A. (2017) What have we learned about good social work systems and practice? London: Department for Education. Available at: http://www.education.ox.ac.uk/wp-content/uploads/2019/06/What-have-we-learned-about-good-social-work-systems-and-practice-in-childrens-social-care.pdf [Accessed 26th October 2021]

improvement partners.[29] Across the pathways, participants reported that some of these sources of support were helpful, but others less so, depending on local needs and circumstances. Participants also strongly warned against a 'one size fits all' approach across authorities. They described a range of activities, such as paying a supplement to attract staff to innovative systems for auditing practice. A relentless focus on frontline practice seemed to underpin many of these initiatives. The detailed activities undertaken by authorities is beyond the remit of this study: the focus was rather on the arrangements that were put into place to guide and monitor the improvement journey under the auspices of DfE. These arrangements are described in more detail below; their impact and respective benefits of each model is considered later in the chapter.

Alternative delivery models

This section describes the 9 study authorities where ADMs were implemented. These included 6 Children's Trusts and 3 LAPs.

Children's Trusts[30]

The main characteristic that distinguished the Trust authorities was a perceived failure by political and/or operational leaders to accept how poor the service was or to understand and implement the change needed within a reasonable timescale. In some cases, authorities had managed to achieve greater compliance with basic processes so the 'data looked better' and were making claims that were not necessarily reflected in the quality of the work. The failure to grasp or acknowledge what needed to change was considered an insurmountable barrier, leading Commissioners to decide there was no choice but to remove the service from council control. Two Commissioners expressed frustration that it could have been relatively straightforward to improve the service through alternative means had there not been such strong levels of denial in these authorities.

An additional factor that distinguished a Trust related to when a service had deteriorated past a certain point. In these instances, Commissioners felt the decline was irreversible without alternative governance arrangements being put in place. Common features of authorities in this position included mistrust and animosity between partners, demoralised staff, high levels of staff turnover, and impossibly high caseloads. These authorities got a reputation for being a difficult place to work and a perception that the service was 'broken'. When this situation emerged, there was a sense that something more than a council-led improvement plan was needed to bring about change.

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[29] This finding resonates with our DCS survey findings which found where LAs had received a poor Ofsted judgement, DCSs most often reported seeking external advice or consultancy support. See Annex 3 for further details on the survey findings.
[30] The Trusts have a variety of titles, but the term Trust is used throughout this report.

All participants acknowledged the complexity of establishing a Trust at the same time as continuing to turn around a failing service:

> … to service an improvement programme and to establish a new organisation is exceptionally demanding and nobody would choose to do that...logic would suggest that that would be really challenging in the best of circumstances. – *Trust Chief Executive*

Of the 6 case study Trusts, 2 were enforced and the others voluntary. However, participants commented that, with voluntary trusts, authorities may have felt they had little choice but to agree because it would otherwise have been imposed: if it was going to happen anyway, there were perceived advantages in establishing the trust as a council-owned entity and retaining an element of influence. While Trusts differed in their legal arrangements, they shared some common features. These included reporting to a Board and to the council, which retained responsibility for the DCS role and corporate parenting function. The boundaries of which services transferred to the Trust or remained in council control differed, but all Trusts were responsible for the core social work service to children in need of help or protection and for looked after children.

During the transition to the Trust arrangements, Commissioners usually remained involved, at least in some capacity. They continued to oversee the improvement journey in the interim or assisted with Trust set-up arrangements. A key role of the Commissioner was to continue the conversation with the council, either to try to get them on board or, occasionally, to help resolve difficulties:

> … [they] stepped in from time-to-time, very occasionally when basically we called [them] in because we couldn't get something. I used [them] a bit as a sort of stick, "Well, I'm going to have to talk to [Commissioner] about this", when things weren't going well at the council. – *Trust Chief Executive*

Once the Trust was set up, some Commissioners adopted a different role, taking over the chairing of the Trust or Improvement Board. Others withdrew at this point because, as 1 suggested:

> You've replaced the broken system with a new system with people that you put your faith in, and so they've got to be given the space and the opportunity. – *Commissioner*

Local Authority Partnerships (LAP)

Three case study local authorities had been directed by DfE to form a formal partnership whereby another high performing authority managed their children's services but with oversight from their own political and corporate leaders. As was the case with authorities

that became Trusts, on the basis of a recommendation by a Commissioner, DfE concluded that these LAs did not have the capacity to sustain improvement on their own. This was because the leadership had either failed to understand how 'profoundly in trouble they were' or they lacked the necessary capacity to develop and deliver an improvement plan that would bring about sufficient change. Participants suggested that the reason for opting for a LAP was the availability of a suitable authority with the necessary capacity and experience to turn around a failing service, and that a LAP was likely to be quicker and cheaper than a Trust.

The attributes in determining an appropriate partner authority were reported to be:

- **Service performance**: Two authorities had been judged as outstanding in their latest inspections and the third was seen as a 'strong requires improvement'.

- **Proven track record of improvement**: Two partners had gained this experience from previously having been 'inadequate' and in DfE intervention. The third had a history of high performing services and experience of supporting other authorities to improve.

- **Long term commitment**: The partner needed to be able and willing to make a long-term commitment, as one explained: 'You need to be there for the long haul, so this isn't … I'll be in for 6 months and then I'll whip out'. One partnership agreement was for 2 years and the others for 5 years.

- **Capacity**: There were a number of features related to the capacity of the LAP to provide support. Firstly, participants said enough resources at senior level to drive and support improvement in another authority was needed. Secondly, additional DfE funding was essential to ensure the supporting authority was not left without capacity to maintain their own service standards. Thirdly, the size of the LAP was important; it was argued that they could only realistically support another authority that was considerably smaller.

- **Political 'fit'**: Participants said that politicians' attitudes were key in determining the suitability of the partnership. This meant trust and open dialogue between the political leaders and a commitment to sector led improvement, rather than partnerships having to be between authorities led by the same party.

When authorities were directed to form a partnership, their reactions varied from 'cautiously positive' to reluctance. Identifying a suitable partner was completed through discussion between Commissioners and the authorities involved. Participants held mixed views on whether the 'inadequate' authority had much choice about these arrangements. Sometimes there was an obvious candidate within the region (with an existing relationship with the authority needing support and meeting the above criteria) both

willing and able to take on the role, but not always. In these instances, DfE became actively involved in canvassing LAs more widely.

A key feature of all the partnerships was a 'shared' DCS who had dual accountability, for the statutory functions, to the respective Chief Executives, elected members and council leaders. The ways in which this arrangement evolved differed between authorities. In one, it became a long-term arrangement because it was working well. In another, becoming a partnership was seen as an opportunity to 'steady the ship' until a permanent DCS, with the necessary skills, could be appointed, then the arrangement was terminated.

During the time the authorities had a shared DCS, other senior managers were also seconded. This 'temporary' senior team was intended to demonstrate the level of commitment, to tackle the most pressing service issues, to provide stability, and to prevent issues with staff retention that often followed an 'inadequate' judgement. Several of these senior managers then secured permanent positions, with their original authorities seeing this as a valuable opportunity for professional development and career progression rather than a negative consequence of the arrangement.

Services remaining in council control

This section describes the intervention in the 15 authorities that retained full control of their children's services, albeit with ongoing monitoring and support from DfE appointed Commissioners or advisers. There were a range of options for overseeing their improvement, depending on the extent of their inadequacy and the intensity of intervention that was required. Figure 2 provides a summary of the intervention models in LAs that retrained control of the service.

Figure 2 Intervention models in councils retaining control

Commissioner-led (4 LAs)

Where inadequacy had been systemic and/or persistent, consideration had been given to removing the service from council control, but the Commissioner concluded they had the capacity to deliver sustainable improvement themselves. In these cases, the Commissioner continued to oversee the improvement and report to DfE.

Intensive Improvement Advice - IIA (5 LAs)

Consideration had also been given to removing the service in 3 of these authorities but it was concluded that their improvement should instead be monitored and supported by a high-performing local authority appointed by DfE (DfE can also appoint a Consultancy if that is considered more suitable). In the other 2 authorities, the inadequacy was less critical (either the inadequacy was not persistent/systematic, or it pre-dated the current policy arrangements) so an alternative delivery model had not been an option.

Improvement advice - IA (6 LAs)

In 5 authorities subject to Improvement Notices, DfE appointed an Improvement Adviser. These were social care experts considered by DfE to have the skills to monitor and support authorities to develop and deliver an improvement plan. Although these authorities had also been rated as 'inadequate', their problems were usually considered to be less serious, and they therefore needed less intensive input.

There is a degree of flexibility and overlap within each of these arrangements. Decisions about the level of intervention depended not only on the extent of the inadequacy but also on where the work needed to be targeted. Where there were weaknesses in the corporate support for children's services, a Commissioner may have had the additional status and authority to bring about enhanced focus at that level. Where middle-managers and frontline staff were struggling to adapt their approach to practice, hands-on support from a high-performing authority through an IIA may have been deemed the best solution. IAs tended to be lighter touch, focusing on offering guidance to those within the authority who were leading the improvement.

The most striking difference between these and the authorities where control was removed was the acceptance by political and operational leaders that the service was indeed 'inadequate'. Importantly, several had arrived at this conclusion prior to the Ofsted inspection. This was usually associated with the arrival of new leadership, either a DCS, Chief Executive, council leader or cabinet member, who had realised there were significant problems with the service. New personnel had initiated an improvement plan before formally being required to do so and had conducted a range of diagnostic reviews to identify what needed to change. Some authorities were disappointed that, having been completely open with Ofsted and DfE that this was the case, they were not given more

time to improve before the inspectors came in and they were 'publicly shamed'. Whatever the background, the councils accepted the judgment and were committed to resourcing the improvement.

The starting point for improvement was an in-depth analysis of what was, and was not, working well in the system as a whole, as well as in specific service areas. A post-Ofsted analysis was considered a crucial element of the partner's role, as the inspection judgement was seen as the 'tip of the iceberg', which did not fully consider the implications for the whole system:

> As an improvement partner you've got to understand the whole system. Helping the system to hold that mirror up, so as a critical friend to say what is working and what isn't working. – *IIA partner*

Once there was agreement about what needed to change, Improvement Partners[31] focused on ensuring that this was reflected in the improvement plan. They also checked whether the infrastructure and resources were in place to deliver it and on seeing what lessons had been learned to stop services declining again.

Figure 3 below summarises the key contributions and questions of Improvement Partners.

Figure 3 The contribution of the Improvement Partners

In-depth analysis
- What is working well/ less well overall?
- How are specific services functioning?

Improvement plan
- Is there a comprehensive plan?
- Is the infrastructure in place to deliver it?

Sustainability
- Is the necessary improvement being achieved?
- Have lessons been learned to maintain improvement?

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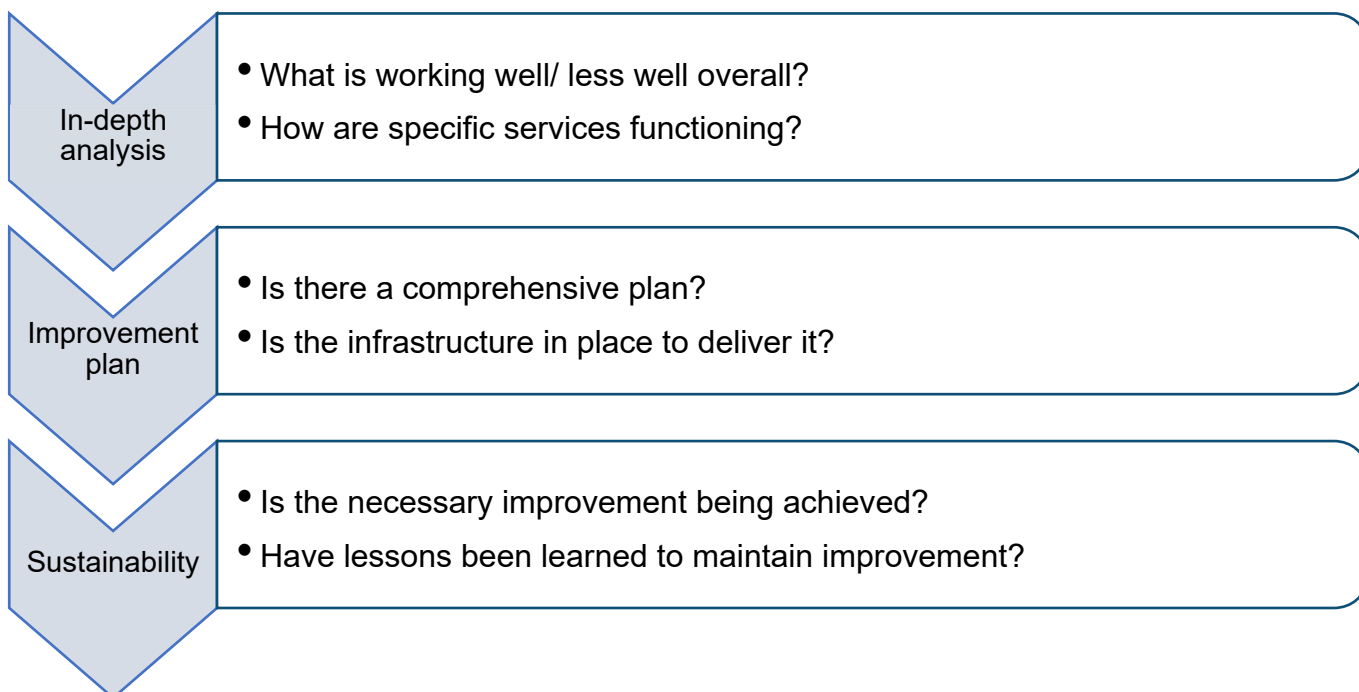
[31] This term is used to refer to Commissioners, IIAs and IAs overseeing this phase of the improvement. It does not necessarily reflect the perceptions of participants.

There were differences in emphasis between the monitoring and support elements of the role taken by the different Improvement Partners. One Commissioner was clear that it was not their job to get involved in specific improvement activities because of their responsibility to report to DfE. They declined a request to chair the Improvement Board for the same reason. Others, however, undertook both monitoring and support roles: for example, they did chair the Improvement Board and got involved in the recruitment of senior managers.

As suggested by the name, IIAs provided the most intensive input in terms of direct activity to support improvement. IIAs usually appointed someone from their authority or organisation to lead the work, such as the DCS in the IIA authority, and brought in additional personnel as required. That could involve some staff working in the authority for a day or so a week or being brought in for one-off activities. IAs provided more limited support, typically spending 2-4 days a month in the authority. Some Advisers had quite specific requirements about their expected activities within their DfE contract, such as helping to develop and sign off the quality assurance framework, others had a free rein.

Support packages were tailored to the needs of the authority. For example, Advisers provided:

- training and coaching, for example by offering mentoring to team managers or elected members with scrutiny responsibility

- help to set up systems for monitoring performance, such as data sets or case audit systems

- advice on working relationship with partner agencies through regular meetings with the DCS and participation in the improvement board

- help to identify sources of external help, and service reviews, drawing on their existing networks (such as the LGA or regional contacts) to support peer reviews or access specific expertise.

How authorities assess the impact of intervention

There are many aspects to demonstrating service improvement. The study authorities measured their performance in a number of ways, both quantitatively and qualitatively to provide a rounded perspective:

> It's that triangulation of what are our social workers telling us on the ground, the feedback we're getting in IRO reviews from young people, feeling that their voice is being listened to and, also, the triangulation of how key partners, the police and NHS colleagues feels. – *Partner agency*

Authorities looked at management information, sometimes strengthening their systems to provide more 'live' data.[32] They also developed systems for regular case audits so that they could see whether changes were improving the quality of practice, usually involving partners and/or Ofsted in benchmarking their standards against what 'good' looks like. For example, one authority introduced a range of audits to 'check and challenge' the work across 3 levels: individual practice, themes within a service and multi-agency working. The culture shifted from a dread of auditing to one where it is welcomed as an opportunity to reflect:

> They're not the beating stick any more. They're more of a learning opportunity. Enabling us to do that in a safe environment without being beaten by that stick …. Instead to say, "What can we learn from this?" – *Social worker*

In some authorities, failure had been characterised by a disconnect between leaders and frontline practice, with some elected members feeling they had been misled by senior managers about the true state of the service. New methods were put into place for the frontline to communicate directly with managers, elected members and improvement partners through face-to-face meetings, setting up an infrastructure for comments/ suggestions and/or visits to locality offices so that a more accurate picture could be presented. Some Improvement Boards regularly invited frontline staff to come and talk about their work:

> These were people who came to the board that, with all due respect, were not speaking management speak, weren't polished in the kind of way that they'd been coached in what to say, you really got the sense that they were coming and being absolutely genuine about the business. – *Partner agency*

A similar principle applied to hearing directly from children and families about their needs and views on the quality of the service received. One lead member expressed how important this was in ensuring the authority did not slip back to a time when they did not know what children were thinking:

> I think we've built up a lot better relationships with our young people, whether they're in care, or whether they're not, they're just young people out there and I think that's a strength really, that young people have such an influence on what we're doing now. – *Political leader*

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[32] Chapter 5 provides further detail on how a sub-sample of LAs used data to inform their improvement journey.

To measure and assess the morale and capacity of the workforce to deliver the quality of work needed, data on caseload size, rates of staff retention and sickness absence were used. Participants argued that evidence of improvement could be seen in improved staff recruitment and retention, as one DCS explained: '… so we think that maybe people are starting to say: "It's okay to go and work there".

The most relevant outcome for this study, however, was whether Ofsted considered that the authority was no longer 'inadequate' and could therefore come out of DfE intervention. As of late summer 2021, of the 24 study authorities, 15 have subsequently been re-inspected since the most recent period of intervention: 6 are currently good/outstanding, 14 'require improvement and 4 are still 'inadequate' (see Figure 4).

Figure 4 Latest Ofsted rating of participating LAs (as of late summer 2021)
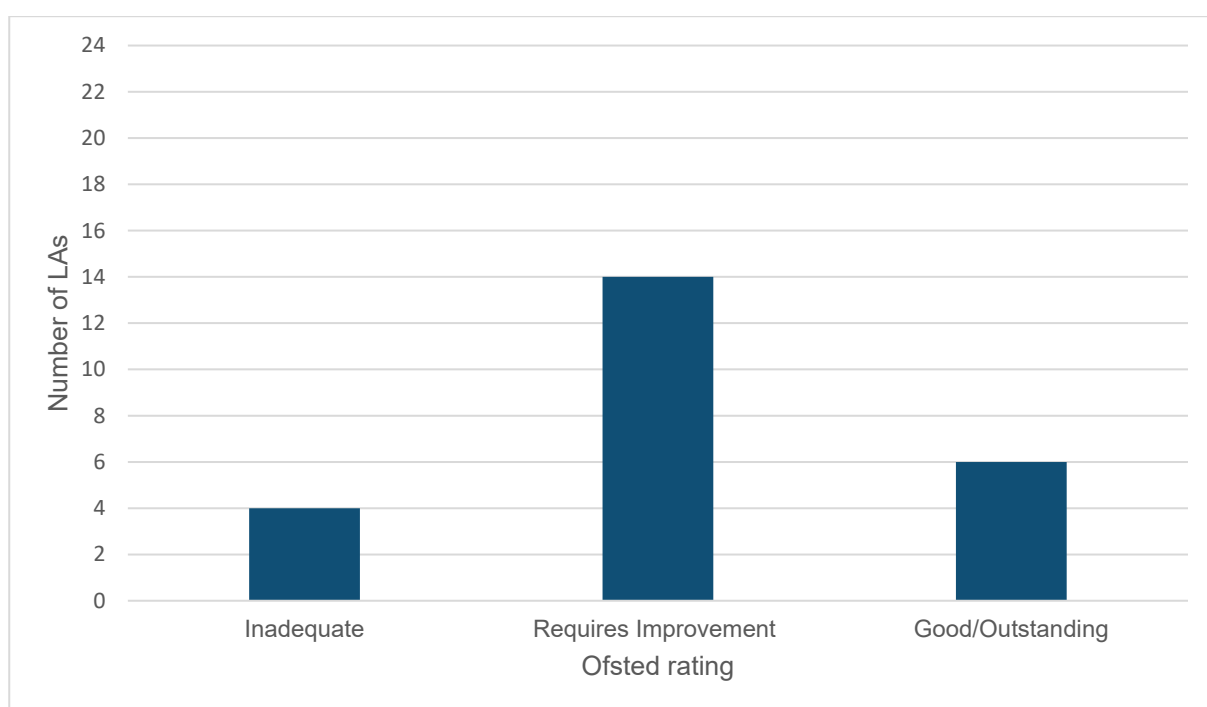
Perceived benefits of different intervention models

The improved inspection ratings of the authorities could suggest that DfE intervention does bring about improvement overall, although it is not possible to say what would have happened without it. Participants were asked to reflect on what would have happened *without* DfE intervention and to identify the specific factors of the intervention that had helped or hindered their improvement. Some authorities believed that the outcome would have been the same, or better, if they had been in full control of their own improvement without external intervention.[33] It must be noted, however, that case study local

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[33] Chapter 3 presents the QED impact assessment of interventions for the case study LAs on specific outcomes of interest. Due to the nature of the analysis and the findings reported, it is important to engage with the detail presented in Chapter 3.

authorities did not start from the same baseline and the timescales for improvement varied considerably. Questions about the benefits of specific models of intervention are therefore difficult to answer.

There was consensus among participants that an approach that works well in 1 authority may not work in another. There are also other considerations such as: the cost of different models; their acceptability to different stakeholders; whether any improvement is sustainable; or whether the same results could have been achieved with less disruption. Several participants warned against a 'one-size fits all' approach to intervention:

> Intervention isn't a place for ideology…we can't be wedded to one model - we need to look at a whole range of interventions and this is just one. It may work really well in some contexts and not in others. – *Commissioner*

> I believe very firmly that it's about people and strength and skill, and drive and determination, and the right collection of people, rather than the model. – *Children's services senior manager*

Overall, our report demonstrates that direct attribution of impact of a specific intervention model is not possible.[34] We cannot say, for example, that a service characterised by weak leadership, an inadequate budget and poor multi-agency relationships will always be transformed by the establishment of a Trust, for example. There are many other variables that will influence the journey and outcome in each individual LA's case. For example, is the success of a particular Trust due to the model itself, to the skill and commitment of the new management team, and/or the practice approach they introduced? Instead, our analysis provides insights into the mechanisms and factors that can help to bring about a positive change based on the qualitative data collected.

While it was difficult for participants to isolate the effects of each element of a wide-ranging improvement journey, they shared their experiences and their views on what they thought had helped and hindered their improvement. As several participants explained, the intervention was delivered by people and the relationships between them and the wide range of stakeholders within the authority was key to whether that intervention succeeded or failed.

> …It is those soft stuff that actually, in the most successful turnaround areas I've seen, that's where the improvement journey started. It

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[34] Also see Chapter 3 for an explanation of the complexities around evaluating the impact of the different interventions.

hasn't started with rushing out and putting in a brand-new case management system. – *Partner agency*

Alternative delivery models

Alternative delivery models were set up in the authorities where it was deemed that the council did not have the capacity to improve within a reasonable timeframe, and where services were sometimes described by interviewees as 'broken'. As might be expected, where improvement had occurred, participants were likely to be positive about their own model.

Trusts

Many participants from Trust authorities, but by no means all, felt the improvements would not have happened without the transfer of services to the Trust, or they thought improvement would have taken much longer. As one participant explained:

> I'm absolutely clear here that we wouldn't have achieved the speed of change that we have or the scale of change that we have. – *Trust Chief Executive*

This was not because improvement tasks could not have been done via other models, but because of the difficulties the council was experiencing at the time. Some council participants, who would have preferred to retain the service, acknowledged that the Trust had provided some opportunities to protect and support children's services. This was because it was proving hard to improve given the particular challenges they faced.

Specific benefits of the Trust model were described by participants as:

- **Having a 'fresh start'**. Where services were transferred to a Trust, it could be a real opportunity for:

  > … a fresh beginning and a new identity for everybody who worked here. It was almost like you were able to draw a line in the sand behind all of the poor associations. – *Trust Chief Executive*

- **Independence.** Trust managers were free to focus solely on the service for children in need rather than balancing this against other council priorities:

  > We had various other issues going on. It did, I have to grudgingly admit, insulate children's services from some of that turbulence, and mean that … all of that couldn't impact on it in the same way because it was separate and just cracking on with its own thing. Children's would be one item on a long agenda for our senior management team meetings. – *Political leader*

- **Speed of decision-making.** Chief Executives of Trusts reported that it was easier to get a quick decision about something they wanted to do than if they had been under council control.

- **Attracting high calibre staff**. Some participants suggested that Trusts may have an advantage when it comes to recruitment, particularly at senior manager level. Trusts were perceived to present an opportunity to work in an innovative and autonomous way that may be particularly appealing to some.

There were also disadvantages, these are outlined below:

- **High set-up costs**. This included legal fees and TUPE[35] arrangements for staff, which required additional resources for Human Resources (HR) teams.

- **Uncertainty for staff.** Staff were anxious about how the model would work and the implications for their own conditions of employment (for example, pensions).

- **Level of bureaucracy.** The creation of a separate organisation, with separate IT systems and the need to register as an independent adoption and fostering agency caused slow progress for some. Furthermore, finalising the legal arrangements and ongoing complexity with inspection arrangements caused further bureaucracy.

- **Lack of clarity around responsibilities.** While the council retained some responsibilities (such as corporate parenting) the actual service was delivered by Trust staff therefore lines of accountability were sometimes unclear.

- **Inflexible budgets.** Whilst there were benefits for Trusts in having their own separate budget, the difficulty in accurately predicting demand for children's social care services meant that they may not have enough to meet their costs.

- **Complex relationships with the council**. The Trust model created complexity in the relationship with council leaders, particularly elected members. This led some ambivalence about the council's attitude towards the Trust. Conversely, Trust staff may have been tempted to point out they had succeeded where the council failed. One Board member talked about the need to manage the relationship carefully and retain the council's sense of ownership:

    You want the council to love you. You want the council to think:
    "Great, I'm really proud of this, this is a success, this is a council
    success". – *Trust Board member*

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[35] Transfer of Undertakings (Protection of Employment) Regulations designed to protect employees.

This is important not just in relation to current arrangements but also in terms of if and how the council resumes control of the service in future. It is a real achievement by all concerned that these tensions were largely resolved because of a shared commitment to put the interests of children first.

Becoming a Trust was seen by most (but not all) as a last resort, and doubts were expressed by some participants about the sustainability of the Trust model. One Commissioner wondered, with hindsight, whether it might have been possible to push harder to overcome the level of denial in 1 authority and whether this could have averted the need for a Trust:

> So, I think possibly in [LA], with the benefit of hindsight, if we'd have taken the LGA with us and if we'd taken SOLACE with us, and we'd have sat down with [LA] and had one big sort of conversation about the size and depth of their problems, maybe that would have come out differently. Maybe it wouldn't, who knows, certainly their denial was very deeply rooted. – *Commissioner*

Local Authority Partnerships

The local authority partnerships operated very differently to Trusts. The reported benefits of this model included:

- **Retaining some sense of ownership**. Authorities directed to work within this model were pleased not to have become a Trust and felt that they had retained control of children's social care. Although technically the appointed partnership authority was responsible for the service: one corporate senior manager said 'I think we always approached it that it wasn't, even though the paperwork may say that.' This was not just because of the perceived 'shame' associated with the complete removal of children's services but because it was seen as a core function of the council, central to their vision for the future.

  > I was really keen that they did retain the ownership for the outcomes for those children. I think, certainly, in some ways, politically, it would be easier to have it sit over there and have no responsibility…. Whereas if you came now and you looked at [LA], you would see that in the middle of almost everything we do, children and the voice of children is there, in our economic recovery activity, in our economic development activity. It's all about children and families. I just don't think we would be in there if we'd have let children's [services] go. – *Corporate senior manager*

- **The relatively rapid provision of clear leadership and direction.** At a time of real challenge, the speed within which clear leadership and direction was provided

was valued, along with the changes to culture and practice that this enabled. Initially, stakeholders may have been uncertain about what the LAP model was and had some anxieties about being 'taken over'. Given the period of chaos that had preceded it, however, they also described their relief that someone was finally 'rolling their sleeves up' and taking charge.

- **Opportunity to work flexibly and collaboratively.** Where there was a level of trust and respect, the partnership could work collaboratively. Initially, the appointed partner usually assumed a hands-on role and based on their own experience, introduced ideas about what might work. Stakeholders from both sides of the partnership reported that it could take some time for staff to accept these ideas and for them to embed.[36] Once things were clearly improving, the partnership model gave the appointed partner the flexibility to gradually step back.

> It's a bit like being a child and then when you start to grow and you get to your teens, you're a bit kind of, you want a bit more space. – *Corporate senior manager*

The opportunity for a phased withdrawal was seen as a real positive that would not have been possible if they had become a Trust, as one participant noted:

> They just gradually went away. They slowly stopped coming as much. We slowly stopped having as many meetings with them. Then, they just said, "You're doing it. You've got this". – *Middle manager*

LAPs, and to a lesser extent some of the IIAs, did present some challenges. These included:

- **Partner's capacity.** There was a risk that smaller authorities could struggle to find the capacity needed to fulfil the partnership role.

- **The need for a clear partnership agreement**. This was needed to set out the expectations for accountability but also for the planned improvement activity.

- **Identity.** There were some sensitivities about whether the LAP was 'taking over' and clarity was needed about who could make what decisions. In addition to the agreement, consideration needed to be given to how to preserve each partner's separate identity.

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[36] In our 2019 DCS survey, respondents indicated that LAs needed sufficient time to improve and change and that this could help to maximise the effectiveness of DfE's intervention programmes. See Annex 3 for further details about the survey responses.

Case study example

The extent of problems within children's services within the LA became increasingly apparent as a cohort of senior managers left and were replaced. Previously, the authority had a culture of top-down management and although front-line staff had tried to raise concerns, these had not reached corporate or political leaders. A period of turbulence followed, characterised by instability amongst children's services senior managers. Various initiatives were adopted then abandoned. Front-line staff felt increasingly unsafe and began to lose confidence that the service could improve. The Commissioner's report recommended that an alternative delivery model was needed, and it was decided that another authority should be appointed as a LAP.

There was considerable uncertainty about what this would involve. Staff were worried that the partner would impose their own way of doing things and fail to understand the context or their pride in where they came from. The LAP was aware of the trauma that staff had experienced from working in an unsafe setting whilst having their concerns ignored. A number of staff at different levels were seconded to work alongside staff in the LA and adopted a collaborative approach to build a relationship of trust. The focus was on co-producing a change programme rather than imposing their own model. Staff felt listened to and began to trust the partnership. As the quality of the service improved, the LA was supported to gradually take back control and is now out of intervention.

Improvement partners

As described above, improvement partners could be: a Commissioner (following their assessment of the authority's capacity to improve), an Intensive Improvement Advice (IIA) partner (usually a high performing authority), or Improvement Adviser (IA) (a social care expert) appointed by DfE to provide monitoring and support. Between the 3 models, there were some differences in emphasis. For example, IIA partners tended to offer the most hands-on support, spending more time in the authority and getting directly involved at a practice level whereas the role of IAs tended to be more low-key. The more intensive the involvement, the easier it was for participants to identify if and how it had made a difference.

Overall, we found the three models offered the same potential benefits:

- **Additional capacity, expertise and emotional support.** As partners were social care professionals with a wide range of experience, they were able to support leaders in, for example, setting practice standards or sense-checking their judgements about strengths and weaknesses within the service. This additional capacity, expertise and support was valued by those responsible for driving the improvement.

- **An authoritative voice.** The presence of a DfE appointed advisor also added weight to stakeholder discussions about the support needed for children's social care services to improve. This included during discussions with council leaders, as one participant explained:

  > It needed that external voice at that time, and it needed the voice of somebody that the Chief Executive could respect. – *DCS*

  Advisors were also reported to be helpful in negotiations between the DCS and other departments or partner agencies. This was based on a premise that if the situation was so serious that DfE had appointed an Adviser, they had to take notice and engage with the improvement efforts. Finally, Advisers could act as a buffer for the DCS in managing expectations about how long improvement would take.

- **Retaining control**. A clear advantage of the Improvement Partner model was reported to be that children's services remained within council control. Authorities wanted to be in charge of their own improvement journey. For those who had come close to losing the service, it was considered to be a vote of confidence in their abilities and commitment. It also allowed them the freedom to do what they felt was needed. One DCS felt that the positive trajectory would have been disrupted if the service had been removed and they had lost control:

  > That would really have got in the way. It would have been even more monitoring, even more good ideas from people who are not necessarily - and I'm not knocking it where it's right - but it's helped us to keep things at a level where we do feel we're in control and helping us own it and do things in the right order. – *DCS*

- **Added impetus.** Some authorities thought that, even if they could have achieved improvement on their own, the partner had a positive impact on the pace of change, impetus and focus. One participant explained:

  > So having [IIA] there has been able to, I think, move us forward at a quicker and more focused way than we would have without it, definitely. It's definitely added value. I think it's quite difficult to give a percentage point of the value it's added, but I've no doubt at all that it's allowed us to get forward, probably more accurately target our attentions and do it more quickly and effectively than we would have without it. – *DCS*

Despite authorities being aware of their duty to report progress to DfE, partners were usually seen as critical friends. Where the Improvement Partner model had not gone well,

this tended to be because the relationship had not worked rather than there being specific barriers to improvement inherent in the Improvement Adviser model itself.

- **Mismatched relationships**. Occasionally, the adviser had not been able to establish a good working relationship with the leadership in an authority. For example, two of the authorities that participated in the evaluation came to intervention in almost identical circumstances. Both had new leaders who identified significant failures in the service and initiated an extensive improvement agenda but were rated as 'inadequate' a few weeks later. Therefore, Commissioners were appointed. In one authority, this had gone well and was perceived to have helped: in the other, it was described as an unhelpful distraction at a critical time and as a 'wasted year'. This was partly a timing issue, with the improvement plan being 'put on hold' while awaiting the appointment of the Commissioner, but mainly because of the Commissioner's perceived 'over-stepping of boundaries'. For example, the Commissioner got involved in disciplinary proceedings, staff appointments and invited staff to make direct contact to report concerns. This was seen to undermine the existing whistle-blowing procedures.

This illustrates that, where arrangements had not gone well, it was due to 'softer' factors that could occur in any model. These universal factors are explored in more detail within the next section.

Universal factors

Whatever their circumstances, all participants agreed that there was a need for DfE to have the statutory power to intervene when an authority failed to safeguard its children (although some participants questioned whether their own situation had fallen into that category). Participants regarded interventions as the impetus for change, rather than the change mechanism itself. The above section described participants views on the contribution made to improvement by specific types of intervention. Most of their accounts about what had been helpful during their journey related to factors that transcended particular models. They highlighted not *what* was done but *how* it had been done. This section summarises reflections on the factors that enabled improvement.

A wake-up call

The experience of being placed in intervention galvanised previously unhelpful corporate or political leaders to focus on children's services, particularly where there was a possibility that the service would be removed from council control. It also prompted others to engage more effectively:

I won't say that a judgement like that is welcome, but I suppose it does generate the kind of intense activity and investment and scrutiny that sadly appears to have been needed. – *Partner agency*

In most cases, council leaders accepted the intervention:

They were shocked, they were embarrassed, they were worried about the political implications and the impact on the council's reputation. They were not a happy bunch. I don't think they were in denial. I think they were just angry that they didn't know the extent of it. I think once they got over that, I think moving towards, "Right. Let's get on with it. Let's get a grip of it". – *Corporate senior manager*

Additional resources

As a response to the intervention, children's services often had an increase in resources, from DfE funding the external improvement partners and/or from the council budget. This enabled them to increase the numbers of social workers and/or to fund specific improvement activities. This need for additional capacity was not just about the service to children: the machinery for overseeing improvement can be cumbersome and was referred to, by more than one DCS, as 'feeding the beast'. An infrastructure for developing and overseeing the improvement plan needed creating, along with increased demands for data and reporting arrangements. This sentiment was echoed by several other participants:

You don't have the resources at your fingertips and so those early days of servicing the improvement board were massive. I had to get all the systems in place, all the internal mechanisms, get the reports right and then be able to go and report on progress every month - that's the bit that almost breaks you. – *DCS*

Stable and competent leadership

The importance of effective and stable leadership was emphasised by all participants, alongside the recognition that it can be difficult to achieve.

Participants described various qualities that characterise good leadership including calmness, humility and a willingness to accept they had not got all the answers. The most commonly cited, however, was an ability to understand what was happening at all levels of the organisation. In one authority, a Commissioner found that front-line staff described the service in a way that contradicted the picture painted by the DCS:

> The reason you misjudge it that badly is that you're distant and you haven't been in touch with frontline practice. That DCS should have been out in those teams regularly enough to know what they were going to say. – *Commissioner*

There was a reported shortage of people with the right skills and some suggested that ADMs may attract high calibre staff who would not have applied for leadership roles otherwise. However, sound leadership was not always in place at the point of the diagnostic review. In one authority, participants described the LA having 'interims coming out of their ears' but once a permanent and high-quality management team was in place, change could be rapid.

More than one Commissioner was certain that having a good DCS was more important than the delivery model itself. It was also important, however, that elected members and the chief executive shared a commitment to children. Front-line staff also appreciated the arrival of competent managers, particularly where they had experiences of unstable or invisible leadership:

> The senior management thing, for me, is by far one of the biggest ones that they did because, with them, came everything else. – *Social worker*

> Pre-Ofsted, it was you writing your own supervision notes to take to supervision; and now, you actually have a reflective supervision. It's a massive contrast, because you've got the right people and the right management style; and they've got a good understanding and a good grasp on caseload. – *Social worker*

Sensitivity and a strengths-based approach

Given the personal impact of an 'inadequate' rating on staff, participants explained that there was repair work to be done for staff to feel confident that the service could improve. It was essential that those appointed to work with the authority were sensitive to these feelings. This resonates with what we know about intervention in families where it has long been recognised that relationships and strengths-based approaches are more likely to be effective than pointing out all the ways in which parents are failing. As one participant described:

> They didn't give up. They did what we were still trying to do for families. They didn't give up on us. They kept coming back and persisting. I think that was what it was. They just listened. – *Social worker*

The way Improvement Partners approached their work in the local authority was very important. They needed to be aware of how bruised staff felt about the criticism they had received, how fearful they were about what the intervention would mean, and their loyalty to colleagues and the authority. There was a need to prove to staff that the Improvement Partner had faith in their capacity to provide a good service and were not seeking to impose their authority for the sake of it. The acceptability of an intervention amongst staff was linked to a partner who 'didn't approach it, you know, "I am king of all I survey".' as one senior manager said. Another participant described what had won them over after some initial scepticism:

> You could see you were being valued in a way that I don't think you had been... Certainly, from my perspective, that was really important. You felt, "Look, it is difficult circumstances for you. We can see that. We want to go on this journey with you." You didn't feel like you were being blamed any more. – *Middle manager*

Being in the driving seat

Participants shared a strong feeling that there should be a genuine partnership between the authority and the improvement partner. Being in control of the direction of travel was sometimes referred to as 'done with' and not 'done to' with improvement partners trying to impose their own way of working. As noted above, this reflects what we know about working with families: where they are involved in co-producing their own intervention plan, the outcomes are likely to be better.

When authorities had specifically asked someone to come in and offer them advice about an aspect of their service, they were more likely to be receptive to what was suggested, and activities could be better aligned to the improvement plan. This sense of being in control helped to counteract some of the negative psychological consequences of an 'inadequate' judgement, as described earlier in the report.

Some participants described situations where local authorities were approached by multiple agencies and consultancies offering their services. A range of external people offering support tended to compound the problem and add confusion.

> I think it goes back to the point about how many helpful hands can you manage at one time? …let's build our own capacity here, and try and get the right skills in place, because that's the right thing to do for long-term stability. – *Corporate senior manager*

The need for a strategic, rather than a scattergun, approach to improvement will be explored more fully when looking at the topic of sustainability (see below).

Having the 'right' partner

It was important that intervention personnel were perceived as credible, with the right skills and experience to drive improvement. Where intervention was being provided by another authority, some participants said it was helpful to match them in terms of size, political leadership and/or demography. [37] Those receiving help wanted to feel that their challenges were understood. While it was recognised that credibility could stem from having a good reputation and a proven track record, many participants said those who had been in intervention themselves and had 'walked the walk' were more likely to have the empathy that staff would respond to:

> Loads of my team managers were there when it was really bad, so they live and breathe the journey and understand how you go from bad to good. Therefore, when they go to other places, they have genuine empathy and realistic change expectations. – *Improvement partner*

Ensuring the support offered matched the LA's needs was another important aspect of matching the intervention with the authority's context. For some, partners primarily offered advice when the authority wanted hands-on input:

> What you don't need, in my experience, when you're in difficulty, is lots more people telling you that you're in difficulty. What you actually need is capacity to support all layers in the system to up their game, and to put things in place to improve. It's … boots on the ground … That's what you need. – *DCS*

For others, it was the opposite: they wanted a diagnosis of particularly weak service areas but then to rely on their own staff to improve the quality of the work so that the change would become embedded.

Honest, open and trusting relationships

Honesty and openness were identified as an important factor on both sides. Commissioners and IAs described the importance of being clear and direct about *what* they were there to do and *how* they were going to do it. Some relationships were easier to establish than others, depending on the nature of the intervention. For example, where a Commissioner had argued for an authority to retain control of its service the relationship was likely to be positive. One authority had been hurt by a previous partner who had given positive feedback to the authority but then said something different to DfE.

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[37] In our 2019 DCS survey, respondents indicated that credible and experienced staff to support LAs could help to maximise the effectiveness of DfE's intervention programmes. Furthermore, respondents suggested support for LA's reflected their wider context, culture and environment. See Annex 3 for further details about the survey responses.

It worked best when there was honesty about any hard messages and for reports or proposals to be shown to authority staff before sharing them with DfE. One Commissioner made the following commitment to the leadership team, 'All the way, I'll tell you what I'm thinking. Nothing will be a surprise to you.' This approach was appreciated and valued.

