



# The Innovate Project

Researching youth, risk and complexity

Discussion Paper 1

## Some Reflections on Innovation in Social Care

April 2020



This working paper is a transcript of the podcast conversation, '*The Long Listen: All About Innovation in Social Care*', which you can find at <https://theinnovateproject.co.uk/all-about-innovation/>. The conversation between [Carlie Goldsmith](#) (University of Sussex) and [Martha Hampson](#) (Innovation Unit) took place in April 2020, as the project was reviewing key concepts and innovation practices in the sector.

**CG: Goldsmith (CG):** Hi, MH:, thanks for joining me today to have this discussion about innovation. Would you mind just telling me a little bit about yourself and a bit about the role that you're currently in?

**MH: Hampson (MH):** My name is MH: Hampson and I have been a part of Innovation Unit for about 10 years, and my role at Innovation Unit has been predominantly in relation to children's social care, education, health, mental health and transitions in care. Innovation Unit as an organization has been involved quite heavily in the DfE's (Department for Education's) Innovation Programme, and has also been involved in the work that's happening in Greater Manchester to scale some of the innovative approaches from that programme, and with North Yorkshire on their work on the No Wrong Door project as well. So, we've been quite heavily embedded in the nuts and bolts of doing innovation over the last few years. And we are currently part of the Innovate Project to look at, overall, the ways that innovation works. In particular, looking at the three key approaches of [contextual safeguarding](#), [transitional safeguarding](#), and [trauma informed practice](#). So, we're bringing the knowledge of how innovation works on the ground to that overall research process.

**CG:** Okay, that's fantastic. Let's start at the very beginning. Could you tell me what's meant by innovation?

**MH:** The very, most basic definition of innovation is the process of developing - and embedding and testing and scaling - new ways of doing things. And that might mean creating something that's entirely new from scratch; more often, it means taking elements or components of models and combining them into a way that makes sense in your local context for the young people that you're working with. In children's services, at the moment, it also involves scaling up some models and approaches that have been tested across the country. So, taking things that have been developed often as part of the DfE's Innovation Programme, and then scaling up across the country.

The thing about innovation is that it's often in the eye of the beholder. What's new to one person might feel like it's just standard improvement work for somebody else, and vice versa. And that's fine. If it feels new to you, then it is new.

And there are three key ways in which something can be innovation:

- a) It's in the model itself.
- b) It can be the innovation process for your design or when you're implementing something. So that would involve processes like co-design, or prototyping ethnographic research - different kinds of processes for creating a new service or practice or model which aren't usual in that sector.
- c) It might also be the kind of shifts that it creates in the wider system. So, something might not necessarily be thought of as being an innovative model in itself. But if it creates quite a significant shift in some of the underlying assumptions about how things are done in a system, that in itself is producing innovation.

One of the examples that might be worth touching on is the work Wigan and Rochdale have done on the pathway for adolescents who have experienced sexual exploitation. The process they went through to develop that model involved lots of very in-depth co-design work with those young people, which is something that hadn't really been done before with that group. It involved

creating a whole set of new processes for designing the service and, through that venture, shifted some of the underlying assumptions within the sector as a whole about the ways in which young people can be worked with, the ways in which their voices can be heard, and their ability to be engaged in those sorts of places and processes. So almost regardless of what the service turned out to be – and it is a service that dramatically improves outcomes for these young people – the process and the kind of shift that it effects in the embedded assumptions about how things work are themselves innovative.

**CG:** How does innovation differ from invention and improvement?

**MH:** So that's very messy! The technical definitions are that improvements make things better within the existing structures or constraints. We talk sometimes about dialling things up or down, but you're still using the same dials. So you might be increasing budgets, might be reducing caseloads, you might be hiring more social workers – you're trying to rearrange things within the existing structures and constraints you've got in order to produce better outcomes. And that's an incredibly important process. That kind of slow and steady improvement is incredibly important in any system.

What successful innovation does is to rethink what those dials are. What are the things at your disposal? What are the structures you're operating within? And innovation tries to disrupt this as much as possible. We sometimes talk about this thing called a 'split screen' approach, which is a very old fashioned technological way of thinking about your innovation as a PC screen with two different things going on. But the challenge in any complex sector, such as public services, is to keep one eye on improving things for the kids who are already in the system as it stands, and the other eye on what the systems are that we want to create in two or five or 10 or 20 years' time: how can you make some really big step changes and move towards that totally reimagined way of doing things?

And both of those things are incredibly important to have, together. If you've only got improvement happening, it's just not fast enough to effect the kind of change that we need. In a very complex system, if you've only got innovation happening then it's just constant change all the time, and that can be really disruptive for the people who are currently in the system just trying to get on with the day to day. But that's less often seen in the innovation literature. The sense is that innovation is the proper, exciting work and improvement is the boring day to day stuff. And that's not quite true. Both are incredibly important. The balance of having those things going on at the same time is what is what's important – they feed each other.

