



What Works *for*
**Children's
Social Care**

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DEVOLVED BUDGETS: AN EVALUATION OF PILOTS IN THREE LOCAL AUTHORITIES IN ENGLAND

March 2020





What Works for Children's Social Care

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About What Works for Children's Social Care

What Works for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social

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About CASCADE

CASCADE is concerned with all aspects of community responses to social need in children and families, including family support services, children in need

services, child protection, looked after children and adoption. It is the only centre of its kind in Wales and has strong links with policy and practice.

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FOREWORD

Good social work can make a profound positive difference to the life of a young person and their family – of this there should be no doubt. For some families, even the best social work cannot make a difference in the face of barriers both big and small – that’s why we commissioned the three projects in this report, to look at what happens when social workers are backed up by additional financial resource.

When we began working with Darlington, Hillingdon and Wigan, we didn’t know exactly what would happen, as we left many of the details to local authorities – and individual social workers - to decide.

As we saw in the interim reports, it can be difficult to embrace a new way of working, so it’s pleasing to see that many of these initial challenges were overcome. The report contains a number of interesting findings, and some points for reflection – and I’d encourage you to read them all – but for me the most important two are about the people involved, rather than the money.

First, there’s a recurring theme that social workers appreciated the autonomy they were given to spend money in a way that they thought would help the family. As well as respecting the professionalism of social workers, it also takes down a potential barrier to involving families in decisions.

Second, most of the individual transactions were small, less than £20, and seem to have been spent on one of the fundamentals of social work – building relationships. In any future research in this area, we’ll want to look at how this spirit is maintained, and what impact it has.

Michael Sanders

**Executive Director
What Works for Children’s Social Care**



EXECUTIVE SUMMARY

Introduction and background

Over the last two decades the number of children in care has grown substantially, from 50,900 in 1997 to 78,150 in 2019 (DfE, 2019, Biehal et al., 2014). Although care is the best option for some children, concerns have been raised by policy makers, practitioners and academics about the unprecedented scale of this increase and its implications for children, families and the state. Interventions that provide additional resources to families have been identified as having potential to address this issue. This report presents findings from three pilot evaluations that explored how ‘devolved budgets’ might be used by Children’s Social Care to provide resources to families and reduce the need for care. The ‘devolved’ element of the intervention reflects the idea that social

workers working closely with families are best placed to know what help they need to create sustainable change and keep children safely at home.

Pilots in Hillingdon, Darlington and Wigan offer insights about different approaches to implementing devolved budgets. Hillingdon used the funds to help adolescents, mainly those at risk of extra-familial harms related to various forms of exploitation. Darlington worked with families with children who were at risk of care entry. Wigan used devolved budgets with families where the goal was reunification from care, and families where children were at high risk of entering care. Decision-making about expenditure was devolved to frontline social workers to some extent in all three pilots.

Figure A: Summary of each pilot

Pilot Authority	Target group	Number of families	Main focus	Expected budget per family
Hillingdon	Adolescents and their families	95	Extra-familial harm	£4,000
Darlington	Families with children aged 4-16	35	Risk of care entry	£10,000
Wigan	Families with children of all ages	78	Risk of care entry and reunification	£4,000

Methods

The evaluations were organised into three phases. In Phase one the evaluation team at CASCADE developed an initial logic model to articulate theory and implementation; Phase two involved refinement of the logic model and assessment of early implementation; and Phase three aimed to understand how devolved budgets worked once they had become established and explore early evidence of their impact. Our research questions explore:

- a. **Feasibility:** can the intervention be delivered practically and are there systems and processes to enable the intervention to be easily scaled?
- b. **Evidence of promise:** what potential benefits do stakeholders (e.g. social workers, children, and families) identify, and do there appear to be any unintended consequences?
- c. **Indicative evidence of impact:** what evidence is there that the intervention can have a positive impact on outcomes?



- d. Scalability:** To what extent is the intervention used as anticipated and is the programme sufficiently codified to operate at scale?

To address these questions, we undertook interviews with practitioners, managers, young people and parents, focus groups with professionals, and observations of practice. We also collected some quantitative information from social work case questionnaires and administrative records.

Key Findings

1. All the pilots were successful in devolving decision making to social workers, and processes supported them to provide resources to families quickly and without bureaucracy.
2. Budgets were used for a wide variety of purposes and in creative ways. This included material, practical and financial help, where items such as clothing and essentials were provided, nursery provision and driving lessons were supported. In addition, the budgets supported engagement with young people, through paying for meals or activities. Therapeutic help was also a focus in all three pilots, in some cases covering gaps in existing provision or overcoming long waiting lists.
3. More unusual uses of budgets included paying for a replacement vehicle for a parent, purchasing a caravan as accommodation for grandparents (who were of Gypsy Roma traveller heritage) to act as Special Guardians, renovating parts of houses to improve the home environment, settling rent arrears, and arranging for a child to travel overseas and stay with relatives away from contextual harms.
4. These brought clear benefits for children and families, and perspectives on the intervention were broadly positive. There was evidence of collaborative working that involved families, but most workers did not tell families how much resource was available.
5. Some families felt decision making about spending should be further devolved to give

them more choice about how resources are used.

6. The rate and amount of spending was lower than expected in all three pilots. Forecast spending was overly optimistic about project implementation, and it became clear that smaller amounts were enough to help many families. Other explanations for this lower than expected spend include workers being used to a more frugal local authority culture and not having the confidence to spend.
7. Progress has been made in all three pilots since the interim reports were published. Workers had become more comfortable with delivering the intervention and had demonstrated a wide variety of uses for devolved budgets.
8. Some budgets were used to help children remain with their birth families. However, many of the children and families involved do not seem to have been at risk of entering care imminently.

Discussion

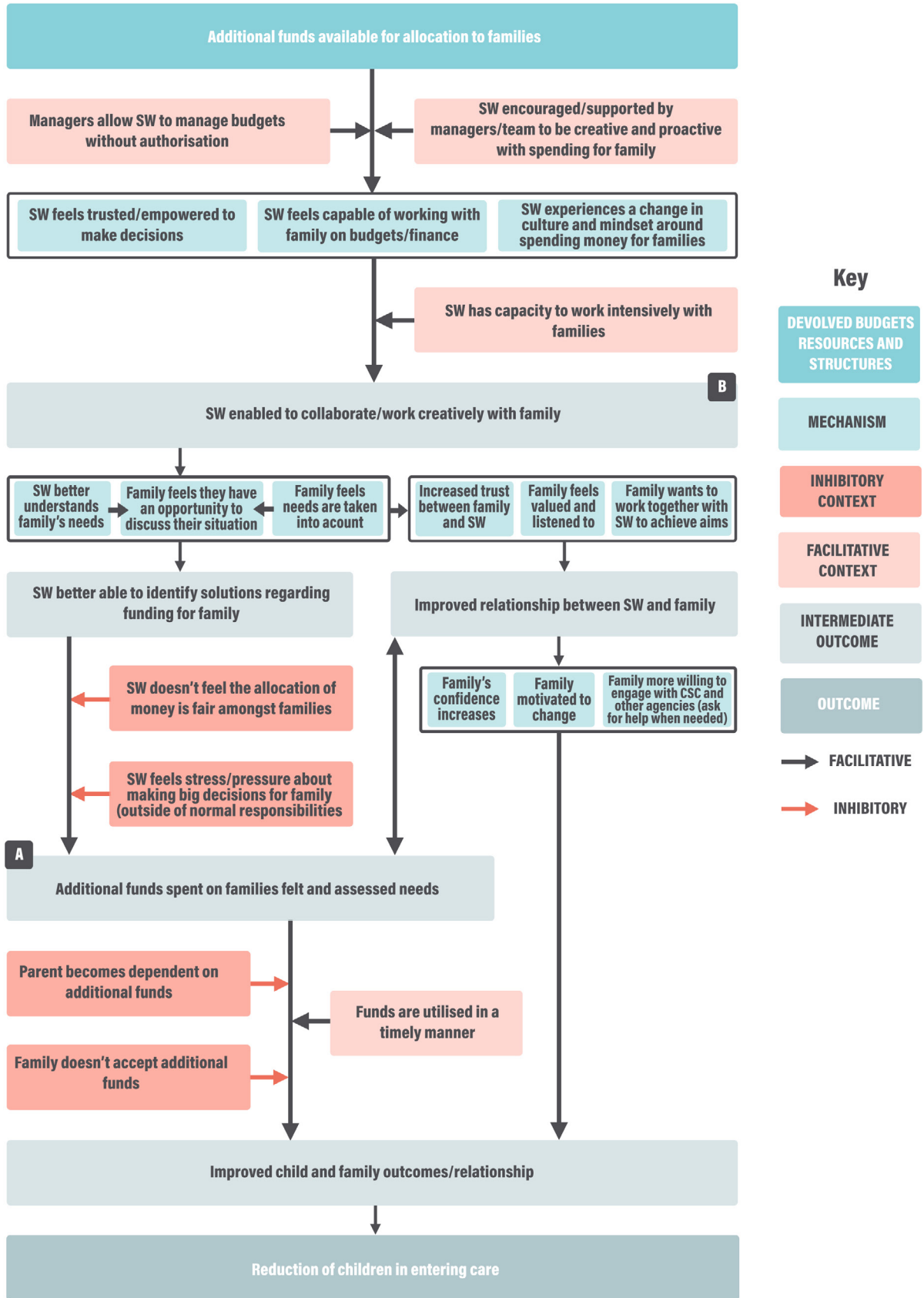
We present a logic model that describes the intervention, with two key pathways. Pathway A is relevant for families who have practical or material needs that can be met by the provision of goods, or therapeutic needs that require services. When social workers spend the additional funds to meet a family's needs in a timely manner, this can lead to improvements in home conditions, relationships within the family, behavioural or psychological changes, and reduce the need for children to enter care. Pathway B is based around improved relationships between social workers and families that increase the chances that a family will engage and make changes.

In some ways the wide variety of uses that workers found for budgets is a testament to the creative problem solving that the pilots set out to encourage. Yet this poses a challenge for future evaluations that will need to focus more on the impact devolved budgets have on care outcomes, where the mechanism of each individual item of spending in achieving this common goal might be very different.



Figure B: Overarching logic model

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Conclusions and recommendations

This study aimed to describe and understand how devolved budgets were implemented and how they might be theorised to help families and reduce the need for care. We offer the following recommendations.

- 1. Test this intervention at a scale that enables more rigorous evaluation:** The pilots are credited with a wide range of benefits for children and families, and for workers and managers. The intervention has potential as a way of working and is worth exploring further.
- 2. Free up social workers to make spending decisions:** Social workers thrived when they had more freedom to make spending decisions, spent less than expected, and managed budgets carefully. Local authorities should seek to enable workers to exercise this freedom, whether or not they implement devolved budgets per se.
- 3. Learn more about the different ways budgets are used and the impact they have:** The current studies have looked at devolved budgets in relation to reducing the need for children to enter care, but it is evident that many of the most creative uses of budgets were found where the level of concern was less serious and children were not at risk of entering care imminently.
- 4. Develop the intervention to better target the range of social care outcomes:** As social workers used budgets with a wider range of families, not just those who were at imminent risk of care, the impact of devolved budgets on outcomes beyond care entry should be explored. Alongside this, there should be further efforts develop devolved budgets as an intervention that has an impact on care outcomes.



PART ONE

Overarching report



INTRODUCTION

Over the last two decades the number of children in care has grown substantially, from 50,900 in 1997 to 78,150 in 2019 (DfE, 2019, Biehal et al., 2014). Although care is the best option for some children, concerns have been raised by policy makers, practitioners and academics about the unprecedented scale of this increase and its implications for children, families and the state. Efforts are therefore being made to understand why so many more children are now in care and to find ways of safely reducing care.

What Works for Children's Social Care (WWCSC) has begun to explore the evidence in this area, initially to outline the evidence base and highlight gaps and weaknesses. A scoping review by Brand and colleagues (2019a) illustrates the complex range of issues underlying rising care numbers, and in subsequent reports the same team have started to drill down into specific areas (Brand et al, 2019a; b, Stabler et al., 2019). One key area identified was a group of interventions, which involved changes to family finances, that were notable for having potential for reducing care (e.g. Huebner et al., 2012; Shinn et al., 2017; Walker, 2008).

This report presents findings from three pilot evaluations commissioned in response to the findings of Brand et al (2019a). They are part of a programme of empirical work which builds on what we already know about safely reducing care (Forrester, 2019). For these three studies WWCSC provided funding for three local authorities to set up and deliver the pilots, in order to trial changes in practice and explore different ways of working. Pilots were set up in Hillingdon, Darlington and Wigan. At the heart of each one is the idea that financial help, in the form of relatively substantial 'devolved budgets' assigned to social workers, may support children and families and reduce the need for children to enter care.

Many families who are involved with Children's Services have financial difficulties and lack basic

resources, and this has been cited as a reason for children entering care (Bywaters et al, 2015). There is some evidence, mostly from the USA, that financial assistance might reduce the need for children to enter care (e.g. Huebner et al, 2012). Yet local authorities are scarcely able to provide such resources for families, and there is evidence that a long-term trend of budget cuts makes this increasingly difficult (Hastings et al, 2015). Furthermore, decision making power tends to be held by managers rather than devolved to front line workers. The devolved budget pilots therefore represent a significant departure from the support local authorities typically provide to families who need financial help.

There has been some innovative work in the UK, though on a relatively small scale. Devolved Budgets were used by child and family social workers in 2015 by Achieving for Children in Richmond. Kingston and Richmond, a new social enterprise at the time, wanted to give practitioners as much freedom as possible. Their pilot involved giving small budgets to frontline social workers so they could make immediate decisions without having to gain management approval (Community Care, 2015). Social workers purchased washing machines and other similar items for families, and staff were reportedly positive about the intervention (Community Care, 2015).