In turn, it helped if the authority was willing to be open about their weaknesses and to 'embrace honest feedback'. One DCS told their staff:

> When the Commissioner comes … you're to be completely and utterly open about absolutely everything, and if something isn't quite done yet, then just tell them. – *DCS*

The theme of positive relationships also applied to the way managers treated their staff. Culture change was often needed to overcome the disconnect that had usually developed in dysfunctional authorities. Staff described what partners or managers had done to signal to staff that they genuinely wanted to involve them in changing things for the better:

> They wanted to know what was wrong with us, on the floor. They didn't want to know about the middle bit; they wanted to know what was wrong with us, that we were implementing the things that they were asking us to do… That was totally different. – *Social worker*

> [Senior manager] has been present; she's been physically present. She's been digitally present with us, with emails and things like that, and trying to keep up to date with people. She's interested in what you have to say and, 'Tell me what you think; and if it's s***, tell me it's s***'. – *Social worker*

Clarity of roles

Good relationships between those involved in driving improvement was also important. Participants described complicated, and at times, dysfunctional relationships between the multiplicity of players involved when an authority is in intervention. As a minimum, this included: DfE case lead, Ofsted, the leader and lead member, the Chief Executive, DCS and senior management team, Improvement and safeguarding boards, Commissioner or Improvement Adviser and any improvement partners. Some had a primarily monitoring role whereas others were there to drive improvement, and all had different lines of accountability and levels of authority:

> I think if you were to go around that loop again, I think having some absolute clarity about what people are there to do, what they're not to

do, helps you to then manage those complex arrangements and different relationships. – *Corporate senior manager*

The potential for conflict and chaos was reported to be considerable, and there were descriptions of situations that had hindered progress. For example, one authority had felt pressurised to base their improvement plan solely on the issues identified by Ofsted whereas the DCS and Commissioner wanted to focus on systemic change. In another, the Chair of the Improvement Board did not see the pathway to improvement in the same way as the Improvement Adviser. Where stakeholders worked together, outcomes were said to be better.

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Case study example

The LA had an Independent Chair of the Improvement Board and a Commissioner both actively involved in monitoring and steering their improvement and had made it work. This was partly because they, and the DCS, broadly agreed on what needed to be done and were able to work as a team. The Chair and Commissioner also co-ordinated their activity so that when one was taking a particularly active role, the other stayed in the background:

[Commissioner] has now taken a step back while [Chair's] more engaged with us... [Commissioner] quite deliberately, hasn't commented much. He's just had the papers that have gone to our improvement board. [Chair's] done the report. I think [he] will step back now and let [Commissioner] come back and give his view. It's been a little bit of, they're both taking it in turns for a little bit. – DCS

The LA also made sure that there was only 1 Improvement Plan which, although complex and ambitious, included all the work needed to improve every aspect of children's services across partner agencies. They then set up a single system for monitoring progress and reporting, suspending some of the usual scrutiny arrangements in order to have a streamlined line of accountability.

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Although they could work well, Improvement Boards were complicated to get right. Key factors in determining whether a Board succeeded in driving improvement included:

- clear terms of reference

- a shared vision for what would constitute success,

- a comprehensive plan with a roadmap for delivery

- clear processes for reviewing progress.

It was particularly important to have an independent and effective Chair.

A number of participants commented on the potential conflict of interests when Improvement Advisers became actively involved in the Improvement Board, particularly if they acted as Chair as this could compromise their independence. Others, however, said it worked well because it reduced duplication.

Burden of monitoring

Participants frequently expressed concern about the burden of the monitoring arrangements, with some describing this as 'endless'. While it was recognised that independent scrutiny of progress was essential, the number of monitoring meetings could take time away from front line improvement activities:

> So, by the time I'd reported to the lead member, reported to the LCSB lead, reported to the improvement board, met with the LGA, kept Ofsted appraised - there wasn't actually a lot of time for me to do any improvement. – *DCS*

There was particularly a sense of frustration where meetings were attended by the same people who were reading the same reports. Further, Improvement Boards met as frequently as every month and several participants questioned whether it was realistic to expect anything to change within this timescale.

Once in intervention, Ofsted could be seen as both a help and a hindrance. For example, positive monitoring visits could reinforce to staff and improvement partners that they were on the right track. On the other hand, the frequency of the visits and a lack of flexibility about the agenda could be unhelpful. For example, an authority might have achieved progress in improving child in need planning whilst being aware that their leaving care service was still poor, but there was no dialogue with Ofsted about what would be most helpful to focus on for their next visit. Others expressed concern that improvement could become too focused on pleasing Ofsted rather than achieving holistic and sustainable change. This could distort the content of improvement plans, with the focus being on trying to second-guess what Ofsted would ask about rather than on where change was most needed:

> … the current regime of monitoring visits are a distraction. What they do is encourage, instead of a steady plan for improvement, what you get [is]…. a series of sprints. Ofsted are coming to look at the front door. "Everybody down to the front door! Let's get the front door sorted"... Three months later … "We're going to now have a look at care leavers. Right, leave the front door, everybody down to the care leavers!" It's like spinning plates. – *Improvement partner*

Looking to the future

This section explores the sustainability of change within local authorities in intervention and provides suggestions for future improvement.

Sustainability

Most of the study authorities expressed their wish to use their experience of being in intervention to achieve lasting change. They expressed a desire to ensure improvements were sustained and embedded.[38] They planned to achieve this partly through sustained effort:

> …because, when you plateau with your effort, then things start to slip back. In children's social care, you've got to keep on it all the time…. you just do those things until you're exhausted, basically. – *DCS*

DCSs and partners also described a more fundamental ambition about their desires to develop a broader vision for the services 'their' children were entitled to in the longer term. A number of authorities that had participated in both stages of this evaluation were able to provide an update about new structures they had created to replace the Improvement Board so that changes were embedded to become 'business as usual'. These arrangements included authorities 'finding a home' for all aspects of the improvement plan in other council mechanisms or setting up new Children's Partnership Boards.

Some said this transition had been easier to achieve where improvement was brought about by permanent members of staff who were there for the long-haul rather than having been 'parachuted in'. Managers had told staff in some authorities that they intended to stay, and this level of commitment was a factor in motivating staff. No matter how helpful external or interim personnel were, as one political leader explained 'At the end of the day, they [staff] need to learn how to do it themselves, don't they?'

Participants noted a few challenges associated with sustaining improvement. In contrast to the level of ambition described above, participants commented that the current system can create too narrow a focus on 'getting over the line' in the next Ofsted inspection rather than achieving the systemic cultural shift needed to continue improving. This short-term approach could result in improvement that was relatively superficial, particularly if leaders were primarily motivated by a wish to come out of intervention rather than improving outcomes for children. As one senior manager described it, 'Don't do it for me,

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[38] This view was echoed in the findings from the 2019 DCS survey where respondents indicated that the effectiveness of the intervention programmes could be maximised through further support for sustainable change. They indicated this could be achieved through sector improvement, such as peer challenge ad support.

don't do it for the DfE, don't do it for Ofsted, don't even do it for the county council. Do it for the children'.

A further risk to sustainability related to the abrupt withdrawal of support. Once an authority came out of intervention, the formal role of those appointed by DfE to support and monitor came to an end. Furthermore, funding ceased immediately rather than being phased out. Some participants thought that, where an improvement partner had been working intensively, this was too abrupt and put the sustainability of the improvement at risk. The 'support and supervision' that authorities received from DfE for 12 months after coming out of intervention was reported to be 'light touch. Some improvement partners and advisors tried to find ongoing ways to support the authorities by taking on other roles, such as acting as consultants or through the LGA sector improvement programme, but this had to draw on alternative sources of funding. Other authorities had identified new sources of support through the PiP programme or regional sector led support arrangements.

Another risk to sustaining improvement was the perception that the service could no longer be protected from budget cuts. One authority's response to the Ofsted judgement that the service was no longer 'inadequate' had been to 'breathe a sigh of relief' and then launch into a budget challenge exercise from which the service had been protected whilst in intervention. This had resulted in a requirement to make cuts to children's services even though they were a marginal 'requires improvement' and services were still weak; further the DCS had to seek additional sources of support from elsewhere. Some participants felt that Ofsted and DfE should pay more attention to whether individual children's services had the resources needed to provide an adequate service when considering the quality of that service. One participant shared a perception that was echoed by others:

> The DfE and Ofsted combined, turn an absolute blind eye to the matter of resourcing. I think Ofsted, as a regulator, has no conversation with departments about financial realities, neither does the DfE, not always. – *DCS*

The future of intervention

While it is the aim of the DfE improvement programme, several participants talked about the need to get ahead of failure before services 'fell over the cliff' into inadequacy. One social worker compared this to the concept of early intervention with families where the aim is to offer help as soon as there are indications that all is not well to prevent disaster:

> It's the same with social work, isn't it? We don't just want to be reactive … all the time. That's the same message for DfE: why [are you] responding and reacting to difficulties and chaos, and not get to

a point where you're holding hands, preventing that from being chaos? – *Social worker*

Participants' suggestions for change centred on ways problems could be identified at an earlier stage, and possible avenues to provide help. These are discussed below.

DfE's role

Participants were asked how they would like the DfE approach to intervention and improvement to evolve in the future. Whilst acknowledging the need for DfE to have the ultimate responsibility to step in to protect children if all else fails, they saw them as the 'catalyst' for change rather than change agents themselves. One Executive Leader explained 'They provided impetus and a framework for change, and they put that challenge into the system'.

Ultimately, there was a consensus that only those *within* the sector could bring the level of skill and experience needed to drive the improvement work. Even within an alternative delivery model, participants argued that personnel needed a professional social care background to understand what was needed. Consequently, they wanted DfE to work more collaboratively with the sector: 'I'd like to see the department devolve a little bit of trust'. There were a number of suggestions about how this could work.

Firstly, many participants wanted a broader definition of those within the sector considered suitable to offer help. One frequently expressed frustration with the DfE programme was the fact that the opportunity to innovate and to act as an improvement partner was restricted to good or outstanding authorities. This was seen as a missed opportunity given the learning that came from those that had experienced an improvement journey:

> Sometimes the authorities that you want to learn from are those who have come a long way on the improvements, really. They might not yet be good, or they might just have gone into Requires Improvement, but they've been through that awful journey and the pain and the difficulties. Those that have come out of that much better and much stronger and much more effective, probably give you a bit more insight about how to weather that storm and get it right than those who have been good for a while. – *Corporate senior manager*

It also meant that struggling authorities were unable to access some of the funding opportunities that helped to raise practice standards and attract staff:

> Once you get an inadequate judgement, a lot of the resources fall away, or opportunities fall away. So we were excluded from some of the innovation funding bids we could do. We were excluded from being involved in Step Up or Frontline because we were inadequate. – *Senior manager children's services*

Secondly, participants suggested additional steps that could be introduced between voluntary support and statutory intervention, as one participant suggested:

> A strengthened version of support that probably starts off with a regional acceptance that there are issues …, but then, without going into full intervention and requiring the statutory direction and all of that that go with it. A model that can then be brought in, that doesn't need to be populated by [DfE], they can oversee it, but it certainly gives them, and the people who are experiencing it, the feeling that we are moving together collaboratively, and that there's a recognition of how long it will take. – *Corporate senior manager*

Thirdly, the possibility for inadequate authorities to access the support provided by DfE at an earlier stage was also suggested. Where authorities were able to identify that their service was deteriorating and were at risk of triggering a formal intervention, some suggested that Commissioners could be appointed before the point of failure to identify a pathway to improvement. One leader, who was new in post, was told by LA colleagues that all was not well in children's services and described their conversation at that time:

> "Well, why can't we just tell DfE now?" … Everybody was just like: "Are you off your head? Are you mad? Why would you do that?" I still think there's a failing on DfE, or Ofsted, if you cannot, as a Chief Exec or a DCS, say: "Do you know, I think I might have some worries, I want some help." If everybody [in the LA] closes down because that's an impossibility, then there's something wrong with the system. – *Corporate senior manager*

Another said:

> I was always very wary, I knew that [Commissioner] was in because [they'd] been instructed to come in. I think if I knew that [they were] coming in and specifically [their] role was to help, make sure that you don't get into full intervention, I think it would have really helped. – *Corporate senior manager*

Sector led approaches

As discussed in Chapter 6, there was a perception that regional networks were often in a position to identify neighbours where a service was problematic. This was based on assumptions about informal intelligence, an exodus of staff or through peer review mechanisms. However, some of the authorities that had experienced dysfunctional leadership acknowledged that peer-led offers of help would probably not have worked in their case because of the level of denial. In many other authorities, though, it was felt that this early alert system could be effective. There were also suggestions about giving these networks more 'teeth', such as the formal protocol adopted in 1 region for escalating concerns if the DCS did not respond to more informal approaches by involving the Council's Chief Executive.

The role of Ofsted

Similar messages about adopting a more preventative and collaborative approach towards children's services applied to Ofsted's work. Participants understood that Ofsted's primary role was as regulator and that they must keep children safe, but there was a sense that they could also provide a more helpful function without compromising that responsibility:

> So that when Ofsted is coming… It is seen as supportive, and about getting the best out of people, and about moving business forward, recognising when the landscape is changing, and making sure that all agencies are set up to move with that landscape. – *Partner agency*

Suggestions for ways in which Ofsted could be more helpful included:

- **More flexibility about the timing of inspections and monitoring visits.** Assuming authorities were open about where they were on the improvement journey, there could be more negotiation about the best time to evaluate progress on particular aspects of the service. This could serve as a check about whether the authority was heading in the right direction rather than trying to 'out' them for failing.

- **Sharing their knowledge about authorities who had faced similar challenges and may be able to help**. Ofsted are uniquely positioned to understand what has worked well in tackling poor services and could put authorities in touch with each other, or even offer suggestions themselves, without compromising their role as regulator.

- **Working more collaboratively with DfE**. This would enable the sharing of intelligence and could better identify where support is needed. Participants explained

that current policy prioritises Ofsted's independence over their potential role in mobilising help for struggling authorities.

- **Using less punitive language and understanding the negative impact of low staff morale on children**. Participants noted that they had learned how to convey challenging messages to families without being unnecessarily negative and this approach should be adopted in approaches to staff.

Looking at the wider context

A final evaluation theme related to the need within the intervention programme to look more broadly than children's services. Given that serious inadequacy was usually a symptom of a wider issue within the council and its partnerships, several participants suggested that the solutions also needed to be focused more widely. Suggestions included more joint arrangements for inspection and more multifaceted approaches to intervention. There was a perception that the current model led by DfE and Ofsted had no mechanisms for holding other stakeholders to account and was subsequently limited in its scope:

> Why have [DfE] not got the power to intervene? They can bring in the LGA, can't they? They can bring in a set of partners to say, "Come and mentor and support." It is unfortunate that children's services do tend to be the linchpin, the bargaining tool, really. – *Senior manager children's services*

Ideally, people would like an approach that involved all the above stakeholders working together. They described this as a 'middle-way' between help that was completely self-directed and the experience of being in full intervention.

The next chapter outlines the quasi-experimental quantitative impact and economic assessment of DfE's intervention and support in a sample of LAs.

Quantitative impact assessment and economic analysis

Key findings

Impact assessment

Child and family outcomes

- There was an increase in the rate of Child Protection Plans (CPPs) closed following support from DfE. There was also an increase in the number of CPPs reviewed in the required timescales. These impacts, which are both indicators of Children's Social Care service improvement, were most evident for LAs that received substantial financial support from DfE (£1m+).

- Typically, other child and family outcomes appeared to stabilise following DfE support, but these changes mirrored trends in LAs that did not receive support (i.e., the comparator group).

Children's Social Care workforce outcomes

- There was an increase in the percentage of social worker vacancies following DfE support, which likely reflects a recruitment drive.

- There were indications of other outcomes improving following DfE support, but these were not statistically significant.

Ofsted Judgements

- For LAs receiving substantial financial support from DfE (£1m+), there was evidence of improvements in Ofsted Judgements following support.

Economic analysis

- For LAs receiving substantial financial support from DfE (£1m+), total costs avoided as a result of additional CPPs closed were estimated at between £3,388,349 to £6,776,698 over a three-year period.

It is possible that the full costs avoided will continue to materialise (in children's social care practice and subsequently the data) beyond the analysis period (up to March 2020).

This chapter explores quantitatively the impact of DfE support on Children's Social Care (CSC) services performance. DfE support was provided to LAs following a 'requires improvement' or 'inadequate' Ofsted judgement. Analysis includes an assessment of the impact of support using quasi-experimental designs (QEDs), which seek to estimate what would have happened in the absence of support (i.e., the "counterfactual").[39] Cost-savings associated with the DfE support provided are also estimated and discussed.

Subsequent chapters explore the implementation and effectiveness of the different types of support.

The methodological approach and results are presented in subsequent sections. Additional/supporting analysis is provided in Annex 2.

Impact assessment

Methodological approach for this strand

Outcomes of interest

For this evaluation, the primary child/family outcomes of interest, sourced from children's social care national data, and their interpretation/reason for selection were:

- **Re-referrals to CSC**. An increase in re-referrals may suggest children's needs are not being met following the initial referral/support.

- **Child Protection Plan (CPP) conference held within 15 days**. Where there are safeguarding concerns, CPP conference should be triggered and held within 15 days. An increase indicates children's social care is responding efficiently to potential safeguarding concerns.

- **CPP for a second time**. A second (or subsequent) CPP may suggest children's needs were not met with the initial CPP and, potentially, closed prematurely.

- **CPPs reviewed in the required timescales**. The first CPP review within 3 months of the initial CP conference and subsequent reviews no more than 6 months apart ensure CPPs are delivered effectively and the provision of good quality interventions.

- **CPPs closed**. A CPP closed indicates children's needs have been met and support is no longer required (at CPP level) from children's social care.

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[39] See below for further details on the analytical approach.

Secondary outcomes that were of interest but where an increase/decrease could be interpreted differently (i.e., depending on LA context and what was required as part of their improvement journey) were:

- **CPPs starting**. A CPP starting could indicate CSC were unable to meet children's needs with earlier intervention. Equally, it could indicate a CPP was required to keep the child safe, and this need was identified and actioned by children's social care services. As such, the impact evaluation for this study only sought to explore whether there was any change in this outcome following DfE support rather than change in a particular direction.

- **Looked after children (LAC)**. A decrease in the number/rate of LAC could indicate safeguarding concerns being addressed at home, preventing escalation to LAC status. However, recognising LAC decisions are not taken lightly and only when this is in the best interest of the child, an increase should not be interpreted as negative. Again, the impact evaluation tested whether there was a change or not.

In addition to the child/family focused outcomes outlined above, the following children's social care workforce outcomes were also examined:

- Average number of child/family cases per social worker

- Number of full-time equivalent (FTE) social workers

- Percentage of agency social workers

- Social worker turnover rates (percentage)

- Percentage of social worker vacancies

- Social worker absence rates (percentage).

These outcomes provided insights to the workload and stability of the workforce, which likely impact on child/family outcomes and the overall quality of support provided.

Although not quantitative outcomes (like the child/family and children's social care workforce outcomes above), Ofsted judgements before and after DfE support were also assessed.

Analytical approach

LAs were provided with support from DfE following a 'requires improvement' or 'inadequate' Ofsted judgement. As such, the allocation of support was not random. QEDs, which, as far as possible, seek to account for the non-random allocation of

support, were deployed. QEDs seek to estimate what would have happened in the absence of support (i.e., the "counterfactual"),

The primary QED approach for child/family outcomes was 'synthetic control methods' (SCMs). SCMs estimate the difference in post-intervention (i.e., DfE support) trends between LAs supported by DfE (i.e., the treatment group) and a synthetic control group, for the outcomes of interest. The synthetic control group is a weighted average of potential comparator LAs (i.e., not supported by DfE). Comparator LAs that were more similar to the treated LAs on pre-intervention outcome trends received a greater weighting than those that were less similar.

Difference-in-differences (DiD) analysis, which compares changes in outcomes over time between treated and comparator LAs, was used for the social care workforce outcomes, where SCM was not possible due to data limitations (i.e., too few post-intervention data). DiD analysis was also undertaken as a secondary/validation approach for the child/family outcomes.

For the analysis to account for LAs starting DfE support at different times (following their Ofsted judgement), impacts were estimated from the year following the start of support/funding. The maximum number of years an LA was 'supported' within the available data (up to March 2020) was three years. The minimum was one year.

As detailed in other chapters, there was a range of support provided to LAs and substantial differences in the intensity and scope (and associated costs). For example, where children's social care was placed with a Children's Trust (i.e., taken out of the control of the LA) this is very substantial intervention compared to (relatively) lighter-touch advisory support.[40] As support decisions were based on levels of need/issues identified, it is reasonable to consider that in LAs receiving more substantial financial support from DfE there is greater potential for impacts on the outcomes of interest. To account for this heterogeneity in support/impact potential, the following approach was taken:

- **Primary focus:** Eight LAs receiving substantial financial support from DfE (£1 million or more since 2017), where impacts on overall children's social care effectiveness were most anticipated. Except for one LA (where the was substantial advisor support over multiple years), all LAs in this group were subject to Children's Trust and/or LA partnership intervention.

- **Secondary focus**: All LAs receiving any DfE support (33), where impacts on overall children's social care effectiveness were not as highly anticipated due to the varying levels of need/scope for improvement – e.g. LAs receiving less funding

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[40] See Chapter 2.

may have only needed to improve on a particular element of practice (unrelated to the outcomes of interest).

To adjust for other factors (covariates), external to DfE support that may have affected the outcomes of interest, multiple QED specifications were tested:

1. **Basic model** with no covariates.

2. (Under 18) **population and deprivation** as covariates to adjust for differences in population characteristics

3. **CSC demand** as a covariate to adjust for referral numbers

4. Combining 2 and 3, **population, deprivation, and children's social care demand** as covariates.

The main results (using model specification 4) are presented in the sections that follow. Additional results are provided in Annex 2.

Limitations

The key limitations of the impact evaluation are as follows:

- LAs received support from DfE following a 'requires improvement' or 'inadequate' Ofsted judgement. Whilst support in many LAs was substantial, it is important to bear in mind that a negative Ofsted judgement itself could affect children's social care practice and outcomes, even if support was not provided.

- Analysis was limited to outcomes that were available in national administrative datasets. Focusing on national administrative datasets was necessary to efficiently access suitable outcomes for supported LAs and potential comparator LAs. Furthermore, the analysis did not consider whether specific the specific focus of support in each LA would affect some indicators more than others.

- Data for the outcomes of interest were assessed to March 2020, which, for most LAs, covered three years post-intervention. It is possible that the full impact of support will continue to materialise (in children's social care practice and subsequently the data) beyond March 2020.

- Some LAs, which were existing Trusts (pre-2017), were excluded from the analysis. This was due to limited pre-intervention data to establish a baseline.

Results

Child/family outcomes

Our analysis of child/family outcomes focused on the 8 LAs (primary focus) that received substantial financial support from DfE (£1m+) identified statistically significant increases in the rates of CPPs ceased and the number of CPPs reviewed within the required timescales. This shows encouraging evidence of improved effectiveness and efficiency.

Figure 5 shows the trend in CPPs ceased rates (per 10,000 children) for the 8 LAs supported by DfE (i.e., treatment group, as indicated by the solid blue line) against the synthetic control group constructed (indicated by the dashed light blue line). For additional insight, the unweighted average of comparator ("good" or "outstanding") LAs is also shown below. Recognising support started at different times for LAs, the x-axis (horizontal) shows the number of years before or after the start of support (rather than specific years).

Figure 5 Average CPP ceased rates in treated areas (8 LAs receiving substantial (£1m+) DfE support) and synthetic control group
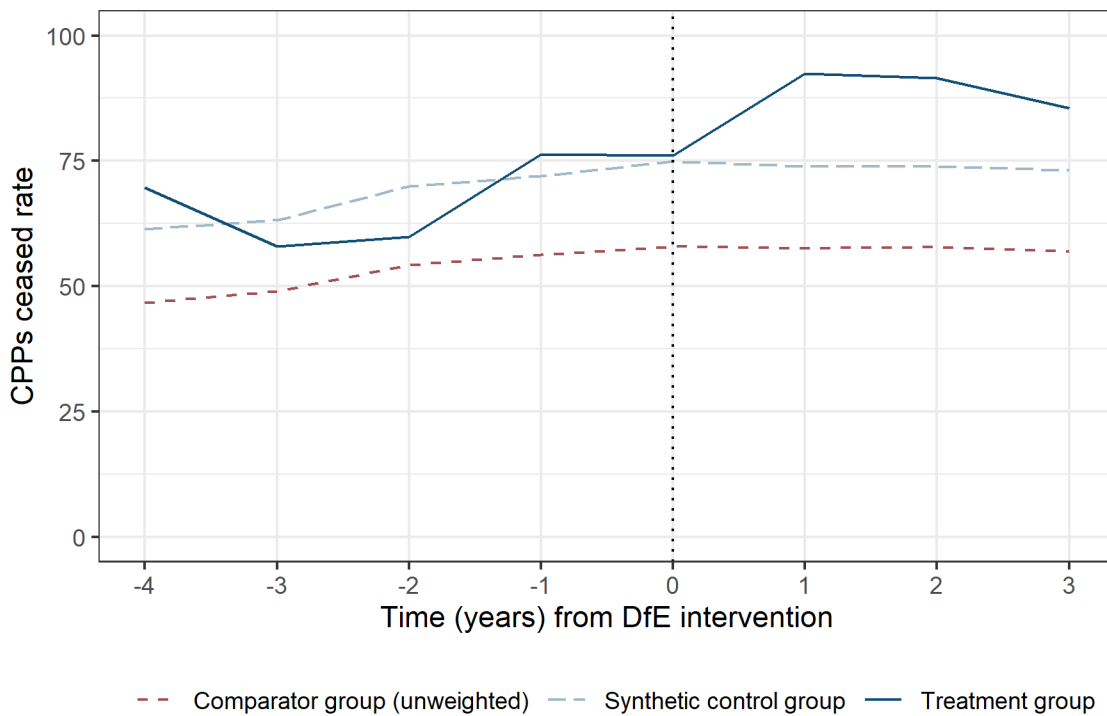
Figure 6 (below) shows the trend in the number of CPP cases that were reviewed in the required timescales for the 8 LAs supported by DfE against the synthetic control group (see Figure 5, above, for general interpretation).

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Prior to DfE support, the average CPPs reviewed within the required timescales in the treatment group followed a similar flat trend to the synthetic control group.

Following DfE support, there was an average increase of 48 CPPs reviewed within the required timescales in each supported LA relative to the synthetic control group. This difference was statistically significant.

Figure 6 Average CPPs reviewed within required timescales in treated areas (8 LAs receiving substantial (£1m+) DfE support) and synthetic control group
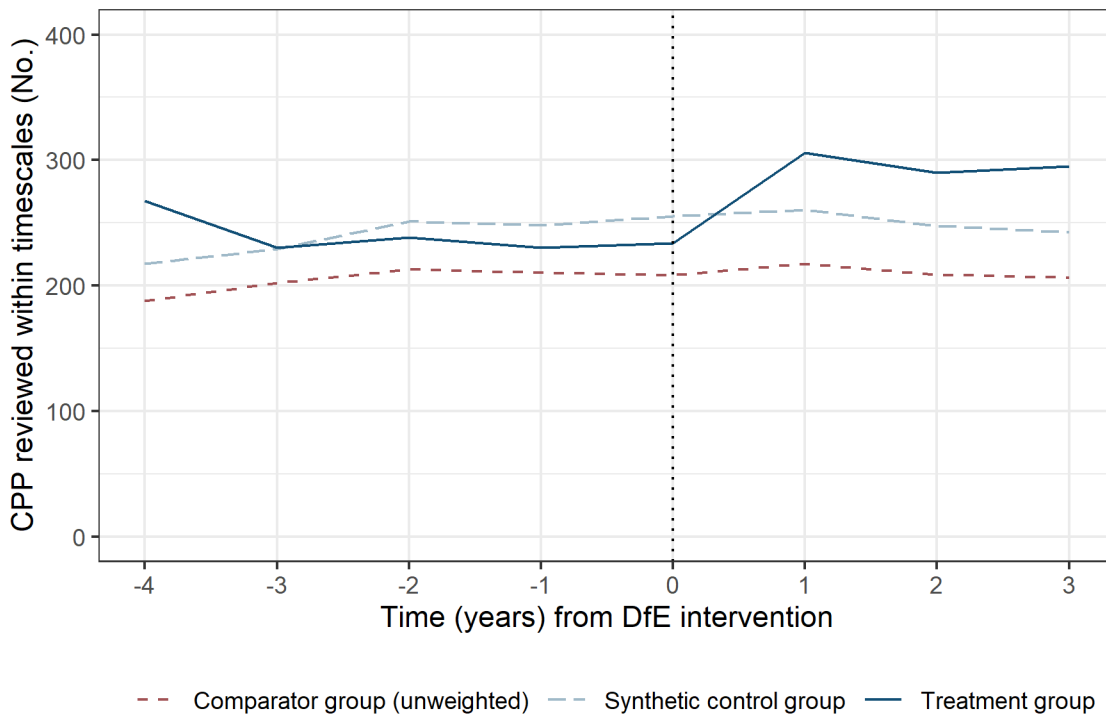
Figure 7 (below) shows the trend in re-referrals (%) for the 8 LAs supported by DfE against the synthetic control group (see Figure 5, above, for general interpretation).

Prior to DfE support, there was a (gradual) increase in the percentage of referrals in the treatment group and synthetic control group. This was contrary to the unweighted comparator group where there was a downward trend.

Following DfE support, re-referrals in treated areas appeared to level off and decrease slightly (5% less by 3-years post-intervention), relative to the synthetic control group. However, this change was not statistically significant.

Figure 7 Average re-referrals (percent) in treated areas (eight LAs receiving substantial (£1m+) DfE support) and synthetic control group
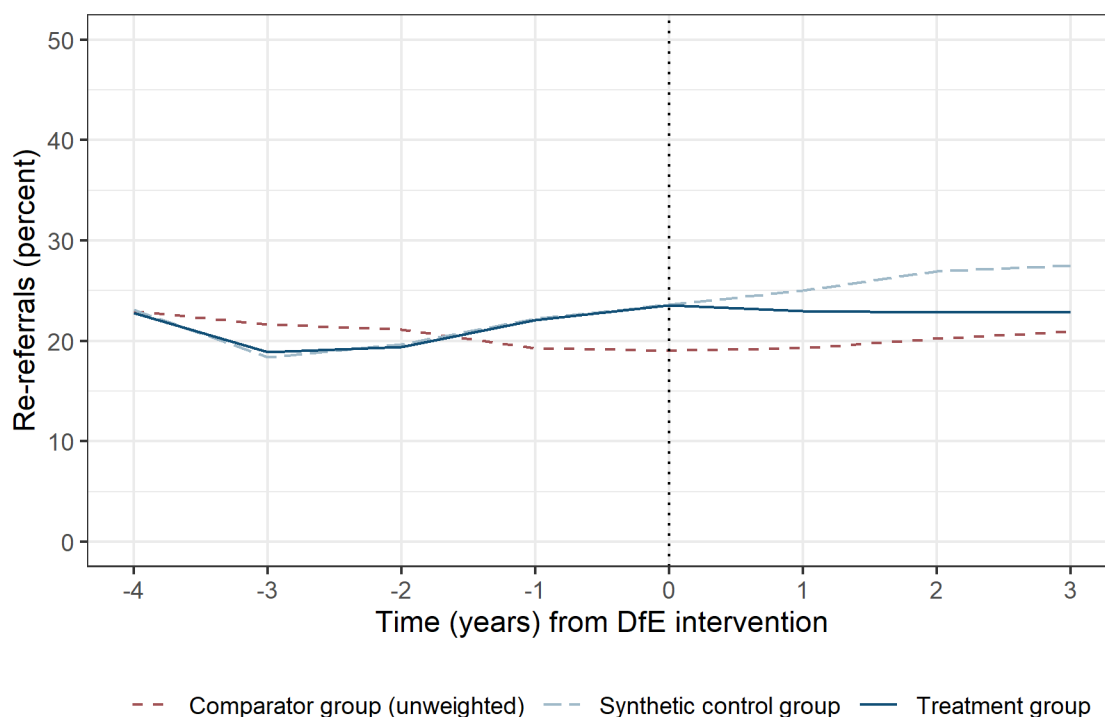
Results for other outcomes for the 8 LAs receiving substantial funding are provided in Annex 2. In summary, whilst these other outcomes showed signs of improvement following DfE support, the trends for the treatment group did not differ substantially (nor were they statistically significant) from the synthetic control group. As such, these improvements cannot be attributed to DfE support.

Secondary analysis focused on all supported LAs (33) revealed statistically significant impacts similar to the those for the 8 LAs receiving substantial funding, but to a lesser degree. Key findings were:

- **For CPPs ceased, the estimated (annual) impact of the support was an average increase of 9.4 cases (per 10,000 children)**. Based on the under 18 years of age population in the 33 LAs supported, the total number (across all 33 LAs) of additional cases closed annually was 2,837.

- **Annually, there were on average 48 additional CPPs reviewed within the required timescales, in each supported LA**. Across the 33 LAs supported, this equals a total number of 812 case per year. However, it should be noted that this was only statistically significant in 1 model specification (model specification 3, which controlled for CSC demand)

- **There was an increase in the number of CPP plans starting (8.3 per 10,000 children)**. As discussed in the outcomes of interest section above, it is difficult to frame this as negative or positive finding owing to the specific context of LAs and their improvement journey, for example, for some LAs an increase in cases may be a positive finding as more children were being supported, however, a fall in another LA may be a positive as, previously, too many children were being referred incorrectly.

Outputs for the secondary analysis are provided in Annex 2.

Children's Social Care workforce outcomes

Difference in differences analysis of children's social care workforce outcomes for the treatment group comprising all supported LAs (33) revealed a **statistically significant increase of 3.7 per cent in social worker vacancies**, relative to the comparator group (of LAs not receiving support). This could reflect the increase in full-time equivalent (FTE) social workers (see Figure 8 below), where a recruitment drive would have likely been necessary. Although not statistically significant (at the 95% level), there were **indications of a decrease in the percentage of agency social workers**. Results for all children's social care workforce outcomes are provided in Annex 2.

Figure 8 (below) provides descriptive analysis of children's social care workforce outcomes before and after intervention for the 33 LAs receiving support. Whilst this descriptive analysis does not have a causal interpretation, it does provide insights to the potential direction of travel for outcomes in LAs receiving support.[41] **Key changes in the averages (mean) across supported LAs included:**

- The number of cases per social workers decreased slightly from 17.2 to 16.6.

- The number of full time equivalent social workers increased from 193 to 229.

- The percentage of agency social workers decreased from 21.9% to 20.5%.

- Social worker turnover (percentage) decreased from 17.6% to 16%.

- Social worker vacancies (percentage) increased from 20.7% to 22.7%

- Social worker absence rates decreased from 3.7% to 3.1%.

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[41] Year on year trends not provided owing to a fewer pre-intervention years of data for social care workforce outcomes being available, and varying start years of interventions.

Figure 8 Changes in social care workforce outcomes before and after receiving support from DfE (mean values for all 33 LAs supported)
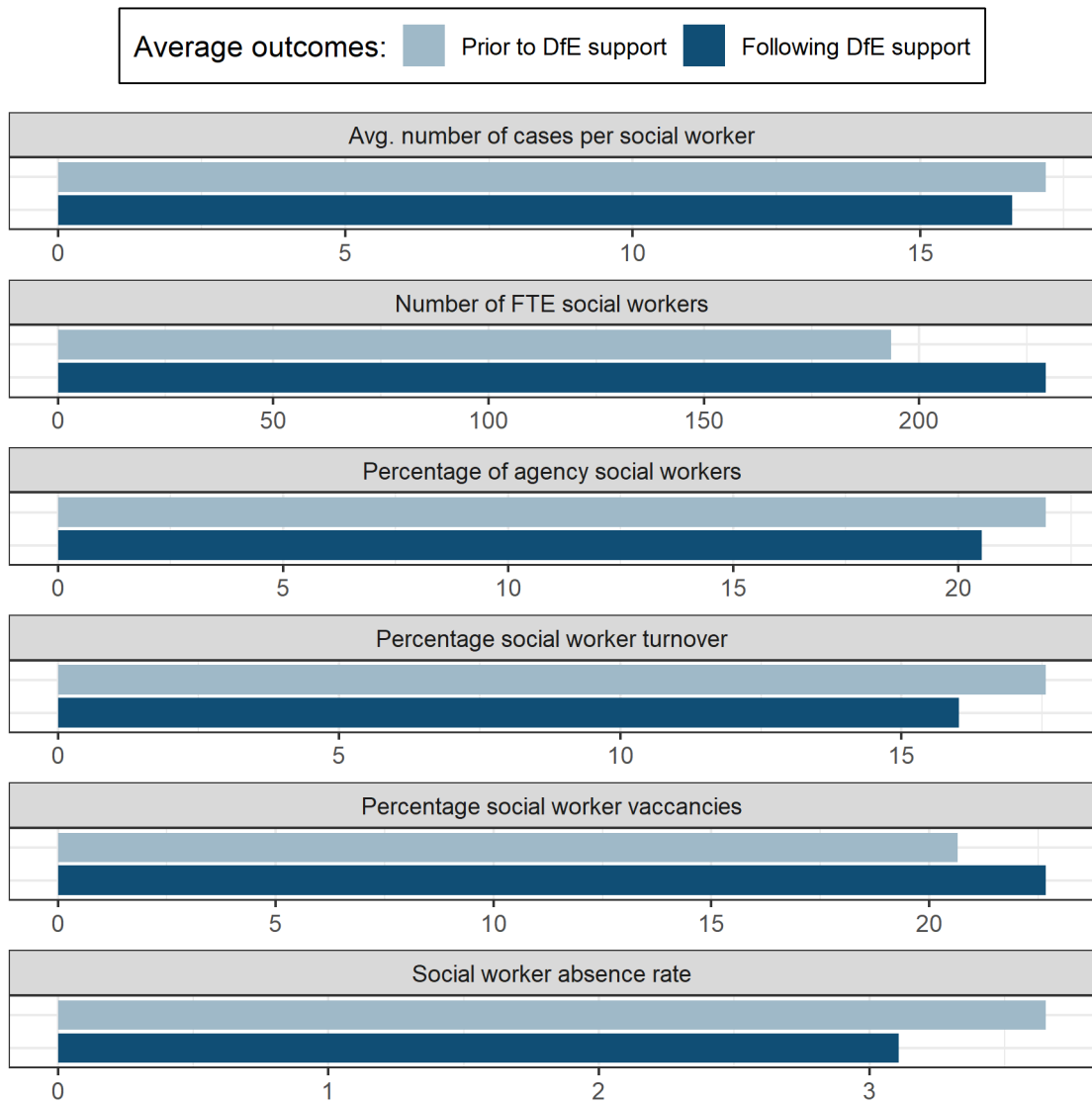
Improvements in Ofsted Judgements

For the 8 LAs receiving substantial financial support from DfE (£1m+), changes in Ofsted judgements following intervention were also assessed. The initial Ofsted judgements, which prompted DfE support, were compared against each LAs most recent Ofsted judgement (typically 2-3 years after the initial judgement). Tables 2-5 detail the change in Ofsted judgements in overall effectiveness in children's social care and areas that contribute to overall effectiveness judgements. Table cells marked with a + indicate an improvement. **The majority of Ofsted judgements improved following support from DfE**. Of the 32 Ofsted judgements made following DfE support (four judgement areas multiplied by 8 LAs), 23 (72 per cent) had an improvement on the judgment made prior to support.

Table 2 Changes in Ofsted Judgement - overall effectiveness

	Judgement following support		
Judgement prior to support	Inadequate	Requires improvement	Good or Outstanding
Inadequate	2	4+	2+
Requires improvement			
Good or Outstanding			

Table 3 Changes in Ofsted Judgement - The experiences and progress of children in care and care leavers

	Judgement following support		
Judgement prior to support	Inadequate	Requires improvement	Good or Outstanding
Inadequate		4+	1+
Requires improvement	1	2	
Good or Outstanding			

Table 4 Changes in Ofsted Judgement - The experiences and progress of children who need help and protection

	Judgement following support		
Judgement prior to support	Inadequate	Requires improvement	Good or Outstanding
Inadequate	2	4+	2+
Requires improvement			
Good or Outstanding			

Table 5 Changes in Ofsted Judgement - The impact of leaders on social work practice with children and families

Judgement prior to support	Judgement following support		
	Inadequate	Requires improvement	Good or Outstanding
Inadequate	2	4+	2+
Requires improvement			
Good or Outstanding			

Economic analysis

Methodological approach

Building on the results of the impact assessment, the economic analysis estimates the costs savings associated with DfE support. Whilst the primary aim of DfE support is to improve the quality of children's social care services to safeguard children, which is difficult to reliably quantify, it is important to consider any potential costs savings associated with improved children's social care performance indicators (i.e., the outcome of interest for the impact assessment).

The impact assessment identified statistically significant increases in the number of CPPs ceased, which can be considered as a cost saving. If these CPPs had not ceased, support would have continued (at a cost to children's social care) for an extended period.

Holmes *et al* (2012) estimated the average monthly cost of CPP support at £316, which was used to monetise the impacts observed in the impact assessment under two scenarios:

1. Had the CPP plan not ceased, support would have continued (on average) for an additional three months.

2. Had the CPP plan not ceased, support would have continued for an additional six months.

The total number of additional CPPs ceased were calculated based on the number of years each LA had been supported by DfE (1-3 years).

Limitations

Key limitations of the economic analysis are:

- It is important to note that the economic analysis only covers cost savings relating to outcomes where there was a statistically significant impact. Although there were

indications of (positive) changes in trends other outcomes, they are not included in the economic analysis.

- More qualitative and/or longer-term outcomes associated with improved CSC support (for example, the life chances of children, progressing to LAC) are not included in the economic analysis.

Considering these limitations, the estimated cost savings presented in this section should be treated as conservative. The estimates are based on select (quantitative) outcomes over a relatively short observation period of 3 years, where it was possible to empirically attribute impacts to DfE support.

Results

Table 3 details the impact estimates for the LAs receiving substantial financial support from DfE (£1m+) and all supported LAs, and the cost savings associated with additional CPPs ceased.

Table 6 Total cost savings as a result of additional CPPs ceased

Treatment group	Total number of additional CPPs closed	Cost saving under scenario 1 (cases closing 3-months earlier)	Cost saving under scenario 2 (cases closing 6-months earlier)
LAs receiving substantial financial support from DfE (8)	3,574	£3,388,349	£6,776,698
All supported LAs (33)	6,963	£6,601,267	£13,202,535

Recognising the limitations of the economic analysis, a full cost-benefit analysis was infeasible and deemed inappropriate. As mentioned previously, there were very likely (evident in improved Ofsted Judgements) more qualitative and/or longer-term outcomes, which cannot be measured or monetised. However, based on just the additional CPPs ceased, DfE support would be expected to breakeven at around 6 years.[42]

In conclusion, evidence indicates that the support provided by DfE to LAs has had a positive impact on:

- the effectiveness of CSC support, which was evident in additional CPPs ceased and increases in CPPs reviewed within the required timescales

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[42] The overall cost of DfE support for these LAs (2016/17 to 2019/20) was £22.7m.