**CG:** Why is innovation in children's social care needed?

**MH:** We've got this mix of rapidly increasing demand in the system. Demand that's rising, pretty much year on year. We've got a changing demographic of who's in the system, so far more adolescents coming into the system for the first time, far more adolescents, in particular, with complexity of needs that need to be addressed in a range of ways. And a lot of what's referred to as being 'new' or 'emerging' issues, some of which are genuinely new and emerging issues, like unaccompanied young asylum seekers or the rise in County Lines and gangs; some of which are things that have always been around but are just coming to public attention, like FGM or sexual exploitation. So, there's this huge rise in demand and different kinds of demand. At the same time, as we know, there's a fall in budgets, and the ability of the system to respond to these in flexible ways has been massively affected by austerity in the last 10 years. Plus all the other services for children, like education: everything's under strain. And we know everybody working in children's social care is doing everything they can to mitigate all of these problems, but just trying to improve and do better within what's there isn't going to be enough. In particular, in children's social care there's a limit to how much the people within the system can do and have influence over, particularly when so much of the financial context is set by the government and by the national picture.

So the system needs to be more able to cope and respond to that prevailing climate and to unexpected shocks and pressures like those we've seen within the last few months. The system is doing extraordinary things to cope with the pandemic situation, but there are ways in which the system is set up that are not conducive to trying things out quickly and mobilizing people in new ways. There's lots of aspects of it that are quite rigid; there are lots of reasons for that and many of them very good. The goal of innovation is that it can make some of those really big step changes in outcomes very quickly. But also, that if you do enough innovation activity then you will end up with a system that, as a whole, is just much better able to cope with variables, cope with unexpected or new emerging problems, is better able to cope with recession, with staff changes, with changes to legislation and policy. The aim is both instances of innovative models that can work with very specific cohorts of young people, and a system that as a whole is much better able to flex and think on its feet and respond to what's coming its way. And we know that demand isn't going to go down anytime soon, we know that there isn't going to be extra funding anytime soon and so the urgency of trying to do some of that quickly is really acute.

**CG:** In the literature, there are kind of two types of innovation, described as transformative and incremental. Can you tell me a little bit about what are the differences between the two, and how that might relate to children's social care?

**MH:** There's lots of different ways of categorizing innovation. A lot of those from the innovation literature have come from the history of innovation, which is around factories and the design of cars and moving from horses to cars. When the word transformation was first used in this context, it meant transforming from a horse to a car, it has a very nuts and bolts history to it. And in the context of public services a lot of these things don't map on exactly. In particular, when you're talking about service innovation, things change over the course of time. So the categories that things get put in when they're first developed might well be very different to the ones they get put in later. Something that starts off as a quite discrete innovative model, looking at quite a small number of young people, for example, might over time push up into the rest of the system and force a whole load of other transformative changes, but it doesn't necessarily start off as transformative. What we mean by transformative is really shifting the underlying assumptions of how things work. [Matthew Horne](#), who is also from Innovation Unit, quite often talks about how incremental innovation or improvement is about going from a small caterpillar to a big caterpillar, and transformative innovation is going from caterpillar to a butterfly. It's a totally different kind of thing. And if you look at the results, you wouldn't necessarily think that had come from the original state. That transformative innovation, which is what it feels like we're all aiming to get to, is pretty rare in public services. There aren't that many instances of it. But there are starting to become lots of instances where some of those assumptions are shifting. And sometimes it's about the scale and the size of it.

Leeds, for example, is one of the examples of a local authority that has started with very clearly rethinking the purpose of the Council, which is around being a child friendly city. That is now the purpose of Leeds City Council, to be a child friendly city and everything they do falls from that. They've then thought about what it means in terms of practice. Everybody within Leeds who interacts with children as part of their role has now been trained in restorative practice. So everybody is working from a shared language and way of doing things. And there are then individual instances of how that translates into frontline services, like, for example, the use of family group conferencing as a core offer to families. But they started with the big picture of what's the place we're trying to get to, and what we're trying to get to is for Leeds to be absolutely the best place in the UK to grow up, and then everything falls from that.

