

Institute of Public Care

Data and intelligence to help develop children's services post lockdown

Discussion Paper

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1 Introduction

As we begin to move on from lockdown, we need better intelligence to help develop children's services in the longer term. This paper considers the potential of action research to help leaders in children's services get that intelligence. It discusses how partners can use data and intelligence gathered systematically in this way to help them understand what is happening through this crisis, why changes have occurred, and what can be learned to help inform future services and activities.

2 Emerging intelligence

The professional and national press have reported on significant changes in children's social care activity in recent weeks and speculated on the impact of the Covid-19 crisis on vulnerable children and their families. This reporting to date is largely based on anecdote, and we are not yet in a position to build up a reliable picture from a range of snippets of information. For example, in a survey carried out by Community Care ([Community Care 28 May 2020](#)) people working in children's services voiced fears about rising levels of domestic abuse. From informal discussion with children's services leaders in one large county there has been a 40% reduction in referrals, and in another county a 42% reduction in child protection enquiries. Public law applications dropped modestly in March and April but within the range of monthly variation ([Cafcass demand statistics](#)). Children's presentation at Accident and Emergency has been described as down 60% in some areas. Other local authority colleagues have said that referrals to specialist teams, for example dealing with child sexual exploitation, are sharply down and missing from care episodes are also reduced. Other reports give a different picture of increased need. For example, in [Community Care 3 June 2020](#) a specialist worker in a child exploitation team reported that young people going missing, being arrested out-of-borough and saying they had been forced or paid to go had increased.

At the same time there are stories of excellent interagency work to ensure children are safe and that families have their basic needs met, especially between some schools and their local social work teams. There are reports that family networks have stepped up to help their kinship networks ensure vulnerable children and their parents have what they need.

These examples, and many others, suggest that there have been very significant shifts in activity during the crisis, and of course these impressions have so far been sufficient to inform those who are having to deal with need and demand in lockdown locally for a short period of time. However, as we begin to move on from lockdown, and try to shape services together to meet the needs of children and families over the longer-term, a more rigorous and systematic approach to securing and analysing the situation will be needed. We need to take this unique opportunity to understand how children's needs are being expressed in the radically different set of circumstances to date and how children's social care services and their partners can respond to these needs in the longer-term.

We have now had 11 weeks (at time of writing) of revised circumstances since original lockdown, and local partners are beginning to have sufficient recent data and intelligence about needs and services to inform their planning for the future. They need to make the most of it, not just by continuing with traditional performance-heavy data collection and analysis activities which have characterised children's services over the

last decade. Partners need the capacity and desire to understand what both data and intelligence are telling us at this time, and the ability to redesign our services and our interventions in people's lives to respond effectively to their needs. This paper considers the potential of action research to help with this task and discusses how partners can use data and intelligence gathered systematically in this way to help them understand what is happening through this crisis, why changes have occurred, and what can be learned to help inform future services and activities.

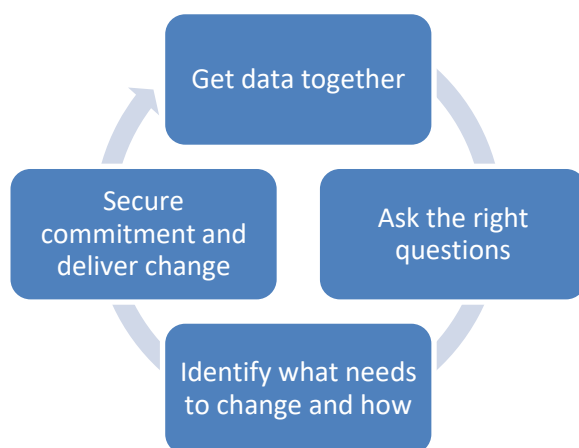
3 Action research

Action research is a well-established tool used across public, voluntary and private sectors to help develop an informed, multi-faceted understanding of complex situations. The aim is:

- To study what has happened in a systematic way.
- To develop ideas about what has happened and why, using the evidence available.
- To reach conclusions about what needs to change.
- To apply that learning to the practical improvement of services.