Design and commissioning of the pilot projects

The 'devolved' element of the intervention reflects the idea that social workers and families are best placed to know what help they need to create sustainable change and keep children safely at home. This is compatible with the broad consensus since 1979 that the financial management of the public sector is best achieved by getting decisions made as close to the service user as possible (Vass, 1990). A similar ethos characterised the



commissioning of the projects – based on a broad outline, project leads in each authority designed and delivered their pilots according to their own requirements and in collaboration with the funders and evaluation team.

This means that the three pilots differ in important ways due to differences in context, design and implementation. The opportunity to evaluate across three pilots enables us to take advantage of this variation and gain insights about key aspects of different approaches. Proctor (2012) outlines some reasons for why implementation is so complex and argues that different organisations are likely to react to new interventions in different ways (Moore et al 2015; Proctor, 2012). In the current study we explore ‘what is likely to work in this situation for these people in this particular organisation’ (Greenhalgh, 2018, p.5). We draw on work by Moore et al (2015) who suggest process evaluations should consider context, implementation and mechanisms of change. Context is a particularly significant issue here and it is more than just ‘background’; it has dynamic interactions with intervention mechanisms and implementation. In order to develop a clearer notion of how this intervention works, we use findings from all three pilots to develop an overarching logic model for the programme.

Local authorities were selected via a competitive tender process managed by CASCADE at Cardiff University, the research partner for WWCS. A strong field of applications were received for consideration in November 2018, and Wigan, Darlington and Hillingdon were chosen from 32 applications. Meetings between project leads, evaluators and funders took place between December 2018 and March 2019 to develop and refine the plans, and projects launched in April 2019.

Brief summary of each pilot (January 2019 - March 2020)

Further details for each project can be found in the respective protocol and interim report (Westlake, D., Corliss, C., & Forrester, D, 2019; Westlake, D., Wallace, S., & Forrester, D, 2019; Westlake, D., Grey, J., C., & Forrester, D, 2019; Westlake, D., et al.,

2019a; Westlake, D., et al, 2019b; Grey., J Folkes, L., and Westlake, D., 2019;). In summary:

- 1. Hillingdon** is the second largest London borough by area and is divided into three localities and twenty-two wards. Hillingdon is relatively affluent, though covering such a large area it encompasses areas of relative deprivation. They reported that during the two years prior to the start of the pilot 114 young people over the age of thirteen entered care, on average for seventy days. Hillingdon used the funds to help the significant number of young people at moderate to high risk of child sexual exploitation (CSE), criminal exploitation, youth violence, and those going missing regularly. Decision-making was devolved to frontline social workers and their managers in a recently formed adolescents’ team, and the funds are designed to be used to find creative solutions to family problems. They envisaged using devolved budgets with around 100 young people, with an average of £4,000 for each.
- 2. Darlington**, a large market town in County Durham, has a current population of 106,000 and relatively high levels of deprivation compared to the rest of the UK. The devolved budget pilot appealed to Darlington as a way of working more creatively with families and taking a different approach to helping children who were at greatest risk. Darlington worked with families with children up to 16 years old who were at risk of care entry. They anticipated working with 30 families with a budget of up to £10,000 each, though the interim evaluation findings showed that less was being spent on average per family. Following the interim recommendations, Darlington stopped randomisation as a method of allocation to enable more families to be involved.
- 3. Wigan** is a metropolitan borough of Greater Manchester in the North West of England. Its current population is around 322,000 and it has relatively high levels of deprivation; with senior managers and practitioners that we interviewed also reporting particularly high levels of domestic violence. The prospect of using devolved budgets appealed to service



leaders in Wigan as they felt the intervention had the potential to address underlying problems faced by the families they worked with. Wigan used devolved budgets with two distinct groups - a cohort of families where

the goal was reunification from care, and a group where children lived with their birth families but were at high risk of entering care. They aimed to work with 50 families in each strand, allocating up to £4,000 for each family.

Table 1: Summary of each pilot

Pilot	Target group	Expected number of families	Main focus	Expected budget per family
Hillingdon	Adolescents	94	Contextual harm	£4,000
Darlington	Families with children aged 4-16	30	Risk of care entry	£10,000
Wigan	Families with children of all ages	100	Risk of care entry and reunification	£4,000

Summary of interim findings

In August 2019 we published 3 interim reports which focussed on the initial launch of the projects (Westlake et al, 2019a; Westlake et al, 2019b; Grey, Folkes and Westlake, 2019). In Darlington seven families had received a budget, and in Wigan 21 families had been involved. Hillingdon had used budgets with 14 young people. All three pilots experienced some initial problems around administration processes and procedures, though the intervention was viewed positively by workers and there was evidence that progress was being made. A slower than anticipated start meant spending was lower than forecasted at this early stage in the pilot. The intervention was clearly a new way of working, and it seemed to be taking workers and managers time to adapt to a model that devolved decision making about significant resources to front line workers.

budgets. Further detail about what happened and what we found in each individual pilot can be found in Part Two of this report (page 26).

Structure of this report

The aim of this report is to draw together key findings across all three pilots and present an overarching programme theory for using devolved budgets effectively to help children and families. This is designed to inform decisions about rolling out further projects based around devolved



METHODOLOGY

Research questions

We aimed to understand how and why the project was implemented as it was and gather indicative evidence about the outcomes it may lead to. We were also interested in barriers and facilitators of implementation. Specific research questions fall into four areas:

1. Feasibility

- How is the intervention implemented?
- What types of work are undertaken by social workers, how is this similar or different from the work they do anyway?
- What are the characteristics of the families involved?
- What training and support is provided for social workers?
- How acceptable is the intervention to parents/ carers, children and young people, professionals?
- What are the barriers and facilitators for delivery?

2. Evidence of promise

- What potential benefits do stakeholders (e.g. social workers, children, and families) identify?
- Do there appear to be any unintended consequences or negative effects?

3. Indicative Evidence of Impact

- Are there qualitative accounts of the money being used to reduce care, or reductions in the overall rates of s.47 enquiries, PLO starts and care numbers, comparing the intervention period with a period of the same duration prior to the intervention?

4. Scalability

- Is there a clear description of the service that would allow it to be implemented and evaluated in other places?

Research design

The evaluation had three phases. The first two phases, Initial theory development [January - February 2019] and Implementation [April - June 2019], were detailed in the interim reports. They focussed on how the pilots were designed and implemented in their early stages. The third phase [November 2019 - January 2020] is the focus of this report and explores the ongoing implementation of the pilots as they became more established, and indications of their impact.

Methods

Between November 2019 and January 2020 we undertook a series of interviews with practitioners, managers, young people and parents, focus groups with professionals, and observations of practice. These were analysed thematically. We also collected some quantitative information from social workers through the completion of case questionnaires at two time points (shortly after the budget was initially approved and around 3-6 months later). This was supplemented by local authority administrative records of spending, which gives us an insight into the reasoning and pattern of spending on budgets across the pilots. Further details of how these activities took place in each LA can be found in Part Two of this report. A key output of this phase is the updated logic model (p. 22), which brings together what we have learnt about how devolved budgets work.



Summary of data collection in Phase 3

Table 2: Data collected in Phase 3

Data collection type	Hillingdon	Darlington	Wigan	Total
Interviews with Senior Managers	-	-	4	4
Interviews with Managers	3	4	2	9
Interviews with Business Support Officer	-	1	-	1
Interviews with Social Workers	6	6	2	14
Observations of Social Work Practice	3	4	1	8
Observation of Edging Away from Care Panel	-	-	1	1
Focus Groups involving Social Workers	2	2	-	4
Interviews with Parents	8	6	1	15
Interviews with Parents and Young People	2	-	-	2
Interviews with Young People	2	-	-	2
Initial Case Questionnaires (Time 1)	56	35	5	96
Follow up case questionnaires (Time 2)	34	23	-	57
Administrative finance data (monthly returns)	10	10	10	30



FINDINGS

Our findings are presented in two sections. The first summarises key findings from each local authority pilot, more details on which can be found in Part Two of this report. The second section draws these findings together into a logic model designed to illustrate the core features of devolved budgets as a way of working. Alongside this, there are considerations for implementation which will aid organisations who are putting devolved budgets into practice.

Section one: Key messages from the three pilots

Summary of what happened in Hillingdon

Hillingdon used budgets with 95 adolescent young people and their families (after initially identifying 94 at the application stage). The pilot was successful in devolving decision making to workers and freeing them up to do more creative work – through reducing bureaucracy and providing resources. This often took the form of funding activities the social worker and young person could do together, such as having a coffee or a meal. Budgets were also used to provide practical and material support, for travel expenses as well as educational and therapeutic input. Spending was significantly lower than anticipated. The median spend per family was £273.08, well below the estimated £4,000 set out in the project plan, though the amount spent per family ranged from £5.80 to £6,670.99. However, there were encouraging signs about the impact of the intervention, particularly in terms of engaging young people and keeping them safe.

Summary of what happened in Darlington

In Darlington 40 families were approved for a devolved budget and 35 of these have received resources (at application stage, Darlington intended to work with 30 families). The pilot

was somewhat successful in devolving decision making to social workers and enabled them to practice in a different way, accessing types of help for families that would not normally be available. The bulk of the project budget (63%) was used for practical (13%), material (28%) or financial (22%) help – ranging from homewares and essentials to costlier items and to settle rent arrears. It also supported therapeutic and specialist interventions, often for children who had behavioural or mental health needs. There was evidence that this was used to benefit young people and families, in some cases preventing them from entering care. Both families and social care professionals gave a broadly positive verdict on the pilot. Spending was lower than anticipated, with a median spend per family of £912 and some families, who were deemed eligible, not receiving a budget. However, some families received resources totalling up to the £10,000 limit.

Summary of what happened in Wigan

Across the two strands in Wigan, 78 families received resources through a devolved budget (having initially intended, at the application stage, to work with 100 families). Thirty-six were in the reunification team and 42 became eligible via the Edging Away from Care panel (which considered cases that workers put forward). The pilot was successful in devolving decision making to workers and allowing them to have more independence in helping families. Budgets were used for practical help, therapeutic support, facilitating engagement and improving family relationships. The impact of this spending seems promising, and there was qualitative evidence from workers and families that young people and families benefitted. Workers and managers were positive about it, noting that they appreciated the freedom to work in a different way. Spending was lower than anticipated, although devolved budgets for some families were more than £5,000



and in one case a much higher cost respite care provision was supported.

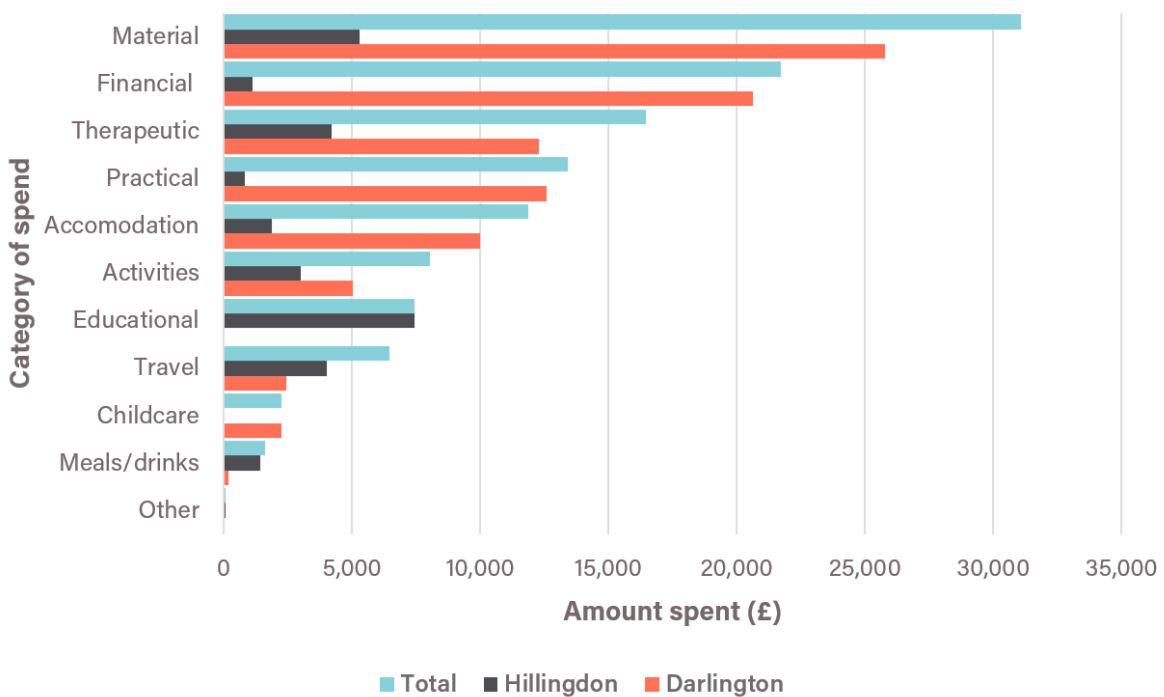
Section two: Key findings

5. Ways in which resources were spent

In terms of how budgets were used, some common categories of spending could be identified. The

format of administrative data varied between pilots, and this makes comparisons across the three authorities difficult. However, we can present this in relation to amounts spent for two of the pilots. Figure 1 provides an outline of spending types, based on amounts spent in individual transactions in Darlington and Hillingdon.

Figure 1: Categories of spend by amount spent, Darlington and Hillingdon¹



There were two instances where much larger amounts were spent. In Hillingdon a spend of £52,000 was recorded for a therapeutic provision for several young people. Ten young people had accessed this at the time of our analysis. In Wigan, three periods of respite care were provided for a child with complex behavioural needs. A total of £27,261 was spent with an aim to prevent the child from entering care. Unfortunately, the child subsequently entered care and is living in a specialised residential placement at the time of writing. In this case, the budget was used to give the family the best chance of keeping the child at home, but their needs were such that ultimately a residential placement was thought to

be the best option. Having the flexibility to spend devolved budgets in these more unusual ways was considered by practitioners and managers to be a strength of the intervention.