At the other end of the spectrum, there are what we call incremental innovations, which are sometimes also called sustaining innovations – innovation that is genuinely innovative but within the same context as before. For example, new practice models, which are genuinely great

practice models, where the innovation might be in who is trained in them and how the training is carried out, the ways in which they are applied to day-to-day practice. But they're not necessarily fundamentally shifting some of those fundamental assumptions. And then in the middle, there are all of these practice, service and system innovations, which are halfway in between, such as the Pause model of working with mothers who've had multiple children removed from their care. That started as a quite small service in one local authority and then has grown to be this network of Pause services across the country. It's always been a genuinely innovative way of working, of flipping the problem of babies coming into care on its head and thinking about working with mothers, rather than just looking at the baby's entry into care; it's very much about preventing that from happening in first place. But it was very small service, working with only five or six women to begin with, and as it grew it shifted some of the underlying assumptions across the local authorities that it's now operating in about where social work happens, about the ability of young parents to make change themselves, about the cycles of abuse and being in care that happen often with parents. A huge number of the mothers the service works with were themselves in care, a lot of them had their first babies very young and there's a rethinking about who the system is there to support.

So, my hesitancy about categorizing innovation as either sustaining or disruptive and transformative is that those things shift around quite a lot. And actually what you're aiming for is that something that felt immensely new, innovative, exciting, amazing, just becomes the standard. You want things to shift into getting less exciting as time goes on, as they get embedded and they just become the normal way of doing things.

**CG:** Is there a standard innovation trajectory or pathway?

**MH:** We tend to talk about things in terms of:

- a development phase where innovation is developed, or selected if it's coming from elsewhere;
- a phase of prototyping and testing;
- and we often talk about incubating a model, giving it a good shot of success by holding off some of the pressures of the system to incubate it see whether it might work in principle;
- there's then a phase of embedding and sustaining and reintegrating the model back into the system as a whole to see whether it works in real life;
- and then there's a phase of scaling.

There are lots of models that have tried to describe that, which have been developed over the last 10 to 20 years, and some of those have been about service design and the process of developing things, some of them are about scaling. And the advantage of talking about it in terms of stages is that it gives people a sense of where they might be in the process, and sets of activities that you might want to be doing at each of those stages. And there are definitely things that you need to have achieved before you move on to the next stage.

The drawback of thinking about it in terms of stages is that it implies a set timeline but there's no real set amount of time that any of these phases might take. And the idea that it is a linear process is also not quite true. I was thinking this week, it's a little bit like the stages of grief process. There are all these things that you have to get through before you reach acceptance. But they don't always happen in that order, you might go through lots and lots more than once. And, in particular, a lot of things needs to be happening all the way through. So, if your aim is to get to something which can be scaled up within your organization then spreads to other places, you need to be putting some of that work in right at the beginning by building relationships with people who want to scale it, with building evidence that is effective, with building co-design or

participative relationships with young people. There are there definitely clusters of activity that happen at different points but I think the difficulty with doing innovation, if you're in a local authority, or charity, or any frontline service, is that the process can look – not necessarily simple – but deceptively well modelled.

And the reality is it's all about people, fundamentally. There are structures and processes and protocols and policies you can use to help people get there. But all of it is about the people who are doing the work and the ways in which they respond to change, the ways in which they feel comfortable with taking risk, the ways in which they work with each other, and young people.

I think what's not covered enough in the innovation literature is the context that existed before the innovation work started. You might be operating in a context where there's already a brilliant culture of learning and constant evaluative review of what people are doing. There's a huge amount of honesty, there's very clear leadership that's distributed across the organization, people feel supported and autonomous and able to try things out comfortably and safely. There's enough flexibility in budgets, there's great multi-agency working, all of those things are hugely conducive to innovation. And in a lot of the projects of the DfE programme, a huge number of the projects that were very successful were occurring in places that already have that great culture.

So No Wrong Door, for example, which is one of the services that is now being scaled because it has shown to be very effective in the Innovation Programme. North Yorkshire had already had years' long processes of getting to the point where they could develop some really, really interesting new models. But that had been a very complex process beforehand of understanding the kind of culture they wanted to create, of bringing the right kinds of staff with the right skills and capabilities and attitudes to doing that, doing a lot of work around multi-agency working and budgets. It's a very different picture if you're somewhere which is really struggling with those things.

Doing innovation in difficult circumstances is really hard. In some cases, there's a much stronger driving force for innovation in those circumstances. Where places feel like they don't have an enormous amount to lose then innovation can spring from that because there's a real need to take a risk to do something differently and the case for that is clear to everybody. But if you're in a local authority that has real problems with recruiting staff, if you're somewhere that has huge amounts of particular types of demand, which is dictating where your budgets fall, or if you're an organization that, for whatever reason, doesn't have strong links with other services or agencies or a history of working together and that needs to be built up, it can be very, very difficult to implement something new. And I think that's one of the things which has been seen as models are being tried and tested in one place and now being taken elsewhere is that a lot of that initial work still needs to happen. Even when it looks like there's an off-the-shelf model to implement. That's really hard and it's also very difficult to know how long that's going to take.