Action research is distinguished by two particular characteristics. Firstly, the use of multiple sources of information and intelligence to inform analysis. This includes, for example, performance and impact data from different partners, and the involvement of a range of stakeholders including practitioners and service users in the research process. Their experience and understanding is a central part of analysing problems and securing improvement, and in this context, it means children, families and professionals being involved in sharing intelligence, analysing data and applying learning.

Secondly, action research is also characterised by a level of pragmatism which recognises that judgements have to be made in real-time, and an understanding of what is practical and achievable. It is better to use available data and intelligence to make as good a decision as possible at the right time than to delay until every last piece of evidence is available. Action research can help leaders in children's services to be confident that they are making key decisions informed by all of the relevant evidence in a systematic, realistic and timely way. An action research approach in children's services just now might, for example, involve the following interlinked activities:



Let's look at these activities in more detail.

4 Getting data together

Obviously, a key starting point for children's services leaders is to review the performance data routinely collected across health, education and social care, consider how this has changed over time, and in particular if and how recent months have seen very different patterns and trends to those built up over many years.

Children's social care services, for example, collect a lot of real time data about the children they serve. The two principle collections are the SSDA 903 primarily concerned with children in care, adoption and care leavers and the child in need census concerned with contacts, referrals, assessments, needs and child protection data. To this data can be connected other data through the collection of the unique pupil number required by the Department for Education (DfE) for the SSDA 903 and children in need data collections. Many authorities also collect children's NHS numbers, although this is not required. The SSDA 903 and children in need data is required annually by DfE but to gather the data local authorities collect in real time as social workers record information about children day-to-day. This real time recording means local authorities can track their activities and performance throughout the year and analyse patterns and trends monthly or quarterly. There are local nuances to how this is done depending on the reporting tools used and whether additional data items are collected and reported beyond the requirements of the statutory returns. The Covid-19 crisis will have had an impact on the data collected and on the capacity of organisations to run their usual performance management systems, but the fact that the data may not be as robust as usual should not mean it is not examined.

While there may be constraints on producing performance reports or undertaking data cleansing arising from staff absence or priority to other work to support the local authority role in the crisis, it should still be possible to produce these data reports. The difference will be in the data itself reflecting how needs, demands and responses have changed during the crisis.

5 Asking the right questions

The key job for partners at this point is to review the activity and performance data that is available and, recognising inevitable limitations in data quality and availability, identifying key questions which the data points to for further exploration.

- For children in need, for example, might be a range of questions to explore. Data including child characteristics, source, primary need code and outcome will be available and provide a good starting point for considering what has changed. In 2018/19 across all local authorities in England, for example, only 8% of referrals were from individuals including those referring themselves, suggesting that traditionally few people seek help directly from children's social care. The vast majority of referrals are from other agencies. It is hardly surprising that referrals will fall when few children are attending school and normal NHS services are not operating. Schools and NHS services account for 33% of referrals, and other local authority services account for a further 13%. Partners might want to consider what the pattern of referrals during the crisis tells us about who still refers for what reason and for which children? For example, have there been more community referrals? Have younger children become less visible? Have the reasons for referral changed

with shifts between the need codes and what hypotheses might we form about such changes?

