



Resourceful leadership: how directors of children's services improve outcomes in early intervention and prevention

Summary report

Resource

This targeted report has been published alongside a longer report, **Resourceful leadership: how directors of children’s services improve outcomes for children.**

Leading for Outcomes puts the concept of resourcefulness at the heart of good leadership of children’s services.

As illustrated in figure 1, ‘resourcefulness’ is the ability to:

- assess and widen one’s resource base
- select and apply the best mix of resources to address the type of challenge faced.

The concept of a resourceful leader is helpful in thinking about the ways directors of children’s services (DCSs) are able to:

- assess their situation, now and in the future
- actively seek to inform and shape the context they operate in to promote the interests of children and young people
- select a range of responses, drawing on both themselves and others as resources
- apply a response and see it through

Leading for Outcomes defines eight core behaviours of resourcefulness. For the early intervention and prevention theme, the study was able to identify the following resourceful behaviours:

- leading collaboratively and creating commitment across a system by sharing responsibility for outcomes in this area. This was done by working collaboratively with others and introducing systems to identify risk to address and prevent problems in the long term
- openness to possibilities by proactively engaging with the policy reforms required by central government, and by thinking innovatively about alternative models of delivery such as outsourcing or greater use of commissioning

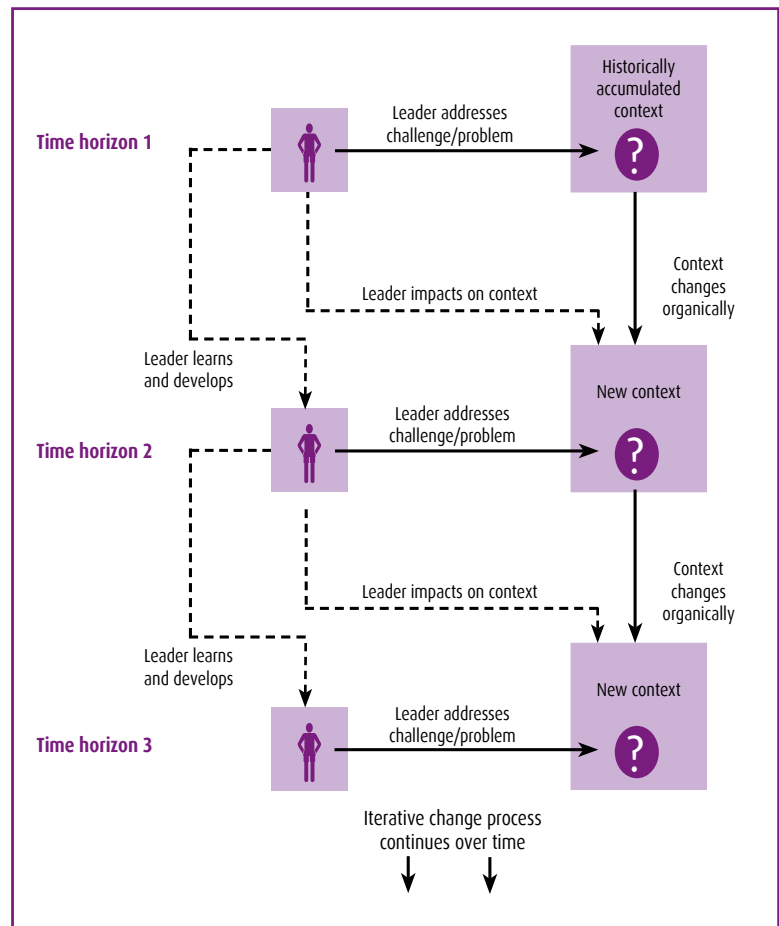


Figure 1 The dynamic relationship between leader and context over time

1. These are: openness to possibilities; the ability to collaborate; demonstration of belief in their team and people; personal resilience and tenacity; the ability to create and sustain commitment across a system; displaying a focus on results and outcomes; the ability to simplify; and the ability to learn continuously.

Evidence of effective practice

C4EO has produced a good practice guide, Grasping the Nettle, which identifies five golden threads as the essential ingredients for effective early intervention. The guide is based on international research and validated local practice and can be found at:

www.c4eo.org.uk/themes/earlyintervention/default.aspx?themeid=12&accesstypeid=1.

Additionally, in January 2011 Graham Allen MP published Early Intervention: The Next Steps, a review of current early intervention practice commissioned by the government. The report identifies a number of areas of effective practice, including 19 programmes that have demonstrated cost-effective provision of early intervention services. It also includes a set of recommendations which may influence early intervention planning and delivery over coming years. The report can be found at:

<http://media.education.gov.uk/assets/files/pdf/g/graham%20allens%20review%20of%20early%20intervention.pdf>.