A lot of the funding that's around for innovation at the moment assumes a one or two year, maybe three year process. I think one of the big lessons of from the DfE programme is that might be long enough to get something just about off the ground, if you've got the right circumstances around you. But it's definitely not long enough to demonstrate real outcomes. And it's not long enough to account for things going wrong, or things being more difficult and taking longer than you might think. So, I think stages can be really helpful to give an idea of the kinds of activities that happen, but that always comes with the caveat of: it will be messier, and more exciting and interesting, depending on your local context. Something that gets talked about increasingly is a diagnostic of a local authority or service or charity – whoever is doing the work of the innovation – a diagnostic of where they are, which is hard to do. It's really hard to think about. It's easy to say, you know, 'organizational culture is a very important part', but it's very

hard as an organization to understand what that means for you and the places where there might need to be change.

That's one of the reasons I think why sharing and learning between organizations that have done this work is so important. The critical friend role is really important. People who can say: we've done this, and this stuff was really hard, but we got through it. Or: we didn't get through it, and here's why and here are some things to look out for. It's really important. It's all about the learning relationships and the communities of practice of people trying to try to do this work.

**CG:** Earlier on, you touched on some of the challenges faced by children's social care in terms of why innovation and why now. What are the system conditions that stimulate innovation in the first place?

**MH:** Very good question. The drivers for doing innovation can be positive or negative. A lot of the policy change that has happened has been in response to big negative shocks to the system. Important inquiries like the Victoria Climbié Inquiry, important serious case reviews, sudden reductions in budgets. A lot of the drivers for things changing are often negative drivers. There's a phrase often used in innovation, which is the 'burning platform' – if the thing you are on is on fire you need to really figure out how to get off it and how to do things differently.

But there are also lots of positive factors in why innovation happens. One of the most fundamental ones that is that everyone working in the system genuinely wants to do better for the young people and families who are in the system. And that is something which in my view is unique in public services and it's particularly strong, I think, in children's social care. If everybody who works in the system really wants to do better for those kids, then that's an incredibly strong mobilizing force, and an incredible sense of community. If you get a whole room of people from every bit of the sector – police, education, speech and language therapists and clinical psychologists and social workers – they might have disagreements about how to do it, there might be complicated budgetary reasons why it's difficult to work together, but the fundamental thing that's brought them all together is they want to do better for young people and families. And that's an incredibly powerful motivating force and it can see people through a lot of the hard work. But there are things that the wider system can do, and in my view *needs* to do, in order to help.

One of the fundamental ones is about money and funding, and the need not just for specific funding for doing innovation, which is often quite time limited, for a specific number of years, and limited to a very specific activity like developing a service around something very specific for young people, or bringing in a model from elsewhere and doing that bit. There's very, very, very little innovation funding which is funding to just try some things out and to investigate what's needed and to come up with some ideas. And that's one of the core differences in funding between public sector innovation and private sector, particularly in tech and science innovation where it's totally normal to have a research and development budget where you're trying things out, you're doing research, you're seeing what's needed, you're able to explore what might be required. That just doesn't really exist in much of the public sector, apart from in health and drug development, and definitely not in children's social care. So that's part of it: a broader definition of what innovation funding is for. But that needs to be coupled with long term sustainability funding as well. As we know, it's incredibly difficult to do new things if you're just really struggling to get the day-to-day work done because of enormous funding issues.

There are other ways the system can help in terms of policy, regulation and legislation and in making it easier for organizations to do some of the risk taking that's needed, or the operating in uncertainty that's needed, to develop innovation. And that's also for me just the big point about learning. We've got the What Works Centre now, which is pooling a lot of the evidence base on what works in children's social care, which is fantastic. But the more access organizations and people can have to evidence and stories about how things work and narratives about other

people's journeys along the same process, and toolkits and blueprints and all those things, the better. I think there's often quite a lot of emphasis placed on things like toolkits and manuals, and what they can be incredibly useful for is making something very complex and difficult seem possible. They're really great at the beginning point of that journey of understanding the sort of shape of what things could look like and that it is possible and explaining to people what it might look like. But they're not a diagram to follow. They're not a map. They give you a little picture of what the place you are arriving at might look like but they don't tell you how to get there. They're not a recipe, they're a picture of the cake. But still, having all those things to generate discussion, generate ideas, are incredibly important, as are opportunities for people to meet and talk and understand.

Something that's incredibly important in scaling innovation is the transfer of people. Ideas go where the people who have ideas go. And one of the key ways that innovation travels around the system is by people moving. So whether that's secondment, or just visits, or people going to work for other organizations, that's one of the key methods of transfer. There are a lot of ways in which the system as a whole can be more conducive to allowing people to move out, and experience, and learn, and talk, and discuss, and share with one another. One of the barriers to that in recent years has been the element of competition that has been injected into some areas of children's social care, and health and social care in general, which doesn't make it *impossible* to collaborate and share but in some circumstances it can set a prevailing tone of knowledge and learning and experience being owned and protected by some organizations, and a reluctance to share things with people who might be your competitors, which is a perfectly sensible thing to be worried about. So the system attitude, the prevailing attitudes around collaboration and competition, can be hugely important.