- the direction of travel for CSC workforce outcomes

- the overall quality of CSC services in meeting the needs of children and families, which was evident in Ofsted judgement improvements.

Whilst only some of this impact could be reliably captured in the economic analysis, large cost savings were associated with DfE support.

The next chapter in this report discusses the Partners in Practice programme.

Partners in Practice (PiP) improvement support

Key findings

The research findings presented in this chapter, based on the views of DfE and local authority participants, show that the improvement support strand of the PiP programme made considerable progress in just over 4 years:

• It substantially increased LAs' willingness, capacity and capability to give and accept each other's support.

• It developed a solid foundation for a sector led improvement approach (the 'PiP approach'), grounded in partners' experiences of improving and innovating services, and improving outcomes for children and their families.

• It provided the opportunity to set up strategic partnerships to improve and innovate services, with benefits for both partners and the potential to share learning with the whole sector.

The research also indicated some weaknesses in the PiP programme's design and implementation. LA participants:

• noted a difference between the PiP approach developed by partnering LAs and DfE's conceptualisation and description of the programme outcomes, which was considered to have undermined the programme's acceptability to some extent

• thought that the PiP offer could have been better promoted and brokering arrangements could have been better supported. They suggested that giving the sector a greater role in these would ensure that the PiP approach was embedded in the promotion and brokering of the improvement offer, thus supporting more effective partnership arrangements.

pointed to a lack of resources and a framework to collect evidence on the impact and effectiveness of the PiP offer. While evidence was collected by DfE (including this research and monitoring data from LAs in the programme), they thought that very little of this evidence had been shared with LAs to support learning about what works in delivering effective improvement support.

The chapter focuses on the Partner in Practice (PiP) sector led improvement programme. With data from qualitative interviews with DfE officials and local authority (LA) staff involved in the initiative this section explores:

• What led DfE to set up a sector led improvement programme

- How the sector led improvement programme was developed, including decisions about eligibility for becoming a PiP and creating sufficient capacity

- What mechanisms were set up to identify LAs eligible for PiP support, raise awareness about the PIP offer, broker partnerships, and monitor the delivery of PiP support

- What were the defining features of the PiP approach to delivering improvement support

- What outcomes were expected from the programme and to what extent these were achieved

- Learning from the experiences of delivering and receiving PiP support.

The findings on these topics are discussed below following an outline of this strand's methodology.

It is important to note that the interviews discussed in this chapter do not cover the DfE Sector Led Improvement Partners for Children's Services (SLI) programme, the DfE initiative that will provide grants to 19 LAs to deliver the SLI programme from July 2021 to March 2024 at a cost of £24 million.[43]

Methodological overview for this strand

In 2020, interviews were carried out with 6 DfE officials to explore their experiences of developing and implementing the PiP improvement programme and their expectations from the initiative. Interviews were conducted in January-February 2020 before the evaluation paused due to the COVID-19 pandemic. This provided an opportunity to explore developments during the pandemic.

Between February 2020 and February 2021, we interviewed 40 senior staff from children's social care services in a sample of 20 local authorities engaged in the PiP programme (see Figure 9 for the sample profile). Most of the fieldwork was carried out between November 2020 and February 2021, only staff in 2 LAs were interviewed before end of March 2020. Two group discussions were also carried out at PiP managers meetings in February 2020 and in February 2021.

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[43] https://www.gov.uk/guidance/local-authority-sector-led-improvement-programme-apply-to-be-a-partner

Figure 9 PiP strand sample profile

For this strand of the evaluation, local authorities and staff were equally split between those that provided PiP improvement support and those in receipt of it, and it covered all government regions.

Among LAs in receipt of PiP support: 6 had an overall 'requires improvement' Ofsted judgement, and 4 an 'inadequate' judgment when the PiP offer was agreed.

Four LAs had been supported by more than 1 PiP.

Nine LAs had received a large PiP offer (i.e., over 50 days), but 3 also had experienced receiving a small amount of PiP support (i.e., fewer than 20 days).

Interviews were carried out with senior managers (including DCSs, Assistant Directors, Service Heads, Principal Social Workers and Improvement Leads), as well as PiP managers in authorities involved in delivering improvement support.

The findings presented here build on qualitative research carried out in March-May 2019,[44] with 20 LAs involved in the PiP programme, 9 that had delivered improvement support and 11 that were in receipt of it. Ten of these authorities were re-interviewed in 2020-21, thus providing an opportunity to explore changes over the time in experiences of delivering and receiving PiP support.

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[44] D. Hart, I. La Valle, L. Day and C. Easton (2019) Evaluation of interventions and improvement support for local authority children's social care services. Unpublished report for DfE.

Figure 10 PiP fieldwork 2019-2021

> **2019**: Interviews with 20 LAs (26 staff),11 receiving and 9 delivering PiP support

> **2020**: Interviews with 6 DfE staff in February-March, with an update post-Covid in November

> **2020-21**: Interviews with 20 LAs (40 staff) 10 receiving and 10 delivering PiP support, including 10 follow-ups. 2 focus groups with PiP managers
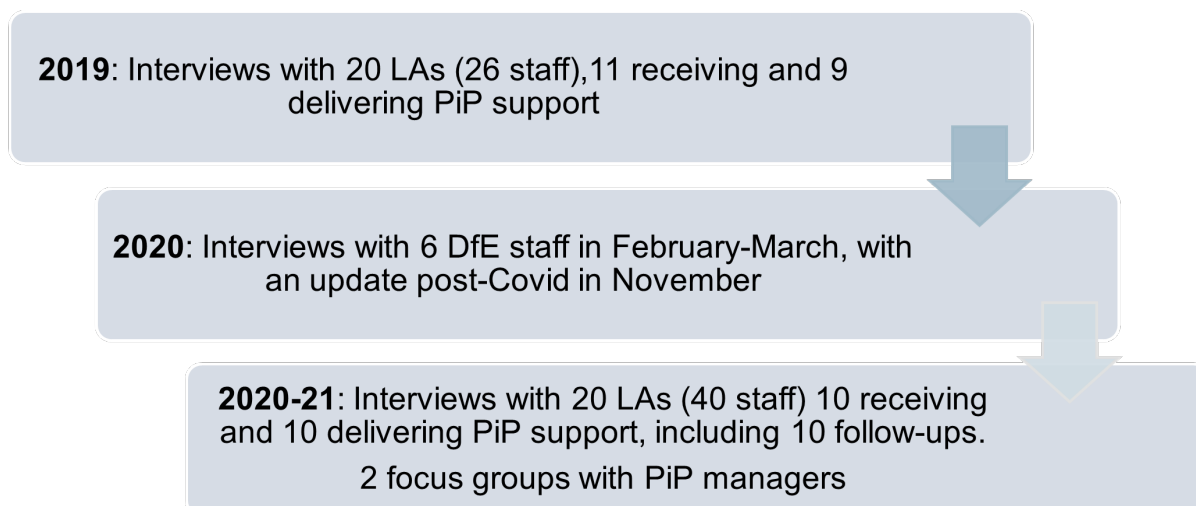
Setting up the sector led improvement programme

In 2016, the Committee of Public Accounts was critical of the government's lack of action to improve children's social care services.[45] DfE officials saw this as a key driver to the substantial expansion of their improvement support offer. While up to that point resources had mainly focused on providing intervention in authorities with an 'inadequate' Ofsted judgement, with very minimal amount on improvement support, in 2016 the Department came under significant pressure to 'catch authorities before they fail'.[46]

DfE officials reported that the decision to opt for a sector led approach to deliver improvement support was informed by a growing consensus in the sector about the benefits and effectiveness of this approach, as well as evidence on its effective use in schools. One DfE official summarised the view held by other DfE participants:

> I suppose our theory of change is that if you concentrate on your brighter stars then they will upskill both themselves and the rest of the cohort because: a) they'll be motivated; b) they'll demonstrate very public improvements and practice for their children and families; and, c) they'll develop the capacity and capabilities to be able to help others… you concentrate on them to improve the whole system, really. – *DfE official*

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[45] Quoted in: National Audit Office (2019) Pressures on children's social care.
[46] The desire to prevent failure was also discussed in section 2.8.2 above.

Developing a sector led improvement support programme

Setting up Partners in Practice

The improvement support programme was part of a wider DfE drive to improve children's social care services, which built on the DfE Innovation Programme. The programme funded PiPs to:

- Understand what works in supporting effective practice and improve outcomes for vulnerable children by improving their own practice (the understanding excellence strand) and then sharing this learning with the sector. This strand attracted the largest share of funding.

- Drive sector led improvement through peer support to authorities that need to improve (the sector improvement strand). This strand grew over time as the Department came under pressure to support LAs with poor performing services at an earlier stage. This chapter only focuses on this strand of the PiP programme.

- Support DfE to shape and test national policy, programmes and reforms.

In 2016, 7 PiPs were funded for 4 years (2016-2020), at this stage no structure was set up to co-ordinate the sector improvement work and in the early stages, arrangements for delivering support tended to be informal. By 2017, a formal structure was set up for the allocation and monitoring of targeted improvement support. In 2018, 9 PiPs were added to the programme and funded for 2 years (2018-20), a key driver of this expansion was the need to create additional capacity for delivering improvement support. For the year 2020-21 funding for PiP improvement support was extended by 12 months as a temporary measure in light of the 1-year funding settlement confirmed at short notice. In December 2020, funding was extended by a further 3 months (to June 2021) to allow the delivery of improvement support to continue whilst the procurement of the refreshed programme was set up. By 2021, 16 PiPs had provided support to approximately 71 authorities,[47] meaning that the majority of LAs in England engaged with the programme, either to provide or receive DfE funded improvement support.

Selecting LAs to deliver improvement support

DfE officials reported that PiPs were expected to be 'systemically strong' authorities and an essential condition for joining the programme was an Ofsted judgement of at least 'good' overall and in the different inspection components. It was made clear that authorities would no longer be able to provide improvement support if they received a

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[47] More than 71 LAs received PiP support, but the exact number is not known as this information is only available from late 2018.

'requires improvement' judgement or where Ofsted identified an Area for Priority Action (APA). In 2019, 3 PiPs stopped providing improvement support for these reasons.

In addition to the Ofsted judgement, PiPs' suitability was assessed by considering an authority's capacity and capability to provide support. In the second wave of the programme, which focused on improvement support, some authorities were turned down because they had not provided sufficient evidence of their suitability to deliver support to other LAs.

DfE participants reported that key to the programme's success was selecting authorities that were sufficiently resilient to release help to other LAs without putting their own service at risk. This risk was closely monitored by the Department after the programme was launched, but DfE participants had seen no evidence that providing external support had a negative impact on PiPs' own service. DfE participants noted that PiPs that had provided most improvement support were those that had improved most. While, as mentioned above, 3 LAs had to be removed from the programme, DfE participants said there was no evidence from Ofsted that being a PiP had contributed to the difficulties these LA experienced.

PiP participants also reported concerns within their own authorities about the potential risk to their service and they regularly had to provide reassurance to elected members. However, this had not proved difficult because there was no evidence that providing external support had in any way negatively affected their service, on the contrary they highlighted a range of benefits. As discussed below, delivering external support had provided useful learning for PiPs' own practice improvement, staff development opportunities, and had established the LA's reputation in the 'improvement space', which subsequently helped with staff recruitment and retention.

Creating sufficient capacity

When the PiP programme was first established, it proved challenging for DfE to estimate the level of need and whether PiPs would be able to meet demand. The number of PiPs more than doubled in 2018 (see Figure 11) but decreased with 3 PiPs exiting the programme following the outcome of an Ofsted visit/inspection, and 2 PiPs provided no or little improvement support in 2020. As these 5 PiPs delivered a limited amount of support, DfE officials said their withdrawal did not result in a major gap in provision.

However, there were some concerns among DfE participants about gaps in provision, mainly relating to regions that had few or no PiPs. They also wondered if the recent underspend in the PiP funding allocation reflected limited capacity, although PiPs argued that the underspend was largely due to the late announcement (in March 2020) of the funding allocation for 2020-21, which made it challenging for PiPs to plan the delivery of improvement support. As funding was confirmed so close the start of the financial year,

some LAs scaled down their PiP team because maintaining existing resources without financial security would have meant too big a risk for some authorities.

Figure 11 Number of PiPs providing improvement support 2016 to early 2021
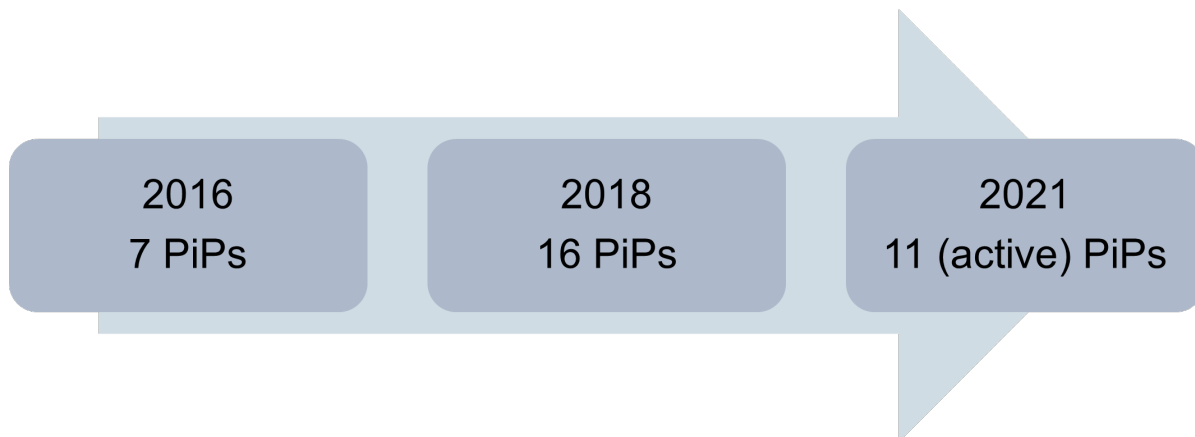
During the 2019 research activity, the evaluation team found that some PiPs were struggling to keep up with demand and some LAs had to wait a long time before they could secure PiP support. Two years later, in 2021, the research found that picture was rather different with PiP participants explaining they had established an effective infrastructure for the timely delivery of support, a good sense of what capacity they could offer, and internal commitment to play their part in the sector improvement landscape (see boxed example below). This was reflected in the experiences of local authorities that received PiP support, who were typically happy with the timeliness of PIPs' response to their initial request and with adjustments made to the support programme in response to new needs and developments. Although, as discussed later, delays in DfE's approval of PiP requests could at times delay delivery of the work.

PIPs' capacity to deliver support and their partners' ability to receive it were tested by the COVID-19 pandemic. After the disruption caused by the first national lock-down in spring 2020, typically the improvement work was quickly adapted to remote working. Both officials and LA participants noted how rapidly partners were able to adapt and continue to deliver and receive improvement support (mainly virtually) during the pandemic.

Creating capacity to deliver PiP

In one small PiP, they had a core team who worked on PiP assignments and included the PiP manager and two internal secondments. A project team was put together for different pieces of work, and it typically included the most experienced and relevant people from outside the core team At the time of the fieldwork, the PiP was working with 3 partners, they had a fairly good idea of what input the partners were likely to require over the year and that they would not have capacity to take on more work.

In another small PiP, 3 senior staff spent on average 20% of their time on PiP, including the DCS who was responsible for resourcing assignments. In deciding what resources to allocate to each PiP assignment, they needed to consider what resources were left 'at the ranch' to ensure sufficient staff for their daily delivery. They tried to ensure that colleagues on a PiP assignment had protected time as far as possible so they could give the partner their 'time and headspace and we've found over time that it's more effective if we narrow the timing but focus on getting stuff done, we get quite a lot more done than if we drift.'

One large PiP had a core team of around 6-7 people, who worked part-time on PiP and also pulled in colleagues from other parts of the service depending on the work requirements. They planned their work several months in advance as they had a good idea of how long an assignment was likely to take because they had a core offer and a good idea of how long it takes to deliver it, while maintaining some flexibility to adapt the offer to the partner's needs.

Another large PiP had a small, dedicated team of staff who predominantly worked on PiP, but also involved a range of managers in work. The core team was reported to have been key to keep the PiP work going even when the LA was under considerable pressure (e.g., since COVID-19). Before they agreed to take on a piece of work, they scoped it and estimated how long it was going to take to ensure they had the resources within and outside the core team to cover the work.

The delivery of improvement support

Which LAs were eligible for PiP support

The overarching aim of the PiP improvement support programme was to prevent authorities at risk of failure from becoming inadequate,[48] and initially the PiP offer was primarily targeted at LAs with a 'requires improvement' Ofsted judgement. However, a number of local authorities with an overall 'inadequate' judgement were also supported by PiPs, alongside or at the end of the DfE interventions discussed in Chapter 2. LA participants typically agreed that the PiP programme was sufficiently flexible to help authorities at various stages in their improvement journey, including those with an 'inadequate' Ofsted judgement. However, they felt that this development had not been effectively communicated to LAs and it was not reflected in the programme's design, as this was still presented as an initiative aimed at preventing authorities from becoming 'inadequate'. One LA participant explained:

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[48] Ruch G. and Maglajlic R. A. (2020) Partners in Practice. Practice Review Report. Department for Education.

That's been an issue, that everyone's been talking about, what's the distinction between Partners in Practice improvement support and intervention support? It's such a fine line in terms of where that authority is on either side of that line. In the first wave of PiPs, we were really clear that this was about those local authorities that were on a trajectory to good or trying to stop authorities from falling into inadequate and you were helping them with that gap …It certainly wasn't about authorities that were moving into intervention. I think it's crept in over time. – *LA participant*

Unlike DfE intervention provided to local authorities with an overall 'inadequate' judgement (see Chapter 2), PiP support was intended to be voluntary, although DfE officials said that a very small number of authorities turned down a PiP offer. LA participants thought that in most cases PiP support was indeed voluntary and 'by invitation', as envisaged by the PiP approach (discussed below). However, they also questioned whether LAs always perceived that PiP help as voluntary, particularly when PiP had been recommended by a DfE advisor or commissioner. One participant outlined their view:

DfE said PiP was voluntary... the authority may benefit from it... but to a degree it was coercive.… you need to do it in order to get out of the [inadequate] box. I think to that extent, most local authorities ... will do whatever it takes to get out of that category … PiP is not a partnership of equals... it's got a benign coerciveness about it. We'd be kidding ourselves if we thought any different, quite honestly. – *Senior manager in LA that received PiP support*

Another LA participant explained that the first PiP they had did not really work because their DCS was not committed and just agreed to it to comply with DfE's requirements:

.. what our involvement with [PiP] shows was that you can do that sort of improvement activity, and look busy, and tell the regulators that you're doing things to improve, but unless you've got leadership in place it's a cosmetic exercise. – *Senior manager in LA that received PiP support*

The extent to which the attitude of the senior leadership influenced how a PiP was viewed by the receiving LA is discussed below.

Awareness of PiP support

The programme's design assumed that Regional Improvement and Innovation Alliances (RIIAs) and Regional Improvement and Support Leads (RISLs) would ensure that information about the PIPs' offer would be shared with the sector, and that they would identify authorities at risk of failure that should be offered PiP support.[49] The programme also envisaged that suggestions for partnership arrangements could come from local authorities, the main route into the programme until 2017. As the programme developed, another route became the recommendation from a DfE advisor or commissioner. Whatever the 'referral' route, since 2017 all PiP requests were approved by a DfE panel to ensure transparency and consistency in the allocation of resources, and sufficient resources across the year and the country.

The DCS survey carried out in 2019 as part of the evaluation (see Annex 3) asked about the accessibility of the PiP programme. At that time, the survey found that 9 respondents agreed with the statement that the Wave 1 PiP support was accessible where and when needed but 10 disagreed. A further 19 respondents neither agreed nor disagreed and 24 did not know or indicated that they preferred not to say. However, when asked about the Wave 2 programme, 12 respondents agreed that improvement support was accessible, 10 disagreed with 19 respondents neither agreeing or disagreeing; and 22 did not know or preferred not to say. The findings from the PiP qualitative interviews also carried out in 2019 showed that the extent to which LAs were aware of the PiP offer, who was eligible for it and how to access varied.[50]

Two years on, in 2021, there were still LA participants who reported limited understanding of the programme. For example, a Director in an authority that had secured PiP support before they arrived and therefore did not have direct experience of negotiating PiP support explained that they would welcome the opportunity to have more PiP support but:

> I haven't seen anything that would suggest that I can or if I have, I haven't registered that's something that I can access right now … If I had the opportunity, I would leap at it, because our experience [of PiP support] was so positive last time. … we'd be thrilled because, we're grappling with some of the same issues, … and we keep looking around, who's really got a handle on this? Who's really done

[49] Ruch G. and Maglajlic R. A. (2020) Partners in Practice. Practice Review Report. Department for Education.
[50] Hart, D., La Valle, I., Day, L., and Easton, C. (2019) Evaluation of interventions and improvement support for local authority children's social care services. Unpublished interim report for DfE.

some good work with this? – *Senior manager in LA that received PiP support*

Another LA participant noted that:

> We don't have a PiP in the region, so while others may be well connected and aware of PiPs via their regional infrastructure that's not the case for us and that gap doesn't seem to be filled by other conversations… – *Senior manager in LA that received PiP support*[51]

A participant from an LA that had received a small number of days of support assumed that was the 'standard offer', and while they would also have welcomed more help:

> I don't think [PiPs] have the capacity to work with you for 3 months intensively because they've got their own services to run... they don't have PiP workers that come with the PiP support… When you do improvement work you generally bring people in, for a period of time, … but if you've got people giving up their day job, there's only so much they can do and I would suspect that determines what the offer looks like. – *Senior manager in LA that received PiP support*

PiP participants also argued that more should have been done to raise awareness of the PiP programme:

> I don't know how DfE do promote it [PiP] … Without us being a PiP, I don't know how much we would know about the Partners in Practice programme and what it is and what it does. I don't see anything coming out from the DfE other than stuff that comes directly to us because we're a PiP, that says this is available. – *Senior manager in an LA that delivered PiP support*

> I'm not sure how a local authority … that was looking at a new practice model… would know how to access what there is out there. I know that we all recently updated the DfE website, but it's still quite clunky…. so if I was in the leadership team and we were looking at a new approach within our children's services, I don't know how I would find out what approaches worked and what didn't and how to access them. – *Senior manager in an LA that delivered PiP support*

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[51] As part of the SLI programme, all regions have at least one LA involved.

Brokerage of PiP support

LA participants, and PiPs in particular, noted the change to more formal partnership arrangements following the introduction, in 2017, of a structure for approving requests for PiP support. While this created some additional work for PIPs and in some cases resulted in delays, LA participants understood the importance of having a transparent and consistent process for allocating PiP support.

The brokering of partnerships typically took place before a request of PiP support was made, with RISLs expected to play a key role in matching partners. Some LA participants reported that RISLs had been helpful in brokering partnership arrangements. However, LA staff also thought that typically RISLs' turnover was too high to enable them to gain the knowledge and understanding necessary to broker effective partnership arrangement (see Chapter 6 for further insights). LAs' experiences suggested that access to PiP support and the ability to set up effective partnerships was often based on LA senior managers' networks. The DCS survey carried out in 2019 as part of this evaluation (see Annex 3), found that among the 62 Directors who took part, around a quarter agreed with the statement that PiPs (Wave 1 or Wave 2) were generally well matched to the authorities they were supporting and fewer than disagreed, but the majority could not comment on this topic (for Wave 1 this was around a third and for Wave2 this was almost half of respondents).

LAs appreciated a brokerage process that allowed potential partners to make direct contact with each other and have exploratory discussions before making a formal request for support. Local authorities that had been able to look around and consider different PiP offers, typically through their networks and more occasionally with help from DfE, felt that was helpful in finding a partner that could meet their needs.

Finding the 'right' partner

One participant explained that when the possibility of having PiP support was considered they looked at the PiP website to see what information was available about the various offers and then talked to some DCSs from PiPs. These conversations were very important to get a sense of PiPs' different strengths and approaches and how they could meet the LA's improvement needs. For example, they considered 1 PiP because during their improvement journey the PiP had done a lot of work to improve their IRO service; they went to another PiP because their LAC population was decreasing, and they were keen to explore the role of their edge of care service in achieving that. A third PiP was approached because the participant previously worked there and believed they would provide robust challenge in a supportive way and from the perspective of someone who has been on that improvement journey.

Another participant explained that they needed PiP support to reduce their LAC population which was much higher than their statistical neighbours. They looked at various approaches offered by PiPs and one particular approach stood out, because of its systemic approach. They visited the PiP and were very impressed with the quality of their service leadership and decided to partner with them.

A different participant explained that they knew the PiP DCS before they partnered up and that existing relationship was very helpful in helping them to decide that the PiP was the right partner for them and then to agree a programme of work. When this work was completed, the participant wanted more help with another area of service improvement and the PiP introduced them to another PiP which had done outstanding work in that service area.

Partnerships established through direct contacts between LAs typically worked well, as they built on existing relationships based on trust, mutual understanding and professional respect:

> You've got a lot of short cuts to shared understanding. Also, knowing where the opportunities are, so you're able to say, "Oh well, have you thought about this? This is going on." They might say, "Oh, I didn't know about that, I'll tap into that." – *Senior manager in an LA that delivered PiP support*

On the other hand, LA participants reported that the effectiveness of partnerships set up by RISLs varied and some did not work well, as the match was not appropriate or (as discussed later), the senior leadership in the LA in receipt of PiP was not fully committed to the partnership.

Examples of PiP brokerage that did not work well

In one example, DfE suggested to an authority that they would benefit from a PiP and matched them to a small PiP. The LA participant thought that the PiP input was not sufficient to meet their needs and contrasted that with the experience of being supported by a large PiP, which could 'deliver well' because of their size.

Another authority agreed to have a PiP because it was suggested by DfE, but they felt they were not ready for it:

> … we probably weren't strong enough in terms of really thinking about the work in the context of the improvements that we needed to make, and the whole service' and the leadership was not committed to the partnership. – *DCS*

This experience was contrasted with a subsequent PiP which was very much wanted and supported by the Director:

> So that's much stronger this time, … PiP is at the heart, along with a number of other things, of the improvement plan and the improvement priorities. We didn't do it that well in the past, in my view, and therefore we didn't achieve the same impact that we're achieving now. – *DCS*

A further PiP reported the experience of working with an authority where the PiP had been suggested by DfE, and where the DCS was not engaged and did not really understand their role. They felt the partnership did not work well and, consequently, their impact was very limited.

Monitoring delivery

DfE officials reported that the delivery of improvement support was monitored through a formal grant management process and the regular collection of a range of information from LAs that received and delivered PiP support.

- On a quarterly basis, PiPs were required to provide information on: their outputs; outcomes and how they are measured; evidence that the improvement support was having the intended impact; brief summary of improvement activities and days spent in each authority; and, priorities for the next quarter.

- Every 6 months PiPs were asked to provide their reflections and learning from the delivery of improvement support (as well as their understanding excellence work), and a case study illustrating the positive impact of their work on practice, and on children and their families.

- There were regular regional PiP manager meetings to provide a forum to share learning.

- There was a form for collecting feedback from LAs that had received PiP support to explore its role in the improvement plan, views on outcomes PiP had helped to achieve, the effectiveness of PiP support and suggestions for improvement.

- RISLs, through regular discussions with authorities and Ofsted, gathered evidence of how PiP was supporting improvement. DfE officials reported that RISLs regularly 'took temperature checks' and if a partnership was breaking down, RISLs would very quickly become aware of that.

Information required from PiPs seemed to be collected regularly although LA participants reported that analysis of this information was never shared with them. It was not clear how systematically feedback data was collected from LAs in receipt of PiP support. In early 2021, DfE officials reported that feedback had been collected from around 16-17 LAs out of the 71 LAs that had received PiP support. As discussed below, LA participants identified lack evidence about LAs' experiences of receiving PiP support as a missed opportunity to learn from what worked well and less well in delivering improvement support.

DFE officials thought that there was some room for improvement to make the PiP offer more targeted and flexible. However, they felt that the tightening of the monitoring system, alongside more effective brokerage and framework for allocating PiP support had considerably strengthened the programme's ability to deliver timely improvement support.

LA participants also felt that overall PiP management processes worked reasonably well and struck a good balance between the need to ensure accountability while being relative 'light touch', although some delays in DfE approving support were reported. The flexibility of the brokerage process (discussed above) and to adapt the support programme as the work progressed and in response to new needs and circumstances were appreciated by participants, as they supported key features of the PiP approach outlined below.

The PiP approach to delivering improvement support

DfE adopted a sector led approach to the delivery of improvement support because of a growing consensus within the sector about its benefits and effectiveness. The experiences of both authority that delivered and received PiP support suggests this assumption was justified, as there was considerable support and enthusiasm for the approach developed by PiPs, and a great deal of consensus about its defining features, outlined in Figure 12. These features were not outlined in any of the DfE documents, but they had underpinned the work of many partnerships and expectations of how a PIP partnership was meant to work.

While these features reflected many accounts of experiences of receiving and providing PiP support, they were not universal. When there was a lack of senior management commitment to the PiP or when the match was not appropriate, these features were less evident in participants' accounts. It should also be noted that our sample mainly comprised relatively large programmes of support (see Figure 9), with a small amount of PiP support some of these features may have been less evident

Figure 12 Features of the PIP approach to delivering improvement support

A partnership of equals	Relationship-based	Strength-based
Systemic	Evidence-based	Tailored and flexible

A partnership of equals

PiP was typically, but not universally, described as involving a partnership of equals. Participants defined this as a voluntary agreement between partners:

> We're only there really by invitation, we're not intervention advisers, we're not a commissioner… – *Senior manager in LA that delivered PiP support*

Participants also believed a voluntary arrangement meant that the authority receiving support must be ultimately responsible for deciding what needed to change, what support they needed and from whom. As this PiP manager explained: 'It's their decision and their journey'.

PiP was also seen as a partnership based on shared professional experiences and aspirations, as PiPs had experience of improving and innovating their own service, talked from a place of knowledge and in some cases the same painful experience:

> …they're doing the job… they know exactly what we're going through... PiP is about how we work together as peers to improve the lives of children in this country. – *Senior manager in LA that received PiP support*

> …we also acknowledge the pain of it … for the improvement workers when you're that local authority who's not getting the outcomes that you want and every day you pick something up that is not what you want to see, it's hard and ... we try to acknowledge that and we try to remember that we have been in that space. – Senior manager in LA that delivered PiP support

Finally, PiP was described as a partnership of equals because the arrangement benefited both partners. PiP was not only seen as a very valuable resource by the receiving LA, it was also seen as having considerable benefits for the authority delivering the support. As this PiP participant explained:

> I always pick something up from every single local authority we work with. So for me, there is a win in terms of bringing some really valuable, rich learning back to our organisation from some of the organisations that we work with. – *Senior manager in LA that delivered PiP support*

The benefits of the partnership described by LAs that had *received* PiP support included:

- a robust diagnostic and critical feedback that helped LAs to 'know themselves better' and improve their self-assessment capacity

- provided a tested and systemic approach for transforming and improving services and support for tailoring that approach to local needs

- provided additional capacity to plan and implement a programme of service improvement

- supported a shift to a more child-centred culture

- supported staff to work in a more evidence-informed way.

The benefits of the partnership described by LAs that had *delivered* PiP support included:

- broadening their understanding of how the children's social care system works, how different parts of the system are connected and what helps to improve the system

- learning about improving different aspects of practice

- an excellent development opportunity for staff who found the experience rewarding

- improvement in the retention and recruitment of high calibre staff because of the development opportunities PiP provided and the prestige associated with delivering external improvement support helped to establish good relationships with other LAs in the region that helped to support regional alliance work and initiatives.

Relationship-based

A relationship based approached and its role in supporting the effectiveness of the PiP offer was evident in LA participants' accounts of different aspects of the partnership. For example, in the initial contact when, as discussed earlier, a match was more likely to work if it was based on a mutual understanding of authorities' respective strengths and weaknesses and ability to communicate effectively and honestly. As this participant explained:

> I personally will spend a huge amount of time trying to get the relationship right because I can go and assess anybody's workforce development plan. …That's the easy bit. The hard bit is making sure that we have a relationship where I can make the comments into a place where they'll be heard. – *Senior manager in LA that delivered PiP support*

The development of a programme of PiP work was typically described as requiring a respectful relationship between partners:

> [PiPs] don't come in and impose how they do it. They say, "What are you going to do? What are your plans for things? How can we help you with that?" Which is what you want really, isn't it? It should be a supported relationship, and that's what it's been like from the outset. – *Senior manager in LA that received PiP support*

It was also stressed that critical feedback is required from both partners. PiPs must be critical friends, but those receiving support must also be able to say if the support is not working for them. As this Senior Manager explained:

> PiP is not a gift, … it's an entitlement, … to help improve outcomes for children and it's important to say if that's not working for them. I wouldn't take that personally; I would be grateful to get the feedback. – *Senior manager*

Lastly, participants also believed that a feature of the PiP offer that supported a relationship-based approach was an emphasis on peer-to-peer learning, with staff in the authority in receipt of support typically being supported from PiP staff in a similar role. While a great deal of PiP work involved senior managers working with their counterparts from the PiP, when working with middle level managers and frontline staff, PiPs also brought in staff in those positions as shared professional experiences were seen as important to support good relationships and effective learning.

> **Relationship-based improvement support**
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> To stress the importance of establishing good relationships with partners, in one PiP, participants said they gave their partners a portrait of their staff, which, in addition to the job title and professional experience, provided information about the person, for example: 'Exhausted parent of 2 children, lover of all thing's gym-related, passionate about family justice and children with disabilities'.
>
> In another authority, where a service was being reviewed by PiP, LA staff (from another service) worked alongside PiP staff, as a joint approach was more acceptable to the LA receiving support and also provided the PiP team with local context.

Strength-based

LA participants argued that to be effective PiP work must start from an authority's strengths and potential to improve. This approach reflected PiPs' strength-based framework of social work practice, which had been developed using research evidence and thinking 'bottom-up' about values, culture, behaviours and how they shaped their model of practice.[52]

As the participant below noted, the ethos and strength-based practice of their partner really helped to motivate staff and engage them in the improvement work:

> At the start some of the service managers and team leaders were feeling a bit bruised and a bit sceptical about what this [PiP's] diagnostic was going to do…. But that team's experience was so positive that after the first diagnostic, we had service managers saying, "actually I'd quite fancy them having a look at my service." … So, I think to be able to hear how you could improve and that you can do it and people all around the country just like you are making similar improvements, it just gave them such a boost to their own confidence and their abilities as managers. – *Senior manager in LA that received PiP support*

> **Strength-based improvement support**
>
> Reflecting their strength-based approach to practice, PiP participants stressed the importance of being very mindful of how assessments, observations or suggestions were delivered. For example, they talked about being non-judgemental and providing 'nuanced

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[52] A strengths-based approached was also discussed in relation to intervention support, see section 2.7.2.

and soft' feedback, verbally before submitting a written report because the 'written word can be much harsher'.

Systemic

Participants reported that typically PiP was about supporting LAs to critically assess the different components of their system and how they may need to change to improve services and outcomes for children and their families, as illustrated below.

> The Edge of Care work stream [of PiP] was pretty sophisticated, it involved probably 4 or 5 visioning half-days with partners as well as our own staff. .. that involved probably a mind shift in the way that we were dealing with our Edge of Care services. So that wasn't as much about systems and processes as actually changing our stance on how we approach children and families where there're issues leading to coming into care. – *Senior manager in LA that received PiP support*

> .. the [name] approach has given us a big key. But without the rest of the system also changing, we would simply set up a system that was always going to implode … So it's been about pushing that whole conversation all the way through our services. –*Senior manager in LA that received PiP support*

LA participants stressed that an improvement journey based on a systemic approach was more sustainable but took considerable time and resources. PiPs' key learning from the experience of improving and innovating their own service was that there were no 'quick fixes' or 'silver bullets':

> … some people … look at parachuting in whole teams for support. We don't like that, so it's not something we get behind…. These people come, they go … our experience was that we were left in a worse muddle after having whole agencies come in…. These are not quick wins. You're not going to see those improvements for quite some time. – *Senior manager in LA that delivered PiP support*

Evidence-based

Reflecting PiPs' approach to improving and innovating their own practice, evidence was also reported to be at the heart of their improvement support offer. PiP participants talked about the importance of providing evidence-based assessments:

> … we try to couch that evidence base really strongly and we make
> sure that when we give examples, we give the numbers, and we can
> hand on the detail if people want them. – *Senior manager in LA that
> delivered PiP support*

PiPs also reported strongly promoting evidence-based decision-making, typically by sharing learning about the type of evidence that had been useful to them to make decisions about service improvements and to monitor their impact.

The fact that PiPs supported the implementation of models and approaches that had been evaluated was considered important by some LAs receiving support. Evaluative evidence and cost-benefit analysis had been very valuable in making the case for improvement activities that required considerable resources and service transformation, particularly, but not exclusively, in relation to Early Help and Edge of Care services.

For some PiPs being evidence-based also meant being able to tell partners what they could expect as a result of their involvement, although this could prove challenging at times:

> … we have a very forensic approach, and we give a lot of detailed
> information back, but very balanced, lots of observations… we
> ensure that we're able to evidence the impact of our involvement
> within that local authority whilst that's sometimes quite difficult,
> because ultimately, we don't own the measures. – *Senior manager in
> LA delivering PiP*

Evidence based improvement support

Many PiP assignments started with a diagnostic, which provided comprehensive evidence of what needed to improve and why. This was typically accompanied by PiPs sharing their experience of how they had improved relevant services and practice in their own authority and what evidence they had collected to demonstrate the impact on services and users. This information then provided the basis for a discussion of how the PiP learning and monitoring systems could be adapted and implemented by the partner.

An authority had collected some evidence of how some of their performance indicators had changed since they had been supported by a PiP, which illustrates how partners were trying to evidence the impact of their improvement work and PiP's role in it. Since setting up the partnership, this authority reported:

- an increase in social workers receiving monthly supervisions and supervision which was purposeful and reflective supervision

- a sustained improvement in timeliness of family visits and evidence that more visits had a clear purpose and were child focused

- substantial increase in completion of case summaries

- a substantial increase in internal audits rated good or outstanding

- evidence of a shift from 'oppressive' practice to a child-centred, strength-based and proportionate practice

- frequent use of Graded Care Profiles

- a substantial increase in the proportion of permanent staff.

Further information about LAs' use of data in bringing about improvement to children's social care services is discussed in Chapter 5.

Tailored and flexible

LA participants typically described the PiP offer as a resource, rather than a solution, a resource that needed to be adapted to the LA specific context. While PiPs shared learning from their experiences of implementing models and approaches to service improvement, these could not simply be 'parachuted' into other LAs:

> You have to flex and respond to their specific needs, rather than lift and shift what we've done here and we'll plonk it there and you'll be able to do everything okay. – *Senior manager in LA that delivered PiP support*

> PiP works because it's that partnership on both sides. It's about a bit of humility and humbleness from the partner and … readiness and acceptance that you do need a bit of help. I think if you get a partner who's too dictatorial and not quite seen the nuances that might be for that particular authority like, "It works here so it'll work for you". – *Senior manager in LA that received PiP support*

LA participants also described the PiP offer as organic, with the programme of work regularly revisited and reviewed, when the PiP support involved a relatively large piece of work:

> ...it works best because you're almost building layers on. You start off with an ask from the LA, "These are some of the things that we think you could assist with." You collaborate and you build that piece of work together. Then you reflect and review it and then you say, "Okay, what's the next stage?" – *Senior manager in LA that delivered PiP support*

Expected outcomes from the PiP programme

The theory of change in the PiP Practice Review commissioned by DfE[53] outlined 4 outcomes expected from the PiP improvement support programme:

• Authorities at risk of failure are prevented from becoming 'inadequate'

• The best authorities take responsibility for supporting others

• PiP support is accessible and valued by the sector

• The sector understands what type of support works and where.

This section presents DfE and LA participants' views on these outcomes and the extent to which they had been achieved by early 2021.

Preventing authorities from becoming 'inadequate'

There was an expectation among DfE officials that PiP support would help LAs to be on an upwards trajectory in terms of their performance and outcomes for children and their families, reflected in improved Ofsted judgements. Since 2017, shortly after the PiP improvement support programme was launched, DfE officials noted that the number of 'inadequate' Ofsted judgements had declined. While it was not possible to establish a causal link between the PiP offer and improved judgements, they reported that many authorities that had improved their performance had received PiP support, although this improvement was mainly found among LAs that had received a high level of support (i.e., more than 40 days).

DfE officials thought it would be highly desirable to identify other indicators of success, particularly interim ones that could help to assess progress before an inspection. However, it had proved challenging to find suitable hard data. Apart from social work staff

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[53] Ruch G. and Maglajlic R. A. (2020) Partners in Practice. Practice Review Report. Department for Education.

turnover, which was seen as a useful indicator of improved performance, other available data (for example, reductions in high-end placements, number of looked after children and children with a child protection plan) were seen by DfE officials as rather blunt indicators.

Confirming the findings from the first wave of research in 2019, 2 years on, we found that local authorities in receipt of PiP support were typically positive about the contribution PiP had made to their improvement journey. LAs mentioned numerous examples of how PiP support had helped them to improve practice and services. [54]

However, LA participants also reported examples when PiP had not worked particularly well due largely to lack of commitment and engagement of the senior leadership in the LA in receipt of PiP support. While it was recognised that some authorities that need external support did not realise that they needed it, some participants thought that PiP may not be the answer in these cases because, for its approach to work effectively, there must be a genuine commitment to the partnership. The process of negotiating PiP support could help to shift attitudes among those who initially agreed to a PiP because they considered it as 'an offer they couldn't refuse'. Examples provided by LA participants showed that the skills and experience of those offering the support played an important part in ensuring that, despite the circumstances, PiP felt like a partnership of equals. As this participant from an LA where PiP support had been recommended by the DfE commissioner explained:

> It still felt like a partnership … because it was very well handled by [PiP]. They were very sensitive to where we were at and they always have been... I felt that [DCS from PiP] was very supportive of me coming into the new role. [They] could have made decisions with the team before I came, but [they] didn't do that, [they] always consulted me before I took up the post. – *Senior manager in LA that received PiP support*

However, the experiences of some LA participants suggested that ultimately, when the leaderships' attitude did not change and they agreed to a PiP without conviction and mainly to comply with DfE's expectations, the support did not work well and did not represent a good use of resources. As this participant, who contrasted their current positive experience of working with a PiP, with earlier PiP support that did not work well as it was not supported by the Director, explained:

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[54] In 2019, our survey of DCSs found that nearly half of respondents were positive about the effectiveness of the PiP programme at providing targeted support. At the time of the second survey (2020/21), more than half were positive about the effectiveness of programme (it should be noted that there were only 38 respondents to the second survey). See Annex 3 for further details about the survey findings.