This report seeks to build on the current evidence-base by:

- identifying the leadership characteristics in DCSs and their senior leadership teams (SLTs) that impact on early intervention and prevention outcomes
- strengthening the body of knowledge about leadership and its impact on early intervention and prevention outcomes
- using this knowledge-base to offer practical support to professionals working in services for children

Leading collaboratively and creating commitment across the system in early intervention and prevention

Attempting to prevent problems and intervening in a timely way once they are identified is fundamental to improving outcomes for children throughout life. Leaders often prioritised identifying and addressing risk before more entrenched problems developed.

To do this, leaders focused on creating systems and working processes which enabled practitioners to recognise risk earlier and have the necessary resources to address the risk effectively to prevent a problem from arising. Three approaches came across strongly from the sample:

- Promoting collaboration at all levels
- Workforce development to enable early intervention
- Addressing and preventing problems in the long term

1. Promoting collaboration at all levels

All leaders in the sample viewed collaboration as essential in working on early intervention and prevention. Involving the widest range of organisations and individuals in this area encouraged shared responsibility for and commitment to outcomes as parties needed to work together to achieve results. Given the number and range of different professionals involved, collaboration also increased the chance of problems being spotted at the earliest opportunity. Developing systems and processes which encouraged collaborative working was therefore a priority for all leaders. Ensuring effective systems for measurement has also been highlighted as a recommendation in the Allen report referred to above.

Leaders encouraged collaborative working practices and systems in two ways:

- with partners
- between the front-line, parents and carers

Working with partners

When working with partners, building strong relationships based on trust and good communication was crucial in sharing general knowledge of the problems children face, and identifying when to intervene. A number of leaders had involved partners in governance processes and regular meetings to facilitate this.

For example, in one authority leaders involved GPs in decision-making. The GPs' knowledge of health and lifestyle concerns for children was shared with other

practitioners and helped them to understand some of the problems they may need to identify. It also served as a mechanism through which the GP could refer children to other practitioners if they were better suited to address the problem.

Leaders also worked with partners to prevent and address specific problems, co-creating systems that promoted information-sharing to identify problems early and a collaborative approach to address these problems. This is illustrated in example 1.

Example 1: Working with partners on prevention and intervention

Leaders in one authority worked with partners in health and the police to reduce exclusions. They aimed to keep children in mainstream education to improve their long-term outcomes. During the last 3 years exclusions had reduced from 44 to 2 as schools were looking for alternatives to exclusion.

Leaders used a pupil referral unit (PRU) with an onsite service with health professionals. The service provided a therapeutic team to work with children and young people below the children and adolescents mental health (CAMHS) threshold. The PRU used fixed-term exclusions data from schools and cross-referred to referral data to make sure that the right children were getting referred to the onsite team.

Leaders also worked with the police to identify when children had experienced multiple fixed-term exclusions and had instances of anti-social behaviour. This process ensured that children with more complex problems and their families could be given targeted support from the right professionals, working in collaboration, at an early stage.

Collaboration between front-line workers, parents and carers

Leaders recognised the importance of promoting collaboration between front-line practitioners and parents and carers as a means to improve early intervention and prevention.

Systems to promote collaboration, such as social forums for knowledge-sharing, helped to improve identification and measures to address problems since:

- practitioners could identify problems and their causes by talking to parents, and could support families in addressing problems by sharing experience and knowledge
- parents could find a constructive outlet to share any concerns or difficulties they had as well as learning more about the causes and ways to address problems

Some leaders set up specific initiatives so that these groups could share experiences, as illustrated in example 2. Providing information and support for parents and ensuring workers are well-equipped to support early intervention and prevention work is also a recommendation in the Allen report.

Example 2: Collaboration between practitioners and families

The family intervention project was developed as an approach to facilitate collaboration between practitioners and families in one authority in the sample. The project helps to bring service users (particularly parents) and practitioners together at a number of knowledge-sharing forums so that they can share good practice within the community. It also serves as a useful forum in which to identify potential problems and seek to intervene in newly developed problems.

Example 3: Social forums to develop workforce capability

Leaders in one authority used social forums to facilitate knowledge-sharing between practitioners. They also integrated this process into the common assessment framework (CAF). This helped to provide structure and rigour in the assessment discussions and ensure that, by using the CAF, practitioners understood how best to escalate or address issues. This system led to greater openness about concerns and issues, helped leaders to spot problems early and ensured the workforce was able to address issues using appropriate means.

2. Workforce development to enable early intervention

Leaders recognised that practitioners needed to have the right knowledge and skills to be able to identify risk early and select the appropriate course of action. To improve the capability of the workforce, leaders sought to provide opportunities to share experiences with other professionals so that they could share best practice and learn from one another.

One approach used by leaders in London boroughs was to keep practitioners up to date with cutting-edge practice in early intervention. Leaders used regular research workshops to bring together professionals from a range of different areas of children's services. The workshops offered an opportunity to network with colleagues from other local authorities. This enabled them to share best practice and new work practices, explore resource-sharing and sometimes develop inter-authority approaches in early intervention and prevention.