6. Benefits for children, families and professionals

The pilots seemed to have a positive impact on children and families. Devolved budgets were used for a wide range of purposes across the three authorities, and there was a consensus that they brought about benefits for children and families and advantages for workers. Key benefits to families included:

1 Financial includes payment of debts and rent arrears



- Provision of items and services that would not otherwise be available. Some examples from a disparate array of things include activities and weekend respite breaks, higher value material items such as a car or household furnishings, financial help to service debts and rent arrears, and international flights to remove young people from contextual risks.
- More immediate provision of items and services that may be available through another source but would usually involve a longer wait. Examples include educational or psychological support (often through private providers because waiting lists for CAMHS or other services were long), clothing and household essentials, food and utilities, and travel expenses.
- Greater opportunities to engage with social workers, through activities that enable relationship building, and (in some cases) through sharing decision making about how to spend the resource.

The attitudes of frontline staff towards devolved budgets are thought to be critical to their success, both in theory and in practice (Vass, 1990). Most workers appreciated the freedom to practice in a more autonomous way, though for many it took time to adapt to this. They noted feeling more trusted by their managers and more empowered to make decisions. They were also positive about the reduced bureaucracy involved in obtaining funds, and the time they saved by not having to seek approval or complete paperwork. More efficient

forms of purchasing (such as local authority issued credit cards) expedited the process and ensured the help provided to families was – in most cases – delivered as quickly as possible.

Linked to this, we can identify benefits for managers and the wider organisation. Devolving decision making to workers felt uncomfortable for some managers at first. But those who embraced it seemed to spend more time using their experience to advise workers and discuss ideas for helping families, and less time on more process-led aspects of management.

Several practitioners felt that some of the work done with budgets helped to prevent children entering care, or – in the case of Wigan’s reunification team - helped make improvements that enabled children to return home. More widely, there were many examples of budgets being used to improve the lives of children and families. However, in many cases we learned about, it is more difficult to discern how likely care entry really was, and unclear how the budget spending was intended to address this.

Data from case questionnaires was of generally poor quality, and we do not have this data for all cases. However, it suggests that many families were not at risk of a child entering care imminently. The majority (58%) of those we have data for (when families in the Wigan reunification strand are excluded) appear to have been on child in need plans at the time the budgets were first agreed.

Table 2: Legal status of children² when budget first agreed (all local authorities, n=53)

Child in Need	Child Protection	Public Law Outline	Looked after under s.20 (voluntary)	Looked after under legal order	Total
31	17	0	2	4	53

A child’s legal status can be misleading, and workers may have severe concerns about children at a lower level of intervention. Nonetheless, across

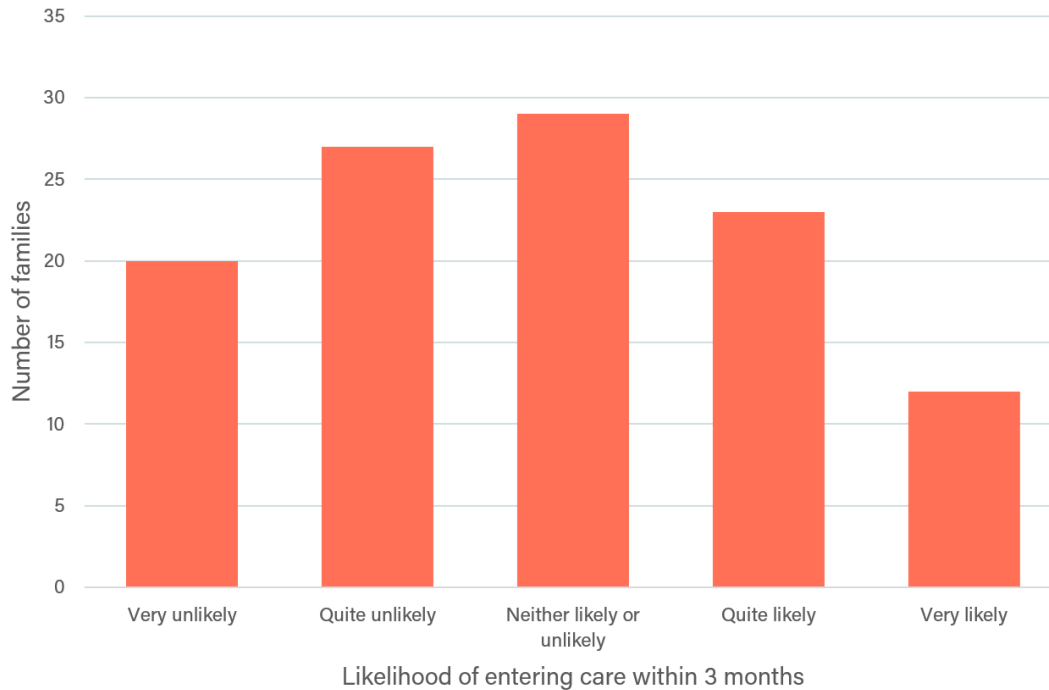
all three pilots, social workers also indicated that they felt the likelihood of a child entering care ‘in the following three months’ was relatively low,

2 Social workers were asked to answer based on the child in the family they were most concerned about



with only 32% (35/111) indicating this as a 'quite likely' or 'very likely' outcome³.

Figure 2: Likelihood of child entering care in following 3 months, according to social worker (all local authorities, n=111)



Yet an unwavering focus on care outcomes might miss some of the key advantages of devolved budgets. One manager recounted times “where children’s bedrooms have been decorated and personalised” with budget funds and had the impact of “really bringing on that sense of identity, that family feel”. It may not be clear whether the social worker in this example believes the budget will reduce the likelihood of this child entering care, or how it might do that. However, it does remind us that there are other legitimate goals that we can be concerned with – and it shows that devolved budgets can be put to good use for a variety of objectives.

7. Lower than expected spending

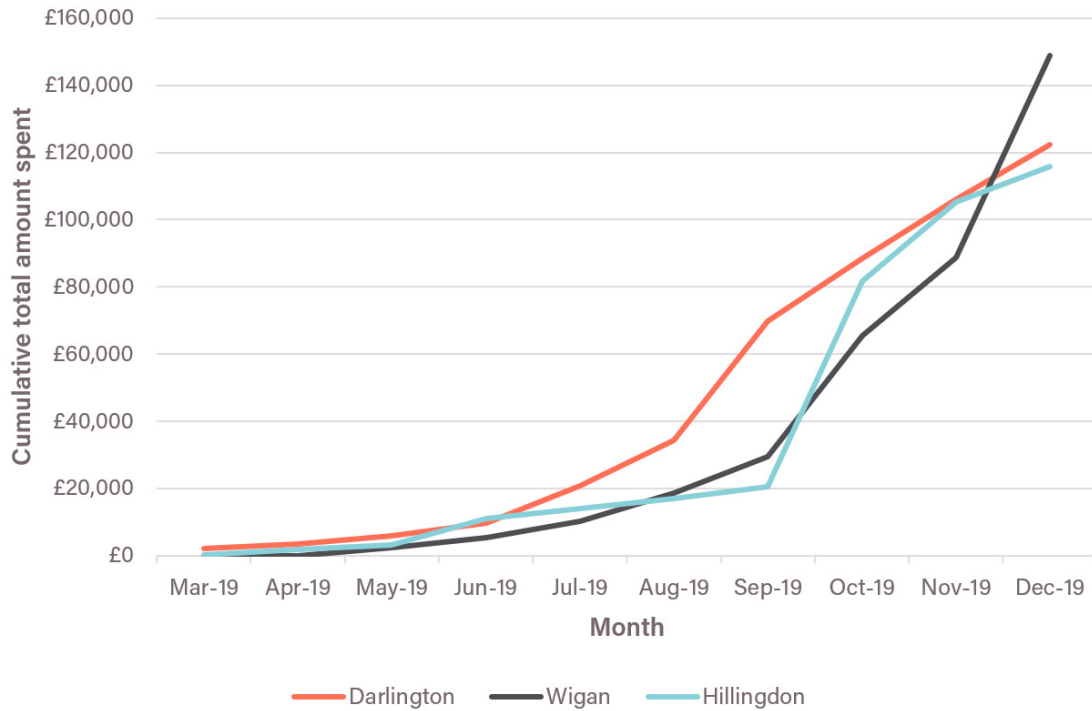
Despite these benefits, and a generally positive experience reported by workers across the three locations, spending was lower than expected everywhere. Figure 5 shows that project leads were overly optimistic about implementation and over-estimated how much money would be spent. It is worth noting that the pilot sites were alerted to the underspend in September 2019, and the trend of actual spending picked up thereafter; without this prompt the disparity between expected and actual spending may have been greater.

Our analysis points to some individual and systemic drivers of practice that may help to explain the lower than expected spending. It is

3 Some recent work by our colleagues has started to demonstrate some of the challenges associated with predicting outcomes in social work (Wilkins et al, 2020; Wilkins and Forrester, 2020). This suggests we should be cautious about interpreting this data. However, in the current study social workers based their answers to this question on families and circumstances they knew well, rather than scant information given in experimental conditions, as was the case in Wilkins et al’s (2020) research.



Figure 3: Total spending, cumulative monthly reporting



well established that differences between how organisations embrace new interventions is dependent on their organisational culture (Berta et al 2015), and these issues were apparent in the pilots. Although spending money to support families is part of Section 17 of the Children Act, staff noted that local authority funding for financial assistance for families is usually very limited and tightly controlled, meaning it can be difficult to obtain resources for supporting families. As one manager described, workers know “it’s local authority, it’s public service, we have had X amount of years of austerity” and are more used to “a bureaucratic way of working” than having the freedom and autonomy encouraged by the pilot. In this context of perceived limitations to spending, it is perhaps understandable that workers were said to lack confidence in making spending decisions at first, and some worried that they may be blamed by managers retrospectively (although there was no evidence that this happened). Taking on the different mindset that the project required was described as a “journey” which took time, though managers and service leaders across all three authorities could point to positive signs.

Several interviewees noted the responsibility that comes with spending public money, and this weighed heavily on some workers, particularly in the pilots where families had to be selected based on being at risk of children being removed. In Wigan and Darlington, for example, workers were sometimes reluctant to spend large amounts on families involved when they knew others would not receive the same. This sense of unfairness was reinforced by anecdotes about families or neighbours voicing their discontent about what other families received, and some workers were uncomfortable about spending large amounts on families that they worked with. The way eligibility criteria were operationalised was somewhat subjective, and there were few guidelines about what ‘at risk of entering care’ meant in this context.

It is also likely that the estimated budget amounts given in the original proposals were more than most families need for risks to be sufficiently reduced. There are examples from across the three sites of workers putting relatively modest amounts to good use. In Hillingdon, for example, there was a sense that one of the biggest benefits had been in being able to spend quality time



with young people, paid for with an investment of under £20 to go to their favourite restaurant or café.

8. *Contrasting approaches to administering budgets*

Each authority had a different process to support the delivery of devolved budgets, and this shaped how the pilot worked. Social workers in Wigan could spend up to £1,000 without authorisation, after the amount was raised from the original

Table 4: Authorisation process for devolved budget spending in each authority

Hillingdon	
Amount	Authorisation required from:
Up to £500	None required
Up to £1,000	Advanced practitioner
Up to £4,000	Team manager
Darlington*	
Amount	Authorisation required from:
Up to £500	Team manager
Up to £750	Interim service manager
Up to £1000	Interim service manager
Wigan - Reunification	
Amount	Authorisation required from:
Up to £1000	None required
Over £1000	Management team
Wigan - EAFC	
Amount	Authorisation required from:
Up to £50	None required
All other amounts	Management team

**Further information regarding Darlington’s process is detailed in Figure 8.*

£250 limit during the pilot. In Hillingdon, only spends over £300 needed approval from a senior practitioner or a team manager, and in Darlington project support workers are available to take on the practical aspects of accessing resources.