… when [new DCS] arrived and pulled us all together as directors, that's when our improvement work started to be effective, and not just a matter of running some learning events because that's quite nice for people to be seen to be doing so. I think it is the difference between playing at change, as we did in the past, and leading change. – *Senior manager in LA that received PiP support*

Views on if and how PiP helped to improve practice and services

One LA, with an 'inadequate' Ofsted judgement, received substantial PiP support (over 70 days). LA participants reported that their partner had provided a good set of diagnostics that helped them to improve their services and boosted staff confidence, with managers feeling much more positive about their capacity to improve services. The authority was now judged to be a 'requires improvement', with Ofsted noting the considerable progress made recently.

Another LA, that also had a 'requires improvement' Ofsted judgement, had sought PiP support to help them reduce their LAC population. They looked at various approaches offered by PiPs until they found what seemed most suitable to meet their needs. With PiP's help, the LA set up an edge of care service, which was expected to help to reduce the LAC population. In addition, LA participants believed that the partnership work had involved a cultural change that was having ripple effect on other services and the whole system reflected, for example, in a greater involvement of children and young people in service design and delivery. The LA had not been inspected since their PiP involvement, but an Ofsted visit report highlighted evidence of progress in improving services.

A further LA, with a 'requires improvement' Ofsted judgement, also received substantial PiP support (around 70 days). The partner helped them to organise a practice week, and to review their IRO and the disabled children's teams, using evidence collected from staff, families and case files. The LA participant thought that while PiP had supported their improvement journey, there were a myriad of activities that had contributed to that improvement, which could therefore not be attributed to PiP. The authority had not been re-inspected since being involved with PiP, but an Ofsted visit report was positive about progress made by the LA and highlighted the role of the DCS in the positive developments.

Finally, another LA with a 'requires improvement' Ofsted judgement was allocated around 50 days of PiP support. DfE suggested that the LA would benefit from external support and suggested a PiP for this. The LA did not think the partner was a good match as they could not meet their needs. A programme of PiP work was being implemented based on areas Ofsted had identifying as needing urgent action, but LA participants did not think that PiP was making a contribution to their improvement work. There had been no Ofsted reports since the LA had become involved with PiP.

Overall, there was a consensus among LA participants that a key outcome from PiP should be to support the improvement of services and practice. However, they felt that expressing this outcome in terms of 'preventing authorities from becoming inadequate' was at odds with the principles of equal partnership and the strength-based approach which underpinned how partners typically worked together. As this LA participant explained:

> I just worry about the PiP being a rather binary message, which is, these are the good people, and then they can do good things, and these are the people who are not good, and then they have to receive the good things. I think that's not where we are, and we certainly are not using the PiP because we see ourselves as needing rescuing. We want to do that as part of a strategic partnership, and language is important, and we need to message that as being much more a strategic partnership than somebody doing to another.' – *Senior manager in LA that received PiP support*

The best authorities take responsibility for supporting others

The evidence suggests that PiPs were very committed to play their part in the sector improvement landscape, however the likely loss of the Understanding Excellence funding raised some concerns about the ability to maintain corporate support for PiP's involvement. There was also concern about LAs' ability to respond to new challenges and innovate practice at a pace and scale that had been possible with Understanding Excellence funding and the Innovation programme. However, typically PiP participants said that they were likely to continue to provide DfE-funded improvement support provided that the funding model was adequate to cover the costs. With increased pressure on services and funding shortfalls, no authority, however committed to sector led improvement, could justify cross subsidising the delivery of external support. The positive response to the new DfE sector led improvement initiative, with 19 LAs now involved in the programme,[55] seemed to support our finding that LAs are committed to play their part in the sector improvement landscape.

While participants agreed that LAs should be more willing to give and accept each other's support, again the language used to express this outcome ('the best authorities take responsibility for supporting others') was seen at odds with the idea that PiP is a partnership of equals. LA participants thought that this outcome seems to be imply that LAs in receipt of support were passive recipients, while, as noted earlier, for PiP to work

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[55] DfE (2021) Sector Led Improvement Partners for children's services (Children's Social Care and SEND) Full Business Case. May 2021.

it had to be 'their decision and their journey'. They also argued that this outcome does not reflect the contribution that all LAs involved in the programme made to the body of evidence and collective experiences of how to improve services and outcomes for children and their families.

PiP support is accessible and valued by the sector

Since its launch in 2016, PiP support had been accessed by 71 LAs, and both DfE and LA participants thought that the programme was increasingly valued by the sector. As had been anticipated by DfE, PiP was valued because it was sector led, meaning that the features that underpinned its approach were grounded in the sector's own experience of what worked in improving practice and services for children and their families. There was support for the PiP improvement programme, as it provided an alternative to:

> … private sector organisations that purported to know the solutions, would charge people thousands of pounds and walk away and leave things worse than when they started. – *Senior manager in LA that delivered PiP support*

While the programme had become more acceptable since its launch, acceptability was not universal and there were reservations among some local authority participants about the way the programme was run. For example, as noted earlier there was a difference between how DfE described the PiP programme and the approach that partners had developed by working together in the past 4 years. PiP support had been provided to LAs that agreed to PiP primarily to comply with DfE requirements, and therefore lacked the premises for a 'partnership of equals' and probably required a different type of support.

Some LA participants thought the programme could be revised to deal with these design and implementation weaknesses, and their suggestions are discussed below. Others thought that a sector led improvement programme would be more effective if it were run by a sector's organisation such as ADCS or the LGA. They believed that a sector-run programme would avoid the dissonance between how DfE described the PiP programme and the approach that partners had developed, and through the sector's structures could more effectively ensure the programme reached authorities that could benefit from PiP support.

The sector understands what type of support works and where

There were mixed views about the extent to which the sector understand what type of support works and where. However, as many projects funded by the Innovation Programme and the Understanding Excellence strand of PiP programme had been evaluated, PiP participants reported that evaluations and learning from these projects had created a culture of evidence-based practice that had informed the PIP offer. That

said, PiP participants also noted that this substantial body of research was in contrast with the lack of evidence and evaluation on the PIP's improvement support strand. While a small element of this evaluation has focused on the PiP programme, the findings from the first wave of fieldwork (in 2019) were not published or widely shared with LAs involved in the programme.

Both DfE and LA participants stressed the importance of understanding what supports the effective delivery of the PiP offer and under what circumstances this was more or less likely to be effective. For example, DfE officials were considering whether the amount of support and certain conditions can make the PiP help more (or less) effective, and what were the defining features of an effective PiP offer. They were also exploring if the PiP offer should become more consistent and in line with learning from the PiP Understanding Excellence strand.

PiP participants noted that the intentions to learn from the experience of delivering PiP improvement support were in contrast with the very limited opportunities provided to share evidence and have ongoing dialogue about what works, for whom and how. They could only recall 2 examples of when this was done: a PiP conference in the early days of the programme; and, more recently, a review of the Public Law Outline (PLO) process that combined learning from different PiPs.

PiP participants noted that:

- DfE had asked PiPs to produce a lot of evidence from their improvement work, but they had not seen any analysis of this evidence and therefore had not had the opportunity to learn from PiPs' collective experiences of what works in delivering improvement support.

- PiPs had seen little evidence of experiences of receiving PiP support and therefore they had not had the opportunity to learn from their collective experiences of those who were at the receiving end.

- While the PiP manager meetings intended to provide a forum to share learning, these meetings excluded LAs that had received PiP support and typically focused on project management issues and DfE updates. In addition, PiPs felt that more thought should have been given to the structure that could have facilitated self-reflection and shared learning, particularly considering that to some extent PiPs were competing for work and there was a tendency to 'show case' work rather than engaging in a meaningful critical reflection of the experience of delivering improvement support.

- There was not an evaluation framework to support the collection of evidence to assess the effectiveness and contribution of the PiP offer to the improvement

journey. Some LAs were trying to collect this evidence or were considering doing so. However, there was a concern that without co-ordination, LAs were 're-inventing the wheel' and generating evidence that may not be sufficiently consistent to allow meaningful comparison of experiences and learning across different partnership arrangements.

These concerns were shared by participants from LAs that had received PiP support, who argued that it was very important for them to be able to demonstrate that their improvement efforts supported by PiP were effective. For example, they said that evaluations showing the impact of approaches to practice, such as No Wrong Door, had played an important role in engaging elected members and partners in the transformation of Edge of Care services, as the evidence was powerful and showed large savings to the broader system. However, the PiP support package did not provide any resources or help to evaluate the effectiveness of these approaches in LAs in receipt of PiP support, as one senior manager explained:

> I think that ability to keep that evaluation there and keep hard-nosed about it is very important, but the PiP programme doesn't provide any support with that. – *Senior manager in LA that received PiP support*

Another said:

> As DCS, a big challenge for me is to bring an awareness of what we need to change and shift, whilst asking for some substantial investment. [Name] and I sat in a very darkened room over a year ago having very difficult battles with some of our elected members to help them to see why they needed to invest in this … it was a push and giving some push to that push would be really helpful. – *Senior manager in LA that received PiP support*

Learning from the PiP programme

This section presents participants' views on how a DfE-funded improvement support programme could be refined in future. The discussions focused on the experiences of the PiP programme and did not explore views on the DfE Sector Led Improvement Partners for Children's Services (SLI) programme.[56]

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[56] https://www.gov.uk/guidance/local-authority-sector-led-improvement-programme-apply-to-be-a-partner

Who should deliver DfE funded improvement support

Which LAs should deliver DfE-funded improvement support in future will depend on predictions about the level and type of improvement support required, as well as the criteria and process for selecting LAs. Our evidence suggests that the number of (active) PiPs in 2021 was sufficient to meet future demand, if delivery continued to focus on LAs with overall 'requires improvement' and 'inadequate' judgements, as (at that time) the number of authorities in these categories had been decreasing.[57] However, LA participants argued that the scope for sector led improvement support should be widened, as a sustainable improvement journey takes time and long-term investment. Therefore, the decision to increase to 19 LAs that would deliver improvement support in the next 3 years could help to ensure the sustainability of the gains made in the past few years and create resilience in the sector.

DfE and LA participants thought it may be beneficial to widen the PiPs' pool, for example, to create capacity in regions that had no or few PiPs, to provide more specialist support (for example, child exploitation), and to cover SEND services. The SLI programme now includes at least 1 LA providing DfE-funded improvement support in all regions and covers SEND services.

Our findings suggest that how LAs were selected to deliver improvement support is important not only to ensure that the programme is fit for purpose, but also to consolidate the programme's reputation. LA participants criticised the lack of transparency in PiPs' selection, particularly in the first wave. Going forward, they felt that suitability for delivering PiP support should be based not only on the Ofsted judgement, but also on:

- Evidence from the past 4 years of what makes an effective PiP and consider, for example, an LA's model for and track record of delivering improvement support.

- A validating process that helps LAs to identify what 'they are good at', so their improvement work can focus on areas of strengths. The validating process could also highlight how LAs ensure that staff who deliver support have the skills, expertise and attitudes that reflect the PiP approach outlined earlier.

Finally, a key consideration for DfE in selecting and monitoring PiPs (and for LAs in deciding to join the programme), had been the risk that delivering external support could pose to the PiPs' own services.[58] While evidence about the impact of delivering PiP support was positive, this was in the context of substantial funding given to most PiPs to

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[57] Around the time PiP was set up, there were 43% LAs with a 'requires improvement' and 22% an 'inadequate' judgment, by 2020 the respective figures had fallen to 34% and 14%. Source: Ofsted (2020) The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2018/19
[58] Our 2019 DCS survey found that over a quarter of respondents (17 of 62) indicated that PiP authorities were overstretched and lacked the capacity to deliver. See Annex 3 for further details about the survey findings.

support their own practice, as well as to deliver external support. An improvement support initiative that does not include Understanding Excellence funding will be a test of LAs' resilience and it would, therefore, seem important to continue to monitor this risk in the future.

How to access DfE funded improvement support

As discussed above, there was evidence that more could have been done to raise awareness of the PiP offer and improve the brokerage process. For some LA participants, a perceived lack of transparency about how the PiP offer could be accessed somewhat tainted the programme's reputation.

LA participants argued that an issue to consider was DfE's role in enabling access to the programme and brokering partnerships. As discussed above, the Department's role had been limited and could create ambiguity as it did not always reflect the PiP's approach. In some cases, the PiP offer could be seen to be about compliance with DfE requirements rather than about partnership, and some LA participants felt there was a stigma associated with a programme for 'failing' LAs where support was negotiated via DfE. In the future, LA participants argued, the role of sector's regional and other networks to support access to the programme could be expanded, as these had worked well in raising awareness of PiP and in leading to effective partnerships (see Chapter 6). Furthermore, a route that relied on the sector's networks was seen as consistent with a sector led model of support and could ensure that the PIP approach was embedded in the promotion of the programme and its brokering arrangements.

LA participants who argued for a sector led approach for accessing improvement support, tended to favour a regional model, with the offer delivered through regional sector led improvement partnerships. As one participant explained:

> … that would make those relationships much more comfortable rather those authorities feeling done unto, that's the focus the DfE should have, on making that a natural, ordinary part of day-to-day work in a region. That you go to other local authorities, share best practice and learn, … if the DfE are constantly directing it and brokering it, it's not going to feel that positive, is it? – *Senior manager in LA that delivered PiP support*

Other LA participants argued for a demand-led model, which would involve the availability of more comprehensive information (for example, a prospectus) about the parameters for accessing support and the range of offers. Some suggested setting up a supplier procurement framework, where local authorities (approved by DfE) apply to deliver improvement support and LAs that need support can see what is available and apply to get support from suitable partners. As this participant explained:

It might be a simpler way of doing it, because at the moment I don't think it's working for all of the PiPs, relying on the DfE to do the matching. – *Senior manager in LA that delivered PiP support*

Finally, some PiPs had run events for regional and national audiences to present the work they had done to innovate and improve their services and different aspects of their practice, and these events were seen as an important way for potential partners to consider what the PiP offered and whether it matched their needs. Regardless of what model for accessing improvement support may be developed going forward, events to promote different approaches to service improvement and innovation would seem very valuable for 2 key reasons. Firstly, they could be open to all LAs and provide an inclusive way of supporting an ongoing dialogue about service improvement and innovation. Secondly, they would allow LAs to make informed choices about the PiP help they need thus supporting important features of the PiP approach (for example, based on a good understanding of how the relationship is going to work, taking responsibility for the improvement journey). Due to the COVID-19 pandemic these events were now online, were much more accessible, and cheaper to deliver so they could be run more frequently and become an important feature of the improvement support initiative.

What DfE funded improvement support should look like

LA participants believed that any future improvement support initiative should consider the recommendations of the current review of children's social care, evidence from the review and other sources on what works in supporting service improvement, and how to deal with the challenges to services posed by the pandemic.

In addition, based on experiences so far, LA participants had some suggestions for improving the delivery of improvement support going forward. These suggestions largely reflect the findings presented above:

- The PiP model should continue to underpin improvement support initiatives, but it should be further refined by building on the evidence about what has worked well, or less well, in delivering improvement support.

- More funding stability, as late confirmation of funding made planning difficult for both LAs delivering PiP support and those in receipt of it, and, as we have seen, could lead to an under-spend.

- While there were occasions when a 'small PiP' may be helpful, for a PiP to work in line with PiP approach outlined above, the focus should be on relatively large pieces of work, which include some time at the start to gain an in-depth understanding of the LA's challenges, strengths and context.

- Flexibility for the PiP offer to include resources to the LA in receipt of PiP help to support their improvement and innovation activities. This could be time-limited funding to employ additional staff (for example, improvement leads) and/or secondments of PiP staff to provide additional capacity.

- Better coordination of support provided by different LAs to the same authority. Some experiences of having multiple PiPs were positive with different partners providing support at different times and in diverse areas of practice. However, there were also reports of experiences that created confusion and did not seem to make good use of resources (for example, PiPs covering the same issues in an uncoordinated way).

- Better integration and synergy with the LGA improvement support infrastructure. Given the LGA's credibility and respectability, there was much to be gained from closer collaboration, for example, to provide understanding of different regional contexts and needs, and what works in supporting sector improvement.

- An evaluation framework and help to assess the impact and effectiveness of the improvement support offer to support an evidence-based approach and learning culture.

- Improving the ways the PiP offer was promoted and brokered, and the way the programme outcomes were conceptualised.

The Sector Led Improvement Partners Programme

This evaluation did not cover the DfE Sector Led Improvement Partners for Children's Services (SLIP) programme. From the information available on this initiative,[59] it appears some lessons from the past 4 years have been taken on board. The programme will provide financial stability and improvement support in all regions, as well as broaden its scope to cover SEND - these were all changes suggested by LA participants. DfE officials also reported that they are working with SLIPs to develop an impact framework for the programme (something that was identified as missing in the PiP programme). However, from the evidence available at a time of writing, it was not clear if mechanisms for promoting the improvement support offer and supporting brokering arrangements will be improved, nor whether there will be more synergy between the approach developed by LAs to deliver improvement support and DfE's conceptualisation and description of the programme outcomes. These were identified as two areas of improvement which could enhance the acceptability and effectiveness of the DfE improvement support offer.

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[59] https://www.gov.uk/guidance/local-authority-sector-led-improvement-programme-apply-to-be-a-partner

The next chapter explores how LAs use administrative data and other sources of evidence to inform practice improvement.

Understanding LAs' use of data (Data deep dives)

Key findings

- The research findings in this chapter, based on the views of local authority/Trust participants across 7 areas, show the importance of data and information being viewed and used holistically to inform improvement.

- Three overarching components were highlighted as being pivotal to effective use of data to inform improvement work:

  - technical and functional capabilities of the local management information system: this was often the first step when improving data use and included a modern single repository; importantly, it also took time to implement (18 months to 2 years)

  - analysis and outputs that were useful and meaningful: users needed confidence in their systems and outputs, data dashboard, CHaT and case audits were important tools both strategically *and* operationally

  - integration of analysis into practice: analysis needed to go beyond statutory reporting and compliance and needed to support and inform practice; further, skilled and knowledgeable data teams were crucial for analysis and interpretation, which needed to be done in collaboration with children's social care teams.

- Investment in building analytical capacity for the sector is a priority, looking ahead to future rounds of sector led improvement. The priorities include ensuring a sufficient number of suitably qualified and skilled analysts within CSC and ensuring that data and information play a prominent role in SLIPs (see Chapter 4).

The main aim of the evaluation's 'data deep dives' strand was to understand how LAs use local administrative data and other sources of evidence to inform practice development, and in particular the role of data in their improvement work. The learning from this element of the evaluation was also used to inform the evolving data analysis plans for the use of the national administrative datasets for the impact and economic evaluation (see Chapter 3).

Methodological overview

During late 2020 and early 2021 (during the second wave of the evaluation) the evaluation team carried out interviews in 7 local authorities[60] that had been part of the intervention strand either during 2019 or 2020-21 or both. Between March 2020 and April 2021,[61] a total of 23 participants were interviewed through virtual one-to-one discussions and small group interviews. Participants had a range of roles which are broadly categorised into 3 groups:

- performance or data management team representatives

- quality assurance team representatives

- senior managers.

The sample constituted a range of local authorities in terms of their data capacity (i.e., performance management teams), their use of data and the timepoint on their improvement journey.

Interviews were structured around several key themes related to data use on the improvement journey. The semi-structured interviews explored:

- The technical capacity to collect, analyse, and interpret data.

- How data is used to identify and respond to needs and demands of services.

- The role of data in the evaluation of policies and practices.

- The extent to which partnership and improvement intervention activities focused on data.

The 7 authorities/trusts were at very different stages in their improvement journey, with some being able to reflect on progress over several years, while others were in the early stages following recent Ofsted judgements ('requires improvement' or 'inadequate'). This resulted in findings that reflected retrospective learning as well as future plans. The support provided as part of the improvement journey also ranged from Trust arrangements to lower-level support via the PiP programme.

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[60] The sample also included Children's Trusts; however, local authorities are referred to throughout this section to aid readability.
[61] A small number of interviews and introductory discussions were carried out in two of the local authorities in March 2020, prior to the National lockdown. Interviews were then put on hold, in accordance with plans for the whole evaluation and recommenced in October 2020.

Data use

All participants, regardless of the type of support or intervention being provided, reported the importance of data and information use to be viewed holistically. Three overarching components were highlighted as being pivotal to effective use of data to inform improvement work, these comprised:

- technical and functional capabilities of the local management information system

- analysis and outputs that were useful and meaningful

- integration of analysis into practice.

Participants considered each of these components to be necessary steps in their improvement journey (each is discussed in greater detail below). They highlighted the need for an iterative process to ensure that data and information use became embedded in strategic planning and operational practice. Specifically, participants provided examples of iterations related to data outputs, whether the analysis reflected practice and the types of operational and strategic issues the analysis could inform. These iterations led to refinements of analysis and a greater, shared understanding of meaningful uses of data. Furthermore, participants indicated the value of reports, such as dashboards, and analyses in informing discussions about the services they provide.

Reflecting on the start of their improvement journey, participants raised issues relating to technical capacity, outputs and analysis and skills and capacity. This indicated a lack of confidence in the data and information from the outset. Data related issues were also highlighted in the Ofsted reports preceding the improvement journey. Participants reported that in some instances they were aware of the issues, and that the Ofsted judgement had either instigated action, or was used to build on some initial work. For example, in one LA work had commenced to explore a new performance management system shortly before the Ofsted inspection; subsequently the momentum was built.

Technical capacity

There is no single management information system provider for children's social care. However, there are a small number of organisations that provide systems for many local authorities and a small number of local authorities have developed their own bespoke, in-house system. Issues related to the usability and design of management information systems have been raised since the introduction of the Integrated Children's System, with a particular focus on the bureaucratisation of children's social care.[62] It was evident

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[62] See for example: Holmes, L., & McDermid, S. (2012). Understanding Costs and Outcomes in Child Welfare Services: A Comprehensive Costing Approach to Managing Your Resources. London: Jessica Kingsley Publishers; McDermid, S. (2008). The nature and availability of child level data on children in need

from this evaluation strand that many of these issues remained. Furthermore, some participants reported moving from system 'A' to system 'B' because of limitation of their current system, and others, however, reported a reversal. They moved from 'B' to 'A' thus suggesting that there is a lack of clarity about what systems can provide.

As a starting point, participants identified the need for management information systems to be 'fit for purpose', often referring to a single system that provided reports and outputs to inform planning and practice. Although data systems needed to facilitate the production of reports to inform strategic and operational planning, they also served a core purpose of case management and recording. When referring to systems meeting their requirements, participants argued that systems needed to be logical and user-friendly. Specifically, they wanted information to be easy to locate and to avoid duplication. As one participant explained:

> Actually, what you have now is a system where it is very logical, it's very intuitive. You can find everything that you want, you're not duplicating inputting data, so you put it in once and it follows through and all that kind of stuff. – *Assistant Director*

Some participants reported that existing systems, particularly those that had been in place for some time did not provide a central repository for all their data. In these LAs, systems had been partially updated and/or additional spreadsheets or databases were used as a temporary solution. They referred to system 'add ons', the use of spreadsheets and separate storage for scanned documents. One participant highlighted the impact associated with the lack of a single repository:

> The information about a child's lifespan with the service wasn't available in one place for a social worker to access, so that really just made the job of a social worker so much harder in trying to understand the child's journey and everything that went with it. – *Operational lead*

Where LA systems had been in place for some time (for example, more than 10 years), participants highlighted the challenges associated with the additional time required to write and run new reports. Either the internal performance management and data teams needed more time or there were costs associated with requesting new reports from their software provider.

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for use by Children's Services practitioners and managers. Research Policy and Planning, 26(3), 183-192; Munro, E. (2011) The Munro review of child protection final report, London: Department for Education.

Costs and finances were also discussed in terms of the procurement of new systems, as this participant explained:

> During that time, we were having conversations with the provider of our system to understand what they could and couldn't do for us. Only at the point that we'd got to conclusions that they couldn't do what it was we needed did we then begin to have a discussion within the council about the potential to procure a new system. Then there's obviously all of the council governance arrangements around cost because it's a very high-cost solution to procure another system and implement it. – *Service Director*

In some of the authorities, the requirement of a new management information system was a first step in their improvement journey, and where new systems were required, participants highlighted the time commitment that was required to develop a specification and work with the provider to ensure the new system met requirements. Participants referred to lead-in times of around 18 months to 2 years, prior to the process of migrating between systems. The needed time to initiate and embed systems and practice was a recurring theme throughout the evaluation strands.

Outputs and analysis

Outputs from LA management information systems were a central focus in all of the interviews. In all authorities, participants placed an emphasis on improving their outputs and analysis as part of their improvement journey. This was predicated on having confidence in the data and the systems. All participants referred to the importance of data dashboards with outputs providing analysis for different purposes (i.e., strategic and operational) and for different personnel (i.e., senior managers, team managers and social workers) within the authority. As such, an emphasis was placed on the need for dashboards to work at multiple levels, providing an authority-wide overview, a team overview, and then the capability to drill down to individual children.

Participants also outlined necessary changes in the way in which professionals (for example, social workers, team managers and senior leaders) used and interacted with data. There was a recognition of the need to move beyond statutory reporting and a focus on compliance. This was often cited as being used punitively to engagement with data, to an acknowledgement that it can be used as a tool to support and inform practice. Reference to compliance predominantly focused on key performance indicators about timeframes (for child protection, children in need and looked after children), as well as number and rates of assessments. Furthermore, in many of the LAs, participants indicated that their data dashboards and approach to analysis had evolved over time.

This was facilitated by improved interactions with data across the organisation and closer working between those that generated the outputs, and those that used them.

In addition, there was a recognition that high-level summary data provided in dashboards needed to be positioned with information about organisational context and to include a narrative to explain the analysis. This participant explained:

> There's a dashboard…which gives an overview of all the KPIs in the report…where there's a target set, and whether the performance has gone up or down. Then there's a page for each KPI [key performance indicator] with more information on their own each page as well, and there's a narrative. So it's a report that we've designed that gives what we think are the most important top-level indicators…it also has stuff on there around things like supervision, personal supervision and case-based supervision, caseloads. For us, it's about not only what social workers are asked to do, and what they do, but also about the organisational context in which they work, and that we're creating the conditions in order to allow them to do that. – *Performance Manager*

Tools to support analysis

When discussing tools to support analysis, the most frequently cited was the Children's Services Analysis Tool (ChAT).[63] Participants indicated the value of the CHaT for preparing for Ofsted visits and the usefulness of the data visualisations to inform local discussions about trends in data. In some authorities, the use of the CHaT data visualisations had become integral to weekly and monthly reviews by senior managers. The CHaT was also cited as a helpful tool to support the local authority to compare with statistical neighbours and for benchmarking.

Skills and capability

In addition to the technical capacity of their systems(s) and tools to support analysis, participants highlighted the importance of their performance management and data teams. They referred to the necessary requisite skills, knowledge and capabilities to provide outputs to inform improvement. Participants indicated the need for inquisitive thinking and consistently highlighted the necessity of performance and data colleagues understanding the service(s):

> There's 3 really important components that you need to have. Firstly, you really do need to understand the service, so there's no way you

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[63] The CHaT was initially developed by a group of London boroughs and Ofsted to better visualise the data that is shared between local authority children's services departments and Ofsted during an inspection.

can just go into the roles in my team and start running reports unless you understand the service that you're dealing with and how they operate, what they actually mean when they want a particular report. You've got to understand the service, you've got to understand the database because if you don't understand the database, you'll never be able to get the data out. The third thing is you've got to have the technical ability to write the query, so the three things come together. – *Operational lead*

This perspective was reiterated in other authorities, with an emphasis placed on meaningful interpretation of the analysis provided in data dashboards:

The typical performance report that would come to my management team would, yes, would just be a data dashboard, and somebody would just say, "this has gone up and this has gone down". Oh, thank you, so what? We haven't had the analysis, we haven't had the challenge. – *DCS*

There was also a recognition that performance management and information teams needed a broad range of skills to not only collate data, and produce reports, but also to interpret the results, and to consider the 'so what'.

Some participating LAs cited difficulties recruiting highly skilled staff into their performance management and data teams and referred to the low status of data analytical roles in children's services as being a particular barrier.

Feedback and quality assurance

All participants referred to the importance of considering data in its broadest sense and using data and information holistically. Specifically, participants discussed the work they had carried out as part of their improvement journey to use analysis of administrative datasets alongside case audits and feedback from children and families. Participants highlighted how their focus had evolved from the use of case audits to focus on compliance, and alignment with their key performance indicators to using data and information to understand practice:

I think as we've evolved and got more confident in our improvement journey, what's been really key is to start to integrate the qualitative and the quantitative data - which is why I say I struggle to separate it. At the end of the day, for me the endgame is around understanding the quality of social work practice. That's the only game in town. You've got to understand it and be able to evidence it. So, for me, all

types of data need to be telling us: what do we know about the
quality of social work practice? – *Strategic manager*

One of the DCSs indicated that, historically, case audits had been used to criticise practice, and for case audits to be used effectively there was a need for a move from a culture of blame and for audits to no longer be viewed purely as a bureaucratic process:

Audits for me, when we hit the sweet spot, they are part of reflective practice. Supervision, obviously, needs to be in place and be good quality enough to give people the time to reflect on decisions that they've made, and audits are an extension of that work. The big cultural deal is to move it from being seen as a blaming approach that will just lead to criticism of individuals…It is the learning organisation. Those things…are so easy to say…they are not quick fixes! – *DCS*

An initial focus on compliance was referred to as necessary to ensure the delivery of a 'safe' service. Once the foundations, and the data to evidence those foundations were in place, participants talked about the creation of a space to facilitate discussions about quality of practice and a focus on the experience of children and families receiving services.

Feedback from children and families was multifaceted. Participants indicated that they used information from 'complaints and compliments' submitted by children and families. A number of the LAs had also introduced mechanisms to collect and collate data from family members once cases were closed, these included both surveys and short feedback telephone interviews. Although the feedback from surveys and interviews was considered to be valuable, participants also reported low response rates and that work was either underway, or planned, to try to improve engagement. There was recognition in some local authorities that family members responded better to a short-telephone call than surveys. For feedback from children and care leavers, participants also referred to the work of their children in care councils and the introduction of tools and apps, such as Mind of My Own[64] and Brightspots (for children in care and care leavers).[65]

An emphasis was placed on the role of case audits, and other feedback information (from children and families) to inform social work training, and continuous professional development of the workforce. Participants described their future plans, and vision for the

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[64] Mind of My Own is an app that has been developed to support children to give voice to their lived experience. Further information is available here: https://mindofmyown.org.uk/?sfw=pass1622017984

[65] Brightspots is a partnership between Coram Voice and the University of Oxford, funded by the Hadley Trust. It supports local authorities to systematically listen to their children in care and care leavers, about the things that are important to them. Further information is available here: https://coramvoice.org.uk/for-professionals/bright-spots-2/

future, specifically linking data and evidence, with professional development, and ultimately improved outcomes for children and families. Participants highlighted that quantitative data only provides a partial picture, for example, re-referrals, or timeliness of assessments, but that the family feedback, and case audits provided a depth of understanding about practice and the experience of the family.

Ways of working

As outlined above, there was a consensus across the LAs that a data driven improvement journey is multifaceted and that there were three overarching components that need to be achieved. Collaborative working and ensuring the performance and data team(s) had sufficient knowledge and understanding of the service was considered pivotal, as this participant explained:

> I think the first thing is, you can't improve services without a good understanding of data and what it means, but it has to be understood at all levels within the authority and it can't just be done by 2 people or done by some separate team, it has to be understood and used by practitioners. – *DCS*

Participants also referred to slightly different models, with either performance management team being embedded in services or closer working between the team and practitioners, so that there was a shared vision of what the analysis was indicating and how it could be used to inform practice. One of the performance leads reported how they work with new team managers:

> Any new team manager who starts will come and sit with us, so we'll go through and highlight to them how the reports work, how the data is there. – *Performance manager*

Consistently, participants highlighted the need for collaboration between those producing the analysis, and those using the data, with an emphasis placed on understanding the service.

Data sharing

There was recognition of the value of data sharing with partner agencies, across all authorities/trusts participating in this part of the evaluation. For the majority, there was a recognition that data sharing was a particular weakness when they were first assessed

by Ofsted as being 'inadequate' or 'requires improvement'.[66] The interviews also reiterated issues related to differing interpretations of Data Protection legislation.

Participants provided details of substantive pieces of work with their partner agencies to develop data sharing protocols and the necessary infrastructures to support the sharing of data. There was also a recognition that data sharing tended to be easier with some partner agencies (for example, education) whereas data sharing with health partners was cited as being complex. Although there was variability in the focus of the data sharing work, there was consistency across all LAs in terms of a priority focus on early help and linking of children's social care and early help systems. In one of the authorities, they outlined a series of thematic analyses that they had carried out with their partner agencies. In this example, less emphasis was placed on sharing and linking datasets, but instead on using data from different agencies to inform discussions. This participant explained:

> So, we've looked at neglect, we've looked at child mental health, we've looked at domestic abuse…vulnerable adolescents. So, as part of that, in terms of the scoping of the theme, partners bring their data sets where we look more thematically…but with neglect, we were looking at the number of police prosecutions for neglect, and it was quite an interesting conversation then in terms of the response from that particular safeguarding partner. I think, in my head, that's more useful for safeguarding partners than kind of crunching a big data sheet. – *Data manager*

Using data in this way, to inform discussions, was cited as a short-term alternative to facilitate multi-agency working where data sharing protocols were still being negotiated. Within the same local authority, the DCS highlighted how these discussions were informing the structure, location and focus of their services, not only within children's services, but across a range of partner agencies:

> We really want to have a team around the family as opposed to working in separate domains, separately with those adults and with those children, so trying to get intelligence to tell us where they are…it's making sure that our services are in the right places, in the right intensity and right level to meet the needs. Some of those issues will be authority-wide and some will be very, very concentrated in the more deprived areas, and it's making sure we're co-locating the services in those right places. – *DCS*

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[66] Our 2019 DCS survey highlighted the challenges associated with IT systems hindering collaboration. See Annex 3 for further details on the survey findings.

Another of the LAs referred to work they had carried out to introduce multiagency audits, using a similar approach to the thematic analyses outlined above. In particular, they focused on their safeguarding agency, in recognition that a lack of partnership working to support safeguarding was identified in their 'inadequate' Ofsted judgement. Another example provided by one of the LAs about a new module within their management information system to support data sharing across partner agencies, to support the work of the MASH (Multi-Agency Safeguarding Hub), with different levels of access, to edit and/or view data about children and families holistically.

Future plans for data sharing were cited. There was recognition that more needed to be done to understand and plan the necessary data architecture and infrastructures to link datasets from different parts of Children's Services, including SEND and Youth Offending.

Timelines

Participants highlighted the importance of recognising that change takes time to implement and embed, particularly when new management information systems are required. As detailed above, participants indicated that the process of commissioning and migrating to a new system takes around 18 months to 2 years. As also outlined above, changes to systems (when required) are just a first step, and participants (in particular DCSs) highlighted the need to recognise that the necessary changes to support a data driven improvement journey, and the associated cultural and organisational changes takes time. They cited the need to direct their councillors to the LGA commissioned ISOS Partnership report which provided evidence about improvement timeframes. [67]

Participants in 2 authorities reported additional complexities, and difficulties associated with multiple changes of DCSs throughout improvement journeys. This was particularly challenging when DCSs had differing perspectives about key performance indicators and the reports that were being requested. In these instances, performance and data management teams had to invest time and resources into changing analyses and to familiarise the users of the data with the new indicators and/or targets.

Support from DfE

Participants, particularly those in roles within performance management and data teams, referred to a disconnect between the support provided by the DfE improvement plan and the requirements and expectations placed on those needed to provide the data and information to support the improvement journey. They explained that improvement plans

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[67] ISOS Partnership (2017). Enabling improvement. Research into the role and models of external improvement support for local children's services. London: Local Government Association.

were discussed and agreed with senior leaders and often there was not a thorough enough understanding of the implications on the work of performance management teams. Performance management and data teams were keen to work more closely with the DfE and others to develop a wider understanding of the demand on the teams to provide the data and information needed.

To achieve improvements in the 3 components referred to above, and to provide the necessary analysis and outputs required time and resource. However, the support was usually focused on elements of practice, and/or leadership, and even where there was recognition of the need for better data analysis and outputs, often additional demands were placed on teams to provide the necessary analysis, but resources (funding) were not forthcoming to increase capacity. One participant explained:

> I think from the data end of things, it doesn't feel like there's support from DfE. It feels like there's a demand from DfE. – *Performance manager*

Many of the performance and data managers we spoke to, shared a similar view. When considering potential solutions and support for their improvement work, they cited the value of regional data performance groups, and suggested that additional mechanisms to share learning would help to avoid future duplication of effort. Specific examples were provided of the development of new analyses and uses of tools such as Power BI[68] and/or R software[69], and the potential value of sharing analyses, code, syntax and underpinning assumptions with others. Initiatives such as Data to Insight[70] and the creation of the Children's Social Care Data User Group[71] were cited as helping to share learning, but knowledge of their existence was not necessarily widespread.

Our findings from this strand of the evaluation indicate the centrality of data and information to inform a authorities' improvement journeys. The 3 components that participants referred to (systems; outputs and use of data) were each considered to be necessary to support LAs to move on from having been assessed as 'inadequate' or 'requires improvement'. Participants highlighted and reiterated the need for recognition

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[68] Power BI is a business analytics service by Microsoft. It aims to provide interactive visualisations and business intelligence capabilities.

[69] R is a programming language and free software environment for statistical computing and graphics supported by the R Foundation for Statistical Computing.

[70] Data to Insight is a national project designed by local authorities and supported by the ADCS, DfE, MHCLG and Ofsted helping local authorities make better use of data. Further information is available here: https://www.datatoinsight.org/.

[71] The Children's Social Care Data User Group (CSCDUG) provides a forum to share expertise and learning between all users and potential users (academic, practice and policy) and to provide opportunities for collaboration and joint working between data teams, including users of comparable international data. Further information is available here: https://cscdug.co.uk/

that to achieve a data-informed improvement journey, with well-established iterative processes between the generation and use of data requires a number of years.

The next chapter of this report explores the sector led regional arrangements, the Regional Improvement and Innovation Alliances, and the role of DfE's Regional Improvement and Support Leads.

Regional Arrangements

Key findings

- As RIIAs built on pre-existing relationships and networks, their models were at varying levels of development and maturity.

- The context and size of each region was key to understanding the approach taken and the ease with which they were able to encourage trusting relationships and build a collaborative culture. Smaller regions benefited from a relationships-based approach compared with larger regions which appeared to require a more structured approach.

- At the centre of all the RIIA models was the group of DCSs to drive the work, oversee the core activities and report to a board or separate governance arrangements. DCSs were often supported by a regional coordinator. The involvement of the corporate and political leadership in regional arrangements appeared to be a new feature in all arrangements.

- The contribution of the RIIAs was valued for providing a framework and structure for local authorities to engage as a region and to feel responsible for each other in a way that they had not done previously.

- A strong, stable and effective RIIA appeared to depend on an inclusive structure that reflected and represented all LAs and a range of stakeholders from chief executives to frontline professionals. Further, RIIAs needed to be underpinned by a strong and connected infrastructure that had appropriate resources, capacity and support to engage effectively.

- A genuine desire to collaborate, be open and honest, and a willingness to engage in constructive challenge was a key feature of effective RIIAs.

- The RISL role was created to drive sector led improvement across regions with the ultimate aim of preventing local authorities from falling into 'inadequate' status.

- RISLs appeared to work best when they understood their region's context; had time to build trusting relationships with DCSs; were skilled in analysing evidence and see the wider context, and able to communicate effectively. RISLs tailored the way they worked to the needs of their region.

- The continuity, stability and seniority of RISLs was a challenge for regional stakeholders.

- The added value of DfE in regional sector led improvement related to appointing the RISLs and providing much valued funding (for example, for administrative support, useful projects, data systems). Through the MoU, DfE tried to bring some standardisation of regional approaches, provide clarity about the conditions of the funding and the use of data they were collecting.

- Key recommendations for improving regional arrangements included:

    o enabling the sector to lead regional improvement in collaboration with central government

    o providing a long-term strategy and funding to promote sustainability

    o enabling RISLs to provide two-way intelligence between the Department and authorities

    o creating a central repository where the information and learning about what works from regional sector led improvement could be shared and accessed.

This chapter discusses the role and added value of Regional Improvement and Innovation Alliances (RIIA) and the Regional Improvement and Support Leads (RISLs). It draws on case studies carried out in 3 regions: South West, East Midlands and the North East supplemented with interviews with the lead DCSs in a further 3 regions, interviews with RISLs (covering all 9 regions) and 4 national stakeholders. The findings are set in the wider context and learning about RIIA models and the key features which are viewed as critical to their success.

Methodological overview for this strand

The 3 regional case studies were selected in collaboration with DfE. The evaluation team suggested potential regions for the case study research based on a purpose approach building on the LA case study research (see Chapter 2). To ensure DCSs involved in the wider evaluation were not overburdened by the study, we did not select regions that already had multiple LAs involved. Furthermore, due to the timing of the fieldwork (March 2021), DfE provided further context about the appropriateness of contacting some regions at that time due to the COVID-19 pandemic and local pressures. The final selection of 3 case study regions was secured in spring 2021. In discussion with local regional leaders, a range of stakeholders across the regions were interviewed including, for example, LA Chief Executives, Lead Members, DCSs, ADs and those in coordinating roles, as appropriate. The roles of participants varied between regions.