3. Addressing and preventing problems in the long term

Early intervention is critical in effectively addressing problems, which could otherwise have a significant impact later in childhood and adulthood.

In example 4, leaders in one authority have taken a long-term view, identifying and committing to measures that can help prevent socio-economic problems in the area. The approach demonstrates

Example 4: Addressing and preventing problems in the long term

Leaders in a large county authority commissioned research with an external body to identify the needs of young people who were subject to social and economic deprivation, and provide recommendations on how to improve conditions for them before adulthood.

As a result, the authority's services were restructured so that secondary schools were the locality focus. Leaders felt that this arrangement was a pragmatic and workable solution for an authority of its size. Services including police, welfare, youth, education, ICT and some safeguarding functions were built around a geographical locality and worked together to find measures to prevent the problem continuing into adulthood.

awareness that problems can be intergenerational. They can perpetuate over time and are dynamic in that they will change in nature in response to the environment.

Establishing appropriate systems to identify and address risk early is a viable strategy for leaders.

Openness to possibilities: delivering policy reforms in early intervention and prevention

In-year budget reductions and the political requirement for local authorities to target early intervention activities more effectively meant that leaders were undertaking a thorough review of the early intervention and prevention services. Drawing on a range of data, leaders sought to prioritise services and identify options which would enable more cost-effective approaches to delivery. The majority of leaders in the sample stressed that preventative services would remain a priority in order to reduce demand for more intensive support over the longer term. A few leaders, however, chose to provide statutory services of social care and safeguarding and scale back or discontinue non-statutory services in early intervention and prevention.

For leaders planning to continue providing an early intervention and prevention service, funding and policy changes were commonly viewed as an opportunity for reform. These leaders were pragmatic and generally positive towards the changes, and were open to possibilities to drive change by delivering:

- Targeted preventative services
- Models of alternative provision

Targeted preventative services

Many leaders underwent rigorous analysis of discretionary functions and decided to refocus early intervention and prevention. By targeting efforts on specific problems, rather than providing universal services, leaders were seeking to cut costs while still maintaining provision where it was needed most.

Targeting was done in a number of different ways, frequently with collaboration from partners. These included intervening more in families with complex problems, focusing on vulnerable children and those at risk of entering the care system, and concentrating interventions on children with problems which can be addressed more cost-

effectively now than if they are left to become more serious and therefore more costly to address in the future. Targeting around localities was another option explored by leaders in one authority, illustrated in example 5.

Example 5: Targeting provision locally

Leaders in a London borough sought to target provision at a local level. The authority was split into several wards, which were each allocated a small budget. This budget could then be used to provide activities to target specific local problems.

“The trust and partners established a joint commissioning group which had instigated five reviews including two in my own area – universal services for under-fives, and early intervention.”

Assistant director, access and support

“There are some things that we always wanted to do that we may now have to do to save money, for example, integrated management. We must not miss an opportunity to do what we need to do in the circumstances.”

Director of children’s services

Models of alternative provision

In conjunction with targeting services, some leaders were considering alternative options for service provision in preventative services. Leaders in one authority were considering outsourcing, and structuring contracts to offer more incentives and rewards to encourage mainstream organisations to engage more proactively in early intervention.

In another authority, leaders were considering outsourcing as a way to specify requirements rigorously and drive cost-effective provision. They viewed this as part of a more comprehensive commissioning programme, which sought to model the authority as a commissioner rather than a provider.

In an environment which will undergo considerable change over the coming years, leaders recognised that there is a need to continue to think innovatively and to explore all options openly.

Implications: questions for consideration

In the light of these findings, we recommend that DCSs and their SLTs review their individual effectiveness and their organisational outcomes by addressing these questions for action:

Leading collaboratively and creating commitment

- What are you doing to ensure good working practices are embedded throughout children's services and your partners?
- Who are the key players who can help to identify and address problems early? How can you influence and work with them?
- How do you ensure that you build commitment to shared objectives with your team? the front-line? with your partners?
- What are you doing to involve parents and carers in identifying and addressing problems early?
- What are you doing to ensure good working practices are embedded throughout children's services and your partners?
- How confident are you that communication and knowledge-sharing channels are effective within teams and between teams?

Openness to possibilities

- Do you have a clear view of the priorities that are most important and cannot be compromised? What work are you doing now to ensure that these priorities are protected? How have you communicated these priorities across children's services and your partners?
- Have you defined and agreed priorities and options in this area with corporate, political and children's services colleagues for the next month? Six months? A year? Longer term?
- Have you built strong working relationships and practices that enable you to consider a number of solutions to a given problem? How well do you work with colleagues and partners to find innovative and alternative solutions?
- Do you have the right resources in place to deliver effective, targeted work on early intervention and prevention outcomes now and in the future? What could be done to develop and improve these resources or use them differently?

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