Matthew Horne would remind me here that competition can also be a hugely positive driving force for innovation, as well. Wanting to be better than other people is still a fundamental human trait. The DfE Innovation Programme, for example, received four or five times as many applications as there was funding available. And a little bit of that process that helped people to really state the case for why they should get it and to create robust business plans and project plans and models for doing what they were doing, was that element of competition. I'm sceptical myself on how far that can go as a lever – I'm much more at the collaborative end – but there are ways of using competition that are positive and not necessarily negative.

**CG:** We've covered quite a bit of this already in terms of thinking about an organization learning, talking about collaboration, talking about funding and financial support, talking about good leadership. But what are some of the other levers and facilitators that keep innovation going and can enable it to flourish?

**MH:** It's a really good question, because I think some of the levers that get it in motion and get it started are quite different from the ones that help keep it going. In particular, keeping motivation and momentum and excitement going. It's much easier right at the beginning when there's a new thing that you can energize people around. It's quite different when you're then just actually trying to make that thing day-to-day practice. I talked a little bit about incubating before, and quite often what is a really good way of getting innovation going is to do it in a protected space, where it's a little bit insulated from the general pressures of the system. So that might mean having, for a limited time, a protected budget within a local authority. It might mean it has extra staff seconded to it who wouldn't be there under normal circumstances, but you need to have more bodies on the ground to kickstart it. It might mean getting some exemptions from Ofsted or from the local authority or from a national charity to operate in slightly different ways. What then becomes very difficult is when you're integrating it back into the normal; say, when you lose some of those protections, when the general day-to-day pressures of budgets and staffing and needing to then integrate back into the overall culture and rules of an organization. And that can

be really difficult from both ends. It can be really difficult for the practitioners and staff who have been part of the initial model, because if they had many months or years of working quite protectively together, on a common purpose and with shared assumptions about how things work and seeing how it can work – to then go back into an organization which may be quite resistant to the changes happening, that may not quite believe what they've done, that might be a bit suspicious of how it might affect them – that can be really difficult. And similarly, for the people who were getting on with the job while this stuff was happening over there, that can also be really difficult.

Innovation can really challenge people's sense of professional identity, for example. If we're talking about complicated team structures, multi-agency working, it can challenge some of the assumptions people have been perfectly rightly and legitimately operating under. Particularly around risk and child protection. Any change process can feel destabilizing, and in the context where everything feels hard, can feel hard and uncertain at the moment, throwing in anything else that's new and uncertain to cope with, even if a positive change, is always going to be difficult for people. Because we are human, and we find this difficult.

Sustaining momentum at those points can be really hard and part of it is about leadership that acknowledges that those things are hard. Just saying 'this thing is demonstrably better' isn't enough to integrate it into day-to-day work. So there needs to be a lot of support for people who are trying to make this change happen and trying to integrate it into their day-to-day working. The transition from something that is happening in a protected space back into the organization often happens too quickly as well. There's a real desire to say we've tried it out, it works, fantastic, we now need to do it at scale. But there are lots of leadership and cultural and workforce capability aspects that come into that that are important. One of them is money and funding. Quite often, innovative models get set up in a context where they've got specific funding. And then the funding might just end, and if they can't find a sustainable way of making themselves clearly valuable then that's really hard. So, it's that tricky point of integrating it back in and having a culture that acknowledges that it's hard and that finds ways of supporting people through training and development and funding. This can make the transition a lot easier.

**CG:** So, one of the things you are saying is that time is an issue all the way through the innovation process, from inception to trying to make an innovation 'business as usual'. Lack of time is an issue for staff, lack of time to bed in an innovation and difficulties working the split screen approach where you are trying to do the day job and doing the innovation. So, time potentially becomes a barrier to innovation. What are some of the other things you think act as barriers to innovation in children's social care?

**MH:** Related to time is emotional and intellectual headspace. The effect that a lack of time has on people is that there aren't enough opportunities in the day-to-day working lives of practitioners in children's social care to take stock and to think and to recharge and feel emotionally able to think about doing something differently. So many of those working in children's social care at the moment are up against it, particularly over the last few months [i.e. early 2020]. And creating that thinking, learning, reflecting and sharing relationship space with colleagues can sometimes feel and be seen as a luxury when, in fact, it's essential in their day-to-day practice, anyway, but it's also essential if you are trying to do something new. So, the 'split screen' approach which is often talked about as a system leadership challenge is just also true in the day-to-day lives of practitioners. They are having to balance the absolute immediate things that are in front of them that they have to get done, with trying to think about new creative approaches to try and work with young people.