There was also some variation in how these practicalities were managed. In Hillingdon and Wigan workers were issued with local authority

credit cards, which simplified the logistics of making purchases. In Darlington budget codes assigned to families and the mechanism for spending depended on the amount required, with smaller spends being released from petty cash reserves and larger amounts being administered centrally through invoices and purchase orders. This was closer to business as usual and seemed less efficient for devolved budgets, though the

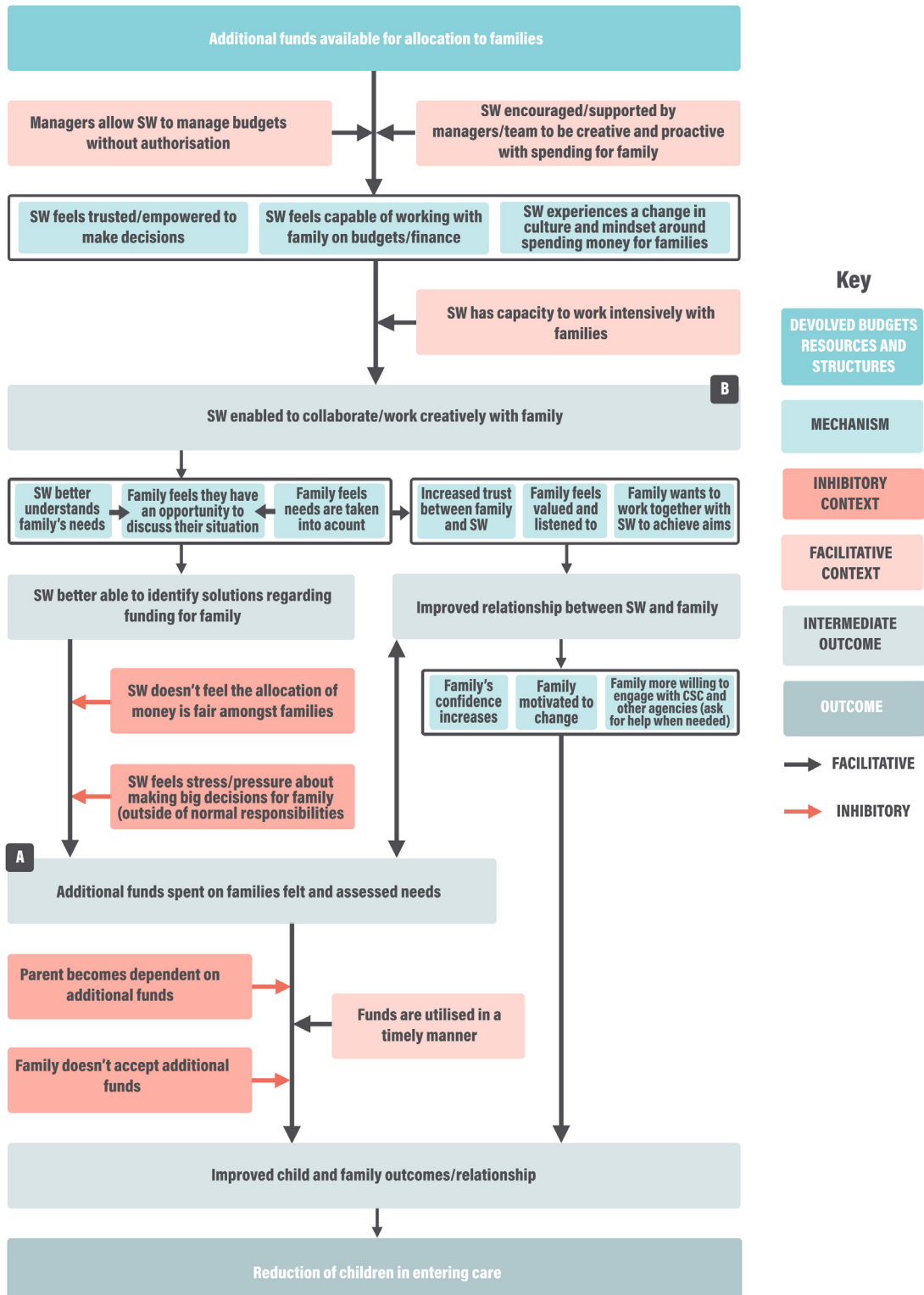


support workers provided valuable assistance that helped lessen the administrative demands on workers.

Section three: Towards a theory of devolved budgets

We have synthesised insights from each pilot to develop a theory of devolved budgets. This details

Figure 4: Overarching logic model





how devolved budgets might work to safely reduce the number of children in care, mapping the key features of devolved budgets and setting out the way the intervention might be theorised to operate. It is intended to serve as a basis for further theoretical and empirical development.

Our analysis leads us to identify two main pathways through which devolved budgets may work to reduce the number of children in care;

- **Pathway A:** Resources are spent on a family's felt and assessed needs
- **Pathway B:** Improved relationships between social worker and family

Pre-requisites

Managers must grant social workers the autonomy to spend a certain amount without further authorisation and encourage and support them to be creative, so that they feel trusted to make spending decisions. In many other local authorities, social workers are not able to spend any amount without authorisation, so the important point here may be less about the amount they are able to spend and more that the threshold for managerial approval is above zero. Notably, for this to work the social worker must have the capacity to work with families – with manageable caseloads and consistent supervision - and have a good understanding of the family's needs.

Pathway A: Resources are spent on a family's felt and assessed needs

This pathway is particularly relevant for families who have practical or material needs that can be met by the provision of goods or services, or therapeutic needs that can be addressed through services that devolved budgets can be used to commission. It relates to the provision of resources that would not otherwise be available, or would not be available without a long delay. With a clear picture of the family's circumstances, appropriate practical solutions for the family are more likely to be identified. This enables funds to be spent on what families feel they need, and what social workers think they need. However, as we note above, our analysis indicates that workers may be less likely to spend devolved budgets – or

curtail their use of the resource - if they feel the allocation of money among families is unfair, or if they feel excessive stress or pressure around making decisions.

When social workers do spend the additional funds to meet a family's needs in a timely manner, this can lead to improvements in home conditions, relationships within the family, behavioural or psychological changes, and reduce the need for children to enter care. These outcomes are unlikely to be achieved if a family becomes dependent on the additional resources and they are taken away, or if they're not willing to accept the help via a devolved budget.

Pathway B: Improved relationships between social worker and family

This pathway incorporates activities that enable relationship building and the impact of shared decision making. When families feel they have had the opportunity to discuss their personal circumstances, feel their needs are taken into account, and a social worker has developed an understanding of those needs, a more positive relationship between social workers and families develops. This is achieved by enabling families to feel valued and listened to, through the development of trust, and allowing them to feel like they are working together with their social worker to achieve their goals (Mayer and Timms, 1970).

The improved relationships between social workers and families then increases the chances that a family will feel more confident, motivated, and able to make changes and address concerns, as well as increasing the likelihood that a family will engage with children's social care services or other agencies for help when they need it. This ultimately leads to improved child and family outcomes. In both pathways, improved child and family outcomes have the potential to result in a reduction of the number of children in care.



DISCUSSION

Eligibility and outcomes

The wide variety of uses that workers found for budgets is a testament to the creative problem solving that the pilots set out to encourage. For example, paying to transport a young person at risk of CCE to stay with relatives who live on a different continent, or overcoming delay by paying for private therapeutic help that is available immediately. It could be argued that using budgets to support these families may be an effective way of reducing the number of children coming into care in the long term, especially in light of cuts to services for children and families (Hastings, 2015; Smith et al, 2018). Indeed, some family problems may be so complex and well established by the time social workers are considering instigating care proceedings that devolved budgets will not make enough of a difference at that point. But at the same time this poses a challenge for future evaluations that will need to focus more on the impact devolved budgets have on care outcomes.

Where budgets are designed to reduce the likelihood of care entry, clearer eligibility criteria may help to ensure budgets are targeted at families where a child is on the edge of care. Budgets could be attached to child protection plans, strategy discussions or Public Law Outline (PLO) processes. Likewise, putting some boundaries around the type of spending that is most appropriate may help focus further work, though this will need to be done in a way that maintains the benefits of autonomy workers experienced here.

Another hypothesis that might arise from the wide variety of spending is also worth considering. It could indicate that social workers often do not really know how to reduce the chances of children entering care. In some instances, their use of budgets could be viewed as attempts to do something – anything – to help, when they may have tried many other options without success. This may be particularly true for types of risk that

are less well understood and gaining prominence. In Hillingdon, workers found that the key route to protecting young people at risk of extra-familial harm was to spend time getting to know them and building relationships. Notably, this favours pathway B rather than pathway A of our logic model as a theory of effectiveness.

Contexts and versatility

Devolved budgets have been implemented across a range of contexts, in different parts of the country and with different service user groups. There were encouraging signs from all three pilots of devolved budgets making a difference for young people and families with rather different needs, circumstances and objectives. This suggests that devolved budgets is a versatile intervention that can be used to promising effect across much of the work of Children's Social Care. As we have shown, the help budgets provide can take various forms. Exploring its efficacy with other groups – such as looked after children or care leavers – may be worthwhile.

Strengths and limitations of the evaluation

It is rare to have the opportunity to pilot a different way of working in three contexts, and the evaluation benefitted from the variation in how each pilot was targeted, administered and managed. The fact these pilots were implemented in different ways in three rather different contexts is both a strength and a limitation. Being a set of feasibility studies, it was more important to draw on this variation to understand what devolved budgets are and how they work than it was to examine the impact they might have on care outcomes. Although there are some indications of positive effects, our attempts to quantify this were hampered by challenges around data and timescales. In some cases, for example, teams administering budgets were specialist and recently established and it was beyond the scope



of the study to undertake detailed matching work or exploring historical comparators. In any case, the timescale available for the evaluation precluded the inclusion of medium or long-term outcomes, and longitudinal work may help to address this in future.



CONCLUSIONS AND RECOMMENDATIONS

This feasibility study aimed to describe and understand how devolved budgets were implemented across three local authorities. The similarities and differences we have discussed help to formulate a sense of what the intervention is and how it might be theorised to help families and reduce the need for children to enter care. We offer the following recommendations.

- 1. Test this intervention at a scale that enables more rigorous evaluation:** The pilots have been viewed positively by the majority of people involved and led to a wide range of benefits for children and families. Beyond these benefits there are also advantages for social workers and other professionals within Children's Services, including a greater sense of autonomy and empowerment among workers, and a sense that they are able to help families in meaningful ways. The intervention therefore seems to have high potential as a way of working and is worth exploring further.
- 2. Free up social workers to make spending decisions:** A particular insight, and one that goes beyond this particular intervention, is that social workers thrived when they were freed up to make spending decisions. They accessed the resources they needed to work creatively without spending time seeking approval or completing paperwork. They spent less than expected, and managed budgets carefully, and we saw no evidence of workers using funds carelessly. Local authorities should seek to enable workers this freedom, whether or not they implement the full intervention.
- 3. Learn more about the different ways budgets are used and the impact they have:** The current studies have looked at devolved budgets in relation to reducing the need for children to enter care, but it is evident that many of the most creative uses of budgets were found where the level of concern was

less serious and children were not at risk of entering care imminently.

- 4. Develop the intervention to better target the range of social care outcomes:** In light of our findings, devolved budgets should be further developed both to make them more applicable for families where concerns are more serious, and as an intervention that seeks to affect different outcomes.



PART TWO

Pilot Local Authority Reports



OVERVIEW

This part of the report is designed to be read alongside Part One, which draws together findings from all three pilot authorities. Here, we examine how the project was implemented in each local authority and draw out specific conclusions and recommendations for practitioners and managers in those places. The key themes we identify feed into our overall analysis and the programme theory we develop in Part One above. However, we pay more attention in this Part to the nuances that the pilot evaluation reveals about implementing devolved budgets in each local authority. For example, some aspects of each approach are markedly different from the others:

- **Hillingdon** focussed on preventing young people over the age of thirteen entering care by situating the pilot in their Adolescent Team.
- **Darlington** planned to use budgets of up to £10,000 per family, and trialled randomising eligible families at the outset.
- **Wigan's** had an emphasis on reunification, and a panel based decision-making process for families at risk of having a child removed.

Analysing these elements of the pilots aids our understanding of how devolved budgets might be targeted and administered, and how they might be used to safely reduce care entry.



DEVOLVED BUDGETS: AN EVALUATION OF PILOTS IN THREE LOCAL AUTHORITIES IN ENGLAND / EXECUTIVE SUMMARY

DEVOLVED BUDGETS IN Hillingdon



INTRODUCTION AND BACKGROUND

Hillingdon is the second largest London borough by area and is divided into three localities and twenty-two wards. Hillingdon is relatively affluent, with no Lower Layer Super Output Areas (LSOAs) in the most deprived decile (Business Performance Team, 2019), though covering such a large area it encompasses areas of relative deprivation. Hillingdon reported that during the two years prior to the start of the pilot 114 young people over the age of thirteen entered care, on average for seventy days.

Hillingdon planned to use devolved budgets to help vulnerable adolescents in around 100 families. The Adolescents team works with young people who are at a moderate to high contextual risk of youth violence, criminal exploitation (CCE), child sexual exploitation (CSE) and missing episodes. It was created in February 2019, just before the pilot started. In the later months of the pilot the intervention was expanded to other teams, though the focus remained on the adolescent cohort.

Within the adolescent team, Hillingdon anticipated devolved budgets being used for a wide range of purposes, for example with practical support including home furnishings, activities and training, therapeutic help and other interventions which are not normally available. As intended, the broad remit of the pilot gave practitioners room to provide a variety of help.

Summary of interim findings

In an interim report, published in August 2019, we described how devolved budgets had been used to help 14 young people and their families in a range of ways. This included practical support in the home with cleaning and furniture, transportation and activities to engage young people directly (such as meals out with workers). Social workers were generally positive about using budgets and felt that they were enabling better relationships with young people. Workers were also using budgets creatively, for example in

one case (and with the parent's agreement), they paid for a young person to go and live with family members in another country in order to protect him from contextual risks at home.

However, there was a lower than expected take up of budgets, and spending was consequently less than anticipated. Managers found they had to encourage workers to take up the opportunity, and that some were reticent at first. This was explained in terms of local authority culture, and the fact that having resources available was such a contrast from usual ways of working.

Focus of this report

This next stage of the evaluation looks at devolved budgets as the intervention progressed from initial implementation to become a more established way of working. Our focus will be on how the programme has been used and the impact it has had on the young people involved. We also examine how the pilot has 'bedded in' more generally within the service – including the way it is perceived by practitioners and managers within the authority and the way it sits within local authority culture.



METHODOLOGY

Study design

The evaluation was organised into three phases. In Phase 1 (January - February 2019) we developed an initial logic model which was used as a basis for data collection. Phase 2 (May - June 2019) involved fieldwork which helped us to develop the logic model and assess progress in the early stages of the pilot. Phase 3 (November 2019 – February 2020) enabled us to understand how devolved budgets worked once they had become established in Hillingdon and explore early evidence of their impact.

Research questions

The evaluation of the pilot requires us to understand how and why the project was implemented as it was, including the types of work done using budgets and how this was perceived, and any barriers or facilitators to delivery. It also requires us to explore any evidence that the pilot shows promise and indicators of success. Our research questions fall into four main areas: evidence of feasibility, evidence of promise, indicative evidence of impact, and scalability.