To explore the RISL role and perceptions on how well it was working, the evaluation team interviewed all RISLs in post at 2 points. Firstly, we interviewed RISLs early on in the development of the role, in the winter 2018/2019, and secondly, in spring to autumn 2020 when the role had matured. A total of 19 interviews were conducted.[72] The findings presented in section 6.3 below also include data from DCS interviews from the case study regions.

Regional Improvement and Innovation Alliances

The introduction of Regional Improvement and Innovation Alliances (RIIAs) built on a long history of children's services collaborating to share expertise and offer peer support to improve outcomes for children. Across the 9 regions, sector led improvement support and peer challenge activities had been undertaken to varying degrees and within different frameworks and parameters.

In April 2017, the Association of Directors of Children's Services (ADCS) proposal[73] to establish RIIAs was driven by a desire to build on and strengthen existing regional approaches and to introduce a more coherent and consistent framework for sector led improvement in children's services. The ADCS began working with the LGA, the Society of Local Authority Chief Executives (SOLACE) and DfE on plans to develop regional sector led improvement arrangements.

In October 2017, the then Children's Minister, Robert Goodwill, announced a new Sector Led Improvement initiative for local authorities, including the testing of 'Regional Improvement Alliances'. The Regional Improvement Alliances

> 'will see councils challenging each other on standards, agreeing local improvement priorities, and sharing best practice, in order to deliver more for children and families… My commitment is that we will build a self-improving system, one that spots where challenges are emerging, and quickly puts the right support in place'. [74]

The RIIAs were intended to enable local authorities to work together on a regional footprint to provide a robust improvement offer. All LAs in each region were expected to work as a partnership of equals providing reciprocal peer challenge and improvement support (augmented by inter-authority and national improvement offers where necessary) to:

- identify issues early and accurately before they reached crisis-point

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[72] A follow up interview was carried out with 1 RISL.
[73] ADCS (2019) *Sharing Learning from Regional Improvement Alliances*, Report from ADCS Annual Policy Seminar 2019.
[74] https://www.gov.uk/government/news/20-million-improvement-programme-for-childrens-social-care

- respond quickly when concerns were identified, convey tough messages and ensure improvement actions were taken

- provide the capacity within the region, and nationally, to provide the right improvement support, when and where it was needed.

The DfE funded pilot Regional Improvement Alliances to inform their development in all regions by January 2019. Three of the 9 regions (East Midlands, West Midlands and Eastern Regions) piloted different approaches over a short period of time (3 to 4 months). As part of the models being tested, 1 region worked with Ofsted as a key part of their approach, another region linked with their DfE RISL and the third pilot did not involve either Ofsted or DfE in their arrangements.

Following the pilots, ADCS members agreed on some core features and activities that would underpin their regional sector led improvement arrangement. These are outlined in Figure 13 below.

Figure 13 ADCS's core features and activities underpinning regional sector led improvement arrangements

1. A Memorandum of Understanding (MoU) which would set out roles, activities and accountability arrangements of all those involved in the RIIA. Each RIIA's MoU was to be signed by the DCS, Lead Member and Chief Executive (or equivalent) from every local authority and Trust/ADM[1] within the region.

2. Each RIIA would identify a lead DCS, a Lead Member and a lead Chief Executive (or equivalent) for their region.

3. On a quarterly basis and within a RIIA, each LA would agree to collect data on common core indicators and submit to the RIA.

4. Annually and within a RIIA, each local authority would complete a self-evaluation using its RIIA's template, identifying strengths and areas for development. Each authority's self-evaluation would be signed-off by the DCS, Lead Member, Chief Executive (or equivalent) and would be peer scrutinised.

5. Each local authority would then produce a development plan, identifying strengths and areas for development, which would also be peer challenged.

6. Each RIIA would produce a 'menu' of support offers drawing on the individual self-evaluation and development plans – also known as their regional capacity index. Other sources of intelligence may be used to augment the index (for example, outcomes of Ofsted focussed visits to LAs; Joint Targeted Area

Inspection (JTAI) outcomes; intelligence from individual LA's 'annual conversation' with Ofsted.

7. Each RIIA would produce a high-level regional development plan, focussed on key shared challenges, which is signed-off by the RIIA's lead DCS, lead LM and lead Chief Executive (or equivalent).

8. Where required, support would be brokered for individual LAs usually from within the RIIA or from outside the region, as required, including from PiP authorities.

9. Support to address regional-level shared challenges might also be brokered from outside the region (including PiPs).

Beyond these core features and activities, each RIIA was left to tailor their regional model to local needs.

From the Spring 2018, all 9 regions endorsed the regional alliances approach and agreed to adopt it for a shadow-year. In February 2019, representative DCSs, Lead Members and Chief Executives from each region met with ADCS, LGA and DfE to share their learning and reflections from the shadow-year. ADCS produced a summary report[75] (March 2019) sharing the learning from the RIAs; the regional alliances went live on the 1st April 2019. RIAs were renamed Regional Improvement and Innovation Alliances (RIIAs) to reflect the combined focus of improvement and innovation practice with which the regions were engaged.

RIIA models

The evaluation team found that RIIA models were at varying levels of development and maturity. Their approaches built on pre-existing DCS relationships and networks, which determined the way they adopted and interpreted the RIIA core features. As can be seen from the case studies below, RIIAs ranged from those that built on more informal structures, for example, where DCSs informally and periodically collaborated but largely prioritised their individual responsibilities and autonomy, to those that had a strong regional identity and commitment to collaborate on sector led improvement.

Figure 14 illustrates a more mature regional structure that was building on pre-existing arrangements and a collaborative culture. In other regions, the networks may have already been established before the RIIA, but they were not necessarily part of a

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[75] ADCS (2019) *Sharing Learning from Regional Improvement Alliances*, Report from ADCS Annual Policy Seminar 2019.

coherent model. In these regions, the launch of the RIIA helped to strengthen their model.

Figure 14 Example of a mature regional structure

- RIIA built on a pre-existing format and structure
- Strong and committed membership
- Sub-groups underpinned main regional arrangements
- Strong ethos for collaboration (e.g., data exchange, challenge and peer reviews)
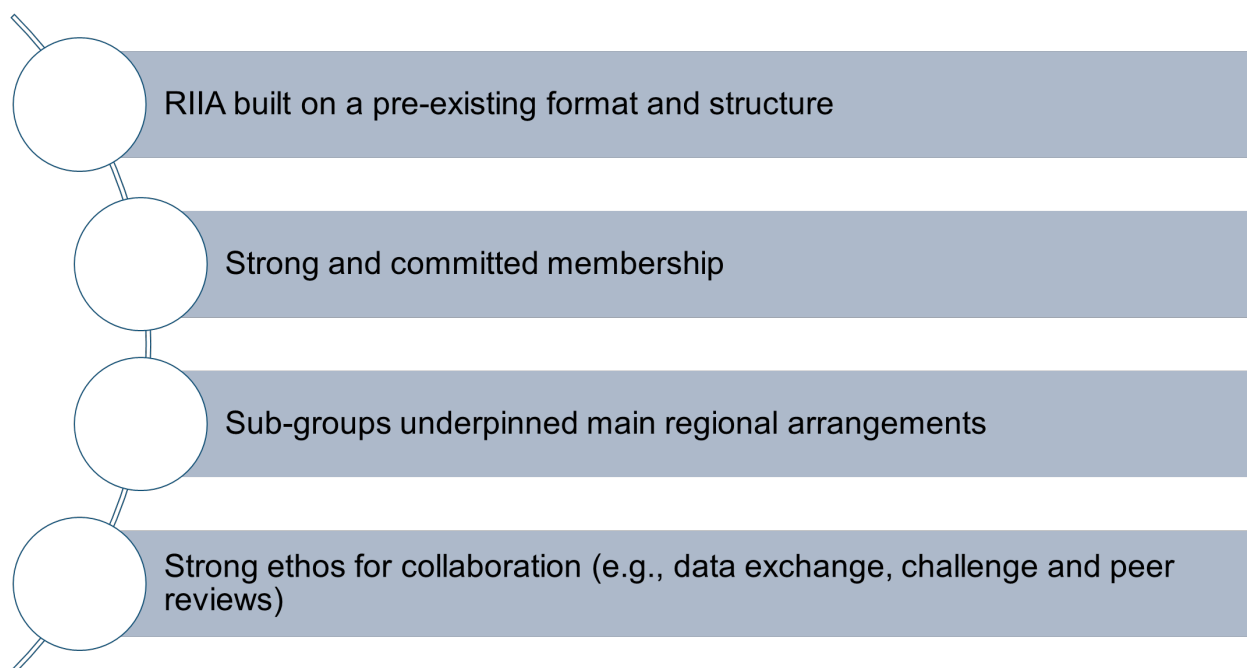
The characteristics of each region (for example, context, size, number and type of local authorities and geographical spread) was also key to understanding the approach taken and the ease with which they were able to encourage trusting relationships and build a collaborative culture. Regions that comprised a number of relatively small and urban unitary authorities built from a different set of circumstances to those that were working from a more diverse profile of rural and urban contexts. A relationship-based approach worked well in the smaller regions with fewer local authorities to engage, compared to regions covering a larger number of authorities which appeared to require a more structured approach.

We found that regional connections could be undermined by local pressures and circumstances. Capacity and staffing pressures could affect the ease with which a local authority was able to maintain their engagement and commitment regionally. Similarly, individual local authorities on an improvement journey reflected on their lack of time and capacity to focus externally and be actively involved in the regional arrangements. Conversely, the experience of being viewed as a 'failing region' encouraged one region to share knowledge and practice and provide mutual support and challenge. This helped them to develop a strong sector led offer and model long before the launch of the RIAs.

East Midlands[1]

The East Midlands RIIA is a region with only 10 local authorities and a statutory Children's Trust, combining a diverse range of large shire/county councils and city/unitary authorities. Their RIIA built on a strong collaborative and supportive culture prior to 2017 where Directors of Children's Services had connected informally through a close working relationship and provided advice and support where needed across the region. The regional arrangements in the East Midlands evolved from a range of professional networks, peer support groups and activities across key policy areas. Being part of the original pilot was felt to have helped them build on the good practice that was already in place and develop their RIIA quickly.

South West

The South West is one of the largest of the 9 regions and comprises 15 local authorities. Their size and geography is important for understanding the context for sector led improvement in this region. Historically they were slower than other regions to get involved in regional sector led improvement as they were not building from a strong pre-existing history and culture of regional collaboration. The variable commitment of local authorities was attributed to the diverse geography, making it harder to meet as a group, and a lack of funding from the improvement and efficiency partnerships to develop a framework and infrastructure. They also had to manage without any PiP capacity within their region. Over the last 3 - 4 years, the South West transformed their approach to sector led improvement. Now, respondents said there was a good spirit of collaboration across the South West and a lot of activities being undertaken.

North East

The North East region spans 12 local authorities and was described as having 'a strong' and clearer sense of 'identity' than some of the other regions. In contrast with the other 2 case study regions, the North East had more urban metropolitan areas and unitary authorities. As a region it also had high levels of demand for children's social care services resulting associated with some particularly deprived and vulnerable populations with an increased financial investment in statutory services compared to other areas.

The RIIA built on a pre-existing regional ADCS structure. This which consisted of a DCS group who worked together on an informal basis and provided strong leadership across the region, with a network of regional groups reporting into it. Participants described the RIIA as helping to formalise the structure of their regional arrangements making them 'more visible and tangible' and less reliant on personal relationships. The

strength of the pre-existing relationships was attributed in part to the smaller nature of the region which helped to encourage more informal connections.

RIIA Structures

At the centre of all the RIIA models was the group of DCSs who drive the work, oversee the core activities and report to a board or separate governance arrangements (see case studies below). The DCSs were often supported by a regional coordinator who was reported by stakeholders to be the 'glue' that keeps the regional alliance together and helps facilitate the various groups that sit under the governance board and DCS network. One region employed a programme team (an umbrella company)[76] to support their RIIA networks and infrastructure. Different local authorities shared the responsibility and burden for hosting the coordinator, the budget and the management of the performance and data systems.

In 2017, in response to DfE, ADCS and the LGA working together on regional improvement, the involvement of the corporate and political leadership in regional arrangements appeared to be a new feature in all arrangements. Various approaches were adopted to involve LA Chief Executives and Lead Members in the governance arrangements. Some regions set up a RIIA Board while others linked their RIIA to other pre-existing Boards and arrangements. Membership of a RIIA, or Executive Board, typically involved the regional lead DCSs, lead LA Chief Executive (as Chair), one or more Lead Members, the LGA Children's Improvement Adviser and the DfE RISL. In addition, RIIAs may have further strengthened the involvement of Lead Members and LA Chief Executives by creating additional networks or groups which provided an opportunity for them to review the performance of children's services and help to set their regional priorities. Participants' views varied about how involved the DfE RISLs should be in RIIA structure as there were some concerns and some 'healthy suspicion' about the purpose of their attendance and how information might be used.

East Midlands

The East Midlands had recently revised their RIIA model (see figure 15) to strengthen their governance arrangements. They created a RIIA Board and an Operational Steering Group that drove the RIIA plan and directed its implementation. There was also a Lead Members group that fed into the governance process. Underneath this layer was a range of strategic, operational and peer led groups that reported to the RIIA manager and were supported by the Regional Coordinator or were self-administered. The revised structure helped to distribute the ownership of commitments

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[76] At the time of our fieldwork these arrangements were being replaced.

across the region and narrowed down their priorities enabling the available capacity to be deployed to greater impact.

The RIIA Board was chaired by the Chief Executive of Lincolnshire County Council. Members of the Board included the lead DCSs, two lead members, the LGA Children's Improvement Officer, their RISL and the RIIA Quality Manager. The involvement of the LGA and DfE ensured there was a commitment to provide improvement support to local authorities that required it. A Regional Coordinator supported the governance of the whole region, providing organisational support at meetings, coordination between the groups and supporting the infrastructure.

DCSs, Lead Members and Chief Executives signed up to Terms of Reference and a MoU which specified the principles behind their sector led improvement agreement and the requirements of their involvement (for example, investing resources data and knowledge sharing). It also specified the core activities including attending meetings and other key events, undertaking a process of peer challenge conversations, completing and submitting an annual self-evaluation and challenge pack, and participating in an annual 'triad challenge conversation' with the other LAs and to produce a development plan.

Figure 15 East Midlands RIIA Structure
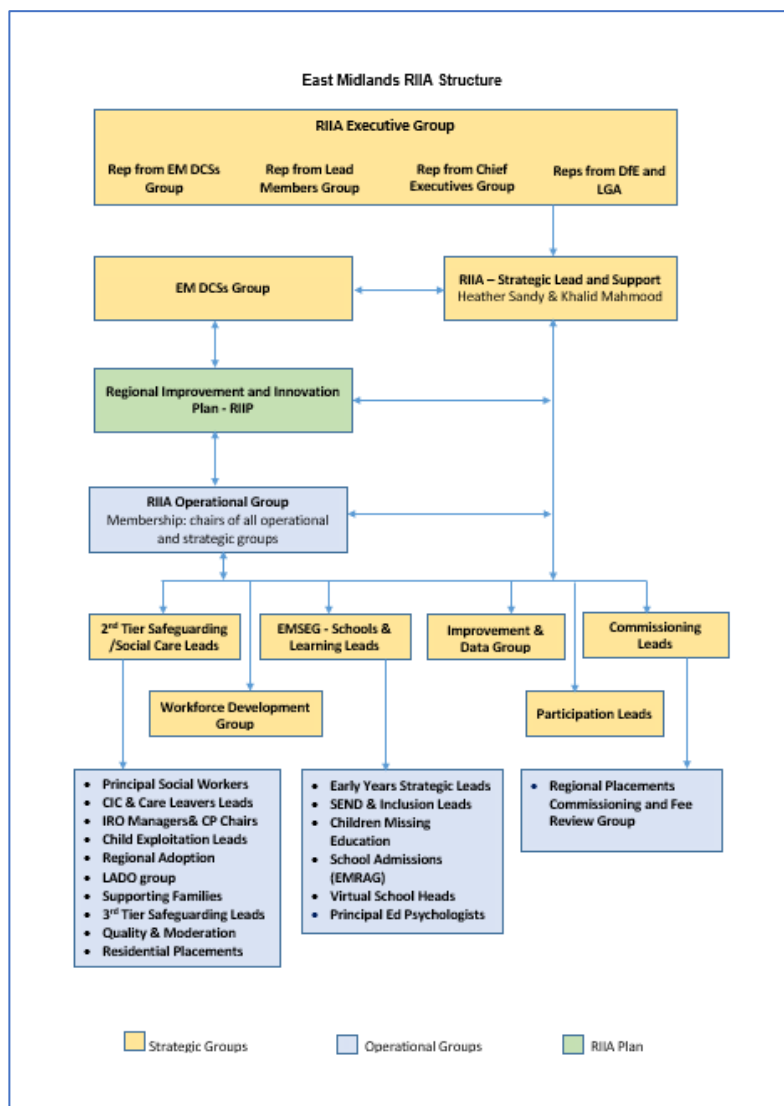
Source: Developed by the region

South West

The South West's RIIA or sector led improvement group structure (see figure 16) provided a coherent structure and framework for engaging all key stakeholders and was perceived to be working well. Participants said it helped the South West to galvanise itself, gave it a forum and a regional identity which they had not previously had. Reportedly, engagement in the regional meetings had improved over the last two years as trust was building and people felt more comfortable about being open. Participants explained that having the formal structure of the RIIA provided the DCS leads with license to follow up with local authorities that were not engaging fully or had withdrawn from a core activity, such as a peer review. Now, roles were shared out so there is some equity across the region. As not every council had sufficient staffing capacity to be involved in the RIIA, this could be challenging. This was particularly

highlighted for authorities on an improvement journey as they needed to focus on activities and requirements associated with this.

The South West's structure had a RIIA Board at its apex with the DCS governance group and an operational group underneath. Collectively, they oversaw and directed the work of the region, agreeing their priorities with the support of the regional coordinator. Stakeholders agreed that the governance and strategic approach to sector led improvement and self-evaluation was strengthened by the separate Lead Members for children services network and a Chief Executives group which reviewed the performance of children's services and set their regional priorities. The RIIA Board was chaired by the lead Chief Executive, attended by the Sector Lead DCSs and Lead Members from various authorities, the LGA Children's Improvement Adviser and the RISL.

Figure 16 South West RIIA Structure
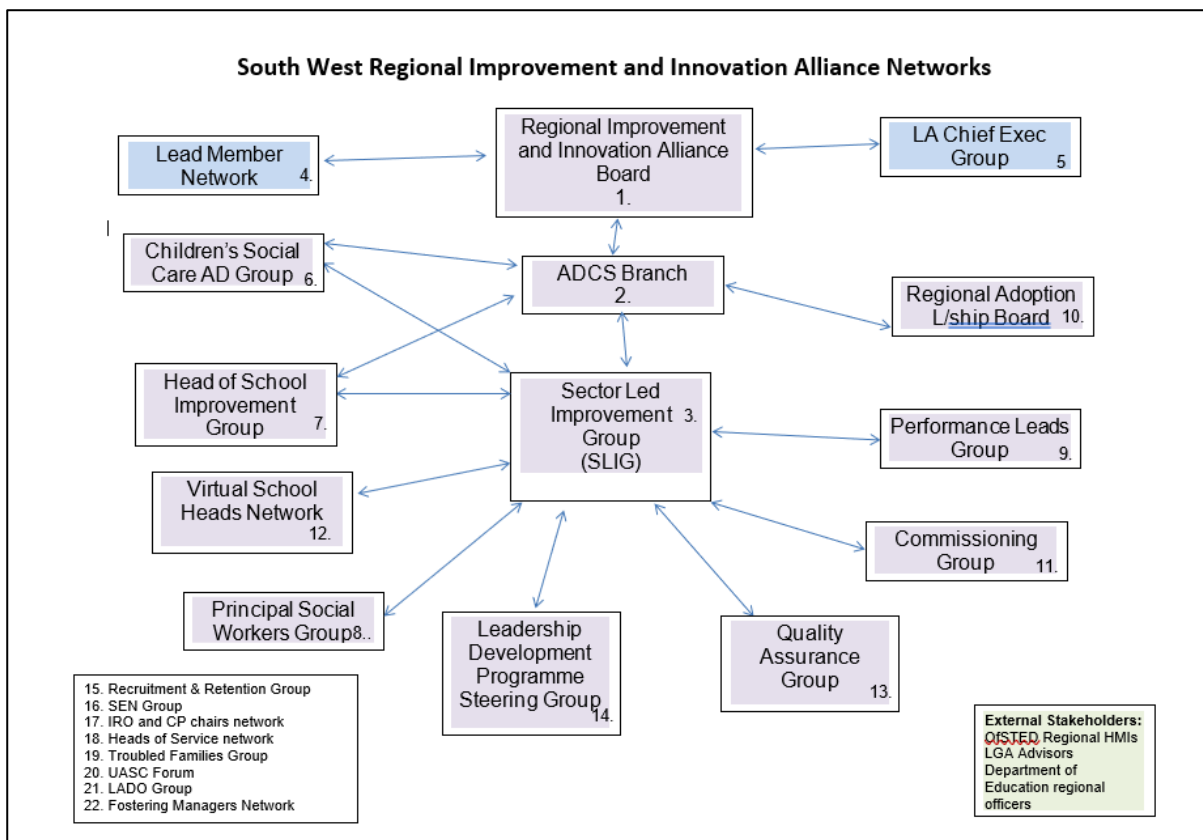
Source: Developed by the region

North East

The North East strengthened their existing regional arrangements by adding a lead members regional network and an Executive Board which was chaired by the lead Chief Executive, attended by the regional DCS Chair, their LGA Children's

Improvement Advisor, a lead DCS for sector led improvement, DCS leads from the PiP and the RISL. They also added a 'quality assurance and performance group' that did not exist before. As with other regions, a MoU was put in place at the beginning to set expectations with each LA as part of the RIIA.

The Executive Board was responsible for leading and shaping the implementation of RIIA activity including the delivery of an improvement plan and regional support offer. The Lead Chief Executive who chaired the Board reported back to the other regional Chief Executive Officers to ensure they were engaged in RIIA's work and alert to any specific challenges within children's social care services across the region.

Sitting alongside the Board was the original DCS group which met regularly and led the RIIA locally. The Lead Members forum was linked to the DCSs and the LGA Children's Improvement Adviser to ensure they were informed about sector led improvement activity and able to access support in their roles as lead members. Beneath the DCS structure, a substructure of 5 DCS-led priority groups covered education, children's social care, SEND, workforce, and commissioning. These were chaired by DCSs who worked with the heads of services and assistant directors across the region. There was also a quality assurance (QA) and performance group which aimed to strengthen the impact of QA activity and performance data in the region's sector led improvement work.

Figure 17 North East Regional Arrangements
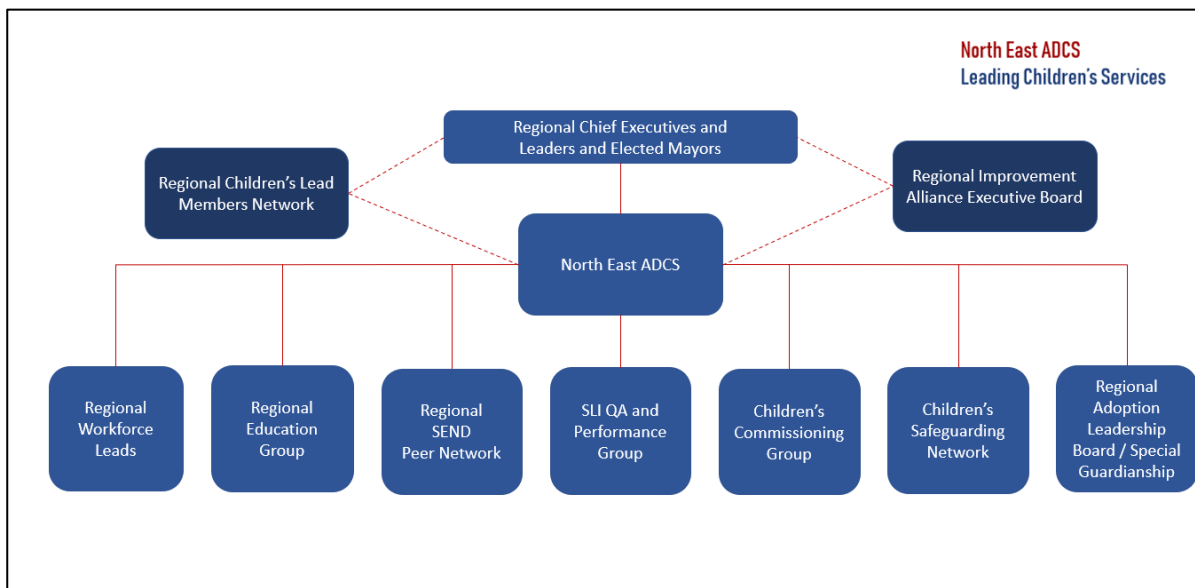
Source: Developed by the region

RIIA activities

Across the 9 regions, the core RIIA sector led improvement support and peer challenge activities (for example, self-evaluation, peer review and challenge process, quarterly data collection or core indicator set) were undertaken in different ways and formats. Most regions had some sort of peer support and/or peer challenge arrangements in place prior to the introduction of the RIIAs and many of these continued in some form. Examples included DCSs, assistant directors (ADs) and senior managers undertaking peer reviews in rotating triads or other groupings, holding regional events (such as looking at social care practice), and informal mentoring. Previous structures often involved or were coordinated by the LGA. Some were more advanced than others and their arrangements seemed to morph into the new model but with more clout than previously existed under local arrangements. While DCSs of larger authorities and strong leadership figures had reportedly exerted a strong influence over sector led improvement arrangements in the past, in some areas, the current arrangements were noted to be more transparent and inclusive.

As part of the RIIA specification and DfE requirements for funding, all authorities signed the MoU. Members of each RIIA worked together to identify shared priorities and improvement support needs which in turn were reported to inform regional development plans for the coming year.

East Midlands

East Midlands RIIA recently streamlined their annual self-assessment process so that they just completed the one that operates for Ofsted. This involved looking at case files, reviewing data, carrying out interviews and forming judgements about how authorities were performing and identified their strengths and weaknesses. Underpinning this was their Tableau data portal (hosted by Leicestershire County Council) which was reported to be the most advanced data system in use in regional sector led improvement. Tableau, an electronic system covering 18 core indicators, collected a much broader range of information than just children's social care. Stakeholders can log on and look at data from the most recent quarter and compare performance between authorities. Once they have completed the assessments, LAs engage in peer challenge days which are carried out in groups of three authorities.

This region had an annual assurance conversation after the self-assessment work was complete in order to agree the regional priorities and improvement plan for the coming year. This helped to provide a very clear oversight of activities across the region.

The self-assessment and triad process helped the region identify LAs' areas of weakness/development with which they might need support. Commonly reported challenges resulted in a regional programme approach. Furthermore, the East

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Midlands developed regional approaches for persistent issues thus providing some level of consistency in their response/approach. Reported examples included reducing workload, undertaking risk assessments and quality assurance of risk assessments. The RIIA could broker PIP support through the RISL or rely on peer-to-peer support from within their region. When an LA had a particular strength in an area of practice, they host seminars or workshops so that good practice can be disseminated across the across the wider region. At the time of the interviews in 2021, the RIIA was about to restart a multidisciplinary leadership programme.

As a result of budgetary constraints, the RIIA introduced an internal audit process or moderation panels led by their Tier Two officers; this was seen as critical to supporting local authorities with their improvement journey. Participants said this helped each authority to know what good looks like and to be confident about it. They also provided information, challenge, and constructive input to influence national developments and policy.

South West

The bedrock of the South West's activities were the LA annual self-assessments and peer challenges. The region had clear priorities and a work programme to provide clarity about the actions they were working towards. They adopted an Ofsted style approach to monitoring and challenging each other within their peer audits. People were very open and embraced the spirit of critical challenge and the critical friends' role. This was further developed and strengthened through the processes put in place with participants referring to a greater level of transparency about individual improvement journeys across the region.

The South West had a regional benchmarking report (a comparative data reporting tool that measured live data on their core indicators). The Regional Coordinator sets this up and promoted the report to ensure it was well used across the region. They also held sessions to help Lead Members understand the indicators, interpret the evidence, and challenge their DCSs on performance. They also produced regular benchmarking reports to help review performance regionally.

The South West developed a leadership programme for the aspiring heads of service which was building on the Staff College's aspiring DCS offer. Originally, the focus was on social care, but had its focus broadened. The region also held a lot of learning events, conferences and had a partnership arrangement with Research in Practice (RiP) which provided training and research evidence-based resources for the region.

North East

The North East carried out some work in 'peer networks', or clusters of 3 LAs, who collaborated on various projects, themes or issues that might arise in their work. The annual process for self-assessment was based on a standard template which was shared with a number of key documents to be used as a basis for the 'challenge session'. They planned to strengthen this process with a review of benchmarking data. Within the RIIA, this would help local authorities to identify priority areas and areas for support.

What worked for RIIAs?

Case study participants' reflections about what was critical for developing a sustainable regional infrastructure revolved around the following core elements:

- Bringing the government (DfE and LGA), ADCS and local authorities together to **develop a shared improvement agenda and blueprint for the regions**, supported by **long term funding** rather than 'short-term grants' and 'ringfenced initiatives'.

  While a **framework and guiding principles** sought to ensure coherence in the way RIIAs worked, participants wanted **scope to tailor the approach to the context and needs of each region.** The **regional arrangements needed to be well structured** to ensure a formality and willingness of local authorities to commit but not in an overly prescriptive way. It was said that the best regional structure 'has to be whatever suits the region' and will work best for them, as these participants explained:[77]

  > It needs to work effectively and needs to be accountable to itself as opposed to having… processes or systems or approaches imposed upon it. It works well when it's a coalition of the willing rather than an enforced model that is imposed.

  > It is difficult to be prescriptive about what something like this…might look like because it is down to individual localities to determine what help and support... they need.

  > It has to be designed and owned regionally and fit with what the region thinks is their need.

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[77] For this chapter, quotes have not been attributed to roles as it may be possible to identify individuals.

- **An inclusive RIIA design** that reflected and represented every level of the system from chief executives to frontline professionals. Participants also emphasised that the leadership should not be too reliant on any one LA, instead it would help if the structure dispersed the leadership by involving a lead chief executive, lead DCS and lead member from different local authorities:

  > Having a structure where different local authorities can take different leads in different areas with different levels of focus that might be more interesting for them and having like a structured network in that sense; it's probably really helpful. And then linking that intelligence altogether in your Regional Improvement Alliance is probably a better way to understand and think about your priorities.

  Participants strongly endorsed involving the wider corporate and political leadership to ensure appropriate support and challenge.

- **Each RIIA needed to be underpinned by a strong and connected infrastructure** which provided the backbone to ensuring every level of the region was involved and engaged. One participant referred to this as the 'engine room'. Having a regional coordinator was identified as being key to holding the alliance together. They were central to creating and supporting the infrastructure, driving forward the agenda, facilitating and coordinating the groups, core activities and reports.

- Local authorities needed **appropriate and adequate resources and capacity** to engage in the RIIA process and provide support. The infrastructure, it was argued, will 'stand or fall' according to the buy-in throughout the region. The importance of all local authorities financially contributing to the RIIA was emphasised as this helped to secure commitment and buy in.

  A key challenge to the success of the RIIAs was highlighted as having the capacity to engage in sector led improvement to the extent that was required for it to be effective. In 1 region, a DCS reflected that having a strong ambition to commit and engage in regional sector led improvement was of no help if they lacked the time and capacity to deliver their priorities. This was felt to be a very pressing issue as local authorities emerged from the COVID-19 pandemic with increasing financial and capacity pressures.

  Our evidence showed that there may also have been circumstances that prevented LAs' engagement in regional activities, even if it might be in their interest to do so. This included, for example, when a local authority was in intervention and responding to other requirements or staff changes at a senior level. One participant explained:

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Being involved in the regional improvement work is a real benefit, but actually when you've got a significant journey to go on yourself, it's quite hard to have the time to engage outwardly.

Where sometimes things have got tricky to be honest, is where you know we've got 100% buy in to something, and then somebody has a poor inspection result. Or you know a DCS leaves suddenly, or you know some key senior people do and then suddenly that authority's capacity is compromised.

- **Clear Terms of Reference and an accountability framework** that set out the role, involvement, expectations of individuals, how they would work together and communicate, and the level of commitment and resources required to support this. This helped to provide the legitimacy for local authorities to work together and to support and challenge each other.

- **Being able to call on the support from a PiP** was important for building a self-sustaining sector led improvement system. Views differed about whether it was critical for the PiP to be based in the region or not. As discussed in Chapter 4, the critical issue was whether there was a good match or fit between the PiP providing the support and the authority receiving it, the quality of the relationships and level of understanding of the context in which they were operating. Furthermore, the receiving LA's readiness to accept the support being offered.

The quality of the engagement

As discussed above, **the quality of the collaboration and engagement was viewed as being equally as important as the structures, systems and processes**. Effective sector led improvement relied on full buy-in and commitment of all local authorities in the region and a genuine desire to collaborate, be open and honest, and willing to engage in constructive challenge.

Each RIIAs' success, it was argued, depended on each local authority's 'willingness to engage' and whether they appreciated the value of operating as a region. Having a shared ethos and sense of identity as a region helped to drive this engagement, as a participant explained:

When people get on, actually you can really motor. And if everybody is signed up to the same agenda, you can… really make progress.

The ease with which regions were able to encourage collaboration and engagement depended on their context and specifically their size and geographical spread.[78] Not surprisingly areas that were building from reasonably strong foundations, with pre-existing relationships, found it easier to work well together and to build a reasonable degree of trust across the region. One participant explained: 'Trust, relationships and credibility will be the cornerstones of any successful programme.'

The smaller regions described finding it easier to meet informally and build relationships, albeit with the risk of them becoming too close and 'cosy'. Conversely, large and diverse regions could struggle to achieve a regional approach and common priorities, as they emphasised the importance of respecting individual differences and priorities across the LAs.

The geography and the stability of the relationships could also make it more challenging to engage. The move to virtual meetings because of the COVID-19 pandemic helped to overcome the time pressures and logistical issues of meeting in person, particularly in geographically diverse regions. The opportunity to meet virtually was reported to have transformed the attendance at meetings as well as to strengthen relationships across all regions.

Views about the role and value of the RIIAs

One of the aims of the regional strand of the evaluation was to explore the role and added value of DfE's involvement in regional sector led improvement. This proved hard to isolate as the launch of the RIIAs was a joint initiative and was shaped and led by the ADCS in partnership with the DfE, SOLACE and the LGA. This section reflects on the specific contribution of the DfE and then considers the views about the value and role of the RIIAs more generally. The role and value of the RISL is covered below.

The role of the DfE

Based on the evidence collected, it appeared that DfE was specifically responsible for appointing a RISL for each region and for providing much valued funding to support the RIIA activities and the collection and sharing of data. Associated with this, it was also suggested that the requirement for each region to have a signed MoU was primarily driven by the DfE. This was intended to bring some standardisation of regional approaches as well as to provide a clear agreement with the DfE about the conditions of the funding and the use of data they were collecting. As discussed above, DfE were also contributing to regional sector led improvement through the PiP programme (see Chapter 4).

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[78] The 2019 survey respondents indicated that RIAs/RIIAs had been effective in facilitating networking. See Annex 3 for further details.

Views about the prominence of the DfE having led this agenda, compared to the ADCS and the LGA, varied. Initially, DfE's involvement was reported to have aroused some concern and distrust, particularly in relation to the sharing of data. This resulted in some challenging conversations about how DfE were planning to use the information and learning that local authorities were providing. For example, some were concerned about how the DfE might respond to any immediate fluctuations in the data. Over time, however, it appeared that the relationship with DfE became more open and trusting. That said, the Regional Education and Children's Team (REACT)[79] meetings that were set up as part of the DfE's strategy responding to the COVID-19 pandemic, appeared to have strained relationships with local authorities and placed additional burden on them. This was due to the frequency of requests for additional meetings and information for the Vulnerable Children and Young People Survey and school data. The meetings were intended to monitor, support and challenge how children's services and education systems responded to the crisis, and to understand the longer-term impacts of COVID-19 to support recovery.

Regional participants described using the funding provided by the DfE to support their capacity in the region through, for example, funding a part-time project lead or to contribute to the funding of their regional coordinator, for administration costs to pay for training or venues, ICT and data visualisation systems. They also used the funding to expand areas of activity or embark on projects that they would not have been able to do without the funding. For example, reviewing placement sufficiency across fostering and residential care within the region, or funding a leadership development programme for middle managers/aspiring directors in a region with some specific workforce challenges.

For some, having the DfE endorse RIIA models and be involved was felt to have provided an element of legitimacy. In 1 region, this was viewed as being useful for encouraging the Chief Executives to take their RIIA seriously. The DfE was also viewed as a kind of watchtower for regional improvement, as a participant explained:

> The eyes and ears to check that the right types of activity, the right kind of challenge, the right type of conversation are happening that can strengthen regional improvement.

Developing and formalising regional arrangements

More generally the introduction of RIIAs helped to develop and expand regional sector led improvement arrangements. Regions that already had more developed and

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[79] The REACT teams were led by the Regional Schools Commissioners and included Ofsted's Regional Directors and policy teams from across DfE covering children's social care, early years, SEND, further education and regional delivery. They held meetings on a weekly or bi-weekly basis to pool intelligence and collectively assess risks across LA areas, to identify common themes or live issues to feed back to policy teams and provide additional support and guidance to LAs.

established networks were less inclined to perceive that much had changed as a result of the RIIAs. Instead, they reflected that the guidance and learning about RIIAs had helped to consolidate, strengthen and formalise their structure and arrangements or helped *'to keep them on track'* and renewed their focus in regional sector led improvement work:

> I tend to think that had the DfE not been involved and had they not moved to start up the RIIA…the foundations of it would still be there anyway and there would be a degree of that close working. I think it's come on. I wouldn't like to suggest the DfE is irrelevant… I think it's a good thing what they've done, and I think it's… a step forward and it helped to formalise and crystallise some of what we were sort of you know, already doing to an extent.

Participants explained that the RIIA was a regional commitment to assurance of good services for its children. It was viewed as having provided the structure for local authorities to engage as a region and to feel responsible for each other in a way that they had not done previously. Crucially, participants explained that the RIIA had provided a structure and process for ensuring sector led improvement would be addressed and tackled in a constructive way through *'a set of levers'*. These levers were described as:

- being able to share knowledge and insight with a local authority to enable them to draw comparisons with other areas and see the differences based on analysis and intelligence

- to challenge respectfully and have a more direct peer to peer challenge conversation

- to escalate concerns to lead members if there are any political sensitivities, and ultimately to the Chief Executive where necessary.

Without the RIIA framework it was felt that DCSs might easily shy away from challenging each other and holding each other to account, as it could feel quite personal and beyond their role or responsibilities, as these participants explained:

> It's giving them permission to put that challenge into one another, and I think that's been vital.

> I wouldn't say we [the sector led improvement work] have teeth, but I would say we have a lot of levers now. And so having those levers to pull…We were not in charge of those authorities. They have their own autonomy, so it's not teeth as such. We don't go in and bite them, but we do pull levers to try and get them to manoeuvre a situation where that improvement can happen.

Helping to identify issues early and prevent failure

A key aim of the RIIAs was to identify issues in local authorities before they reached crisis-point and to be able to respond in a timely way. There was mixed evidence about the ease and feasibility of achieving this goal. Some regions were cautiously optimistic that they were moving in the right direction as they were identifying issues and had not had 'any surprises' following recent Ofsted inspections. Equally, a region reflected they were now smarter at detection and early warning signs. There were also specific examples cited of RIIA activities helping to catch local authorities that had 'wobbled' and were starting to show signs of struggling. They were then able to put support in place which helped to steady them. In 1 example, the RIIA spotted that an authority was showing signs of struggling before Ofsted reduced their judgement from 'good' to 'requires improvement'. This early recognition enabled them to provide support at every level, including DCS to DCS, Tier 2 to Tier 2 and lead member to lead member. This helped to steady the authority. In another region, participants reported their improvement trajectory was demonstrably different following the establishment of their RIIA as fewer local authorities had received a 'requires improvement' or an 'inadequate' judgement.

That said there were also examples of RIIAs not detecting that a local authority was at risk and were taken by surprise when they were judged 'inadequate'. The challenge and difficulty of being able to identify issues and prevent authorities from failing was also highlighted. Participants explained that a lack of time 'to get in there and put in enough support to actually make them improve enough' could prevent them being able to do this. A lack of time also limited the depth of the self-assessment and peer review process and meant it was unlikely to be as thorough as an Ofsted assessment. Equally, the ability to detect weakness and risks depended on the individuals involved and how robust they felt they could be with each other, which may limit the opportunity for disclosure. Sometimes, it was said, there is just no way of knowing as the quarterly data and regular meetings provided no indication of this. A final fundamental weakness identified with the process was that unless an authority was willing to engage openly with the RIIA self-assessment peer review process, and if issues were identified, to take up an offer of support then there is not much else the RIIA can do:

> The Regional Improvement Alliance works when people are being collegiate and open. But if I chose to say I don't want to engage and I'm not listening to you. The region couldn't do anything to stop me falling.

> You can't stop an organisation or you can't force another organisation to engage if they don't want to. And often it's the ones that don't engage, that are the ones that are in trouble.

> At the end of the day… we don't have intervention powers, so we can't… say well we're going to take your power away from you were going to intervene in this particular way. It still does come down to the authority.

Furthermore, regardless of the ability of the RIIA to identify a local authority at risk of 'failing', a region may be unable to prevent this happening in certain circumstances, irrespective of any support they provided. There were two specific circumstances described that could potentially tip 'authorities over' and be beyond the reach of the RIIAs. Firstly, stakeholders referred to local authorities facing significant serious financial pressures or budget failures, as one participant explained:

> I think regardless of the strength of regional arrangements, if you have a local authority that suddenly says actually our budget position means that we've got to take 10% out of our front door and 10% out of our children in need service. The reality is that caseloads will go through the roof, quality, will suffer, and you'll start to see a disintegration of the service.

Secondly, stakeholders referred to a significant turnover of senior leaders and staff in a short period of time. These findings echo some of those presented in Chapter 2 about authorities where alternative delivery models were implemented.

Regional Improvement and Support Leads (RISLs)

Since April 2018, a Regional Improvement Support Lead (RISL) has been assigned to each region, with 2 in London. Most RISLs worked in public service prior to becoming a RISL and some had specific experience of working in children's social care.