Your question was about barriers but I think one of the key enablers of innovation in children's social care is that social workers in particular, but also other practitioners as well, are just natural innovators. They spend their entire working lives identifying the root causes of complex issues,

building very close relationships under extraordinary pressure and often when the other person involved doesn't want to have a relationship with them. They are constantly co-designing and iterating and trying things out and seeing if it works and trying something else with a very clear end goal of improving that young person's, that family's life. All of those are innate innovation skills and what matters is finding the organisational structures that can allow the time and emotional energy to do that on a big scale. So, I think lack of headspace is a big barrier. There are lots of ways of creating that time. Different ways of supervision, different kinds of relationship. There are the very practical things of reduced caseloads and increased numbers of practitioners to share the responsibility but it's about leadership acknowledgement that those things are important, that they are an essential part of the work, not a luxury.

A key barrier is a leadership structure that either the people involved don't understand, don't get how difficult it is, don't understand how hard the work might be, or aren't appreciative enough of the culture change that's required or the difficulties in changing culture. But, more specifically, there's a traditional public service leadership structure which is incredibly hierarchical and what that does is push not only the decision making power but also the *responsibility* onto quite a small number of individuals. What a lot of the best examples of innovation in the sector at the moment are showing is that, when leadership is much better distributed across the organization, when far more people have the ability to make decisions and to have autonomy, and also where that responsibility and leadership is genuinely shared – not just divvied up among people, but where it is collective and collaborative – *that* gets much easier because the pressure on individuals is reduced. It means that decisions can be made as a supportive group, and that's true right down into social work teams. Where there's a social work team that has collective responsibility of caseloads, that can make a huge difference in allowing some space and time to talk through things which would otherwise be decisions that would fall just on individuals, which can be a huge barrier when thinking about how to do things differently.

There's a huge barrier around risk in children's social care. I think the three prevailing elements of culture which really affect not just innovation but the whole operation of children's social care fall into three categories: one around *risk*, one around *power* in the system and the way that's distributed, and one about *relationships*. At the moment those are the three key building blocks of the system.

There are incredibly good reasons why risk is such a prevailing factor. The system deals with really complex risk in numerous directions all at the same time and one of the fundamental points of the system is to reduce that risk and to keep children and families safe. So, it's not surprising that that's one of the prevailing cultural aspects. One of the things innovation is quite bad at is understanding those different kinds of risk in different contexts. A lot of the innovation literature talks about risk and failure being a good thing, mostly in the context of organizational risk. There's a risk the thing might not work and you might have lost some money, you might have lost some time, your competitor has got there first, you might lose out on market share. But none of those are risks to the people involved in the system. If Apple don't get their phone out faster than Samsung none of their customers are at risk from that decision. There are also risks around reputation, which are true in the public sector as well – if you try something big and it goes wrong that's a huge reputational risk for you as an individual leader of that organization.

But in public services the main risk is to *people* and there's a risk of harm to those people which is very different. The traditional innovation literature doesn't quite take that into account. There's a lot of slightly patronising wording about how doctors, nurses and social workers need to be better at 'embracing' risk, and you think, "they embrace risk every single day, they are incredibly good at managing it and mitigating in it in ways that mean people don't die. It's patronising to suggest otherwise". But what that's led to is a very risk-averse direction in public services – in

thinking that innovation means just trying things out on a whim without any proper discipline and seeing whether it fails or not.

One of the things properly disciplined innovation *can* do is break down risk into very small and tangible, manageable, aspects or pieces, e.g. in processes like prototyping or co-design where you're testing out one specific element of something in order to see whether it does or doesn't have the effect that you want. There are lots of good structures around innovation that can help reduce the risk to people and turn some of those risks into organizational, financial or time risks rather than a risk to young people. There are definitely circumstances in which a prevailing culture of avoiding risk, rather than handling or mitigating risk, has prevented innovation from happening but it's for very good reasons. There are very good reasons why you want to reduce risk in the system. But there are some very good ways it can be handled that still produces innovation.

The second factor that I mentioned was power. There's a lot in the literature about scaling innovation about the incredibly important role of user demand. In the history of innovation in public services, a huge number of the big and significant changes that have happened have been those that have been demanded by people – by user groups, by patients, by lobbying groups. A huge amount of the extraordinary success of cancer research over the last 40 or 50 years has come from charities and user groups demanding change, demanding better access to drugs. It's the same with HIV research and drugs in the 90s and early 2000s. Having a very vocal group of people whom that problem affects demanding things be better is a very powerful motivator for change, it's powerful politically. Children's social care doesn't have that at all. It has groups who act on behalf of young people and families, such as Become who are the charity that works for young people currently in care, the Care Leavers Association, and big children's charities, all of them doing incredible and fantastic work lobbying for improvement in the system. I think it's interesting that a lot of that work is around care leavers who have more of a voice now they are no longer within the system.