- a. **feasibility:** can the intervention be delivered practically and are there systems and processes to enable the intervention to be easily scaled?

- b. **evidence of promise:** what potential benefits do stakeholders (e.g. social workers, children, and families) identify, and do there appear to be any unintended consequences?

- c. **indicative evidence of impact:** what evidence is there that the intervention can have a positive impact on outcomes?

- d. **scalability:** To what extent is the intervention used as anticipated and is the programme sufficiently codified to operate at scale?

Ethics

The School of Social Sciences' Research Ethics Committee at Cardiff University gave approval for the study. Participants were provided with information about the study and asked to sign a consent form, as part of which they were informed that taking part was voluntary and they could withdraw.

Summary of data collection activities during Phase 3

Data collection took place between December 2019 and January 2020. Participants were recruited through social work managers and practitioners. Project leads arranged social worker interviews and observations to take place during site visits, and social workers invited parents and young people to speak to us. The data we collected is outlined in Table 5.

Table 5: Data collection December 2019-January 2020

Data collection type	Number
Interview with managers	3
Interview with social workers	6
Observations of social work practice	3
Focus groups involving social workers	2
Interviews with parents	8
Interview with parents and young people	2
Interview with young people	2
Initial case questionnaires (time 1)	34
Follow up case questionnaires (time 2)	23
Monthly administrative spending reports	10



DISCUSSION OF FINDINGS

Our analysis is designed to explore how the pilot was delivered, how and why budgets were used and how people involved perceived the intervention. We begin with a description of what the money was used for, and then move on to discuss how workers, managers, parents and young people experienced devolved budgets, and how effective they were perceived to be

1. How were devolved budgets delivered?

The adolescents' team had a pre-existing approach to their work that fitted well with the idea of devolved budgets. For example, the team sought to maintain low caseloads to facilitate intensive work and they started any intervention by asking the young person which worker(s) they wanted to work with. The team had a relatively stable staff group throughout the pilot, with a team manager, one advanced practitioner, four senior social workers, two social workers, one newly qualified social worker, and two family

support workers. Case questionnaire data (n=56) suggests they worked primarily with young people aged 11-17 years. The average age was 15 and they were more likely to be male (68%) than female (32%).

Processes to support spending

All the young people allocated within the team were eligible for a devolved budget. Workers did not have to select particular families or 'make the case' for any individual to receive one. The practical side of spending was equally simple, with workers assigned a local authority credit card and allowed to spend up to £500 per family without further authorisation. This new level of autonomy is in sharp contrast with the rest of the service, where workers not involved in the pilot needed to seek approval from a manager for any section 17 spending, and anything over £300 requires authorisation from a Head of Service. Tables 6 and 7 detail these differences.

Table 6: Authorisation process for devolved budget spending (per family)

Amount	Authorisation required from:
Up to £500	None required
Up to £1,000	Advanced practitioner
Up to £4,000	Team manager

Table 7: Authorisation process for standard s.17 spending in Hillingdon

Amount	Authorisation required from:
Up to £300	Team manager
Up to £5,000	Head of service



The team manager played an important informal role in guiding how budgets were used – for example by keeping the focus on reducing care and asking social workers to “rethink” plans to use it with looked-after children. This approach was experienced by workers as supportive. More extensive managerial involvement was used in September 2019 when Hillingdon used the devolved budget to book a therapeutic provision for several young people, which we describe in more detail below.

Introducing budgets to young people and their parents

How budgets were spoken about and introduced to families shapes the extent to which families are involved in making decisions about how the money is used. As we found in all three pilot authorities, what to say to families was a key consideration for workers. Should they be clear about the total amount available? Is access to funds best framed as a certainty or a possibility? How might expectations be managed? There was little consistency in Hillingdon about how families were informed or what information they were given. In general, workers were cautious about what they told families and reticent about giving precise details about the amounts available. Some workers gave a modest figure based on what they could spend without any authorisation rather than the total amount available:

“ So in terms of the budget I just say it's kind of part and parcel with our team at the moment but we've only got a small budget. And I often refer to the small budget because I can only sign off £500 at one time. (Social worker, interview)

One reason workers were careful seems to be because of concerns about parents becoming dependent on the support. One noted that among their caseload “some families are more aware than others because I haven't felt the need to always share the information and I don't want parents to become reliant on it.” Another worker described their tendency not to mention that there was a

budget available until a clear purpose had been identified:

“ I never tell them that I have this budget, I always say that it's something that we can look into and if it's something that is necessary of course we would be able to support. So, I let it just develop organically. (Social worker, interview)

This makes sense, especially given that the workers were not usually able to give families any certainty about levels of support without consulting with others or gaining further permission. However, as discussed below, downplaying the potential of the intervention may have the unintended effect of narrowing the scope of what is possible in families' minds.

Decision making

While efforts were made to involve young people and their parents in decision making, the opacity surrounding how much was available puts limitations on the extent to which decisions about spending can be shared. In some cases, the way workers described how they discussed budgets with families suggested that workers were primarily responsible for identifying how to spend the funds. For example, one worker told us “I have usually not spoken about it [to the family] until I've identified that there's some use for the money.” Another explained how they saw the identification of potential spending needs as a role for themselves rather than families, at least in the early stages of their work together:

“ A lot of my families at the moment are not aware of it because I've just got my cases and I've been and seen them two or three times and I still don't quite think yet is the right time to say oh I feel that there is something that is really needed because I'm getting to know them as a family. (Social worker, interview)



For one mother who we interviewed, the level of information she was given was problematic. She had received a higher than average amount of support through a budget, to help her daughter who was at risk of child sexual exploitation. The social worker had funded a short break for mother and daughter early on in their working relationship, but looking back the mother felt that she would have spent the budget a different way if she had been given more information at the outset:

“ If she had sat down and said to me... at the beginning ‘right [name], this is the support we are going to be able to do for you, we’ve got X amount of money...’ - it doesn’t even matter what the sum is - but ‘we can allocate you £4,000. What should we do with that?’ (Parent, interview)

However, there were also examples of children and families being involved in decisions making. Such involvement seemed easier where there was more transparency about what was available and how the process worked:

“ [The social worker] informed us at all stages, this is part of the budget, this is what we’re going to try and do, this is a new team where I’m working for, all things like that he informed us of everything so we didn’t really need to ask any questions....All three of us have been together on putting things forward on what we thought we would need and how it would help us as a family move forward ... (Parent, interview)

2. How much of the funding was spent on devolved budgets?

The pilot used far less funding than anticipated, as shown by figures for overall monthly spending which remained significantly lower than anticipated throughout. Updated projections in January 2020 indicate a total underspend of £139,797.00, which represents 35% of the total

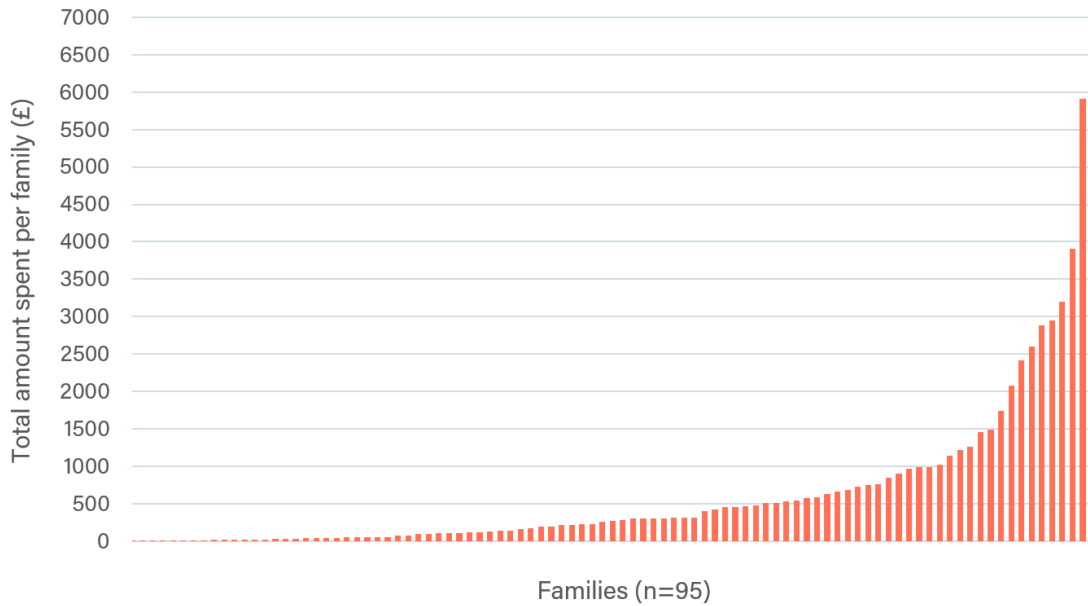
funding requested for the pilot. This includes a payment in October 2019 of £52,000 for a therapeutic provision at a specialist farm, which was bulk purchased for 10 young people, which we discuss below.

This pattern is reinforced by data that shows individual transactions tended to be for relatively small amounts. Administrative returns show that (when the outlier of £52,000 for the specialist farm therapy is removed) the median spend was £53.00, with a mean of £195.22. The lowest spend was £2.00 and, of the 333 transactions listed, more than a quarter (n=90; 27%) were for amounts of £20.00 or under. At the other end of the scale, only a small fraction (n=13; 4%) of spends listed were of £1000 or more, and a minority (n=33; 10%) were above the £500.00 threshold for managerial approval. The maximum individual spend was £4,814.80.

At a family level, the minimum overall budget delivered for a family was £5.80 and the maximum was £6,670.99. The median overall devolved budget per family was £273.08. Only 5 families received resources totalling over £3,000 and 3 families received more than the £4,000 that Hillingdon estimated as an average spend per family. Nearly a quarter (n=23; 24%) of total family spends were of £50.00 or less.



Figure 5: Total amounts allocated to individual families (n=95)



Understanding why spending was lower than expected

The most common explanation for the underspend draws on how different the pilot was to the way workers were used to practising, and the powerful effect of working within a culture where funding is limited and tightly controlled:

“ [The adolescent team is] still within that wider cultural setting where it’s local authority, it’s public service, we have had X amount of years of austerity, do you know there’s lots of things that people have to think differently about... But there’s a process and a bureaucratic way of working within local authorities. (Manager, interview)

This was thought to impact on workers confidence in making spending decisions, at least in the early stages of the pilot:

“ From the start the take-off was quite slow because I think that’s about social workers’ confidence within themselves,

not being able to have that autonomy, not be able to sign off £2 or 50p, do you know what I mean? And being able to sign that like it’s huge, oh my god what questions am I going to be asked?...can I do this? Because I’ve not been allowed to do this [in the past] ... (Manager, interview)

There was also some caution around how far young people and families could be trusted with the knowledge that a budget was available – as we noted above when discussing how budgets were introduced to young people and their families. This led some workers to withhold information about budgets initially because they worried young people would take advantage of the resource, which may also have put downward pressure on spending. In one case, the family decided to pay for a bedroom renovation themselves, rather than use the budget.

These figures contribute to a general sense from the data that many families do not need large budgets. Often the combination of a small amount of resource, and some significant time spent with the social worker seemed to make a real difference. A recurring theme was that workers spent time with adolescents and their families,

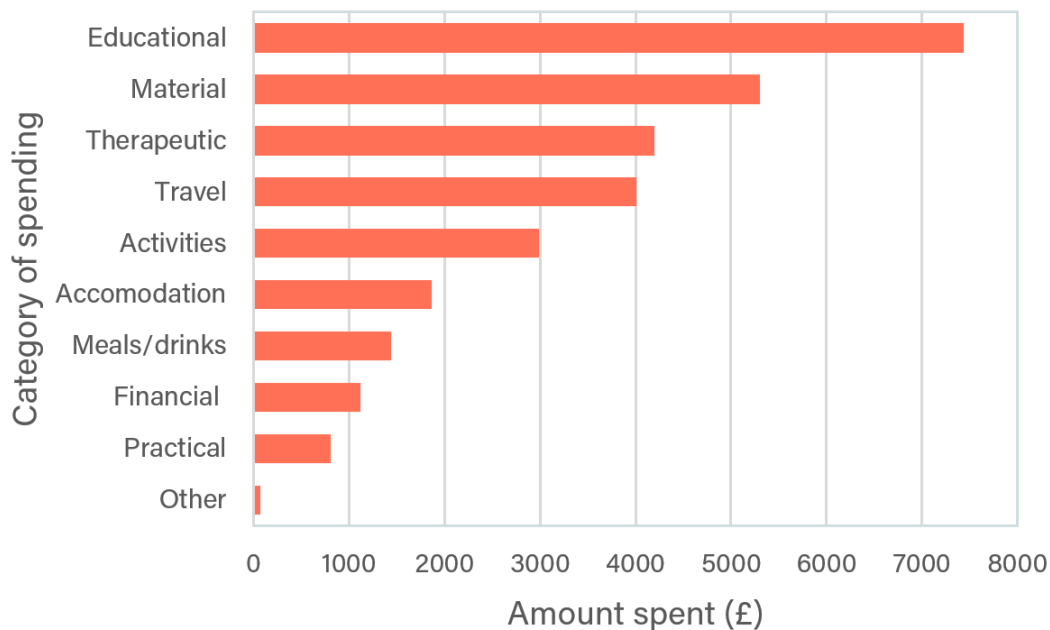


often doing activities that they had chosen. Such activities, as we see below, tend to be relatively inexpensive.

3. What were budgets used for?

We categorised types of spending for a sample of transactions listed in administrative data provided by Hillingdon. The total amount of spending sampled was £29,245.30, and how this was used is illustrated in Figure 6.