The role of a RISL

The RISL role was created to drive sector led improvement across regions with the ultimate aim of helping to prevent local authorities from being judged by Ofsted as 'inadequate'. The role intended to build relationships and work collaboratively with DCSs in their nominated region and worked with local authorities who were at risk of 'failing' providing tailored support to prevent this from happening. The RISL role, as specified by DfE, involved:

- Working closely with partners to ensure local authorities that were struggling got the help they needed

- Using data and evidence to build a clear picture of services and outcomes in the region

- Understanding strengths and capacity in the region to develop an offer of good practice

- Supporting the development of the RIIAs (see above) so that they were effective in helping each authority to self-evaluate and peer-review performance, identify improvement needs, and coordinate the right support

- Supporting greater coherence of DfE policies in the region and using local and regional expertise to develop and inform policy development.

RISLs were not intended to be advisors or experts as the DfE recognises this knowledge comes from within the sector.

Typically, RISLs were based in the region and operated as the main link between the RIIA and the DfE, working alongside the LGA Children's Improvement Officers and the ADCS. RISLs mainly met with DCSs to discuss key trends/concerns, gathered and shared intelligence, brokered PiPs and other sector led improvement offers, and supported the RIIAs. Generally, RISLs did not work with local authorities that were in intervention in their region as their focus was on improvement work. There were however a few RISLs who combined their improvement work with being a case lead for an authority in intervention.

While each RISL tailored the way they worked to the needs of their region they identified a range of key elements of their role. These are presented below.

Building relationships

RISLs described how a key aspect of their role was to proactively build relationships with local authorities (typically with the DCS in each authority) so they could have 'a trusted honest conversation about where they are at and what their support needs are'.[80] RISLs had regular one-to-one meetings with the DCSs in their region to get a more detailed understanding of the issues in each area, to identify risk, and 'look under the stones'. The frequency of these meetings varied depending on the number of authorities in a region and the capacity of the RISL.[81] Prior to the COVID-19 pandemic, for example, one RISL was having quarterly face-to-face meetings with each DCS and phone conversations between meetings, as needed. During the pandemic, however, the RISL role expanded

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[80] Over half of respondents (37 of 62) for our 2019 DCS survey indicated RISLs were effective and building relationships with DCSs, this increased to 27 of 38 in 2020/21. RISLs had less contact with corporate leaders though. For further detail, see Annex 3.
[81] Both of our surveys found over half respondents indicated that there was no fixed pattern of contact with RISLs. See Annex 3 for further details.

as they became the link between local authorities and a range of key policy teams as part of the REACT meetings (see above). This resulted in, at times, weekly meetings with the DCS and RIIA leads via MS Teams or by phone. A RISL also described their role as helping to minimise the number of DfE contacts and broker the conversations with the department.

In addition to individual meetings with DCSs, RISLs had varying degrees of involvement in the RIIA, depending on the region.[82] For example, some RISLs had a regular standing item on the RIIA meeting agendas and were invited to attend the whole meeting, whereas others attended only when sector improvement was discussed. RISLs also met with other key stakeholders involved in their RIIA such as the Chair of the Executive Board or Steering Group, ADCS Chair, Lead Members and the LGA Children's Improvement Adviser, as needed.

It was clear that some regions were more welcoming to the arrival of the RISL role than others. Where LAs or regions previously had a less positive experience of working with DfE, or were concerned about how any information they shared would be used, building relationships tended to be more challenging. In these circumstances, it was harder for RISLs to build rapport and trust and to dispel any myths or concerns local authorities had about them. Over time, where RISLS were able to reassure DCSs about their role and to demonstrate their support through their actions, or be a conduit of useful information, some of the scepticism and mistrust was reported to have reduced. This helped RISLs to have more constructive and open discussions with local authorities. When this happened, it could also result in them being more involved in the RIIA meetings.

Benchmarking and diagnostics

RISLs used national children's social care systems data (for example, CIN Census, NPD and SSDA 903 returns) to monitor change within authorities. They could also access data each quarter on the 18 indicators which local authorities were funded by the DfE to collect, as per the agreements set out in their MoUs (see above).

Over time, RISLs reflected that they and regions had become better at gathering and making sense of the data and softer intelligence about how LAs were progressing. RISLs noted that regardless of its frequency, statistical data only provided some of the story and could not be relied upon in isolation as there was a need to understand the context behind the data. It was, however, useful for providing some helpful clues about what might be happening and was a helpful starting point for conversations, to monitor trends, and to assist with prioritising where DfE support was likely to be needed across the region.

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[82] In the 2019 DCS survey, almost half of respondents (27 of 62) indicated RISLs were at least fairly effective in supporting regional arrangements. See Annex 3 for further information.

Additional sources of information that RISLs drew upon included Ofsted inspection reports and focused visits. One RISL commented that they had learned to 'read between the lines' of Ofsted reports which aided their understanding of what was going on in a local authority. Most RISLs said they had a close relationship with their region's Ofsted lead but that they were not privy to additional information about planned inspections. Further to Ofsted, RISLs worked closely with LGA and ADCS to gain insights into regional issues and concerns within local authorities. One RISL explained, however, that their region could benefit from a closer working relationship between DfE and LGA in identifying authorities that were on a downward trajectory, and before Ofsted carried out an inspection.

Brokering improvement support

RISLs had a role in raising awareness about the availability of support in their region and then brokering the arrangements for the support with LAs. Mostly this was to help authorities to access PiPs or Improvement Adviser support. Some RISLs supported LAs within their region with their bids to access PiP support but others seemed to refer to the role as brokerage between the authority and finding an appropriate PiP from outside of the regional arrangements. They had also worked with the LGA to organise improvement support provided by their Children's Improvement Advisers.

Where timely support had been brokered, DCSs viewed this aspect of the RISL role very positively. For example, a DCS described how the RISL had been incredibly helpful in supporting them through their improvement journey. They had helpfully tailored the support and looked at different options as they progressed through the different stages of their journey. However, there were often issues with the arrangements – either a delay in receiving the support, or the match with the PiP authority did not seem appropriate. Furthermore, where DCSs had existing connections and relationships, they sometimes preferred to make the arrangements themselves or seek out other sources of support. Local authorities were keen to be able to access a wider range of support beyond the PiP offer.[83]

The brokering role depended on the RISL being able to elicit from the DCS what they needed and believed would work in their authority. This needed to then be reflected on within the wider context of Ofsted reports and the DfE intervention leads.

Being a conduit of information and joining-up the picture

Finally, RISLs had an important role in providing and gathering intelligence for different policy teams within DfE and providing feedback centrally to ministers and at cross departmental meetings. This worked in 2 ways as LAs were able to access national policy guidance and intelligence from wider DfE teams, from across children's social care

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[83] For further information about PiPs, see Chapter 4 above.

or education and to learn about, funding opportunities and applications. This was useful to triangulate data from different sources (for example, statistics, Ofsted reports and discussions with colleagues from LGA, ADCS and within DfE). Over time, regions started to appreciate that this was a very useful feature of the role of the RISL as it enabled them to access useful guidance and information and support about funding opportunities. The added value of the RISL was in providing this connection into the DfE and being a single point of contact. A DCS reflected on the importance of this aspect of a RISL's role:

> It's about being an effective conduit in and out of the Department, someone we can trust and someone who does understand the current agenda in the Department and that it gets translated faithfully.
> – DCS

RISLs worked closely with other policy teams in DfE and tried to combine meetings, for example, with the Regional Schools Commissioner or colleagues leading the Innovation Programme, to minimise the burden on local authorities. This approach had developed over the course of the COVID-19 pandemic as part of the REACT meetings with local authorities. Prior to the pandemic, the network of RISLs were meeting informally every two weeks and would organise other more formal meetings or an away day to collectively focus on areas of their work.

As discussed above, the REACT meetings that were set up during the COVID-19 pandemic, highlighted the RISL as an important link between LAs and DfE policy teams. However, during the case study interviews participants explained that these meetings and the Vulnerable Children and Young People Survey had placed increasing burden on local authorities and were sometimes viewed as being of questionable value. There was also a view expressed that RISLs needed 'a bit more policy clout [so they] …can go and bang, fists on tables, or to have the ear of ministers or to charm or to scream, as required, about the issues in the region'.

RISLs accepted that the roles across the different regions were, and needed to be, different so they could respond to the needs and context of their region. One RISL commented that while the variability may be necessary, it would help to explore whether a more consistent and common offer would be feasible. RISLs had started to develop a core RISL offer for all regions and explore how they could become more of a repository for capturing and sharing the learning about practice across the country.

Challenges associated with RISL role

Aside from the challenges of brokering PIP support which are discussed above, RISLs reported a number of specific challenges and limitations associated with the role. These included:

- Trying to build relationships with good or outstanding authorities and those authorities that were reluctant to engage with DfE.

- Compared to DCSs, RISLs tended to be relatively junior in status and to have limited sector experience, which could affect their credibility when engaging with local authorities. They also reflected that it takes time to build relationships and to demonstrate their value.

- The provision of information can often feel like a one-way process for DCSs as sometimes RISLs lacked the policy information they required:

  > I think sometimes it always feels like, probably to them, a bit of a one-way process where we're just constantly asking them for information but we're not always feeding back to them. – *RISL*

- Being able to detect and identify a struggling authority, based on only partial information.

- Being able to support local authorities facing financial pressures or workforce issues.

- Managing requests from local authorities for support alongside regional-wide improvement support requirements.

In some regions, the turnover of RISLs proved to be a key challenge for DCSs. While RISLs were not expected to be sector experts, DCSs reflected on the time it can take to build a relationship with a civil servant that is not familiar with an area as complex as children's social care, and who may only be in post for a limited period of time. Over time, a DCS reported that they were less inclined to invest as much time in building a relationship with the RISL as they had initially because of the turnover issue. Another DCS said they had been worked with four RISLs in two years, while another shared their view: 'They change role frequently, often there for three to six months, then move on and waste directors time'. DfE internal data suggests that RISLs stay in post for approximately two years.

By the time of the final wave of fieldwork (spring 2021), most of the original network of RISLs had changed at least once. To help address this issue, three RISLs were sharing an office and working closely together to reduce the reliance on just one individual so they could provide support for each other.

RISLs highlighted two further tensions with their role:

- Firstly, juggling the offer of support to a local authority, while also being a 'watchdog' for DfE, and ultimately Ofsted. There was some discomfort among DCSs about the idea that '[RISLs] are checking up on us', and DCSs sometimes referred to them as 'spying' on LAs/DCSs. As discussed above, RISL attendance

at RIIA meetings also divided opinion as some authorities were wary of having open conversations between LAs with the DfE in the room. Others, however, welcomed having the ear of the DfE at these meetings.

- Secondly, managing the tension between building a relationship with an authority and 'going native' or aligning too far with local agendas:

    You are a DfE official, but you're trying to be quite loyal to the LAs because you are trying to advocate on behalf of the LAs. – *RISL*

Reflections on the role of the RISL

Building on their previous experiences, RISLs and DCSs reflected the critical features for the success of the RISL model. They reflected that RISLs needed:

- **To have an understanding of the regional context** in which they are working. RISLs reflected that it helped to understand the local geography and political context in which children's social care services are operating and the issues and challenges they face.

- **To have the time** to build trusting relationships with DCSs in their region.

    Sometimes it can feel a bit like floating around having nice conversations and a cup of tea with the DCS and chatting over how things are going and then sometimes you recognise that actually the value of that doesn't emerge until much later down the line when they are able to then have an honest conversation with you. – *RISL*

- **An ability to communicate effectively**, be honest and open (and prepared to have the difficult conversations), show humility and appreciate that the 'government does not always know best'. As one participant said: 'I think they [RISLs] do have to be willing to listen and learn and...be open minded.'[84]

- **Continuity and stability of RISLs** is critical to building successful relationships.

- **To be sufficiently senior to be able to be a conduit of information and learning for local and central government**. To do this, it was acknowledged RISLs need to have the authority within DfE to be able to influence across policy areas covered by children's services:

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[84] The role of this participant is not attributed to preserve anonymity.

I think they have to be someone who has relative seniority because of the status that gives them in DfE… it is the level of influence they have within DfE and I think they will be more respected too.[85]

They would get a more positive response if the person is equipped by the DfE… given the tools that they need to do the job so they are privy to information they are able to influence policy, they are able to influence ministers thinking and to do that they probably need some level of seniority within the DfE.

- To be able to work as a team to **share knowledge and expertise and being able to draw on a larger pool and network of practice and resources** that can be shared with their regions.

- To be able to **analyse the evidence**, **see the wider context and be able to pick up on the warning signs** when local authorities are struggling within the region.

- As noted above, there were **mixed views about whether RISLs needed to have knowledge of children's social care**. Where it was identified as being important was for helping to develop a deeper and less superficial conversation with local authorities. It would also reduce the burden on DCSs having to spend time explaining and coaching RISLs about children's social care.

Areas for improvement

In this final section of the chapter, we report the suggestions made for improving and creating sustainable regional arrangements and DfE's involvement with this. Participant suggestions are outlined below.

- Regional sector led improvement should be led by the sector but with more discussion about how the DfE is involved in supporting improvements to sector led improvement.

- Sustainable regional sector led improvement needs long term funding.

- DfE should produce a long term (5 to 10 year) strategy showing their commitment to regional sector led improvement with the funding and financial sustainability and plans to help build the capacity to support local authorities. This should clearly set out the role and aims of regional sector led improvement and the role of the RISL. In developing this, it would also help to discuss the role of the RISL and how it could work best with local authorities.

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[85] RISLs were Grade 7, which is a team leader level role.

- Review how Ofsted, DfE and the LGA can align their approach through their regional sector led improvement offers.

- Promote the role of the RISL across DfE policy teams as a way to reach DCSs and be a trusted mechanism to consult with DCSs because of their pre-existing relationships.

- Allow RISLs to become more of a channel of intelligence between the DfE and local authorities. It would also help to join up the policy teams across Whitehall such as the Department for Levelling up, Housing and Communities (DLUHC)[86] or Ministry of Justice, who were also working with children's services in each region. It was said that children services do not operate in a vacuum, and they are very dependent on policy from the Home Office, Ministry of Justice, DLUHC and the Cabinet Office. It would therefore be helpful to have a family footprint across central government.

- Expand the range of local authorities that provide excellent practice provision offered by local authorities beyond the PiP programme. The principle that every local authority has got something to contribute was a key message from the case studies.[87] The RISL could promote, coordinate and broker a menu of options for improvement work. As one participant said: 'Everybody's got good practice and the fact that people do things differently makes you think and reflect on your own… authority'. Related to this there is a need for more formal inter-regional engagement to enable practice and learning to be shared and improvement support accessed. Suggestions included setting up 'Centres of Excellence' where local authorities could offer support in areas of practice.

- Create a central repository where the information and learning about what works from regional sector led improvement could be shared and accessed. Alongside this, organising workshops, seminars, and learning events and regional masterclasses. It was suggested that this could be hosted by the What Works Centre of Social Care.

The next chapter of this report presents the evaluation team's conclusions and recommendations based on the evidence collected.

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[86] At the time of the interviews, the Department was called the Ministry for or Housing, Communities and Local Government.
[87] Also see Chapter 4.

Conclusions and recommendations

This final chapter draws together and concludes the evidence presented within the report. We start by reflecting on the overall findings from the evaluation, before concluding on the overall effectiveness, impact and value for money of DfE's support for interventions and sector led improvement activities. Finally, we present a set of actionable recommendations for DfE, local authorities and other key stakeholders.

Assessing impact on LA performance

Between 2016/17 and 2019/20, the DfE has invested over £5.7m in sector led improvement, delivered principally through the PiP programme, and including direct support for 71 LAs across all regions in England – mostly those that assessed as 'Requires Improvement' at Ofsted inspection. Since 2018, the DfE has also supported improvement activities in each Government Region, by maintaining a national network of RISLs and providing financial support to the RIIAs since their rollout in 2019. Over the same period, the DfE has continued to invest in a programme of interventions for local authorities assessed as Inadequate at Ofsted inspection, to a total cost of £24m between 2016/17 and 2019/20.

On the strength of the evidence from the evaluation, it would be fair to conclude that DfE's suite of interventions and improvement support has contributed towards improvements in performance within the sector over this period. The evaluation also highlighted the contribution of regional networks with the emergence of RIIAs and varying levels of interaction between RISLs, LAs, the DfE and other key stakeholders within the regions. It is, however, difficult to isolate the precise contribution of DfE to any impact made in regions due to the previous regional investment in this area prior to the RIIAs, and the collaborative nature of developments involving ADCS, LGA and SOLACE.

As reported in Chapter 3, the evaluation provided an opportunity to explore the impact of specific (>£1m) interventions quantitatively, using quasi-experimental methods, with clear signs of an association between the investment and selected outcome measures moving in the right direction. For the LAs receiving the most substantial financial support from DfE through Alternative Delivery Models (ADMs), statistically significant increases in the number of Child Protection Plans (CPPs) reviewed in the required timescales and the rates of CPPs closed is encouraging evidence of improved service effectiveness and efficiency. Despite no (statistically significant) impacts on other outcomes, the indications of re-referrals to children's social care services starting to decline within the intervention period are also promising. These findings reinforce the key messages from the qualitative research, that ADMs – while costly – can, in the right circumstances, achieve results for authorities where removal from council control is deemed the only option.

The headline indicator relating to shifts in Ofsted inspection status is a blunt one when it comes to understanding *how* improvement is achieved and sustained. Indeed, the absence of an agreed outcomes framework for the sector means that it is challenging to capture and validate the more direct benefits that might be expected to accrue from improvement and interventions, including those relating to the workforce, organisational change, social work practice, and outcomes for children and families. There is clearly a priority for the DfE to establish an outcomes framework and tools for future use.

Effectiveness of interventions

The evaluation set out to examine the relative effectiveness of different models of intervention for children's social care services judged by Ofsted to be inadequate. Overall, the analysis indicated that the success of any given intervention is as much down to how the LA is supported as to the mechanics of what is done. Looking across multiple case study examples, there was no set formula for improvement actions, and it was clear that what works in 1 LA is not always directly replicable elsewhere due to the range of local historical and contextual factors that underpin children's social care services performance. A good 'match' between the LA and improvement partner or adviser, a strengths-based approach, sensitivity in handling the circumstances surrounding failure, and flexibility to afford the authority the necessary time and space to mobilise an improvement plan were all hallmarks of a well-planned intervention.

The decision about whether or not a service should be removed from council control had quite far-reaching consequences for the course of the intervention. Commissioners had to balance judgements about the capacity of the council to improve against the risk of disruption that transferring the service to an ADM would bring. Overall, however, there was much consensus about what systemic failure looks like, and confidence in Commissioners to recognise the signs and to act accordingly. Removals from council control were considered unavoidable where there was a denial of the need for change and senior leaders did not know what 'good' looked like, or where the problems were multifaceted and intractable, and the service was 'broken'. Abnormally high caseloads, high agency staff rates, social worker turnover, and disengagement from regional activities could be warning signs of a service that was declining. This was sometimes indicative of wider systemic problems at a corporate level, with Children's Services being the first to fall.

Outside of the context of persistent or systemic failure, however, there was a strong message that authorities wanted to take ownership of their improvement journey. Whether provided by a Commissioner or Improvement Adviser (IA), LAs placed a premium on the credibility of the improvement partner and demonstrable experience of having faced and overcome similar challenges in the past (this was also true for LAPs, which are deemed an ADM). LAs looked for a trusting and open conversation about

improvement, and a partner that could go beyond the initial focus on compliance to equip the LA with the tools and support to take steps towards becoming 'good' in the medium-to-longer term. In the same way that the signs of persistent or systemic failure were commonly known and accepted, Commissioner judgement was key to recognising capacity to change. This was often reflected in acknowledgement of the problem and political will; steps taken by the LA to make necessary leadership or staffing changes and to set an improvement plan in place, and capacity to drive self-improvement with the right kind of help.

From LAs' perspectives, the main recommendations for DfE related less to intervention 'models', and more to a general message about the mechanisms in place to drive improvement. Fundamentally, where there were already signs of recovery, authorities wanted greater trust from DfE and Ofsted, and a less risk-averse and more strengths-based approach towards intervening. While statutory intervention could provide an important wake-up call, legitimacy for action with the LA's political leaders, and extra resources for improvement, it was also clear that an 'inadequate' judgement could risk further destabilisation. This was apparent both with regard to the impact on staff morale from the public naming and shaming of the service, and the additional administrative requirements placed on LAs at a time when efforts were focussed on recovery.

To address this situation, local authorities wanted to see greater sensitivity around the timing of the inspection and how the judgement was communicated to staff. A priority was also identified to streamline the actions taken by Ofsted and the DfE and to review the separate monitoring and reporting requirements placed on LAs during the initial stages of the intervention. While it was recognised that compliance and core processes must be at the fore, LAs contrasted the more holistic approach adopted within improvement support where the partner worked with senior leaders to address problem areas systemically. This meant that LAs falling either side of the 'Inadequate' / 'Requires Improvement' judgement received very different treatment for similar needs – a punitive approach on the 1 hand, compared with strengths-based on the other. Instead, LAs sought a more balanced approach.

Sustainability was a further aspect of interventions where authorities identified room for improvement in the current system. A sharp fall-off in support and resources was sometimes experienced where a service had exited intervention and entered the 12-month period of observation by DfE. A number of LAs within the evaluation had accessed PiP sector led improvement during this transitionary period and found this beneficial in consolidating the gains made during the intervention period. Indeed, DfE oversight during this transitionary period was often considered particularly important in LAs where the initial problems derived from a lack of prioritisation of Children's Services within the authority. Without the benefit of the authority carried by the DfE appointed adviser, the financial and political impetus for improvement could quickly fall away.

Specific delivery models and their effectiveness

Regarding specific types of interventions, there were examples where authorities had made substantial progress under ADMs, albeit at the expense of ceding control. The principal models each showed relative strengths and drawbacks. LAPs had the advantage of keeping the service within the LA, under the safe harbouring of another authority, and gave the additional flexibility to manage a potential transition back to LA control in the longer term. The drawback, however, was that the sets of conditions for an effective LAP arrangement were rather specific. A suitable LAP arrangement required the availability of a geographically proximate LA partner with the size, political fit and resources to enter into a long-term commitment, notwithstanding the less tangible criterion of whether leadership styles and cultures were compatible.

In contrast, the Trusts had the benefit of providing a fresh start for LAs with a long history of intractable problems and benefited from independence from wider problems within the council. This was offset by the substantial costs. And indeed, the evaluation highlighted some concerns about the long-term desirability of split governance within LA children's services and whether this provided the best solution for meeting the needs of all children.

At the less intensive end of the scale, there were also some generalisable benefits relating specifically to Commissioner-led, IIA and IA routes. Commissioner-led approaches sometimes provided an extra dimension where the LA was experiencing difficulties with wider buy-in to the improvement plan at a corporate level. The added weight of Commissioner involvement could prove sufficient to keep council leaders and LA Chief Executives at the table and to back the DCS to drive through change. IIAs and IAs did not necessarily differ substantially in the scope of support offered, but the former had particular advantages in situations where the improvement plan required systemic practice changes – here, the involvement of a suitable LA peer as an improvement partner was conducive to remodelling and embedding social work practices. IAs were generally the option of choice for LAs where inadequacy was judged to be less serious or systemic. Here, the priority for the IA was to guide the DCS to lead improvement, and to establish and implement a viable improvement plan.

Effectiveness of sector led improvement support

The intervention findings are echoed within the sector led activities, including the PiP programme. Often LAs welcomed the opportunity to access flexible and tailored support delivered by a peer, however others felt obliged to accept PiP support as it had been recommended by DfE. The particular model of support promoted through PiPs – delivered bilaterally from another authority, was best suited to LAs with the resilience to support others while sustaining their own improvement. As such, the requirement for PiPs to be rated at least 'Good' was accepted but there was also acknowledgement that

all LAs had something to offer, especially those that had direct experience of being 'Requirements Improvement' or 'Inadequate'. At the same time, the narrative of the best LAs supporting those at the bottom was thought to be unhelpful.

In practice, effective sector led support was based on trust, reciprocity and an understanding that the process should be mutually beneficial, within a 'partnership of equals'. The best performing authorities were also receptive to learning about different contexts and ways of working and saw the benefits of facilitating morale-boosting exchanges between social workers, and of the opportunities afforded by the programme. Any concerns about the risk of over-stretch from being a PiP proved to be unfounded in this respect.

The evaluation provided an opportunity to draw-out key features of sector led support that were most valued and that were associated with greater levels of effectiveness and satisfaction with the partnership. This included support that was based on a partnership of equals; relationship-based, systemic, evidence-based, tailored and flexible, and strength-based. The interviews further underlined the key conditions for PiP support to flourish. There was a clear message from local authorities that the partnership must be voluntary with leadership buy-in rather than 'going through the motions'. There was a priority to recognise and accept where a given PiP partnership simply was not working, due to differences in ethos, working culture, or where the offer was a poor fit with local needs. Commonly these situations arose where LAs had not had sufficient opportunity to explore whether and how the partnership would work before formalising the agreement, for example where LAs felt under pressure to accept PiP recommendations offered by DfE.

The PiP programme also provided an opportunity to test supply and demand for sector led improvement. While the fieldwork carried out earlier in the evaluation pointed towards some issues of under-supply and delayed commencement of PiP activities, the picture had changed significantly by the latter stages of the evaluation. By spring 2021, the authorities funded through the PiP programme had grown in confidence and there was evidence that they had become more efficient and responsive to demand through experience.

There are three main areas where the PiP programme showed areas for improvement that might be considered for future iterations of sector led improvement support:

- **Matching and brokerage** – there was a learning curve during the PiP programme, which saw a shift away from the more supply-led PiP offers during the first wave, towards a requirement for greater evidence that the support was tailored to meet local needs by wave 2. While the PiP approval panel improved the transparency of what was being offered, it relied on an assumption that RISLs were best placed to diagnose, to communicate what is on offer, and to facilitate a

good 'match'. In practice, LAs reported having found out about PiP support through a range of channels, from informal networks, to RIIAs, or where Advisers or Commissioners had brokered contact between authorities. There was a clear message from LAs that they would rather have an opportunity to scope their own support needs and to find a PiP offer that was right for them. This was considered to be more genuinely sector led and relationship-based, avoiding a sense that PiP was an intervention imposed on the authority. This was not to say that RISL involvement was unwelcome, and indeed formalising the PiP offer added an important layer of accountability, but on occasions, DfE's involvement in brokering arrangements could undermine the concept of an equal partnership. In these situations, the PiP was reported to not be as effective and consequently did not offer good value for money

- **Programme publicity and information** – related to the above, there was – even by the second wave of the PiP programme, some frustration at the variable levels of awareness and understanding about eligibility for PiP support, the scope of what was being offered by the PiP LAs, and how this might be accessed. Authorities sought further information to help them navigate the programme – whether that be through a national prospectus of PiP offers, or a managed network to facilitate exploratory conversations with LAs addressing common improvement challenges. This equivalent 'soft' infrastructure was present to a varying degree within regional improvement offers such as those managed by the LGA (see below) but was found to be somewhat lacking for PiP as a national programme. The fact that PiP brokerage was primarily triggered by a poor inspection outcome and was sometimes overseen by RISLs on a 'need to know' basis positioned the PiPs as a more remedial offer, which somewhat mitigated against a prevention and early intervention ethos. It is important to note the LAs also brokered support between themselves without RISL involvement.

- **Learning, insights and dissemination** – related to the previous two points, one of the drawbacks of the PiP model was a lack of opportunity for LAs to share learning and insights with regard to improvement. While the strategic and operational groups managed by the DfE were welcomed by LAs directly involved, there was relatively little feedback and dialogue with the wider sector outside of these forums. For future iterations of the programme, there would be advantages of more systematically gathering learning and insights from PiPs – both those in a supporting and receiving role and using this information to facilitate conversations about improvement with the wider sector beyond the 'PiP bubble'. A national network, webinars, banks of resources and an evaluation framework for sector led improvement would be one way in which the DfE might draw these conversations together, over-arching the learning generated in the context of PiP delivery and arising from regional forums.

Effectiveness of regional arrangements

The evaluation highlighted the long and varied history of regional sector led improvement and peer challenge initiatives at a regional level, building on ADCS's and LGA's development input support offers. Most regions had some kind of established infrastructure in place well before the RIIAs were established, which was a platform from which to build for collaborative sector led improvement activities such as joint CPD and developing shared auditing tools. There was some evidence that the rollout of RIIAs had helped some regions to shore-up provision where regional networks were less well developed. These arrangements were diverse, however, and DfE's involvement in and attendance varied with some RISLs being invited to attend all or parts of regional meetings. . Individual RIIAs had evolved to reflect the particular dynamics within each region, including the number of LAs, staff turnover among DCSs, and the quality and scope of LA collaboration.

The RISL network provided a main focal point for DfE's presence within the regions. Although DfE's regional intervention and improvement support teams underwent a process of restructuring during the evaluation, there were similar messages from LAs during both waves of fieldwork.[88] The most valued aspects of the RISL role included: the open channel of communication, and the possibilities that this created for improving two-way conversations between the DfE and LAs; backing-up DCSs and legitimising action with council leaders where there was resistance to improvement.

Initially, the role of the RISLs with regard to monitoring and reporting was viewed far less positively, however, this improved over time as the need to share information was more readily accepted. There were varying levels trust – some LAs viewed the RISL's intelligence-gathering activities with suspicion and were selective about what they were willing to share. The perceived surveillance could result in more guarded conversations. More fundamentally, however, there was a consensus that the sector was the best placed to led sector led improvement. With DfE's support and input they could undertake data-gathering, peer challenge and review, building on a contextualised understanding of the improvement needs within the region. RISLs worked best when they had regional context and knowledge, were able to interrogate data within the wider context and were able to quickly build an understanding of children's social care. The degree of turnover among RISLs was a challenge for the sector.

The evidence points towards opportunities as well as challenges. The RIIAs, as originally conceived, were designed to offer a tested model of LA self-evaluation and development planning, peer challenge, identification of regional level actions, and stock-taking of expertise and resources available within the region to meet these challenges. The DfE clearly has an important continued role to play in resourcing these arrangements and

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[88] Wave 1 was in late 2018/ early 2019 and the second wave was in late 2020/early 2021.

maintaining a link with the regions, but the evaluation suggests that a facilitative approach would add more value than a monitoring-led one. More sector led regional arrangements are likely to be conducive to innovation, with the RISLs well placed to ensure that promising examples of regional sector led improvement activity are scaled and spread.

Value for money

The evaluation sought to establish the relative costs of interventions and improvement support, and to appraise the value for money of these investments by the DfE. The data suggests that costs were avoided due to the additional CPPs closed in that received LAs substantial DfE support (£1m+). The full costs avoided may not materialise for some time, as such the cost-savings presented may be considered a conservative estimate.

The evaluation also points towards opportunities to make better use of resources within the system, through a more joined-up approach between the DfE and key stakeholders such as the ADCS, LGA, and SOLACE. It was beyond the remit of this study to evaluate these alternative offers, but in practice LAs often drew on all available resources and did not necessarily differentiate between DfE brokered support and other sources.

Future proofing

At the time of writing, the DfE's business case for the future of Sector Led Improvement had been recently approved. [89] The proposed arrangements capture and reflect many of the building blocks of the PiP programme – a core group of LAs demonstrating capacity to offer peer support, selected through an objective assessment process. The new arrangements also respond to a number of documented shortcomings of the PiP programme, including those highlighted in the interim evaluation report. The adjustments include:

- Selecting authorities to ensure that all regions will benefit from access to a sector led improvement partner without being disadvantaged by geographical distance.

- Setting a minimum of 40 days for packages of SLI support,[90] to encourage a systematic approach and avoiding more ad-hoc episodes of support which were perceived to be of more questionable value during the PiP programme.

- Securing a three-year funding arrangement (2021-24), to mitigate against the risk of LAs needing to scale-back capacity to manage financial uncertainty at the end of the programming period, which was detrimental to a number of PiP authorities.

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[89] Op. Cit. (2021)
[90] The proposed offer includes three levels of intensity, with numbers of days of support as a proxy: 'low intensity' (40-89 days), 'medium intensity' (90-199 days), and 'high intensity' (200+ days).

The evaluation indicates that there is a strong case for building upon and extending the best features of the PiPs within the new SLI programme, while considering the areas for improvement outlined previously within the conclusions in this report. Three further key themes particularly stand out from the evaluation, which warrant consideration:

- **Innovation** – the DfE took a decision at an early stage to commit to a particular model of peer support based on improvement partners. As the needs of the sector evolve, it will be important to ensure that there is room for innovation within the default model. The role of digitalisation provides a case in point – the evaluation showed promising signs that PiPs had adapted to meet the challenges imposed by the Covid-19 pandemic by delivering elements of their offer virtually and revealed unexpected benefits for some regions by bringing LAs closer together. Other sectors, such as education, have adopted collegiate and collaborative models of sector improvement involving multiple partners.[91] The SLI programme would benefit from remaining open to these new ideas and encouraging practical innovation.

- **Updating the evidence base** – the PiP programme benefited from the body of research generated through the CSC Innovation Programme and then latterly through the evaluations of the Understanding Excellence strand, which were commissioned through the DfE CSC Evaluator Framework. Although the levels of funding committed to UE proved contentious, there is no doubting that the evaluation evidence has benefited PiP delivery – through the adoption of evidence-based systemic practice models and training, for example. Whether or not the UE programme is continued, the new SLI programme should remain plugged in to new children's social care research and may benefit from closer alignment with the What Works for Children's Social Care (WWCSC).

- **A continuum of support** – interventions and improvement support have provided two quite distinct arms of the DfE's involvement in sector improvement, distinguishing between failing authorities on the one hand and those at risk of slipping on the other. As we have discussed within the report, there was a near universal recognition of the need for statutory intervention where failing CSC systems pose a risk to children and families. Overall, however, LAs showed a clear demand for more flexible and responsive support from within the sector, and opportunities to seek help and understand what is on offer before reaching a stage where remedial action is required following a poor inspection. Alongside the existing statutory framework, there would be merit in developing the evidence base by establishing – or more closely aligning – practice forums and repositories

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[91] Easton, C., and MacLeod, S. (2021) [Forthcoming] School Improvement Research and Learning Study: Embedding and sustaining improvement. Research learning report. London: Department for Education.

of good practice at a national level that are open to all LAs. This might include collaboration between the DfE, LGA, ADCS and other key partners.

Recommendations

In drawing together the key findings from the evaluation, it is possible to identify a core set of recommendations: for future DfE interventions and improvement work, and for developing practice at regional and local levels. These include the following:

1. To consider extending the improvement support offer to LAs at risk of inadequacy to access advice from a Commissioner/Improvement Adviser before their Ofsted inspection, followed by a period (for example, 6 months) for the LA to show whether they can create the building blocks for improvement. This could pre-empt unnecessary 'shaming' and subsequent destabilisation that risks making the service worse.

2. To reframe the language of 'inadequacy' and a deficit-based model to reflect a more effective, strength-based approach that has been adopted within children's social care work with families.

3. To clarify that the purpose of intervention is to achieve sustainable improvement for children, not just an improved Ofsted rating. This would involve taking a more systemic look at the contribution of political/executive leaders and partner agencies rather than focusing solely on children's social care services.

4. To work with Ofsted to review and critically reflect on respective roles in relation to LAs during the early stages of intervention to explore the potential for preventing LAs to be judged inadequate

5. Working collaboratively with Ofsted to explore streamlining monitoring and reporting arrangements and reducing the administrative burden on local authorities in intervention.

6. To consider reviewing the brokerage arrangements for PiP/SLI Programme support, so that LAs are afforded greater discretion to scope their own support needs and to find a PiP offer that is right for them, within the parameters of the programme.

7. To improve the level of information and guidance that is available to LAs about the PiP programme, including easily accessible information about the eligibility criteria, access arrangements, and the range of PiP specialism and expertise. This might include a national prospectus of PiP offers, or a managed network to facilitate exploratory conversations with LAs addressing common improvement challenges.

8. To consider the potential for extending and widening access to improvement support for LAs during and following the transition out of intervention and during the 12 months DfE monitoring period post-exit.

9. To establish an outcomes framework, a set of tools and easy access to evidence-informed practice and new research for capturing and sharing learning to support continuous improvement. This should draw on evidence from both supported LAs and improvement partners and might include collaboration between the DfE, LGA, ADCS and other key partners

10. To build a stronger reflective practice dimension into the national support arrangements for LAs, so that strategic and operational meetings regularly showcase data and evidence within a 'critical friend' environment.

11. To consider the case for establishing a national network, webinars and banks of resources for sector led improvement, involving all LAs and regional networks, and wider resources into a universal resource for all LAs to support improvement conversations, working closely with key partners such as the LGA and ADCS.

12. To reflect on strong views from the sector that authorities are the best placed to undertake data-gathering, peer challenge and review based on their understanding of the regional context, and to consider whether a re-framing of RISL's monitoring responsibilities and boosted capacity for RIIAs is merited in light of this. This could include creating a longer term strategy for RIIAs with the necessary resources to help regional arrangements to support sector- led improvement activities.

13. To consider enhancing the RISL role to include not only children's social care services but also education, SEND and early help; to support succession planning (for example, by creating a deputy-RISL role) to promote continuity, and allowing RISLs to be a stronger conduit of two-way communication between DfE and LAs.

14. To continue to support and encourage (whether financially or not) innovation within sector led improvement for CSC services, remaining open to models and approaches that have worked well in other sectors (such as education), those that are developed within a regional context, and delivery of SLI via digital platforms.

Annex 1   Qualitative strands: sampling framework

Intervention and improvement strands (Chapters 2 and 4)

The evaluators adopted a purposive sampling approach, to allow for an exploration of what has worked well or less well delivering intervention and improvement support in diverse local circumstances. The authorities were selected to include all of the principal models of intervention and improvement support funded by the DfE, a mix of local authority types and sizes, and coverage of all English regions.

Substitutions were made where authorities declined to participate or were non-responsive to the evaluators. For the research during late 2020/early 2021 (wave 2), at the time of the COVID-19 pandemic and lockdown restrictions, fewer authorities were understandably in a position to participate. We dealt with this by working with DfE to select alternative LAs. RISL data and intelligence was key for understanding more about regional and LA pressures at this time. Regardless of the wave of research, all authorities were replaced like-with-like as far as possible, to preserve the intended mix of intervention and support models.

Table 4 provides a summary of the achieved sample.

Table 7 Overview of local authorities within the qualitative sample

Category	Number (n)
Type of intervention or improvement support model	
Partners in Practice (PiP)	11
Improvement Advice (IA)	9
Intensive Improvement Advice (IIA)	5
Voluntary Trust (VT)	3
Local Authority Partnership (LAP)	3
Enforced Trust (ET)	2
Executive Commissioner (EC)	1[92]
Local authority type	
Metropolitan District	11
Unitary	11
2 Tier County	6
London Borough	5
Single Tier (Non-Unitary)	1
Government Region	
West Midlands	6
North West	5

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[92] The findings relating specifically to this type of intervention could not be presented because they would have been identifiable.

Category	Number (n)
Yorkshire and Humberside	5
London	5
South East	5
North East	3
South West	3
East Midlands	1
Eastern	1

Base = 34 local authorities

For each authority, an interview was completed with the DCS or deputy, or with the Chief Executive for Children's Trusts. The rationale was to provide a strategic overview of children's social care services and of the intervention or improvement support that had taken place within each authority, and to locate the intervention within the wider governance and corporate leadership arrangements.

Interviews were also completed with the improvement partner corresponding with the main intervention for which each authority was selected. This was managed as follows:

- Where the local authority had received an 'inadequate' Ofsted inspection and was/had been subject to a statutory intervention, the interview was conducted with the Improvement Adviser, Commissioner, Intensive Improvement Adviser or a representative from the partner local authority (for Local Authority Partnerships) as appropriate. The types of interventions covered within the sample included Improvement Advice, Intensive Improvement Advice, Local Authority Partnerships, Children's Services Trusts (both 'Voluntary' and 'Enforced' Trusts, based on descriptors provided by the DfE Delivery Unit), and local authorities that directed their own improvement, with Commissioner oversight.

- Where the local authority was assessed as 'requires improvement' at Ofsted inspection, the decision was taken to focus exclusively on the Partners in Practice (PiP) sector improvement offer - even if they have may have been in intervention in the past. This was because the PiPs have provided the main form of improvement support funded by the DfE since 2016. This focus also helped to ensure a sufficient number of observations to draw out common messages from across the PiP programme, while taking into account the diverse scale and scope of the support provided, and differences in how this support was accessed[93].

To finalise the sample and complete the recruitment for fieldwork, the DfE first provided contact details of the improvement partner for the local authorities within the sample. The

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[93] The first wave of 8 PiPs was launched in 2016, with the second wave of 12 PiPs announced in March 2018, following a competitive tendering process. Since April 2018, the DfE requires that all PiP sector improvement support is brokered via the Regional Improvement and Support Leads (RISLs).

details were cross-checked with the DCS, to ensure that the information was correct and that the named individual was the most suitable contact for the intervention in question. Any proposed alternatives were discussed with the DfE prior to finalising the sample.

Given the finite number of improvement partners deployed by the DfE over the period covered by the research, this process inevitably meant that some individuals had overseen multiple cases within the sample, and the interviews were tailored accordingly. As shown below, we interviewed 24 improvement partners, representing 32 of the authorities in the sample (Table 5). We were unable to secure interviews with the improvement partner for the remaining 2 authorities.

Table 8 Overview of interviews conducted with LAs and improvement partners (Wave 1)

Respondent job role	Number of LAs represented by interviewees
Local authorities	
DCS/Chief Executives	34
Improvement partners	
Improvement Adviser/ Commissioner	14
PiP managers	10
DCSs (inc. of PiPs)	6
DCS of LAP	2

Further in-depth case studies of 6 authorities[94] were undertaken between November 2020 and April 2021 to explore the views of a wider range of stakeholders, including political and council leaders, partner agencies, managers, and front-line staff (see Table 6). The case studies were selected to represent different intervention models. They provided a broader picture, including valuable insight from those who were familiar with the service *before* it went into intervention and had experienced it from different perspectives. Two interviews were also conducted with DfE officials to provide additional context about the policy objectives behind intervention.

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[94] 4 had been involved in the first wave: 2 were newly recruited.