But the young people and families currently *in* the system have very little power at all, and that is partly how the relationship between families and services is necessarily designed. It is just a true fact of the child protection system that the service side and practitioners do have control and power to make decisions over the lives of young people and families. There are a huge number of ways of involving those young people and families in participation activities, in co-design activities, in helping to make their voices as powerful as possible, but there's an unmitigable structure there that is about power and relationships and roles that is hard to overcome. That's a feature that isn't true in any other aspect of public services, definitely isn't true of any other aspect of the private sector where a lot of the innovation literature comes from. So, any way in which an innovation process can help to amplify that voice and give power back to young people and families in whatever way is always going to help shift some of those dynamics in ways that are helpful.

The third factor is about relationships. The system is built on relationships. A lot of the problems it's trying to solve or mitigate are around the breakdown of relationships. And, as we know, the best evidence of the most effective social work practice is that which is about building really solid relationships, both between practitioners and young people and also between young people and their families and the people they have around them – because having positive relationships in your life is a repairing and protective factor. That, again, isn't true to the same extent in any other public service – that the relationships within them are not only enabling the work to happen but also they are the work in itself. You know, it is *social* work.

My analysis of the successful innovation that is happening at the moment is that they are approaches that help to either clarify or shift or disrupt those three things. They look at different ways of handling risk, they look at different ways of shifting the power between young people

and services, and they look at strengthening and creating different kinds of relationship through the system. All of those things feel particularly important and difficult with adolescents. The main focus of the work of the Innovate Project is adolescents who have a large number of needs that the system finds complex, or they are in a context that the system finds complex to handle. The kinds of decisions that happen around much younger children can be much more straightforward – they are hard and they are complicated but there's a much more straightforward overriding principle of protection. With adolescents there's a very complicated collision of principles, some around protection and some around autonomy, rights and responsibility, and the ability of adolescents to take risks. It's a fundamental part of an adolescent's development that they are able to take risks and learn from them; that's part of what we are all hoping to allow for our own children, within reason – it's a fundamental bit of growing up. So, when that comes up against a system that is designed to reduce risk, it can be very difficult. Similarly with power and relationships. There's a shift in power as young people grow into adulthood – moving from them being recipients of care to having the power to determine the course of their own lives, and in relationships the ability to form their own relationships outside the family or the structures that have been set up around them. All of these things come to a head with adolescents, which is why the Innovate Project has picked that area to look at, because the theory is that if you can get it right for adolescents then you can really start to shift some of the underlying assumptions about how things operate in the system.

**CG:** We've touched on what successful innovation looks like but what for you are the key benefits of innovation in children's social care?

**MH:** The overriding benefit is better outcomes for young people and families; that is the thing we're all striving towards. A lot of that can happen through gradual and steady improvement. A lot of local authorities, services and charities are doing incredibly good work by just very steadily making things better within the constraints of the existing system and that is not easy – but it's incredibly, incredibly valuable.

There's something related to that which is thinking slightly differently about what those outcomes *are*. There's the overriding outcome which is about helping young people get to adulthood in a way that enables them to have a healthy, happy and successful adulthood. It's sort of what everyone in the system is aiming for but a lot of the metrics and indicators that are used don't quite match up with that. They don't allow for the personalised version of what a successful adulthood looks like for each person. They tend to focus on, you know, measuring what can be measured. We know that being in school and having regular dental check-ups, those things that are part of a local authority's duty at the moment, and we know those are all important things. But it's not true that if you tick everything on that list that it adds up to a successful, happy adulthood. So, I think that part of what the innovations happening at the moment are doing is just thinking slightly differently about what those outcomes might be and, in particular, making them as personalised as possible to each young person – not just looking at the risks or needs around the young person but looking at the assets that they have and their aspirations and their dreams and their hopes and their fears. Where *they* want to get to and trying to use that as a starting point.

What innovation can do is allow some flexibility in the measurement and evaluation structures that can try and take a lot of that into account. In particular, one of those things is involving young people in every single stage of that process. Involving them in commissioning and contracting processes, involving them in recruitment of staff, involving them in the co-design and development of new services and continuing to involve them all the way through. It both creates better services and it demonstrates the breadth of opinion and ambition that young people have. They don't all think the same thing. Trying to build in ways to respond to that diversity is really important.