Figure 6: Spending by category



Facilitating engagement

Engaging young people and building good relationships with them was a prominent objective in the adolescent team, and a focus for many of the devolved budgets. Budgets were commonly used to support activities that social workers and young people could do together. Activities such as going to the cinema, doing sporting activities, or going out for food and drink accounted for over half of the individual transactions listed in the administrative record we analysed (111 out of 217 identifiable entries; 51%). For example, one young person reported, "basically [the social worker] booked me tickets for Madame Tussauds ... [and other] tickets for activities and things like this." On a similar theme, and at a similarly modest expense, going out for a coffee or meal was a very

common way budgets were used and often was itself an activity that the worker and young person did together.

This is a simple premise that seemed effective. One worker described using these sessions to take the opportunity to speak with a young man "about his behaviour, about his environment, about what he could do." It enabled workers to balance the challenging aspects of their interactions with activities that young people enjoyed:

"...rather than just sitting down and discussing, 'ok this is what we're worried about', being able to sit down and engage in some sort of activity, and actually take them away from the fact that I'm a



social worker [is more beneficial]. (Social worker, interview)

One manager noted being surprised at how much benefit they saw “in terms of how young people communicated and engaged over a cup of coffee and a bit of food.” The “hard to reach” nature of the group of adolescents they work with was mentioned several times, and one of the main ways in which devolved budgets seemed useful was that it allowed social workers to offer something tangible. As one noted, “if you have got something to offer to them, it helps you to develop an appropriately dynamic relationship.” There was also some evidence that this was a route to other positive outcomes:

“...then I was able to influence him to access services by saying I think these services can probably be helpful for you, but that was based on the relationship that I developed with him. So he started to engage with alcohol addiction and recovery service. (Social worker, interview)

Educational and therapeutic support

Various forms of educational or therapeutic input were funded through devolved budgets, including for counselling, psychological assessments, virtual school provision, and tutoring. These tended to be higher cost uses of the budgets, as Graph 2 shows. A major driver for using the budgets for these things often seemed to be to sidestep long waiting lists and obtain input quicker. While in most cases services were sought on an individual basis, it was also used to take groups of adolescents to a farm-based therapy centre. One social worker who attended one of the sessions explained that “they got to know [the young people] much more deeply and they got to know me just the same. And it has really intensified our relationship ... in a positive manner.”

Practical, material or financial needs

Budgets were used to provide practical help or material resources for some young people, though this was less of a focus than it was in the other pilots, accounting for 49 of the transactions listed (23%). Spends included furniture, games, clothing, toiletries and food shopping. Where practical or material needs were met through the intervention, it was often conceived as a gateway for other types of input, enabling workers “to get in there and start building those relationships that offer the other types of support that people need that help change to happen.” The £50 worth of books that a young woman received is an example of this. It worked alongside some educational support, and the worker implied this in turn had a positive impact on their relationship:

“She is really determined to achieve in her education and that hasn’t been working out great for her but because of using the budget to buy her books and stuff that’s supported her with her motivation level and it’s something that she uses to talk with me as well. (Social worker, interview)

Travel expenses

Another common expenditure was for travel costs, where they covered short journeys by bus or taxi as well as longer journeys by rail or air. For smaller travel expenses section 17 funding may have been applicable, but devolved budgets provided more immediate access which saved time. More significant transport costs (between £687 and £1250) were incurred as part of arranging travel for five young people and their families. Of this, three young people travelled abroad to remove them from risk of significant risk of harm, such as gang violence and Child Criminal Exploitation (CCE). We described how a budget was used for this purpose in our interim report, to safeguard a young man who was going missing and getting involved in criminality. The social worker provided this promising update:



“ He’s still there now and he’s engaging with education, he’s not showing any signs of ADHD like he previously did, he’s doing really well and he’s not going missing. And his social skills and family relationships have massively improved. So that’s quite a significant one. (Social worker, interview)

Other ways budgets were used

While Hillingdon acknowledge that the pilot had a slow start and workers needed encouragement and support to spend the resources creatively, there are signs that their thinking about how to use budgets has developed significantly over time. During our fieldwork in January 2020, plans were being prepared for using the devolved budget in a way that is altogether different from what we have seen to date:

“ At this moment in time we’re talking about a business plan of a thousand pounds for a family for a flower business. [...] But actually if that mum does get that business running, that means spending more time with the young person, the young person interacting with mum, building up that relationship, actually maybe we’re on to a winner, we don’t know. (Manager, interview)

The original tender for the pilot encouraged bidders to be creative and promote approaches to social care that were out of the ordinary. Despite their tentative start, the relatively straightforward process they instigated to support spending, and the encouragement of managers at all levels appears to have succeeded in bringing out workers’ creativity. As the quote above notes, some of their plans resemble a ‘shot in the dark’. In some instances, it is not immediately clear how closely related to safeguarding concerns these solutions are, though it is also true that tackling issues of contextual harm often require inventive approaches and lateral thinking.

4. How was the pilot experienced and perceived?

Family experiences and perceptions

Parents and young people were generally happy with the input they received through devolved budgets and recognised that this was a different form of help to what is usually available. One parent, for instance, commented “I know there’s like help for if you need to talk to someone and things like that but I never knew there was financial help or you know for the kids and stuff like this.” Another aspect that parents were surprised about was the level of involvement they had in choosing how to spend the resources. One parent described a visit to Ikea with the social worker and her children:

“ The children had a lot of say in their own stuff. And yeah with the sofas and stuff like that, this is what I chose, I got to pick my own and I didn’t have to sit there and - say you know - ‘you have to have this’ or ‘you have to have this.’ Because that’s what I actually thought would happen, ... [the social worker saying] you can only choose this. But no, it was really good, we actually got to choose everything. We got a big say in how, which was really nice. (Parent, interview)

As we saw in the other pilots, as well as being appreciative of their own devolved budgets families noted the potential for helping others who were also in need:

“ I think it’s a good thing because there’s probably families that are even worse than me that really need support and then if they could get that support then it’s going to be a big ease off of their shoulders. (Parent, interview)

Social workers added support to the notion that families had been positive about the pilot, talking in the focus group about “three or four families that



actually cried when they got this level of support because it's something that they couldn't afford." At the scale of the pilot we cannot know if this has had a tangible impact, but these examples do suggest the intervention shows promise as a way of changing how parents perceive Children's Services.

Practitioners' experiences and perceptions

While workers were initially cautious about spending, over time they became more comfortable and creative. While making this transition, the practicalities of spending – which was experienced as simple and efficient – undoubtedly helped to ease them into the new way of working. An advanced practitioner said, of the local authority issued credit cards, "it has been really helpful in terms of reducing the red tape" and making the work less stressful. One worker noted the "flexibility and freedom" the intervention gives them, especially when they feel "this family needs my support but they also maybe need some other things and I can give them that. I don't have to go ask, I can just do that today and that is huge." Another framed the same sentiment in a way that contrasted the pilot with the less creative system they were used to:

"The whole idea behind the devolved budget is to think out of the box. From inside the box, [you think] 'no you can't ask for that money, no one will ever approve it for this.' But outside the box, thinking creatively, we can. So we now allow ourselves to create and come up with ideas and suggestions that were never there. (Focus group participant)

Aside from the more unusual or large transactions, smaller spends often seemed to have a disproportionate impact. One manager expressed their surprise at "what can be achieved with just that little bit of flexibility and redirecting financial support in a different way." Working differently had other benefits for practitioners, who noted "...in terms of my professional development I've worked alongside organisations and services that

I usually wouldn't have, so that's increased my learning."

There were also some more critical reflections about the project, in the context of interview questions around how it might be done differently and how it might best be scaled or implemented elsewhere. Some workers were more circumspect about how the pilot was implemented and emphasised the need to "be mindful of how it's rolled out in the first place and how it's sold to the families and the young people."

Some workers questioned some of the spending decisions, notably where young people had been sent to different countries; "you send them abroad and then what?" As well as wondering how this fitted into a longer-term plan, these concerns were also informed by considerations about what the wider public might think:

"...they won't really take everything into consideration that this young person was potentially going into care, [that] this is a better option. Word will just spread like wildfire that Children's Services is now converting houses for people. That's what I am worried about. (Social worker, focus group)

5. What impact does it appear to have?

Workers in Hillingdon provided some compelling indications that devolved budgets had made a significant impact for some families. Workers were particularly happy with the smaller amounts they spent on activities for young people and the benefits they saw in terms of direct work and engagement. There was also a sense of pride among workers around the work they had done with older adolescents, children in need who were moving towards semi-independent living and preparing for adulthood.

While it is too soon to determine anything beyond short term perceived impact, it is worth returning to an example we included in our interim report, where a family with longstanding CSC involvement was given a car to replace one



that had broken down. The rationale for using the budget in this way was down to the fact that one of the children in the family had severe health needs after an accident and needed to attend frequent appointments. The young person had previously been on a child protection plan due to criminal activity and neglect, though at the point of entering the adolescents team the concerns were more to do with whether his mother could cope with meeting his mental and physical health needs. When the family car broke down, it became increasingly difficult to travel to medical appointments and the family had few alternatives. This family's case was closed to the team between our fieldwork visits, and no concerns have come to their attention since. One manager felt this was illustrative of the impact budgets could have:

“ It's been closed and it's been closed for three months and that family has not returned back, it's not come back as a referral, it's not come back as anything. There's no MASH alerts. There's nothing that's come back on that family. So it's worked, whatever it is it's worked. (Manager, interview)

It is also necessary to bear in mind the potential for budgets to change some aspects of family life without making an impact on the risks to children and young people. The following example, featuring a family where three children are on child protection plans because of neglect, illustrates how a budget made a difference to their immediate circumstances but not to underlying risks they may be subject to:

“ The budget has been really useful in terms of purchasing items for the family as the house was in quite a state of disrepair and was very dirty and unsanitary, so we used the budget to get a deep clean done to the house. We used the budget to buy food provisions for the family. We used the budget to get the two primary school aged children out and about to get them into activities because

mum wasn't in a position to be taking them out. And there was quite significant like neglect with the home. And the budget was really successful in terms of providing things like that, however, it's not been successful in a sense of making significant change to the family and it seems that actually despite us putting in all these things in place for mum her mindset and her ability to care for her children adequately hasn't changed. And so with that family they're remaining at CP and it's likely that we'll go to the PLO (Public Law Outline) process with them. (Social worker, interview)

In this example the budget may not have impacted the fundamental risks to the children, but it may have had a different type of benefit through clarifying a parent's capacity for change and strengthening the local authority's position when entering the PLO process.



CONCLUSIONS

In order to make sense of the broad range of themes we have identified we return to our research questions to consider the feasibility, promise and scalability of devolved budgets in Hillingdon.

1. Feasibility: Can the intervention be delivered practically and are there systems and processes to enable the intervention to be easily scaled?

Setting aside the lower than anticipated levels of spending, Hillingdon's method of delivering devolved budgets has proved to operate more or less as intended. The systems and processes that facilitated the pilot are simple and effective. Workers were given genuine autonomy for spending, along with a credit card which saved them time and reduced bureaucracy. The managerial oversight for larger spends appeared to be supportive and helpful. The fact that workers did not need to determine which families or young people were eligible was a strength of the pilot and helped sidestep some of the difficult judgements that we have seen elsewhere.

Situating the pilot within a specialist team which has been recently set up probably eased implementation, so other considerations may be required if the model was to be established in a team which had a more general child protection focus. Nonetheless, Hillingdon's model seems replicable providing the organisation adopting it is amenable to working in such a different way.

2. Promise: What evidence is there that the intervention can have a positive impact on outcomes?

Our findings have identified a wide range of benefits and some evidence that the pilot has the potential to have a positive impact on young people and families. Engaging adolescents is a key challenge and workers in the adolescent team demonstrated how budgets can help overcome initial barriers for an almost negligible cost in

many cases. Workers also showed the potential for more creative uses of larger amounts of money – in some cases drawing on international networks of family members to remove young people from dangerous local circumstances.

Many of the young people Hillingdon worked with were at risk of contextual harm. As Hillingdon explained in their bid, the "risks posed to these particular young people do not fit the current models of working." Our findings suggest that Hillingdon should be cautiously optimistic about the potential benefit of working in this way, though it is not possible to ascertain the impact on care entry at this point. It was not possible to identify a reasonable counterfactual in the pilot evaluation, and this should be the focus of further work. As we noted in the introduction, this cohort tends to enter care for relatively short periods, and the costs of placements for this group are relatively high. Therefore, even a small effect could make it financially viable.

Moreover, the pilot shows that it may be wise to consider a broader range of outcomes beyond care entry for this group when evaluating effectiveness. While there are examples of young people who were thought to be at risk of entering care, the risks for others may be different. For some, the work seemed more focussed on protecting young people from physical dangers associated with criminal activity or CSE, or the risk of being convicted of a crime. Furthermore, it was not always clear how certain types of spending would reduce the need for care entry.

3. Scalability: To what extent is the intervention used as anticipated and is the programme sufficiently codified to operate at scale?

The aspects of the model that could be more easily described, or manualised, such as the methods for administering transactions and the framework for approving levels of spend seem amenable



to scaling. Indeed, aspects of it would arguably improve the distribution of s.17 resources in many local authorities. Even where small amounts are concerned, giving social workers the autonomy to make small purchases without wasting time seeking approval is likely to have a range of benefits.

As we indicate in our discussion of promise above, the area that would require further work is the nature of the target group and the outcomes that might be expected for them. The way devolved budgets have been used, in the main, seems to have helped young people and aided the way social workers work with them. Further work should aim to clarify the pathways that link these inputs with care outcomes, or indeed other outcomes such as involvement with criminal justice, being a victim of serious violence, or youth homelessness.

Recommendations for Hillingdon

Finally, we offer some recommendations to Hillingdon, based on our findings.