Table 9 Participants

Role	Number of participants
DCS or Chief Executive of Children's Trust	24
DfE appointed Improvement Partner[95]	18
Political leader	5
Senior manager – corporate	7
Senior manager – children's services	8
Middle manager/ social work practitioner	16
Partner agency	8
Other[96]	2
Total number of participants	88

Data deep dives: Understanding LAs' use of data (Chapter 5)

During late 2020 and early 2021, as part of the second strand of the evaluation, data deep dives were carried out in 7 local authorities/Trusts. These LAs/Trusts had been part of the intervention strand of the evaluation (either during 2019 or 2020-21 or both). The 7 local authorities/Trusts constituted a range of local authorities in terms of their data capacity (i.e. performance management teams), their use of data and the timepoint on their improvement journey. The data deep dive fieldwork comprised a series of virtual interviews with key personnel in each LA/Trust. The most appropriate personnel were identified in partnership with either the DCS or Chief Executive and interviews were structured around several key themes related to data use on the improvement journey.

Questions were tailored to each participant's role, with a focus on the technical aspects of data for participants from performance management and information teams.

Interviews were guided by an internal summary for each LA/Trust that was created following a desktop review of publicly available performance and inspection data. These documents provided timelines of the inspection and monitoring history, information about the type, duration, and level of support received. Information was also extracted from the public documents that were specific to challenges the authority/Trust had experienced with regards to data, or how data had been a factor in their improvement journey. The documents included Ofsted inspections and monitoring reports, annual reports from

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[95] This includes Commissioners, Improvement Advisers, Intensive Improvement Advisers and Local Authority Partners.
[96] Councils were invited to select other key participants.

Safeguarding Children's Boards, Improvement Action Plans, Children and Young People Strategy Documents, Strategic Partnership Outlines, and other similar documents.

Across the 7 participating local authorities/trusts, 18 interviews were carried out. These comprised a mix of one-to-one discussions and small group interviews (of up to 3 participants). Interviews were carried out between March 2020 and April 2021.[97] Following initial discussions with the DCS or Chief Executive, 23 participants contributed to the data deep dives (2 to 6 participants in each authority/Trust). The approach varied according to the degree of overlap of roles, and how closely the LA/Trust participants were working in relation to data. Participants had a range of roles which are broadly categorised into 3 groups: performance or data management team representatives; quality assurance team representatives and senior managers.

Regional case studies (Chapter 6)

The 3 regional case studies were selected in collaboration with DfE. The evaluation team suggested potential regions for the case study research based on a purpose approach building on the LA case study research. To ensure DCSs involved in the wider evaluation were not overburdened by the study, we did not select regions that already had multiple LAs involved. Furthermore, due to the timing of the fieldwork (March 2021), DfE provided further context about the appropriateness of contacting some regions at that time due to the COVID-19 pandemic and local pressures. The final selection of 3 case study regions was secured in spring 2021. In discussion with local regional leaders, a range of stakeholders across the regions were interviewed including, for example, LA Chief Executives, Lead Members, ADCS/LGA representatives, DCSs, ADs and those in coordinating roles, as appropriate. The roles of participants varied between regions. Twenty participants were interviewed for this strand. To preserve individuals' anonymity, a detailed breakdown of roles is not presented here.

Data limitations and caveats

The data presented within this report is subject to a number of caveats, which should be taken into account when interpreting the findings:

- Wave 1 (2018/19) research was restricted to DCSs and Chief Executives of Trusts. For Wave 2 (2020/21), DCSs Chief Executives of Trusts were the gatekeepers for accessing their wider staff for interview. There is the potential for positive bias in this selection, although we requested a cross section of staff to interview. Wave 2 (2020/21)

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[97] A small number of interviews and introductory discussions were carried out in two of the local authorities in March 2020, prior to the National lockdown. Interviews were then put on hold, in accordance with plans for the whole evaluation and then recommenced in October 2020.

widened the pool of participants and included a range of children's social care services staff, from DCS to service and team managers, partners and frontline social workers.

- Participants varied in the extent to which they were directly involved in historic interventions or improvement support, even where these took place within the past few years. Most of the DCSs or Chief Executives were appointed during or following the period of intervention or improvement support, and their knowledge was acquired somewhat indirectly in the course of taking-up the post. Moreover, a certain degree of optimism bias might be anticipated, when asking DCSs to reflect on progress made under their watch. This risk is mitigated to some extent through the inclusion of improvement partner perspectives in the research.

Annex 2   Additional QED outputs

Additional outputs for LAs receiving substantial DfE support

Figures 18 to 21 show the trends for other (not covered in the main report) child/family outcomes of interest for the treatment group comprising the eight LAs receiving substantial DfE support (£1m+) and synthetic control group. All synthetic groups were constructed using model specification 4 (adjusting for CSC demand, population, and deprivation).

Figure 18 shows the trend in CPPs starting rates (per 10,000 children) for the eight LAs supported by DfE against the synthetic control group (see Figure 5 for general interpretation).

Prior to DfE support, there was an increase in the CPPs starting rates in the treatment group and synthetic control group.

Following DfE support, CPPs starting rates in treated group appeared to increase slightly but then levelled off. The overall trend in the treatment was similar to (and not statistically significantly different from) the synthetic control group.

Figure 18 Average CPPs starting rate in treated areas (eight LAs receiving substantial (£1m+) DfE support) and synthetic control group
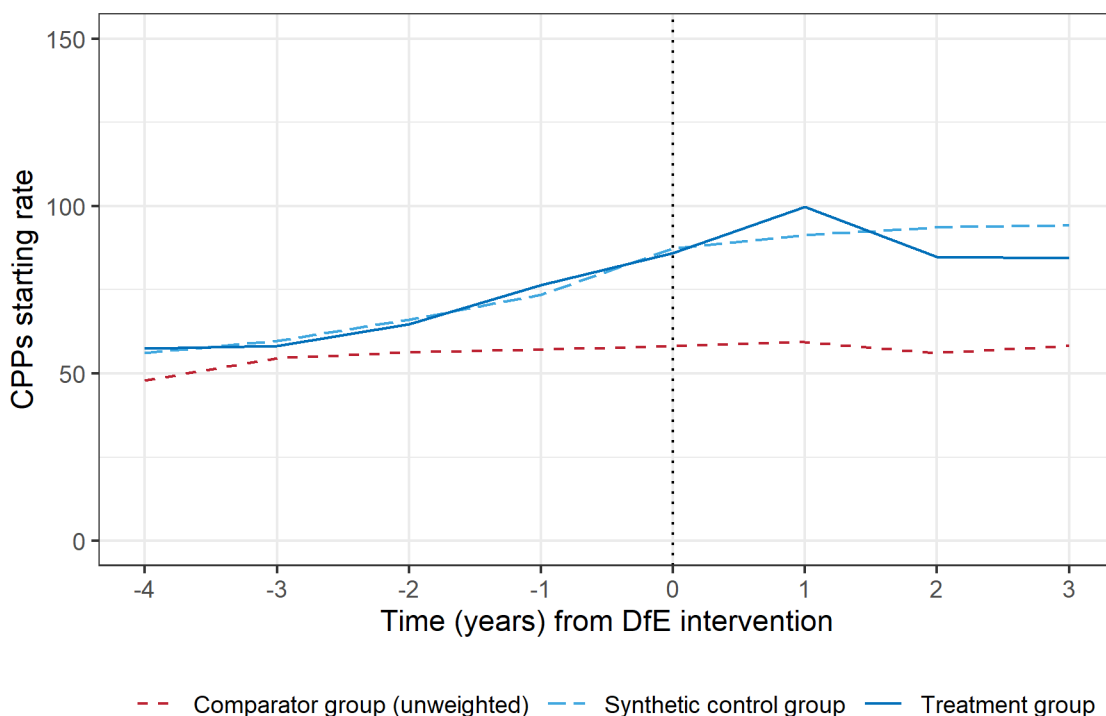
Figure 19 shows the trend in the percentage of repeat CPPs (CPP for a second time) for the eight LAs supported by DfE against the synthetic control group (see Figure 5 for general interpretation).

Prior to DfE support, there was a slight increase in repeat CPPs in the treatment group and synthetic control group.

Following DfE support, repeat CPPs in treated group appeared to increase but then levelled off. The overall trend in the treatment was similar to (and not statistically significantly different from) the synthetic control group.

Figure 19 Average repeat CPPs in treated areas (8 LAs receiving substantial (£1m+) DfE support) and synthetic control group
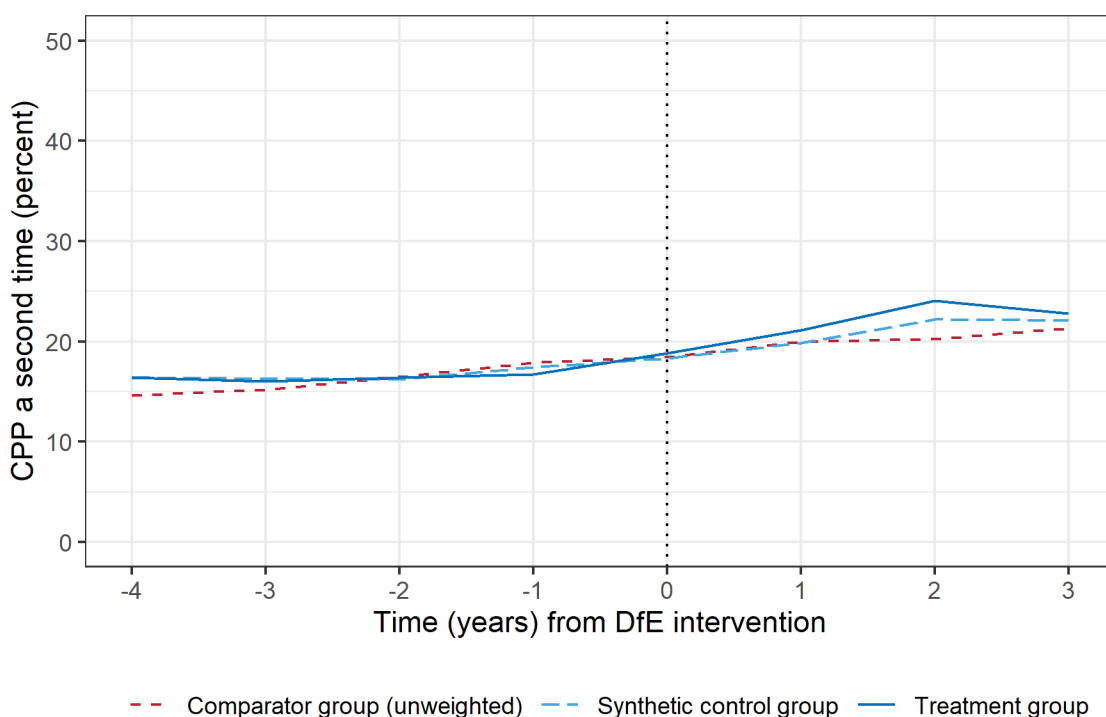
Figure 20 shows the trend in the percentage of CP conferences held within 15 days for the eight LAs supported by DfE against the synthetic control group (see Figure 5 for general interpretation).

Prior to DfE support, the percentage of CP conferences held within 15 days in the treatment group initially dropped but then started to increase. The overall trend was similar for the synthetic control group (in terms of line of best fit).

Following DfE support, the percentage of CP conferences held within 15 days in treated group stabilised, but this was similar to (and not statistically significantly different from) the synthetic control group.

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Figure 20 Average percentage of CP conferences held within 15 days in treated areas (8 LAs receiving substantial (£1m+) DfE support) and synthetic control group
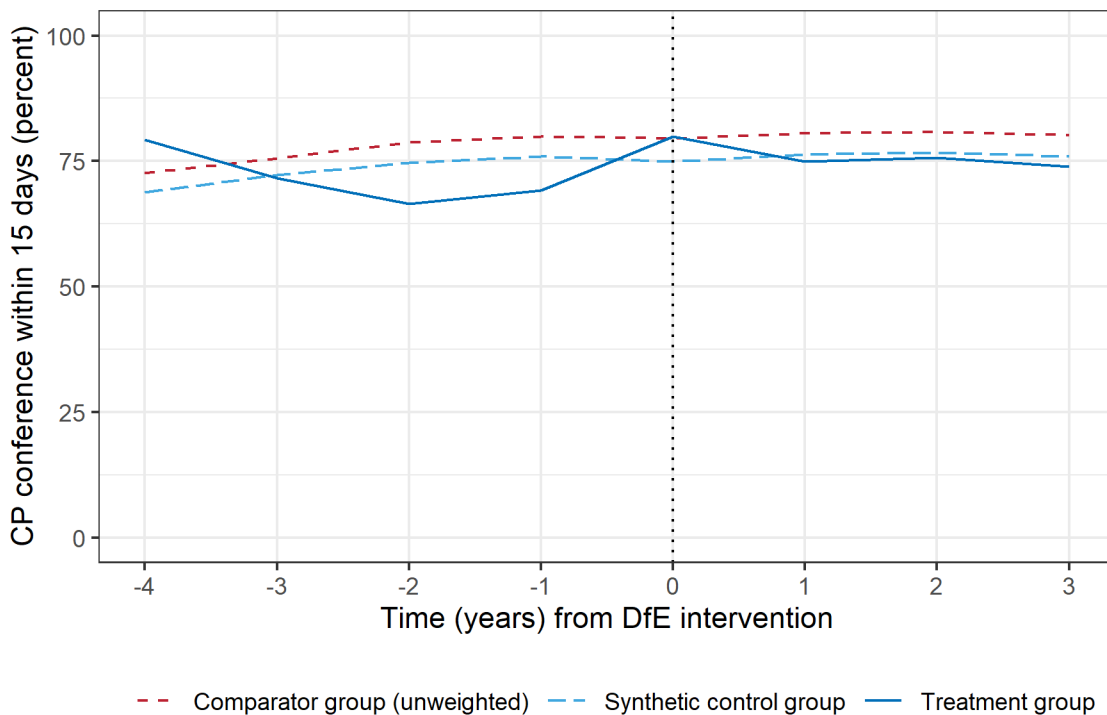
Figure 21 shows the trend in the rate of looked after children for the eight LAs supported by DfE against the synthetic control group (see Figure 5 for general interpretation).

Prior to DfE support, the rates of looked after children were stable in the treatment group and synthetic control group.

Following DfE support, the rates of looked after children in treated group increased but this was similar to (and not statistically significantly different from) the synthetic control group.

Figure 21 Average looked after children rates in treated areas (8 LAs receiving substantial (£1m+) DfE support) and synthetic control group
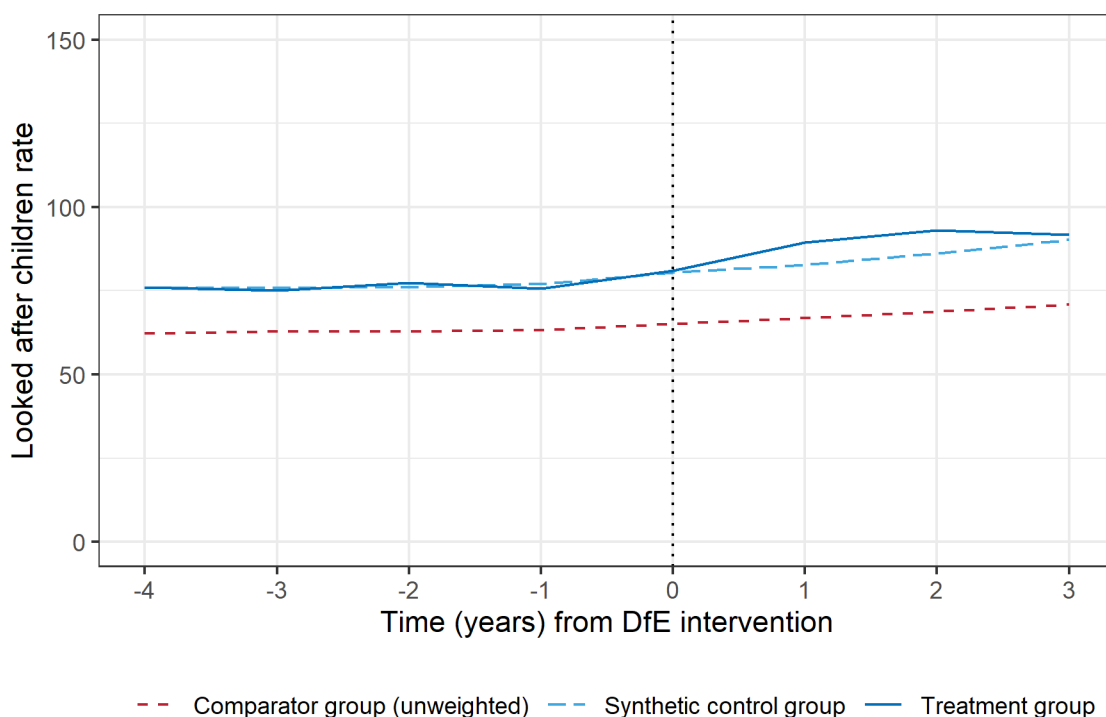

For completeness, Figure 22 summarises the impact estimates from all synthetic control group model specifications. The treatment group was the eight LAs receiving substantial DfE support (£1m+). Each point (or dot) is the impact estimate for a specific outcome (detailed on the Y axis) and the lines extending from the points are 95% confidence intervals. There are four panels in Figure 22, which represent different model specifications (see Chapter 3).

All SCMs were constructed consistent with the approach set out by Xi (2017).[98] Diagnostic checks, where the fit of the synthetic control group is assessed, were undertaken on all outcomes and model specifications to ensure there was overlap (or "common support") between the trends observed in treated LAs and the LAs forming the synthetic control group.

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[98] Xu, Y. (2017). Generalized Synthetic Control Method: Causal Inference with Interactive Fixed Effects Models. Political Analysis, 25(1), 57-76. doi:10.1017/pan.2016.2

Figure 22 LAs with substantial funding – impact estimates from SCM
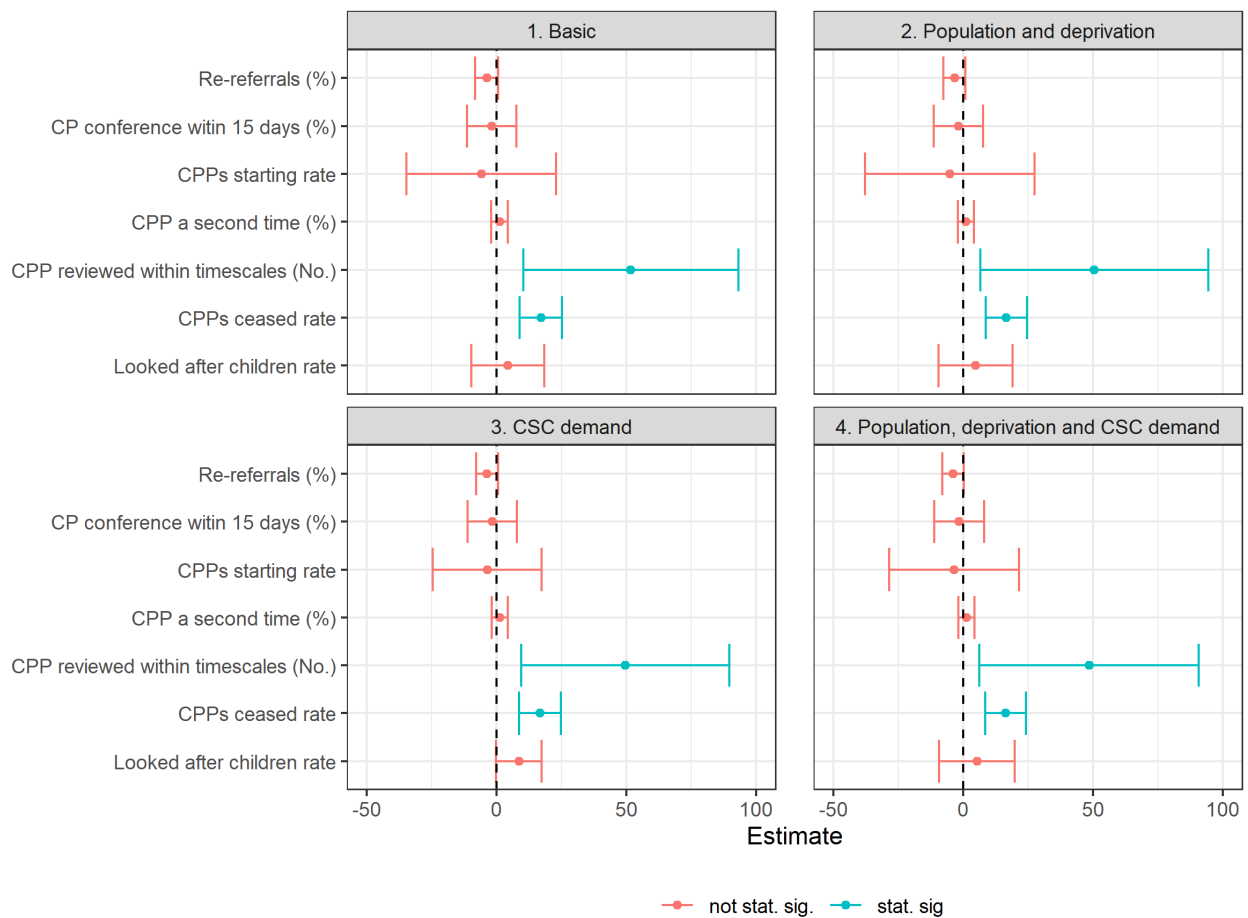
Additional outputs for all (33) LAs receiving DfE support

Figures 23 to 29 show the trends child/family outcomes of interest for the treatment group comprising all LAs (33) receiving DfE support and synthetic control group. All synthetic groups were constructed using model specification 4 (adjusting for CSC demand, population, and deprivation).

Figure 23 shows the trend in CPPs ceased rates (per 10,000 children) for all LAs supported by DfE against the synthetic control group (see Figure 5 for general interpretation).

Prior to DfE support, there was an increase in the CPPs ceased rates in the treatment group and synthetic control group.

Following DfE support, CPPs ceased rates in treated group increase and then level off. This differed from the synthetic control group where the trend was flat. This difference was statistically significant.

Figure 23 Average CPPs ceased rate in all treated LAs and synthetic control group
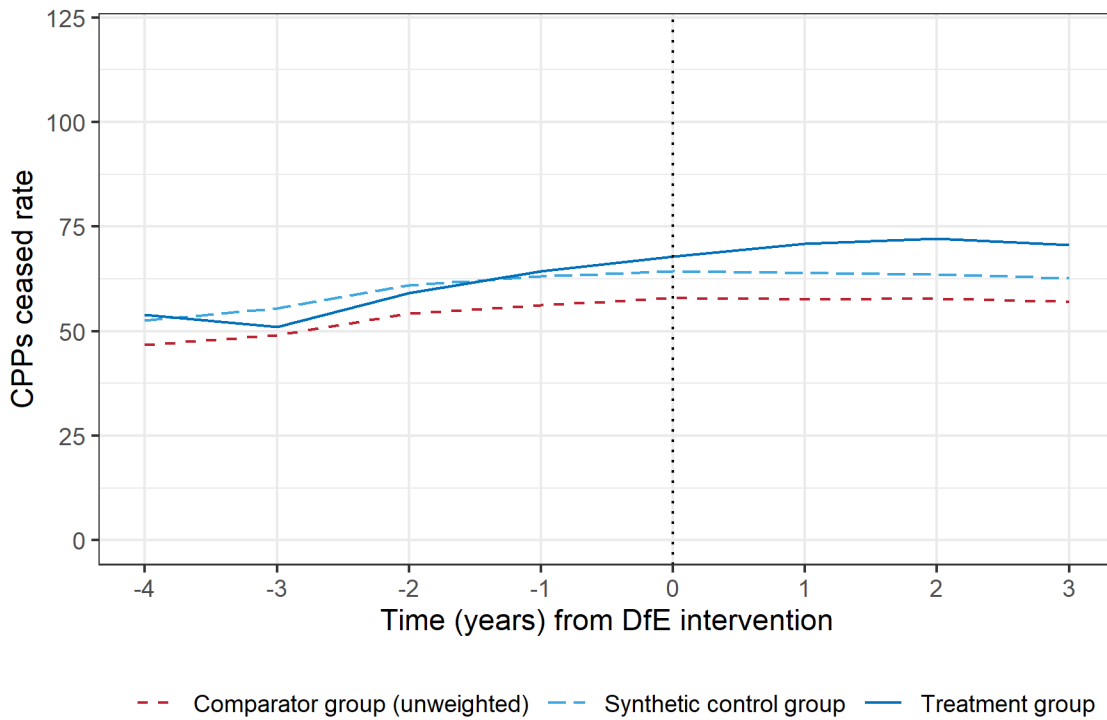
Figure 24 shows the trend in the number of CPPs reviewed in the required timescales for all LAs supported by DfE against the synthetic control group (see Figure 5 for general interpretation).

Prior to DfE support, there was a gradual increase in the number of CPPs reviewed within the required timescales in the treatment group and synthetic control group.

Following DfE support, the number of CPPs reviewed in the required timescales in treated group increase and then level off. This differed from the synthetic control group where the was a gradual decrease.

Figure 24 Average number of CPPs reviewed within required timescales in all treated LAs and synthetic control group
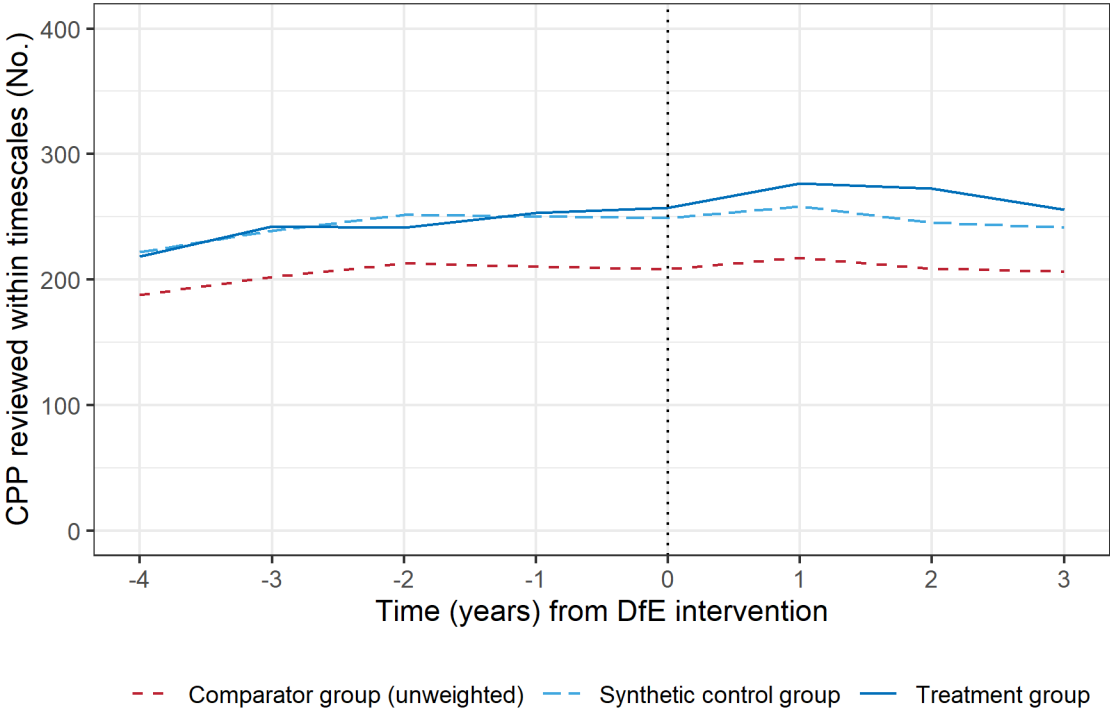
Figure 25 shows the trend in the percentage of re-referrals to CSC for all LAs supported by DfE against the synthetic control group (see Figure 5 for general interpretation).

Prior and following DfE support, there was a flat trend in re-referrals in the treatment group and synthetic control group. There was no statistically significant difference.

Figure 25 Average percentage of re-referrals in all treated LAs and synthetic control group
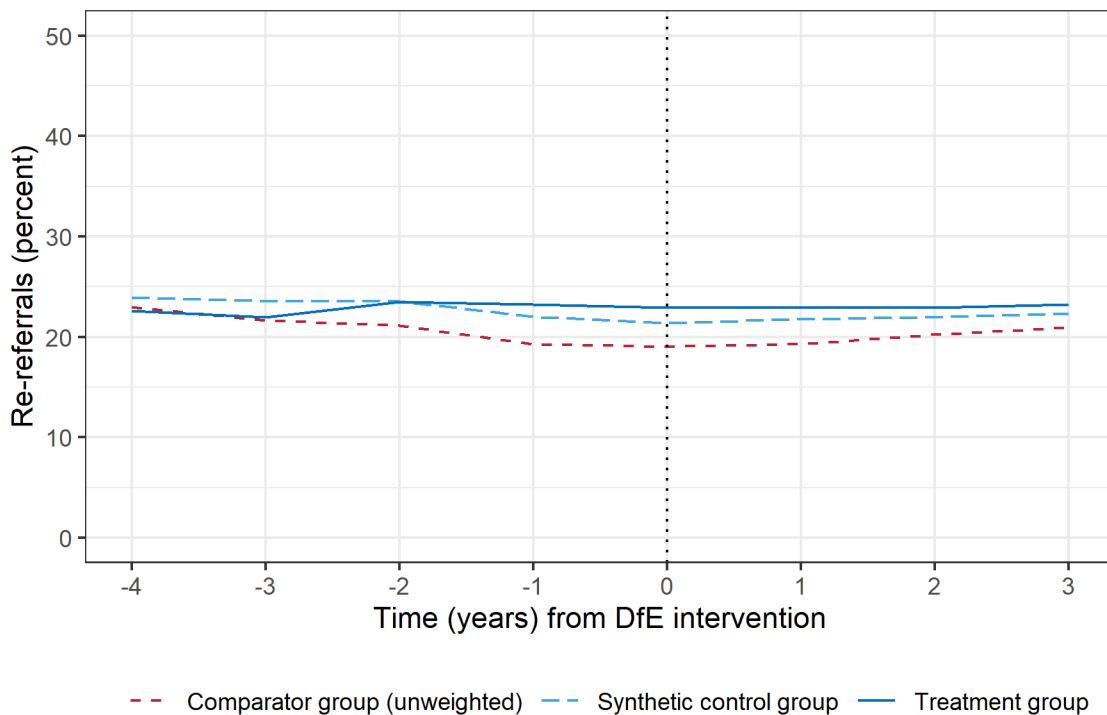
Figure 26 shows the trend in the percentage of CP conferences held within 15 days for all LAs supported by DfE against the synthetic control group (see Figure 5 for general interpretation).

Prior to DfE support, there was a slight increase in the percentage of CP conferences held within 15 days in the treatment group and synthetic control group.

Following DfE support, the percentage of CP conferences held within 15 days in treated group and synthetic control group levelled off. There was no statistically significant difference.

Figure 26 Average percent of CP conferences within 15 days in all treated LAs and synthetic control group
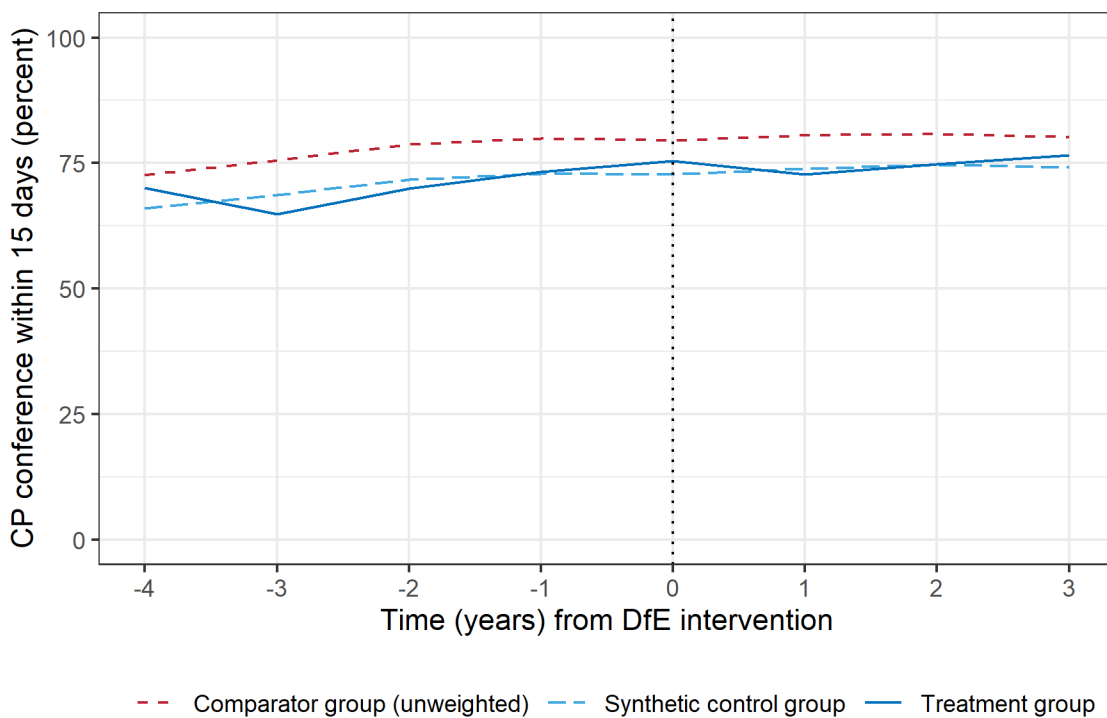
Figure 27 shows the trend in the rate of CPPs starting for all LAs supported by DfE against the synthetic control group (see Figure 5 for general interpretation).

Prior to DfE support, there was an increase in the rate of CPPs starting in the treatment group and synthetic control group.

Following DfE support, the rate of CPPs starting in treated group continued to increase. This differed from the synthetic control group where the trend levelled off. This difference was statistically significant.

Figure 27 Average rate of CPPs starting in all treated LAs and synthetic control group
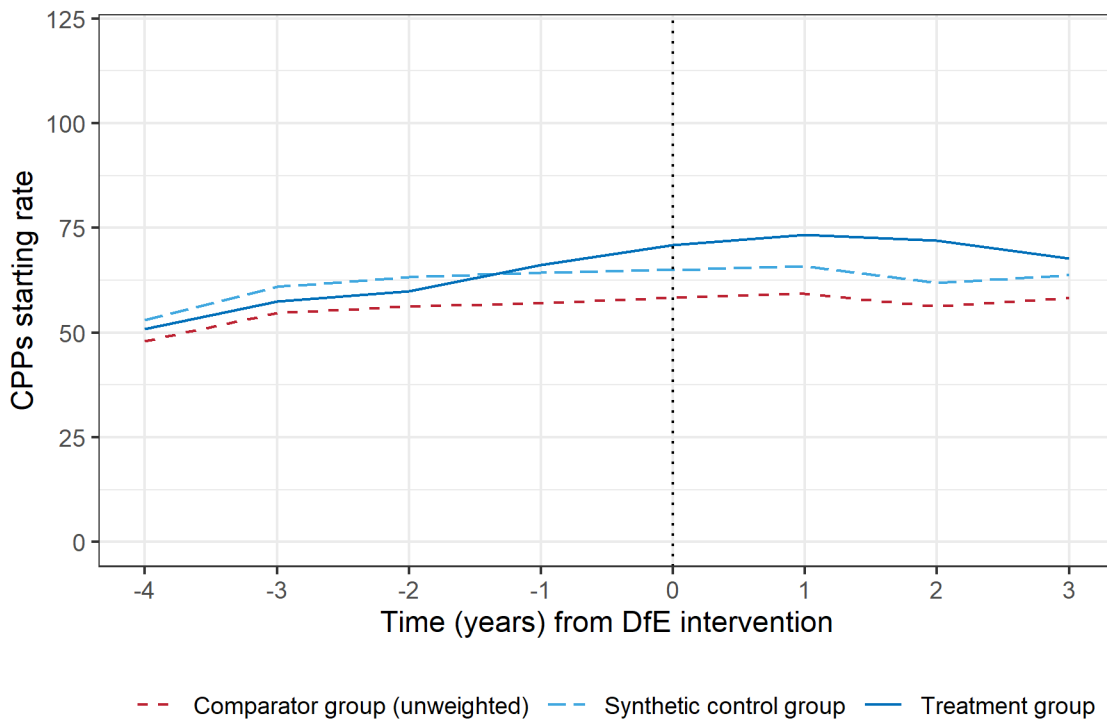
Figure 28 shows the trend in the percentage of CPP for a second time (repeat CPPs) for all LAs supported by DfE against the synthetic control group (see Figure 5 for general interpretation).

Prior to DfE support, there was an increase in the percentage of CPP for a second time in the treatment group and synthetic control group.

Following DfE support, the percentage of CPP for a second time in treated group continued to increase. The trend in the synthetic control appeared to increase slightly less than the treatment group but this difference was not statistically significant.

Figure 28 Average percent of CPP for a second time in all treated LAs and synthetic control group
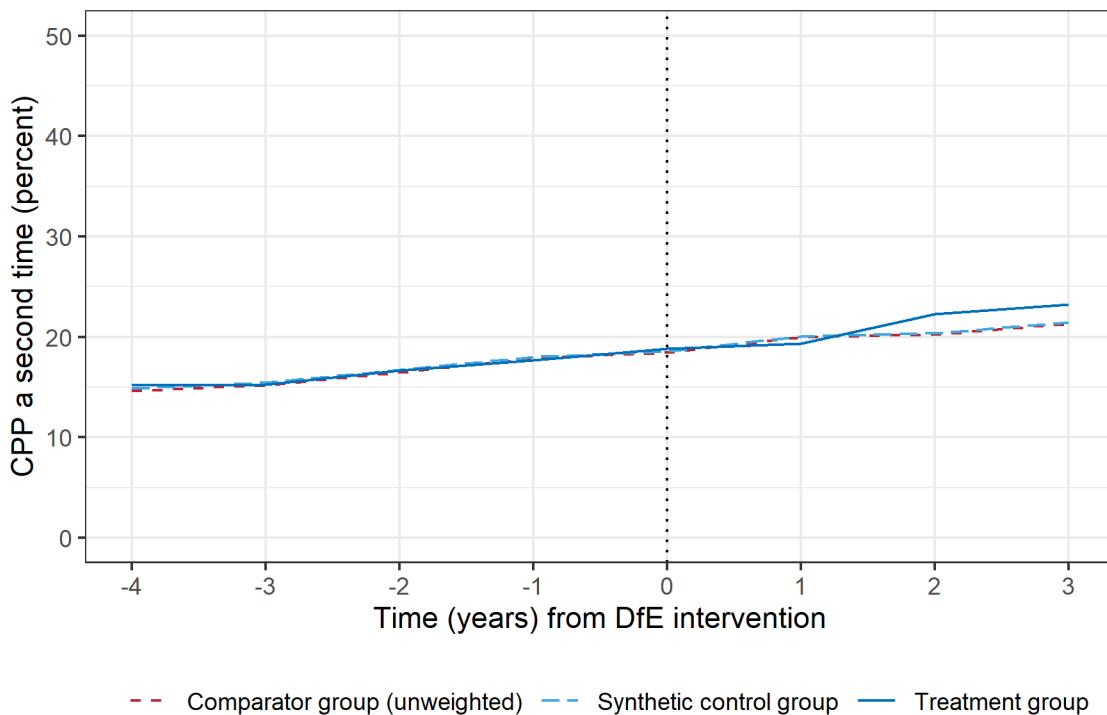
Figure 29 shows the trend in looked after children rates for all LAs supported by DfE against the synthetic control group (see Figure 5 for general interpretation).

Prior to DfE support, there was a flat trend in looked after children rates in the treatment group and synthetic control group.

Following DfE support, looked after children rates in treated group and synthetic control group increased. There was no statistically significant difference.

Figure 29 Average percent of CPP for a second time in all treated LAs and synthetic control group
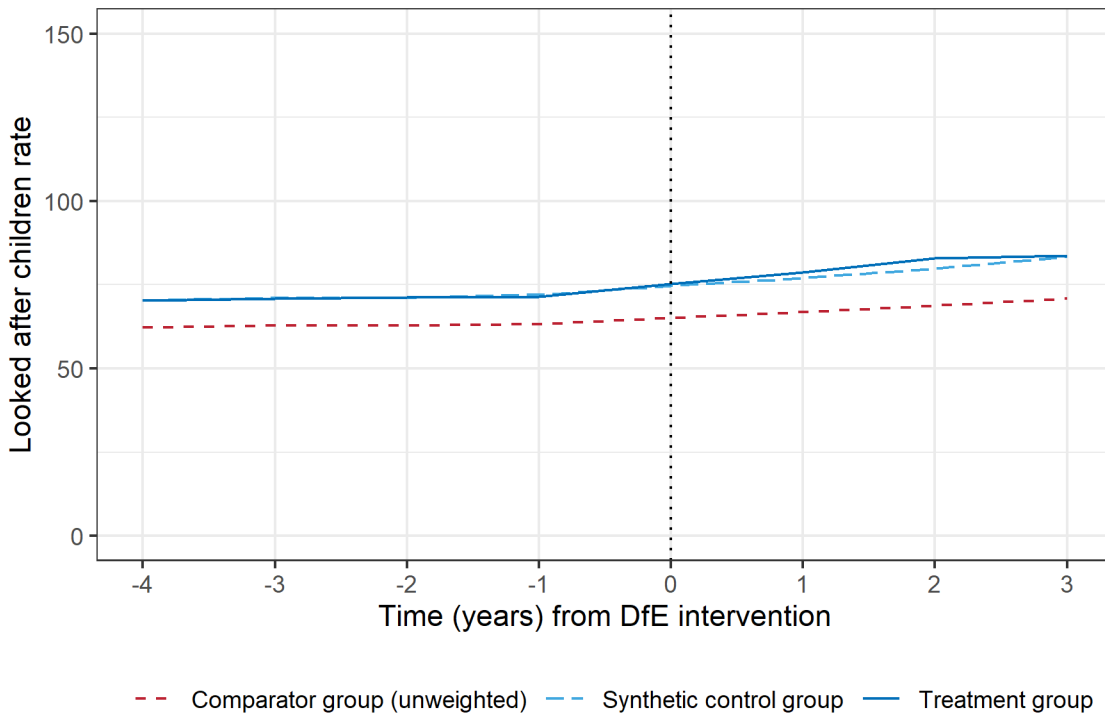
For completeness, Figure 30 summarises the impact estimates from the SCM, where the treatment group was all (33) LAs receiving DfE support, for all model specifications. The figure can be interpreted the same as Figure 20.