I think that what innovation has been good at over the last few years is forcing some change into the rest of the system. So, for example, with the No Wrong Door project, which in itself on paper is quite bounded. It's a residential service linked in with fostering for adolescents who are either in care or on the edge of care, and the number of young people it deals with on a system level is quite small. It's quite a physical model – it revolves around buildings and what happens within those buildings as well as links outside. But for those places who are starting to implement it, what it also does is start to force a lot of change around the new service. You can't implement No Wrong Door without having a really fantastic fostering service that is able to spot and develop the foster carers who might be able and willing to do some quite different fostering work with young people. You can't have a No Wrong Door service without having incredibly honest and collaborative relationships with the police service, with the probation service and courts, with education and speech and language therapists, with clinical psychologists. And not just all of those individual people but also the services they represent. So, there's a forcing of different modes of operating in budgets, commissioning, multi-agency working and thinking differently about what the purpose of care for adolescents is. One of the No Wrong Door taglines is that no adolescent is un-fosterable and that's quite a statement to make for a lot of places – and it's an important one to make. It's not always going to be able to be followed up in action but it's a statement of philosophy.

So even quite bounded models can force quite a lot of change in how things are thought about, and once you can demonstrate that change is possible it opens up a whole load of different ways of thinking about things, thinking about how services operate together, thinking about how they interact, the kinds of expertise you might need in teams according to the young people you've got in the service at that moment. It opened up a whole series of conversations that felt quite locked down beforehand. So, for me, one of the huge advantages of going through an innovation process is that it can open up relationships and dialogue and discussions and create new kinds of language to have those discussions which felt quite locked down and immovable. That's what, in particular, innovation can do that improvement can't quite do. It forces those conversations and it allows people to think quite differently about what's possible.

**CG:** Is innovation always beneficial or are there some drawbacks?

**MH:** Innovation is totally value neutral as a term. It implies a new thing but it doesn't necessarily imply that the new thing is better. In social innovation we assume it is of benefit to society, it is of benefit to the people who are its recipients and that it also helps create some better structures overall. But that's not necessarily a given. There are always examples of innovation that doesn't work. From an innovation literature point of view there's a temptation to see things that don't work, or don't work as well as you thought they might have done, as always being positive because there's always stuff to learn. And I don't think that's quite true. I think when you're dealing with people and people's lives and people's careers and people's sense of professional identity and sense of self, and when innovation requires so much energy spent on it of all kinds – energy and time and people and commitment and hope that things can get better – if it doesn't turn out as people were hoping it would, that can be really, really hard. It can be incredibly upsetting for people who have really tried, particularly if the reasons why something hasn't worked are about budgets, or contracting, or an Ofsted inspection happening half-way through. All of those things can feel incredibly dispiriting and it can make picking yourself up and doing it again really, really hard.

There's good reason why people who work in frontline services say, "we've been through this before and it didn't work so why should we pay attention now?". And it's a good question and the only answer to it is that it might be better this time. A lot of innovation is imagining and hoping that things can be better and then trying to structure it as well as possible to make sure that happens. But it is not without drawbacks if things go wrong. Even when innovation goes very

well it can also suck resource and attention and people away from other places. You have to be very aware of the impact on an organisation or service as a whole of having innovative activity going on, particularly if it's only happening in one place, because people's roles will have to be backfilled; there will be aspects of the budget that could have been spent on something else. There's a lot of pressure on the people doing innovation to make it work because there's a big knock-on effect to the other people in that service and what they are trying to do. It can be a big suck of resources in a way that can be really difficult for the people who aren't getting that, who aren't part of the innovation process.

There are definitely circumstances in which innovation fails and it's positive because it has failed in a way that does generate really interesting and valuable learning about why that happened. And it's part of trying stuff out and the constant process of learning. But I think the small failure in the development of things is quite different than having a specific model being funded for one or two years and people pouring huge amounts of time and energy and reputational risk into it and then, for a whole variety of reasons, most of which are about structures and contexts and not about their energy or purpose or the work itself... if something fails under those circumstances it can be incredibly hard and very difficult to decide to do it again. A lot of that again is about the culture of the organisation. Is there a safety net of relationships and honesty and supervision and support that means that when that happens people feel like they are caught and they are okay? Or do things just end and people are left wondering about what was the point and having no cover at all? For me that's the major risk of doing innovation. It's not so much risk to young people because if you are doing the process properly then that's something that is handled. It's not so much risk to time and money. It's risk to the people who are doing it and I think that needs to be factored in much more strongly to how the innovation process is planned. We all hope it goes well but, if it goes wrong, what are the ways we can reduce the negative impact on the people who have been a part of that.

**CG:** Thank you for your time this morning, it's been a really interesting conversation.

To listen to the 2020 podcast conversation which this working paper is based on, go to *The Long Listen: All About Innovation in Social Care*, which you can find at <https://theinnovateproject.co.uk/all-about-innovation/>, along with our other project resources.