1. The pilot evaluation suggests that there is a strong rationale for social workers having access to budgets to help young people and families. In particular, the use of small amounts for engagement work and for practical and material help seems to make a significant difference to how the service is experienced. The process that supported spending in Hillingdon, where workers could make payments using local authority credit cards, was well received and seemed to work effectively. We recommend that service leaders explore options to maintain and expand this aspect of the pilot, which could be done at relatively low cost. It is also likely that this could yield a financial benefit through saving the time workers and managers might otherwise spend completing paperwork to approve small amounts. Other aspects of the service may also benefit from workers having greater autonomy.
2. The pilot highlights some of the challenges of safeguarding young people from contextual forms of harm – issues which often defy

traditional models of child and family social work (Firmin, 2018, 2019). By establishing the adolescent team Hillingdon have made headway in addressing the issues facing this cohort, and further work to develop strategies that are tailored to these issues will be worthwhile.

3. Further consideration should be given to how best to involve young people and families in shared decision making. While there were examples where families seemed very involved in deciding how to spend the funds, there were other instances where families felt ill-informed about the intervention and unsure about its scope.



DEVOLVED BUDGETS: AN EVALUATION OF PILOTS IN THREE LOCAL AUTHORITIES IN ENGLAND / EXECUTIVE SUMMARY

DEVOLVED BUDGETS IN Darlington



INTRODUCTION AND BACKGROUND

Darlington is a large market town in County Durham in the North East of England. Its current population is around 106,000 and it has relatively high levels of deprivation compared to the rest of the UK. Darlington has a higher rate of looked after children compared to the England average, with 118 per 10,000 children being classified as looked after (on 31st March 2019), compared with 65 per 10,000 as the England average (Department for Education, 2019). The devolved budget pilot appealed to Darlington as a way of working more creatively with families and taking a different approach to helping children who were at greatest risk. Darlington planned initially to use devolved budgets of up to £10,000 per family with around 30 families whose children were at imminent risk of entering care. A key difference, compared to usual practice, is that workers could access up to £1,000 immediately, as opposed to having to apply to a section 17 funding for amounts over £50. To distribute the funds, Darlington planned to randomise eligible families to either receive a budget (the intervention group) or 'services as usual' (the comparison group).

Summary of interim findings

The take up of devolved budgets was lower than expected. By May 2019, despite 36 families having been identified as eligible, and 21 families randomised to the intervention group, in practice only seven families had actually received a devolved budget. For these seven families, the budgets had been used in a range of ways, including - a garage conversion to create space for a young person with Autism Spectrum Disorder (ASD), home furnishings, skip hire, therapeutic counselling for a parent, driving lessons and shopping vouchers. At this time, practitioners were found to be broadly positive about the decision-making process for the budgets. Devolved decision making seemed to reduce time wasted through applying to numerous panels only to be refused funds. Workers and managers agreed that

budgets should be spent on sustainable solutions and with the aim of empowering families, rather than on 'quick fixes.' Managers also identified a need for more information and training about the budgets, to increase workers' confidence and develop their creativity. Nevertheless, there was also some reticence among workers about the process of randomisation, whereby some families would receive a relatively large devolved budget plus 'services as usual', while other families, meeting the same eligibility criteria, would receive only 'services as usual.' In July 2019, as a result of these early challenges, Darlington ended the process of randomisation.

Focus of this report

In this report, we focus on how the intervention developed from the initial implementation and towards becoming a more established way of working. We explain how the programme has been used with families and the impact it has had for them. We also examine how the pilot has 'bedded in' more generally within the service – including the way it is perceived by practitioners and managers within the authority. We also explore the feasibility of evaluating the cost-effectiveness of introducing devolved budgets in children's services.



METHODOLOGY

Study design

The evaluation was organised into three phases. In Phase 1 (January - February 2019) we developed an initial logic model which was used as a basis for data collection. Phase 2 (May - June 2019) involved fieldwork which helped us to develop the logic model and assess progress in the early stages of the pilot. Phase 3 (November 2019 – February 2020) enabled us to understand how devolved budgets worked once they had become established in Darlington and explore early evidence of their impact.

Research questions

The evaluation of the pilot requires us to understand how and why the project was implemented as it was, including the types of work done using budgets and how this was perceived, and any barriers or facilitators to delivery. It also requires us to explore any evidence that the pilot shows promise and indicators of success. Our research questions fall into four main areas: evidence of feasibility, evidence of promise, indicative evidence of impact, and scalability.

- a. feasibility:** can the intervention be delivered practically and are there systems and processes to enable the intervention to be easily scaled?
- b. evidence of promise:** what potential benefits do stakeholders (e.g. social workers, children, and families) identify, and do there appear to be any unintended consequences?
- c. indicative evidence of impact:** what evidence is there that the intervention can have a positive impact on outcomes?
- d. scalability:** To what extent is the intervention used as anticipated and is the programme sufficiently codified to operate at scale?

Ethics

The School of Social Sciences' Research Ethics Committee at Cardiff University gave approval for the study. Participants were provided with information about the study and asked to sign a consent form, as part of which they were informed that taking part was voluntary and they could withdraw.

Summary of data collection activities during Phase 3

Data collection took place between November 2019 and January 2020. Participants were recruited through social work managers and practitioners. Project leads arranged social worker interviews and observations to take place during site visits, and social workers invited parents and young people to speak to us. The data we collected is outlined in Table 8.

**Table 8: Data collection December 2019 – January 2020**

Data collection type	Number
Interview with managers	4
Interview with business support officer	1
Interview with social workers	6
Interview with support workers	4
Focus group with social workers	2
Observation of social work practice	4
Interview with parent/ young person	6
Initial case questionnaire	32
Follow up case questionnaire	23
Administrative finance data (monthly returns)	10

Economic analysis

Data about the number, duration and attendees of meetings that were specific to the implementation of devolved budgets was collected. These were:

- 1. Decision panels:** These took place for each family whose social worker had applied for a budget in order to approve or decline the application
- 2. Review meetings:** Discussions to review spending that took place between the interim service manager and the social workers working with families that were allocated a budget

We also recorded which professionals were involved in the setup and the ongoing support of the pilot. Time inputs were multiplied by staff unit costs using the Darlington Borough Council salary scales from 1st April 2019 to 31st March 2020. This enabled an estimation of the cost of the team needed to support devolved budgets. The currency used is pound sterling (£), with 2019 as the reference financial year. No discounting has been applied as all costs occurred within the study period, which did not exceed one year.



DISCUSSION OF FINDINGS

Our analysis helps us understand the way the pilot was delivered, including how and why budgets were used and how the managers, workers and families involved perceived the intervention. We begin by outlining the processes for selecting families and administration of the funds, as these were unique to each authority. We then examine the amounts spent and what the money was used for, before exploring professionals' and families' experiences, and how effective budgets were perceived to be.

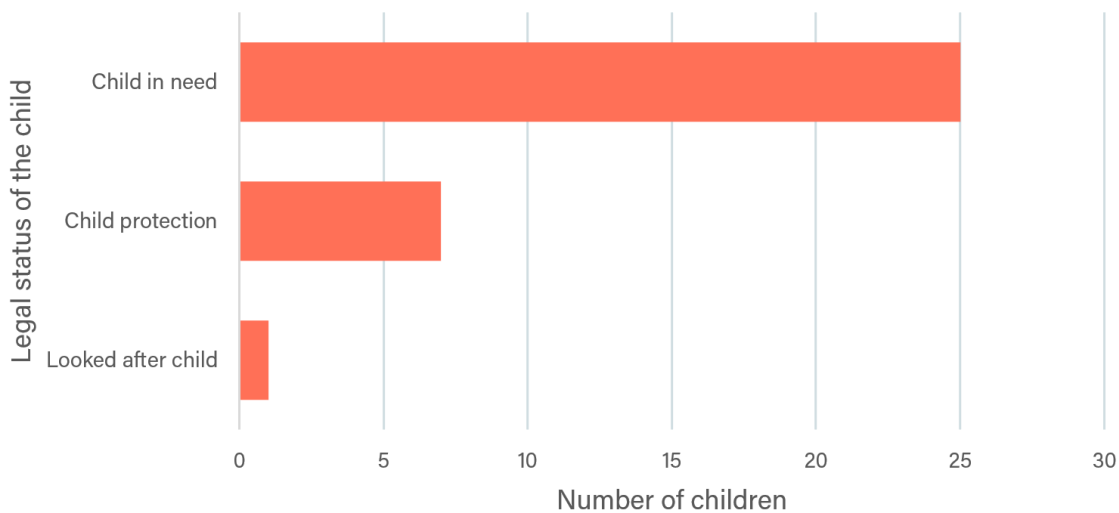
1. How were devolved budgets delivered?

Eligibility and identification of families

Workers put forward families they deemed appropriate for a devolved budget, through

a process that we describe below. The main eligibility criterion was that a child was on the 'edge of care' – at imminent risk of becoming looked after. Selection was done on a case-by-case basis, and the definition of 'edge of care' varied between different social workers and managers. Some social workers expressed a desire to have budgets available to a wider range of families - "[I want] every child that I work with to have that opportunity" - and in some cases it appears that interpretations of 'edge of care' were stretched to accommodate this. One worker, for example, said how she interpreted the criteria "...in the long term. So, my child wasn't edge of care right now [but could be in future]". Case questionnaires show that the greatest number of children whose families received a budget were deemed to be 'in need' rather than 'in need of protection'.

Figure 7: Legal status of children at point budget first agreed (n=33)



This room for interpretation meant that an informal selection process took place, with many factors influencing workers' decisions about which families to put forward. Workers considered the history of the family and used their previous engagement with services or positive changes

they had made to weigh up their suitability. As such, longstanding problems generated more scepticism from workers than more recent 'one off' crises. For example, budgets were spoken about in more optimistic terms where a family had suffered a bereavement than they were for a



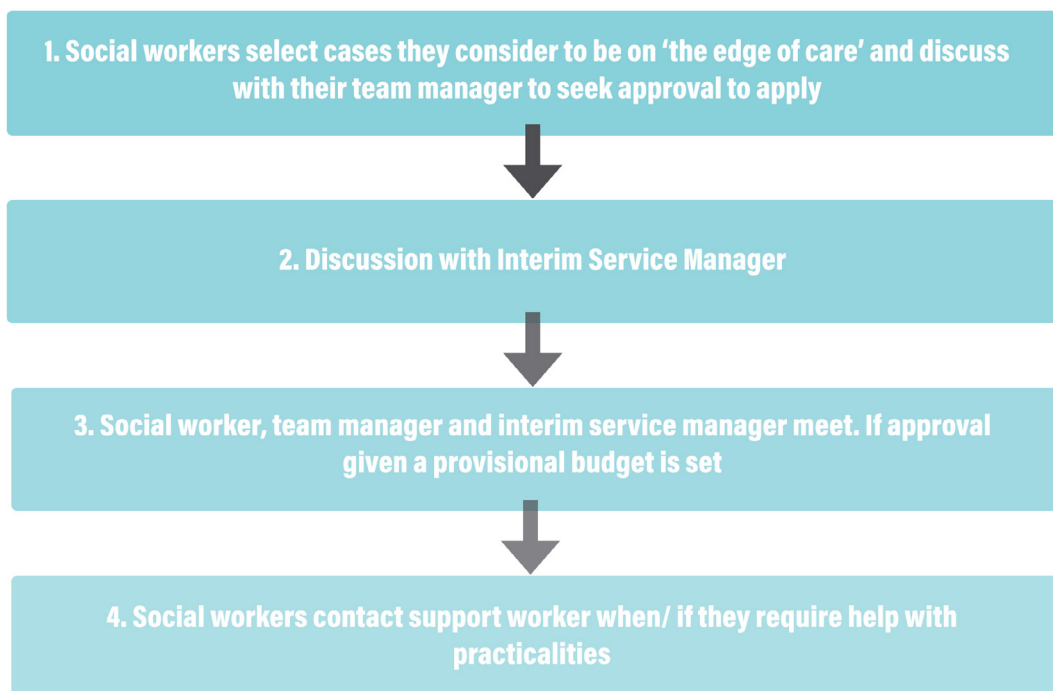
family with a history of addiction or entrenched neglect. As one worker described, "If it was a family and this is fourth time it's come in for home conditions, chances are you wouldn't choose this family because it is quite evident they can't sustain no matter what support they've had". The need to make sustainable changes provided the rationale for this approach, as one worker noted "this isn't about us just providing a solution in

a crisis today, if that crisis is then just going to reappear...tomorrow".

Process supporting devolved budgets

Once workers had identified a family, they obtained approval for spending via the following process:

Figure 8: Process for gaining approval for devolved budget



Three support roles (two devolved budget workers and a business support officer) were instrumental within this process. Some social workers relied heavily on the devolved budget workers¹ and found them invaluable for managing the administrative process, particularly when spending larger amounts. Others preferred to oversee everything

themselves or use other support capacity within their teams. Once a budget had been approved, there were three routes open to social workers to obtain resources:

1 This reduced to one worker during the project when one moved to a different role within Darlington



Figure 9: Practicalities of spending

Route	Process	Approval
A: Petty cash purchases	Petty cash request form completed, detailing what they are purchasing and for what reason	Requests up to £500 authorised by team manager; requests of up to £750 authorised by interim service manager, above this level approved by interim service manager
B: Purchases through accounts	Draws on existing accounts held by Darlington Borough Council, social workers or support workers place order	Costs over £1,000 approved by interim service manager
C: Purchases requiring quotes and invoices	Social worker obtains quotes for any single purchase over £1,000	Decision on which supplier to use is made by interim service manager and social worker

This process was more complicated than that used in the other two local authorities, although it was simplified as the pilot progressed. For example, the discussion with the interim service manager (point 2, Figure 8) originally required a referral form to be completed, but this was dropped in favour of a more informal approach. In addition, throughout the project a list of trusted suppliers has been created to relax the process for larger spends (point C, Figure 9).