- Assessment patterns then might be worth questioning. Once referred and considered through multi-agency safeguarding hubs or other first contact services, have there been changes in patterns of referrals that progress to a child and family assessment or become a child protection (s47) enquiry? If there are fewer s47 enquiries what difference is this making in the type of enquiry? Does it suggest partners should consider whether previous practice included too many children and families in s47 enquiries? At the end of assessments, the factors identified as having an impact on children's welfare are recorded, and it may be worthwhile considering the extent to which these have changed and why.
- Child protection processes have continued using remote working in many situations across the country. The data may show changes in patterns of how many s47 enquiries lead to Initial Child Protection Conferences (ICPCs), how many ICPCs lead to child protection plans and to length of plans.
- In terms of the data on looked after children, the first figure to look at is children newly looked after. What brought them into care, and were the factors for recent children materially different from previous months? Have the children different characteristics in terms of age, gender, ethnicity and needs? Has the use of different legal routes into care changed? Were the children who entered care already known as on the "edge of care" or were they not known and if so, were there new vulnerability factors not previously identified and related to the crisis? If they were known, were the factors that brought them into care exacerbated by the crisis? Conversely were there families in crisis where the wider crisis seems to have brought out capacities to change and improve life for their children that were unrecognised before? If so, what were these and what can we learn about how to harness such capabilities for the future?
- For children in care there may be changes in placement stability that should be explored. What was the impact of the crisis on implementing care plans? In time the data should show whether placements for children for adoption or with special guardians were delayed, and whether the ability of services to meet needs has been compromised. In time it may be possible to see whether reviews conducted remotely were different in quality or outcome to those traditionally always conducted face-to-face. There is some anecdotal evidence that children and carers have welcomed less activity of social workers and others visiting their homes and have engaged well with contact undertaken remotely, but this will need to be explored over time in more detail. School data for looked after children may in time tell us something about how their educational progress has been affected by a long period out of school. There may be evidence that for some children the absence of school pressures was calming and enabled a focus on their personal and relationship development.
- It is crucial to widen data sources to include that from other partners. The [Local Authority Interactive Tool](#) (LAIT) is a reminder of the wider range of data that is gathered about children and is available to local authorities and their partners. Much of this data is not available quickly or in real time e.g. educational attainment is at points in time each year, infant mortality is a rate per 1,000 live births per year, excess weight in year 6 is collected once a year. However, much of this data should be available from local sources which can help to contribute to a rich picture of what has happened during the Covid-19 crisis. Data which should be available quickly includes Accident and Emergency attendance, emergency hospital admissions

overall, under 18 hospital admissions which are alcohol related, inpatient admission rates for 0 to 17 year-olds, referrals to child and adolescent mental health services and youth offending first time entrants. Local NHS agencies should be able to make health data available to their safeguarding partnership. The police should have data on domestic abuse incidents with children in the household. Many of these will have been notified to children's social care but the police data should be considered independently as not all reports of domestic violence are reported to children's social care (such as, for example, where there were no children in the household or the police may hold additional information). The police will also have data on anti-social behaviour and a variety of other community and household call-outs which may help develop the picture of patterns of incidents and needs during the Covid-19 crisis.

This stage of the action research process is all about using the data to identify changes in patterns and identifying the key questions that partners need to answer about what these changes may mean. It is not about reaching definitive conclusions at this point. Drawing the data and intelligence together from the full range of sources, and systematically developing a set of questions about what is actually going on across the local authority (and in some cases in particular localities within the local authority) is the task. These questions become the basis for a deeper enquiry involving more stakeholders in the next stage of the action research process.

6 Identifying what needs to change and how

Identifying a small number of questions which require a deeper dive into the experience and impact of services is a crucial step before getting into more qualitative methods. Without them, there is a great danger of trying (and failing) to explore a huge range of issues without being clear about those that most need to be addressed. It is pointless undertaking activities at this stage unless there are specific questions that they are trying to answer. Assuming that partners are clear about the key questions they need to consider, there are three key sources of intelligence to complement performance and activity data:

- The experience and views of those working in the field in a wide variety of different roles – using staff interviews, focus groups and surveys.
- The experiences and views of children, families and local communities about their needs, their resources and the services and outcomes they have experienced, again using tools such as individual or family interviews, questionnaires and focus groups.
- The quality of services and of interventions based on direct observation of practice or through reviewing case files and service records (often from different agencies) of individual cases.