Figure 30 All LAs supported – impact estimates from SCM
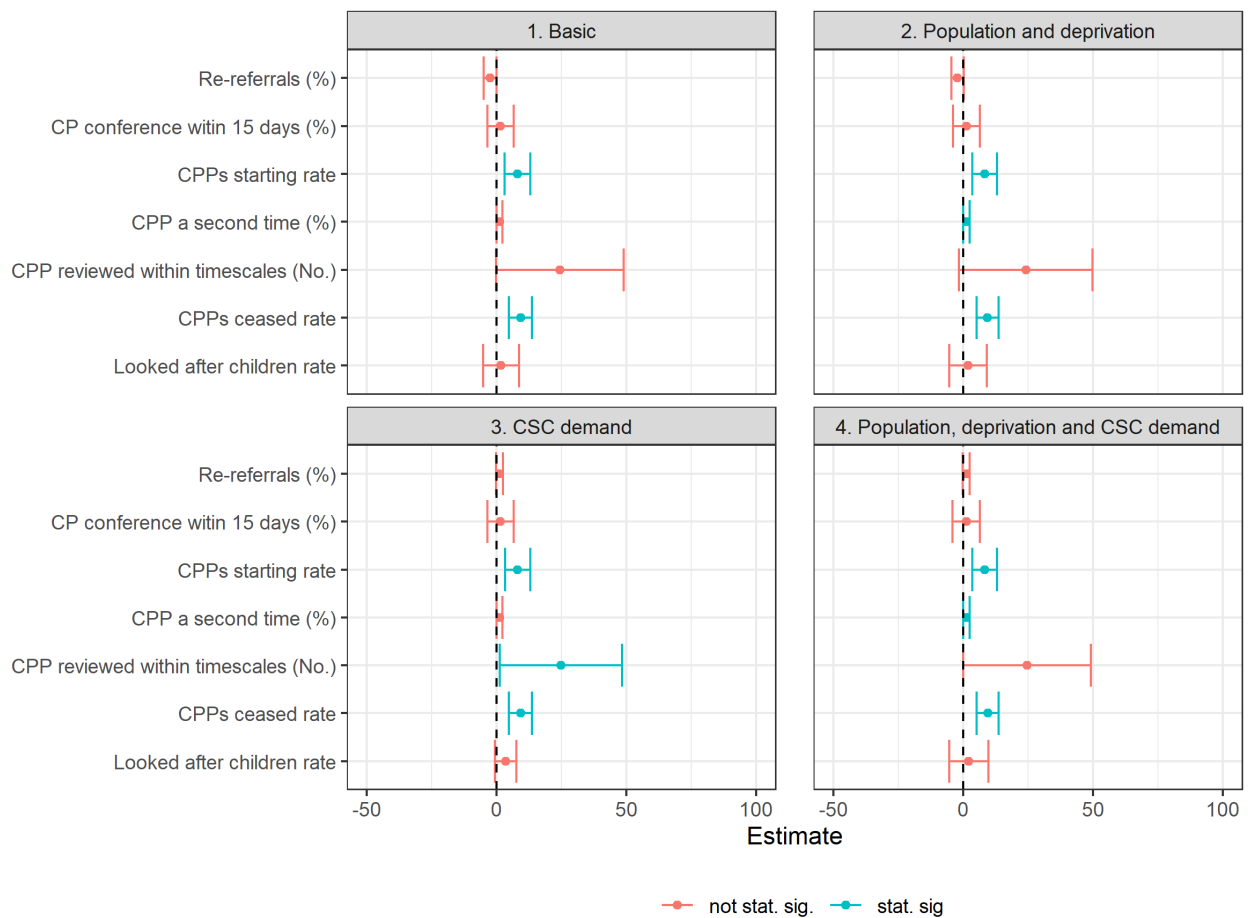
Additional outputs CSC workforce outcomes

Table 10 details the results from the difference in differences analysis on CSC workforce outcomes. The explanatory variable of interest ("Term") is "Treated", which is a binary indicator (yes/no) of receiving DfE support.

Table 10 Regression results (binary treatment)

Outcome	Term	estimate	SE	stat	p.value
Avg. number of cases per social worker	Treatment	0.463	0.541	0.855	0.393
	Index of multiple deprivation	-0.024	0.105	-0.230	0.818
	Population (under 18)	0.000	0.000	-2.034	0.042
Number of FTE social workers	Treatment	0.200	3.516	0.057	0.955
	Index of multiple deprivation	1.559	0.336	4.645	0.000
	Population (under 18)	0.008	0.001	12.564	0.000
Percentage of agency social workers	Treatment	-0.491	1.152	-0.426	0.670
	Index of multiple deprivation	-0.093	0.115	-0.809	0.419
	Population (under 18)	0.000	0.000	-0.294	0.769
Percentage social worker turnover	Treatment	0.048	0.956	0.050	0.960
	Index of multiple deprivation	0.022	0.092	0.243	0.808
	Population (under 18)	0.000	0.000	-0.824	0.410
Percentage social worker vacancies	Treatment	3.724	1.124	3.314	0.001
	Index of multiple deprivation	-0.110	0.106	-1.046	0.296
	Population (under 18)	0.000	0.000	-1.422	0.155
Social worker absence rate	Treatment	-0.218	0.207	-1.054	0.292
	Index of multiple deprivation	0.004	0.020	0.218	0.828
	Population (under 18)	0.000	0.000	1.311	0.190

Table 11 details the results from the difference in differences analysis on CSC workforce outcomes. The explanatory variable of interest ("Term") is "Funding", which is a continuous variable of funding (£100,000s to support interpretation) provided to LAs.

Table 11 Regression results (continuous/funding treatment)

Outcome	Term	estimate	SE	stat	p.value
Avg. number of cases per social worker	Funding	0.031	0.018	1.714	0.087
	Index of multiple deprivation	0.098	0.076	1.291	0.197
	Population (under 18)	0.000	0.000	-0.699	0.485
Number of FTE social workers	Funding	0.139	0.166	0.839	0.402
	Index of multiple deprivation	1.181	0.367	3.216	0.001
	Population (under 18)	0.007	0.001	9.974	0.000
Percentage of agency social workers	Funding	-0.097	0.057	-1.716	0.087
	Index of multiple deprivation	-0.149	0.135	-1.103	0.270
	Population (under 18)	0.000	0.000	-0.684	0.494
Percentage social worker turnover	Funding	0.073	0.050	1.474	0.141
	Index of multiple deprivation	-0.010	0.111	-0.090	0.928
	Population (under 18)	0.000	0.000	-1.158	0.247
Percentage social worker vacancies	Funding	0.025	0.057	0.431	0.667
	Index of multiple deprivation	-0.111	0.126	-0.887	0.375
	Population (under 18)	0.000	0.000	-1.636	0.102
Social worker absence rate	Funding	-0.010	0.010	-0.998	0.319
	Index of multiple deprivation	-0.010	0.022	-0.473	0.637
	Population (under 18)	0.000	0.000	0.507	0.612

Annex 3   DCS Surveys: summary of findings

This annex presents findings from the two surveys of LA Directors of Children's Services (DCS) and Chief Executives of Children's Trusts.[99] DCSs in all English upper tier local authorities were invited to take part in the survey. Contact details were provided by DfE and were then crosschecked against the ADCS website. DCSs were invited to take part in the survey, with a unique link for their LA, via email.

The surveys were administered online and took around 20-25 minutes to complete. Fieldwork dates and achieved completions for each survey are shown in Table 12.

Table 12 Fieldwork dates and achieved completions

	2019 survey	**2020/21 survey**
Fieldwork dates	4 March 2019 - 14 April 2019	1 December 2020 – 30 March 2021
Achieved completions	62	38
LA response rate[100]	41%	25%[101]

The surveys explored the following issues relating to children's social care services:

- How respondents view children's social care services within their LA, and their service improvement trajectory;

- Any periods when children's social care services were assessed as being 'inadequate' at Ofsted inspection, and the measures that were subsequently set in place;

- Any periods when respondents have received and/or provided improvement support for children's social care services.

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[99] Directors of Children's Services and Chief Executives of Children's Trusts are referred to throughout the report as DCSs.
[100] 153 LAs were invited to take part in the 2019 survey; 150 LAs were invited in 2020/21 as 3 DCSs chose not to be recontacted for this research.
[101] The lower response rate for the 2020/21 survey is likely to be due to the timing of fieldwork during the COVID-19 pandemic and other priorities for LAs at the time.

Due to the limited sample sizes, particularly for the 2020/21 survey, the findings presented here should be treated with caution.

Sample profile

Figure 31 presents the profile of respondents in the 2019 survey. The majority of respondents were Directors of Children's Services and were relatively new to their role. Most of the children social care services respondents worked in an LA that had a good or requires improvement Ofsted inspection grade.

Figure 31 2019 profile of survey respondents

Which of the following options best describes your role within your organisation, agency or department?	How long have you been working in your current role?	What is your current Ofsted inspection grade for Children's Social Care services?
Director of Children's Services — 54	Less than one year — 20	Outstanding — ≤ 3
Chief Executive (Children's Trust only) — 4	Between one and two years — 32	Good — 29
Assistant or Deputy Director of Children's Services — ≤ 3	Three years or more — 10	Requires improvement — 26
Other — ≤ 3		Inadequate — 6

Base: All respondents (62): Fieldwork dates 4 March to 14 April 2019.

Figure 32 presents the profile of respondents for the 2020/21 survey. As with the first survey, the majority of respondents were DCSs and worked in children's social care services with a good or requires improvement Ofsted inspection grade. For the 2020/21 survey, most respondents had been in their role for at least three years.

Figure 32 2020/21 profile of survey respondents

Which of the following options best describes your role within your organisation, agency or department?

Director of Children's Services	31
Chief Executive (Children's Trust only)	≤ 3
Assistant or Deputy Director of Children's Services	≤ 3
Other	4

How long have you been working in your current role in your local authority?

Less than one year	4
Between one and two years	7
Three years or more	27

Just before the UK went into lockdown on 23rd March 2020, what was the Ofsted inspection grade for Children's Social Care services in your local authority?

Outstanding	≤ 3
Good	15
Requires improvement	14
Inadequate	6

Base: All respondents (38): Fieldwork dates 1 December 2020 to 30 March 2021.

The second survey was originally due to take place in March 2020 but was postponed due to the COVID-19 pandemic. As the evaluation was not intended to focus on immediate actions / short term changes in LA children's social care services caused by the pandemic, the questions mainly asked respondents to reply based on the situation before the UK went into national lockdown on 23rd March 2020.

Notes on interpretation

When interpreting the survey findings, it is important to note that results are based on a **snapshot** of DCSs (i.e., not all DCSs) and direct **comparisons should not be made between the 2019 and 2020/21 surveys** as the samples are small and the respondents who took part are different. The small sample sizes for these surveys mean that statistical significance testing is not appropriate, and data are presented in real numbers rather than percentages.

The improvement journey

In 2019, respondents were asked how they would rate their current[102] children's social care services on a scale of poor to great, compared to how they would rate their services in 2015. Most respondents felt that children's social care services in their local authority

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[102] At the time of fieldwork i.e. March/April 2019.

had improved since 2015. Respondents from services historically rated good/outstanding and inadequate/requires improvement both reported positive changes.

Figure 33 2019 ratings of children's social care services currently and in 2015[103]

As far as you can tell, where on the continuum would you place/have placed children's social care services in your authority...

■ in 2015?   ■ right now?

	in 2015?	right now?
Great	0	0
Good to great	≤ 3	20
Good	9	10
Fair to good	12	19
Fair	10	9
Poor to fair	8	4
Poor	18	0
Don't know	≤ 3	0
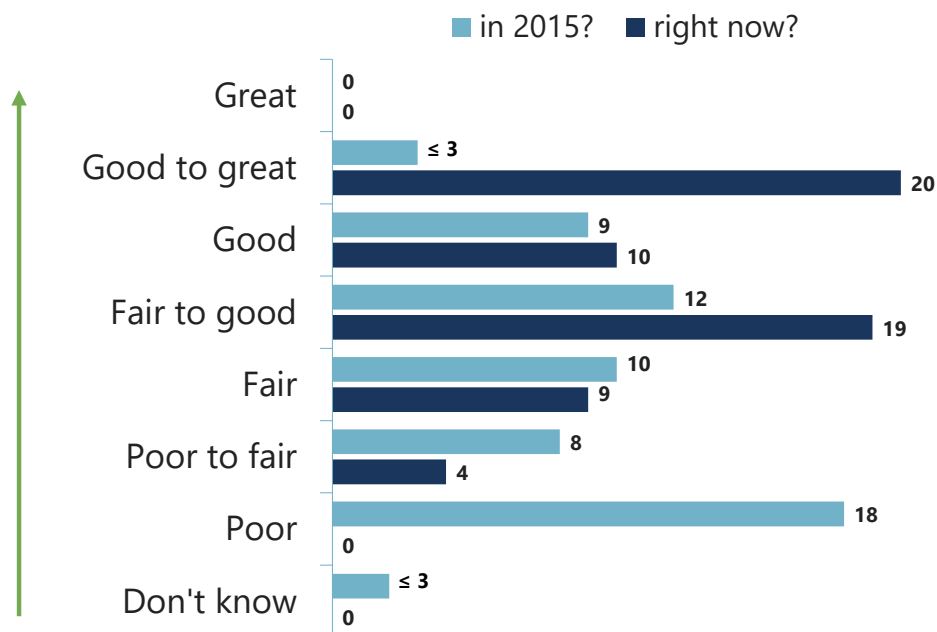
Base: All respondents (62): Fieldwork dates 4 March to 14 April 2019.

In 2020/21, respondents were asked how they would rate their children's social care services just before the Covid-19 pandemic lockdown started on 23rd March 2020, compared to now[104]. As shown in Figure 34 responses from both ends of the scale for before lockdown shifted slightly towards the middle when rating their LA now.

Figure 34 2020/21 ratings of children's social care services currently[105] and before the UK went into lockdown on 23rd March 2020

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[103] Scale adapted from Bryant, B., Parish, N., and Rea, S. (2016) Action research into improvement in local children's services: Final research report, Spring 2016. London: LGA.
[104] At the time of fieldwork i.e. December 2020 – March 2021
[105] At the time of fieldwork i.e. December 2020 – March 2021

Where on the continuum would you have placed children's social care services in your local authority…

Legend: just before the UK went into lockdown on 23rd March 2020? / now?

Category	just before the UK went into lockdown on 23rd March 2020?	now?
Great	≤ 3	≤ 3
Good to great	11	9
Good	5	9
Fair to good	4	8
Fair	7	8
Poor to fair	7	≤ 3
Poor	≤ 3	0
Don't know	0	0
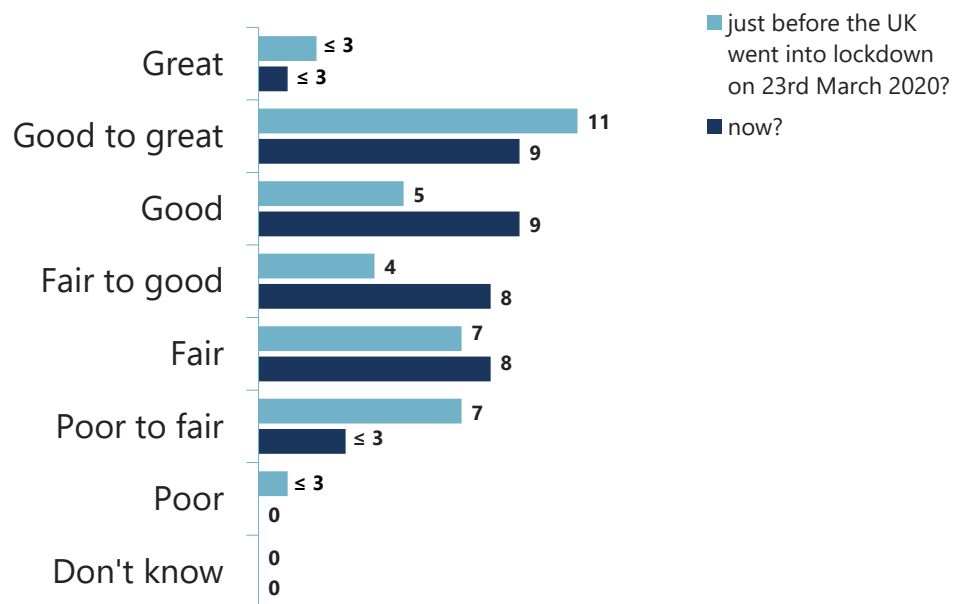
Base: All respondents who were in their role before March 2020 (37); All respondents (38)
Fieldwork dates 1 December 2020 to 30 March 2021.

Overall, respondents were confident in the leadership and culture of children's social care services in their LA.

In 2019:

- All respondents felt that internal colleagues see leaders as setting high standards and expectations most or all of the time. They also agreed that leaders are trusted (61 out of 62) and visible (58) most or all of the time, informed by professional knowledge (59) and provide a model of expected behaviour (58).

- Respondents were positive about the wider political backing (61) and clear priorities for children's social care services (60), and considered staff to be committed to organisational goals and values (57 and 56, respectively). A small number of respondents felt there was some room for improvement in making lines of accountability more effective (7) and achieving cross-departmental support for children's services (8).

- Most respondents agreed that there is generally a constructive learning culture (50) and support for sharing good practice (51). While respondents felt that the voice of the child is listened to (54), whole family working and involving the parents / carers in service design was seen as less common.

- There was a strong commitment to self-evaluation to improve practice and using evidence to inform social work practice, with nearly all respondents reporting that management information (53) and self-evaluation (58) inform and support service improvement most or all of the time.

- Respondents felt that staff are adequately trained to deliver effective services (51), but sometimes there are not enough staff for delivery (24 report that they have sufficient staff only some of the time or never).

- For some LAs, IT systems hindered collaboration, with room for improvement in how often systems support collaborative working internally/within the LA (33 report only some of the time or never) and provide adequate data for decision making (23 report only some of the time or never).

In 2020/21:

- The majority of respondents said leaders set high standards most or all of the time (33 out of 38). They also believed that leaders were visible (31) and trusted (33).

- Responses to political backing were also mostly positive (32), and a majority agreed that lines of accountability are effective all or most of the time (32).

- Respondents generally agreed that there is support for sharing learning with other LAs most or all of the time (23), but involving the parents/carers in service design remained less common (26 out of 38 answered 'some of the time').

- Most respondents agreed that staff received enough training to deliver their role (30), with just a small minority (≤3) answering otherwise.

In 2019, the main barriers to effective partnership working are shown Figure 35 below, with financial pressures and incompatible IT systems being most common. In the second survey, these barriers were largely similar. However, separate IT systems surpassed finances to become the most commonly mentioned barriers to cooperation.

Figure 35 Main barriers to effective partnership working in 2019

What are the main barriers, if any, to effective working with other organisations to deliver solutions for families?

Barrier	Value
Finances	46
Separate IT systems	32
Conflicting priorities between organisations	31
Recruitment and retention	30
Workload barriers	28
Different understandings of service thresholds	19
Data sharing protocols	15
Other agencies do not hold children's social care services in high regard	7
Lack of effective coordination	7
Our children's social care services are not actively engaging in national fora	≤ 3
Our children's social care services are not actively engaging in regional fora	≤ 3
Other	7
There are no barriers	≤ 3

Base: All respondents (62): Fieldwork dates 4 March to 14 April 2019. Respondents were able to select multiple responses at this question.

Intervention and improvement support

Of the 62 LAs surveyed in 2019:

- 18 had received an Improvement Notice (15) and/or
- Statutory Direction (6).

Of the 38 surveyed in 2020/21:

- 12 reported having received an Improvement Notice (8) and/or
- Statutory Direction (6).

Due to the small number of LAs who received intervention, findings for these questions cannot be reported as it would identify respondents/LAs.

Receiving improvement support

In 2019, the majority of respondents had most recently sourced formal improvement support externally either through PiP sector led support (23), other LA sector led support (16), or other types of support (10). This was most commonly brokered via the DfE RISLs

or sourced from another authority, and was most commonly sought as part of continuous improvement or self-evaluation (38). Some also sought support following a poor Ofsted inspection outcome (15). LAs most often sought support through expert advice or consultancy (22), benchmarking and diagnostics (18), peer learning or exchange visits for senior management and social workers (17), and/or delivery of training to managers (14). LAs sought a range of expertise for improvement support, including on social work practice and front door/safeguarding. Although IT and infrastructure appeared to be an issue preventing collaboration, this was not one of the main types of expertise sought. Figure 33 provides a breakdown of responses.

Figure 36 Nature of expertise for most recent improvement support received in 2019

What was the nature of expertise provided?
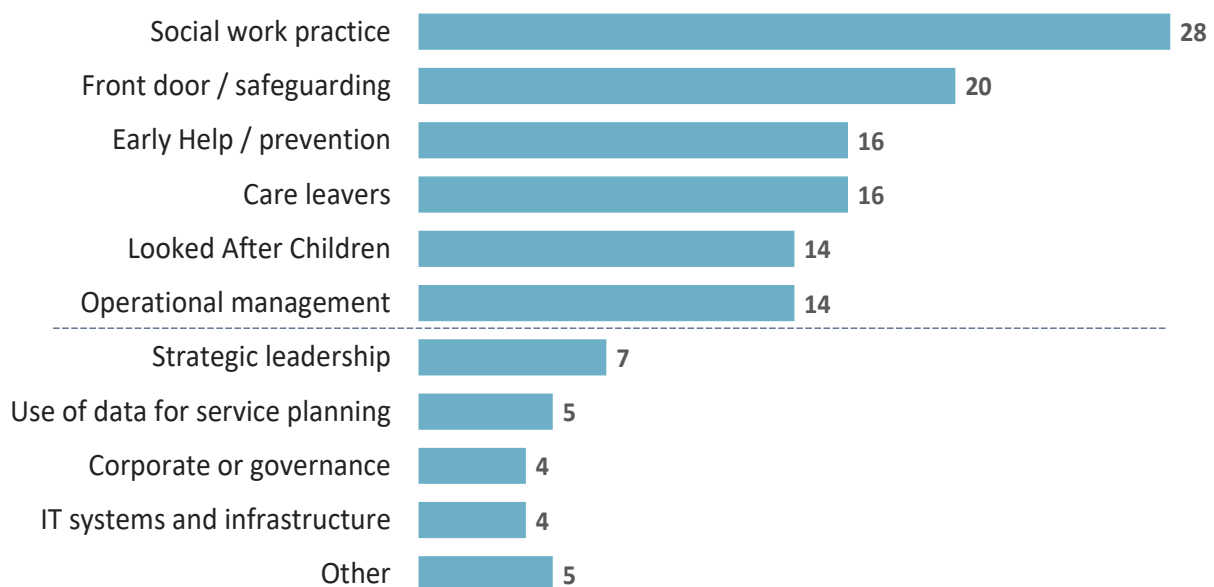
Base: All who have sourced formal improvement support externally (49): Fieldwork dates 4 March to 14 April 2019. Respondents were able to select multiple responses at this question.

In 2020/21, social work practice continued to be the most prevalent form of expertise received (12), followed by front door/safeguarding (9). Once again, IT and infrastructure were not a commonly sourced type of support (sought by ≤3).

In 2020/21, respondents were asked if there were any aspects of children's social care that they need further support with. Most participating LAs reported needing further support (23), most commonly with commissioning of placements (15), quality of social work practice (9), and use of evidence-informed approaches (7).

Providing improvement support

In 2019, 26 of the LAs surveyed reported that they had *provided* improvement support to another LA since 2015 (see Figure 37). In 2020/21, 17 of the LAs surveyed had provided support to another LA. Some LAs provided different kinds of support/more than one type.

Figure 37 Most recent type of improvement support provided in 2019

Since 2015, what, if any, formal improvement support are you currently or have most recently provided to other local authority children's social care services?

Category	Value
My Local Authority has not provided improvement support	36
Other local authority sector-led support	20
Peer challenge / peer review	13
Informal advice / support	6
Partners in Practice (PiP) sector-led support	6
Sharing best practice / benchmarking	4
SEND support	≤ 3
Regional sector led improvements (SLI)	≤ 3
Coaching / mentoring	≤ 3
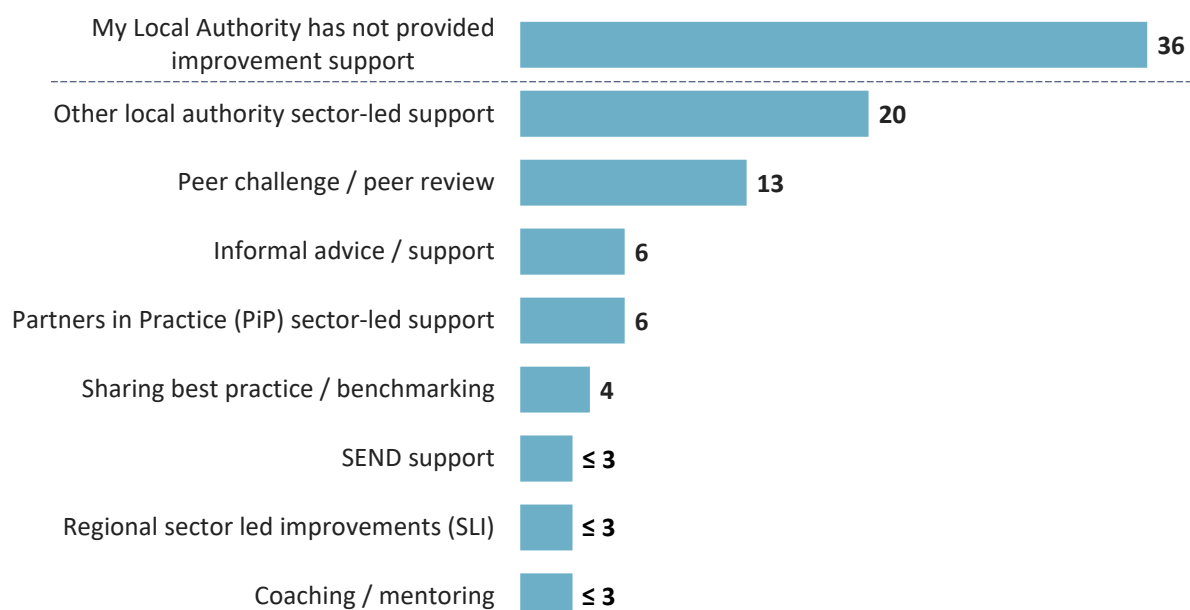
Base: All respondents (62): Fieldwork dates 4 March to 14 April 2019. Response options shown include categories that were coded from open text responses.

Effectiveness of improvement support

Respondents were asked to what extent they thought various factors influenced the effectiveness of support and challenge provided by an improvement partner.

For both surveys[106]:

- Attitudes of staff in recognising and engaging with improvement support (58 out of 62 said this had a moderate or high influence in 2019; 35 out of 38 in 2020/21), as well as capacity in both the LA receiving support (56 in 2019; 33 in 2020/21) and the LA providing support (58 in 2019; 33 in 2020/21) were seen as the most important factors influencing the effectiveness of support.

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[106] For the 2020/21 survey, the question wording was changed to ask about to what extent each factor has a *positive* influence.

- LA contextual factors, including similarities in LA demographics (49 in 2019; 22 in 2020/21), size or structure (45 in 2019; 22 in 2020/21), and physical distance between the LAs (36 in 2019; 20 in 2020/21), were seen as having a high/moderate influence on the effectiveness of support and challenge.

- The brokerage process and criteria (33 in 2019; 14 in 2020/21), political affiliation (22 in 2019; 7 in 2020/21), compatibility of IT systems (17 in 2019; 7 in 2020/21), and procurement or commercial factors (11 in 2019; 6 in 2020/21) were viewed as having less influence on support.

In 2019, respondents were asked if they had any suggestions for what the DfE could do to maximise the effectiveness of their intervention programmes. Suggestions included:

- Further **enhancing the bespoke support** provided to LAs to promote improvement from within and ensuring support reflects wider LA context, culture and environment;

- Further support for **sustainable change** through sector improvement including peer support and challenge;

- Ensuring **credible and experienced staff** are (and will be) available **to support LAs**, which includes ensuring central-DfE staff have a **thorough understanding of children's social care** and that future leaders are supported into DCS post;

- Allowing LAs sufficient **time to improve and change;**

- Providing **funding** for sector improvement across the country that is **consistent**, **transparent** and **proportionate to need;**

- Ensuring regional improvement **arrangements are maximised locally**, and at the national level, DfE to engage with key players including ADCS, LGA, Research in Practice (RiP);

- Other suggestions included a **greater financial investment required in children's social care services** (including in early help) and the need for a **greater evidence base of what works.**

Views on DfE support for children's social care services

In 2019, just over half of respondents (32 of 62) had no fixed pattern of contact with the **DfE Regional Improvement Support Lead (RISL)** in their region. Other LAs reported contact with the RISL once a month or less (22), around once every two weeks (≤3), or had no contact (4).
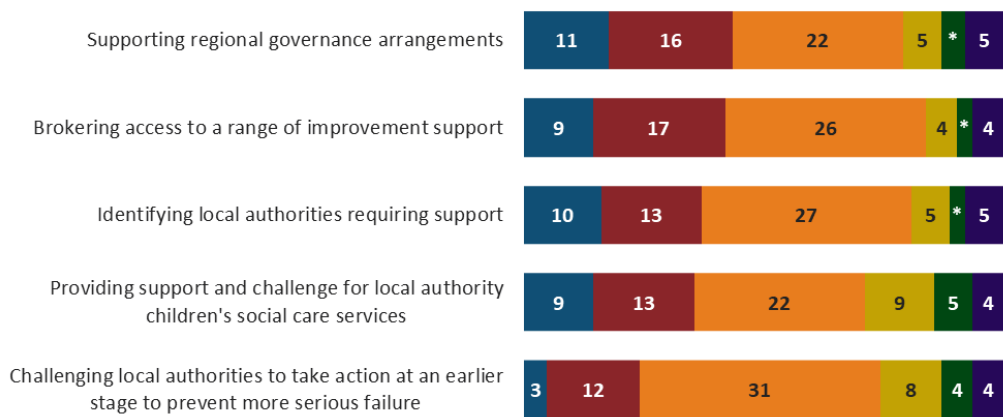
In 2020/21, 14 of 38 respondents (who were asked to think back to just before the UK went into lockdown on 23rd March) had no fixed pattern of contact, while 14 reported that they had once a month or less frequent contact with their RISL. Other LAs reported contact with the RISL at least around once every two or three weeks (8) or had no contact (≤3).

For both surveys, most respondents felt that DfE RISLs were effective at building relationships with DCSs (37 of 62 in 2019; 27 of 38 in 2020/21) but less so with corporate leaders (14 in 2019; 14 in 2020/21). As shown in Figure 38 almost half of respondents indicated that RISLs were at least fairly effective at supporting regional governance arrangements; wider views about other aspects of the effectiveness of the DfE RISLs were mixed.

Figure 38 Effectiveness of RISL in 2019

How effective or ineffective has the DfE Regional Improvement Support (RIS) Lead in your region been at the following?

Legend: Very effective ■ Fairly effective ■ Neutral ■ Not very effective ■ Not at all effective ■ Prefer not to say ■

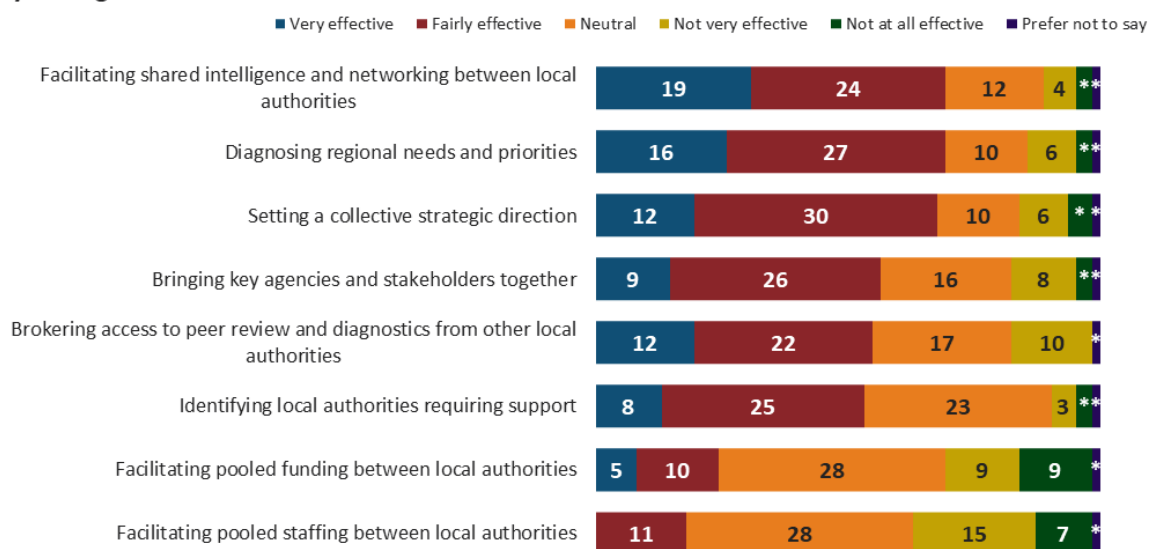|	Very effective	Fairly effective	Neutral	Not very effective	Not at all effective	Prefer not to say
Supporting regional governance arrangements	11	16	22	5	*	5
Brokering access to a range of improvement support	9	17	26	4	*	4
Identifying local authorities requiring support	10	13	27	5	*	5
Providing support and challenge for local authority children's social care services	9	13	22	9	5	4
Challenging local authorities to take action at an earlier stage to prevent more serious failure	3	12	31	8	4	4

*≤3%
Base: All respondents (62): Fieldwork dates 4 March to 14 April 2019.

Respondents felt that their **Regional Improvement Alliance (RIA)** has been most effective at facilitating networking and at diagnosing regional needs and setting strategic direction.

Figure 39 Effectiveness of RIA in 2019

How effective or ineffective has the Regional Improvement Alliance (RIA) been at the following, in your region?

Legend: ■ Very effective ■ Fairly effective ■ Neutral ■ Not very effective ■ Not at all effective ■ Prefer not to say

Category	Very effective	Fairly effective	Neutral	Not very effective	Not at all effective
Facilitating shared intelligence and networking between local authorities	19	24	12	4	**
Diagnosing regional needs and priorities	16	27	10	6	**
Setting a collective strategic direction	12	30	10	6	***
Bringing key agencies and stakeholders together	9	26	16	8	**
Brokering access to peer review and diagnostics from other local authorities	12	22	17	10	*
Identifying local authorities requiring support	8	25	23	3	**
Facilitating pooled funding between local authorities	5	10	28	9	9 *
Facilitating pooled staffing between local authorities		11	28	15	7 *

*≤3%
Base: All respondents (62): Fieldwork dates 4 March to 14 April 2019.

In 2019, around half of respondents (32) felt that RIA governance arrangements are more effective than previous arrangements. Similarly, around half (18) felt this way in 2020/21.

In 2019, more than half of respondents (36) felt confident in their Regional Development Plan, but a small number did not (9). In 2020/21, half (19) felt confident in their regional development plan. Others were either neutral (12) or unsure (4), and a very small number were not confident in the plan (≤3).

Views of Partners in Practice (PiP) programme

In 2019, nearly half of respondents (30 of 62) were positive about the effectiveness of the PiP programme at providing targeted support. Some LAs (9) felt the programme was not effective, and others were neutral or unsure.
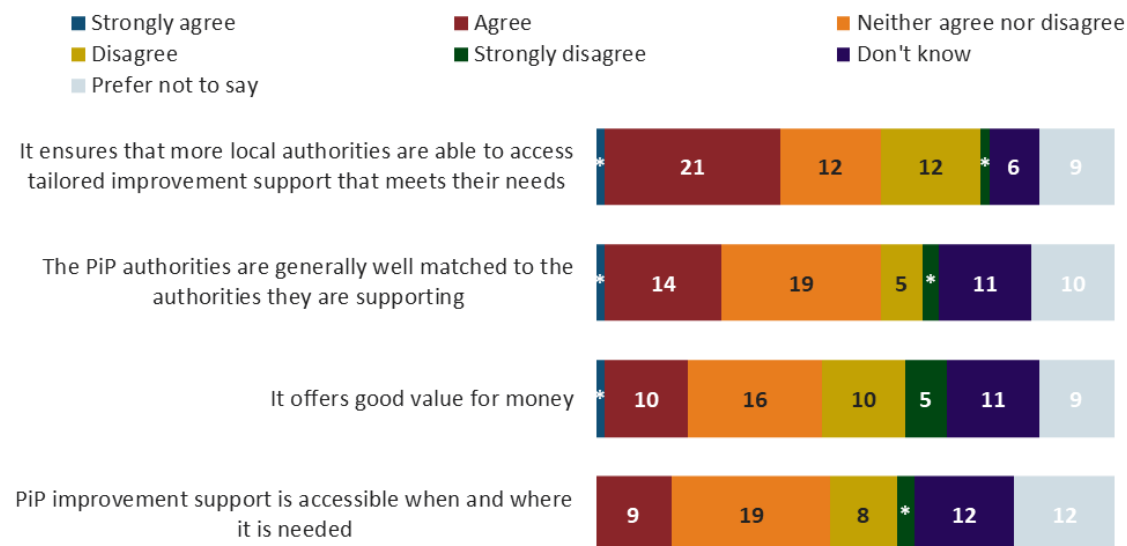
In 2020/21, and again thinking back to just before the UK went into lockdown on 23rd March, more than half of respondents (22 of 38) gave positive responses on the effectiveness of PiP, while 4 reported that they felt the programme was ineffective.

Wave 1 (W1) PiP offer

In both surveys, some respondents were positive about the Wave 1 PiP offer, but others felt there was room for improvement.

Figure 40 Views on Wave 1 PiP offer in 2019

To what extent would you agree or disagree with the following statements about the Partners in Practice (PiP) offer of sector-led improvement for <u>Wave 1</u>?

Legend:
- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know
- Prefer not to say

It ensures that more local authorities are able to access tailored improvement support that meets their needs: *, 21, 12, 12, *, 6, 9

The PiP authorities are generally well matched to the authorities they are supporting: *, 14, 19, 5, *, 11, 10

It offers good value for money: *, 10, 16, 10, 5, 11, 9

PiP improvement support is accessible when and where it is needed: 9, 19, 8, *, 12, 12

*≤3%
Base: All respondents (62): Fieldwork dates 4 March to 14 April 2019.

In 2019, more than a third of respondents (21 of 62) thought that the Wave 1 PiP offered more than what was already in place. However, some agreed that PiP authorities are overstretched and lack capacity to deliver (17).

In 2020/21, more than half of respondents (20 of 38) reported that the Wave 1 PiP offered more than the arrangements that were already in place.
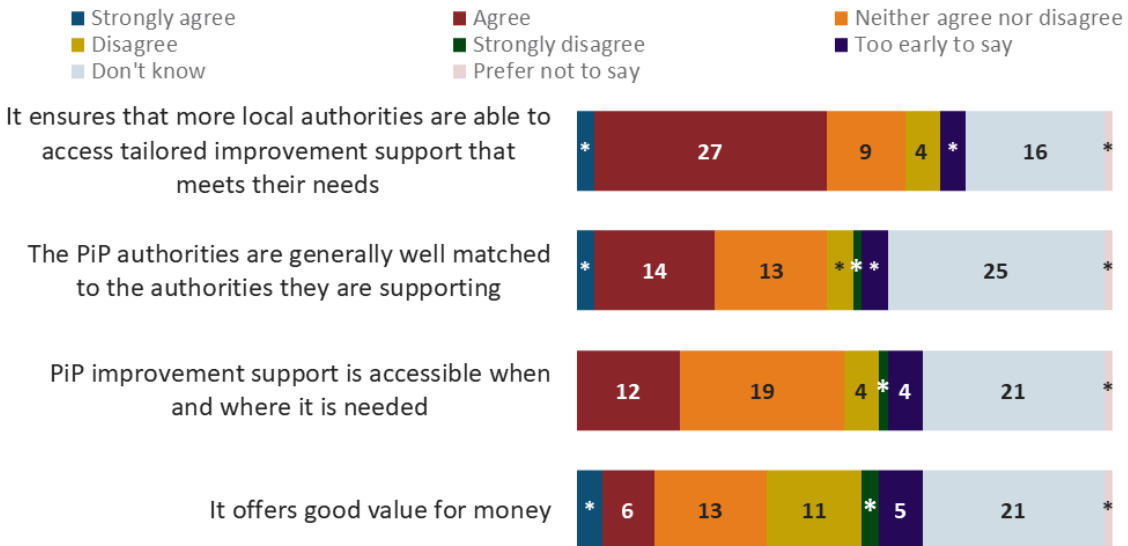
Wave 2 PiP offer

In 2019, slightly more respondents agreed that the Wave 2 PiP offer allowed LAs to access tailored support compared to the Wave 1 PiP offer. About a third of respondents (25) felt they did not know whether supporting and receiving LAs were well matched, whether support is available when and where it is needed (21) and whether it is good value for money (21). Fewer respondents felt that PiP authorities are over-stretched in Wave 2 compared to Wave 1 of the PiP programme (10, compared with 17).

In 2020/21, respondents gave very similar responses about the Wave 2 PiP offer as for the Wave 1 offer.

In both surveys, a similar number as for Wave 1 PiP thought that the Wave 2 PiP offered more than what was already in place (22 in 2019; 19 in 2020/21).

Figure 41 Views on W2 PiP offer in 2019

To what extent would you agree or disagree with the following statements about the Partners in Practice (PiP) offer of sector-led improvement for <u>Wave 2</u>?

- ■ Strongly agree
- ■ Agree
- ■ Neither agree nor disagree
- ■ Disagree
- ■ Strongly disagree
- ■ Too early to say
- ■ Don't know
- ■ Prefer not to say

It ensures that more local authorities are able to access tailored improvement support that meets their needs: *, 27, 9, 4, *, 16, *

The PiP authorities are generally well matched to the authorities they are supporting: *, 14, 13, *, *, *, 25, *

PiP improvement support is accessible when and where it is needed: 12, 19, 4, *, 4, 21, *

It offers good value for money: *, 6, 13, 11, *, 5, 21, *

*≤3%
Base: All respondents (62): Fieldwork dates 4 March to 14 April 2019.

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