Given the pressures on services and the restrictions on social interaction at the moment, there may be a reluctance to involve practitioners and service users as research partners at this point. Partners need to be realistic about what is possible and proportionate in engaging practitioners and service users to offer information on their experience, reviewing their records and helping think about the questions to be asked of the data. As the Covid-19 lockdown restrictions change it may well get easier to engage directly with individuals and small groups to do this – and indeed the experience for

many over the last few months has been that on-line and social media tools can be used to gather this type of intelligence more effectively than some traditional methods.

The experiential information needs to be used to build a more in-depth interpretation about what is happening, and to create a more extensive response to the initial questions posed by the basic data. Does it tell the same story? Do practitioners think there is a different story? Do they help identify the experience of particular groups of children and families which is not reflected in the performance data? Do they help identify further areas for enquiry? What can they tell us about the difference services made during the crisis? Can they tell us anything about what people valued from services?

The next element of the action research approach we are describing here is that the full range of stakeholders are asked to contribute not just their previous experience, but also their ideas about how services and interventions should develop in the future, based on their reading of what the data, the intelligence and their experience tells them. Activities at this stage therefore might include interviews, meetings, workshops or surveys which are also:

- Asking for ideas for improvement.
- Offering the opportunity to contribute to the design of new services.
- Engaging in designing referral, assessment or planning tools.
- Asking for proposals on what services might do, and how they might work.
- Proposing the skills and experience that might be needed to work effectively in these services.
- Exploring the experience of other similar services elsewhere and considering the extent to which they are applicable here.

Balancing the contributions of performance and activity data, local professionals and managers, children, their families and direct observation of practice and case records allows leaders to develop a rich picture of the strengths and weaknesses of local systems and gives them the opportunity to use this as the basis of plans for change and improvement. A systematic approach, using an action research framework, can help to secure legitimacy and support for these changes. As we move on from the initial Covid-19 lockdown, and face-up to the practice and resource challenges which the next period is bound to bring, this legitimacy is likely to be hugely important to successful leaders.

7 Securing commitment and delivering change

The final element of any effective action research project is to secure sufficient commitment from those involved to move forward with the improvements needed, and by doing so, to secure better experiences and outcomes for children and families. The clue is in the name – ‘action research’. If the previous stages have been successful, then the plans will be characterised by:

- Multiple sources of data and intelligence.
 - Systematic analysis of the relevant data.
 - A strong evidence-base underpinning the plans.
 - A shared and joint plan for implementation across partners.
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- Strong support for improvements from relevant stakeholders.
- Clear and resourced arrangements for continuing to draw in stakeholders to support and challenge the implementation of plans.

We are all likely to experience a period of high turbulence in children's services across the UK in the coming months and years, with great uncertainties about levels of demand, need and resources. In many situations there will be wide-ranging uncertainty about the most appropriate direction of travel for services. In many ways children's social care in the decade or more prior to the Covid-19 lockdown was about improving quality and securing greater consistency within a very challenging financial environment and regular increases in responsibilities and requirements to respond to new needs. As we come to terms with the implications of the Covid-19 pandemic for social care, health and wellbeing, for public services and the economy more generally, it is likely that the next couple of years will be even more volatile and fast moving. In that kind of environment, the 'master plan' approach to change, in which a local authority prepares a long-term detailed plan including detailed milestones for change up to 5 years in advance will be insufficient or ineffective. Partners will need to focus on a few short-term shared priorities and spend much more time working on these priorities together with families, professionals and each other to ensure they are actually delivered successfully. They are also likely to need to adjust priorities and revise plans much more frequently. An action research approach helps leaders to handle this kind of environment by drawing in evidence from multiple sources to inform priorities. If the action research approach is continued over time it provides them with an important process to secure feedback, check progress and review priorities on an ongoing basis.

8 Conclusion

The sudden changes in children's services made in response to the Covid-19 crisis need to be understood for what we can learn about how services can be delivered differently and how we can improve in the future. We think that action research is a useful tool to enable leaders to drive their local improvement agenda. It is particularly suited to the volatile environment we will all be working in over the next few years. It is going to be hugely challenging, but with tools like these, we have a better chance of developing our services to better meet the emerging needs of the children and families we serve.