One worker felt it would be quicker, easier and often cheaper if they could use a wider range of suppliers, and if they had a dedicated credit card for spending. A similar issue identified was the difficulty in getting access to smaller amounts of money on some occasions, due to limited working hours of other workers who presided over petty cash reserves:

“ I had to take my own cash, buy it and then go back with the receipts because that’s what I’d purchased. Now had that have been the week before payday, I wouldn’t have had that money. (Support worker, interview) ”

Introducing devolved budgets to families

The way budgets were spoken about and introduced to families shaped the extent to which they are involved in making decisions about how the money is used. As we found in all three pilot authorities, what to say to families was a key consideration for workers. They had to decide how clear to be about the total amount available, whether to frame access to funds as a certainty or a possibility and consider how to manage families’ expectations.

The information families were given about budgets was similar to the other pilots, where they were often told a budget was available but not how much. One manager explained that some workers had told families there was a £10,000 budget available, and that some families responded by asking for new TVs and expensive fridges rather than things that related to keeping their children safe. As a result, the manager said, “[we] try to discourage talking about how much is there because that’s what the social worker should be managing”. Another manager agreed, predicting that if families were aware about the full amount available “we would have had a lot more that were



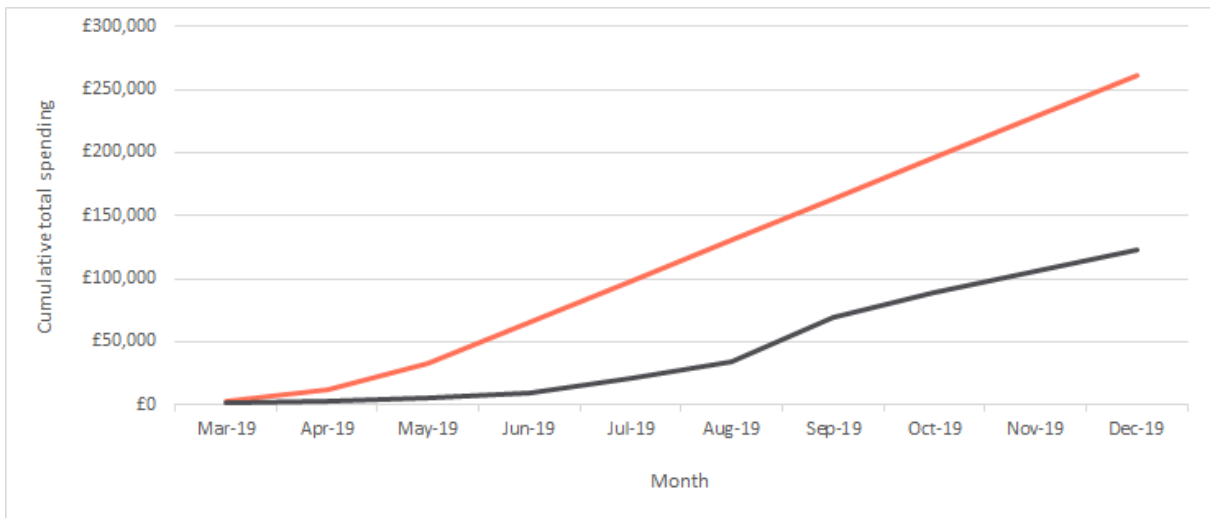
spending the full ten grand.” This dilemma was well articulated by the following social worker:

“ I personally don't think that we've gone far enough down the route to empower the families ... But equally, the other part of me thinks it's quite hard to do that in some of these situations where there's safeguarding issues, child protection issues, issues of neglect and things like that. It's a really difficult balance isn't it? When I've sat and looked at some of my cases sometimes it's, it's hard to see. I can see some families where you could say 'there's the money, get on with it'. Some families that can't.

2. What was the rate and amount of spending?

A key point of difference in Darlington, as alluded to above, was the size of the budget available per family – more than twice that of the other two pilots. As of January 2020, 40 families had agreement for a budget (agreed at point 3, Figure 8 above) and 35 families had actually received a devolved budget in Darlington. Cumulative spending remained lower than anticipated, as it has done throughout the pilot². Figure 10 illustrates the disparity between initial forecasts and actual spending. Spending increased over time, and increased following notification of the underspend in September, but it is still lower than expected.

Figure 10: Forecasted total spend by month vs actual monthly spend



2 Darlington report increased spending in February 2020, but this was outside our cut off for data collection for this report.



Figure 11: Total budget agreed for each family at the decision panels

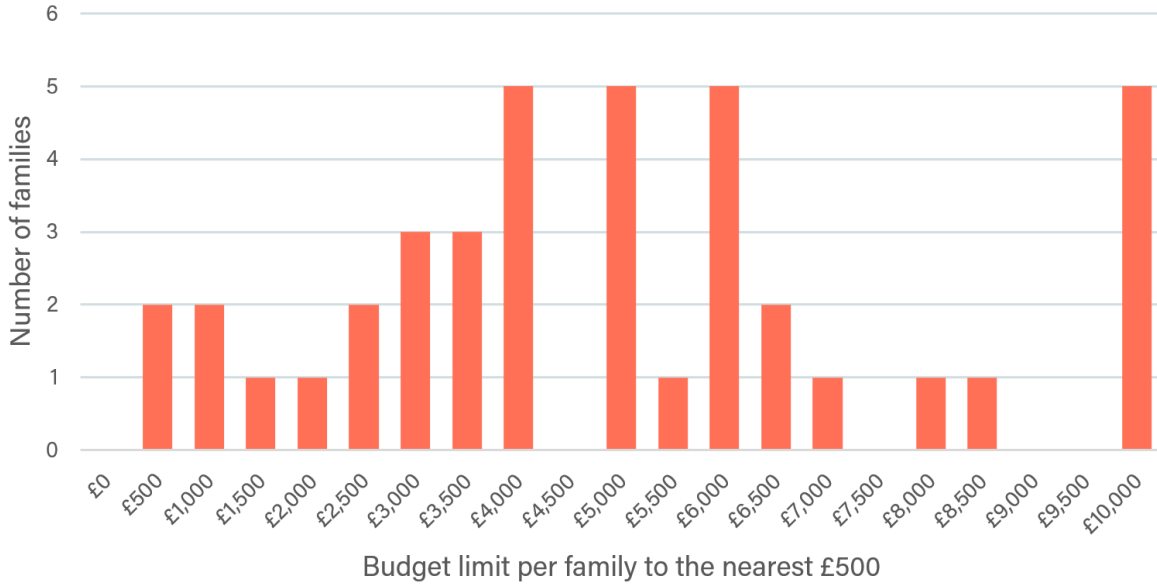


Figure 12: Actual spend per family





Provisional budgets agreed at the decision meeting (point 3 of Figure 8 above) ranged from £210 to £10,000, with a mean of £4,912. How these provisional amounts were distributed among families is shown in Figure 11, whilst the distribution of actual spending per family is illustrated in Figure 12. In February 2020, actual spending per family ranged from £0 to £10,000, with a mean of £2,339 and a median of £912. For five families, none of the allocated budget had yet been spent. The difference between the agreed budgets and actual spending amounted to over £100,000 over the course of the project.

Understanding the lower than anticipated spending

A simple explanation offered by one manager for lower than expected spending was that “some of the requests that we’re getting in maybe weren’t as expensive as we thought.” This certainly seems to have played a part in this finding, but it is joined by other factors. There was also a strong sense that the sudden availability of such a resource was something workers were not prepared for. One of the workers in a focus group reflected on the way everyone in the department had become used to working frugally:

“You are so conditioned to watch every penny that’s spent... sometimes you feel as if you’re going cap in hand to ask for a bus fare and it is really, really bad. So, when you get a budget of ten thousand, straight away your default is ‘how little of this can we spend to get where we need to get to’

Beyond this, the role of individual perception was also suggested as a possible reason for the lower-than-expected spending patterns. The issue of

whether families deserved a budget arose, as one manager explained:

“...maybe at the end we need to reflect on - could we have done more in terms of spend? But again, is that a capacity issue or is that around...some social workers thinking that, you know, [some families are] deserving and [others are] undeserving? ... maybe some of that has come into it as well.

Another factor that may have contributed was that early in the project, before the support workers came into post, social workers were apprehensive about the time it might take to administer the practicalities of implementing budgets. This apprehension seemed to lessen as time went on, and a list of suppliers and administrative support grew.

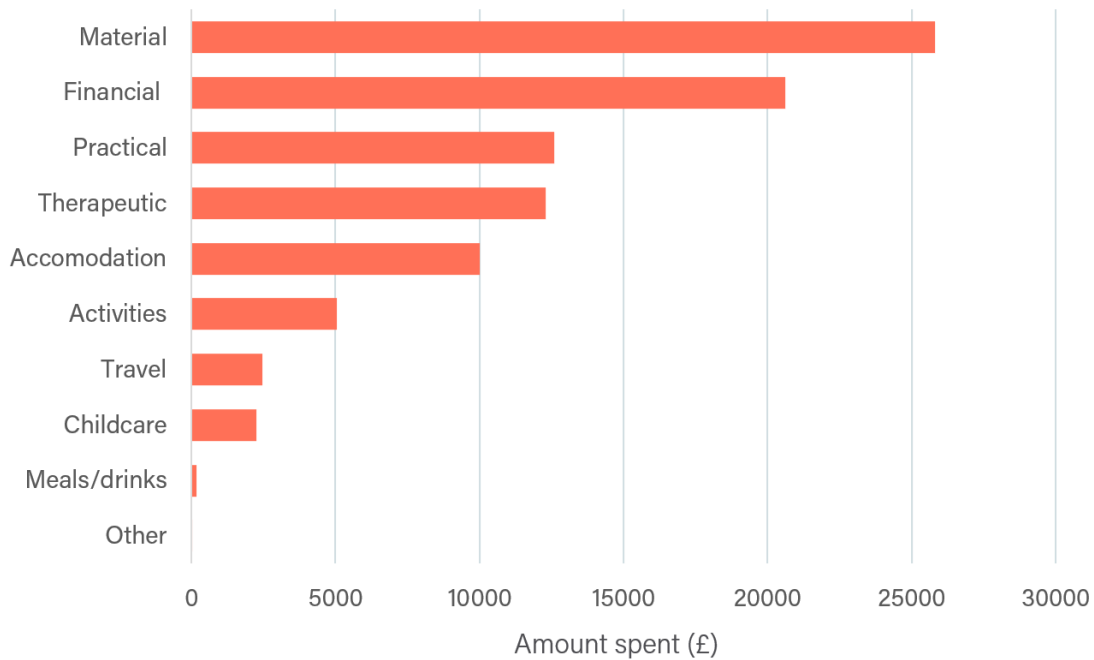
3. How were devolved budgets used?

The majority of the budgets were used to support families by paying for practical, material or financial help or by commissioning therapeutic and other specialist forms of help. Administrative data is incomplete but allows us to examine the spread of spending across different categories. Figure 13 indicates how spending was distributed across these categories³, based on individual transactions for a sample of £93,593.17 (63% of the whole figure spent).

3 Categories are not mutually exclusive but for the purposes of this analysis categorisation was done based on the apparent main purpose of the spend. Some spends could be categorised in more than one type – for example equipment designed for therapeutic purposes (such as for a sensory room) could be material and therapeutic but if the main purpose appeared therapeutic then it was categorised as such.



Figure 13: Categories of spending, by total amount spent



Practical, material and financial help

A large proportion of the spending was on practical, material or financial support. Financial support was given to cover rent or rent arrears, and in one case a deposit. It was also used to purchase mobile phone credit or pay for repairs. Practical support was typically focused on improving home conditions. This included expanding the space available in a family home by converting their garage and installing an upstairs toilet. Material help, three quarters of which could be subcategorised as 'homewares and furniture', served a similar purpose. Often these items made a significant difference to families. One worker explained that "by providing beds and carpets and getting rid of the rubbish, [supplying] a fridge that worked, a cooker that worked, ... mum was able to get her children home" from a family member who had been caring for them. As well as home improvements, money was often spent on the practicalities of cleaning and clearing houses, for example by providing a deep clean or paying for skips so families could clear the houses themselves. These measures were designed to provide stability and safety for children in the

short term and prepare the ground for further work on other issues.

Workers spoke about other practical help designed to help parents develop skills. This approach was particularly valued by workers as it seemed to fit with the aspiration to create sustainable change, rather than 'quick fixes'. This type of spending was often framed as an investment. In one case, a parent was able to spend "three to four hundred pounds on driving lessons" which was said to be a "really smart way of using the money".

Similarly, and as we saw in the other two authorities, budgets were used to provide nursery provision so that parents could attend therapy sessions or go to work. One worker described how they "got nursery involved to look after the children so then mum could go and do some therapeutic work... without the devolved budget, we wouldn't have been able to get nursery placements".

Nonetheless, sometimes the practical help families needed was beyond what Children's Services were willing or able to provide. For example, where families were living in privately rented accommodation, social services were unable to make significant structural improvements – such



as repairing “a hole in the roof” as this was the landlord’s responsibility. Some forms of help were also controversial, at the margins of what some workers and managers felt was appropriate, such as the settling of rent arrears. Some felt Children’s Services should not pay for debts such as these, while in several cases the budgets were used for precisely this reason. Workers seemed most supportive of it where this was part of a plan to help a family move to a new house, for example to be closer to their informal support networks or schools. One family in Darlington, for instance, received a budget to pay off existing arrears, fund moving expenses and cover a deposit and initial rent payments on a new property.

Therapeutic and specialist support

Budgets in Darlington were also used to pay for various forms of therapy, as they were in the other two local authorities. In Darlington this was particularly valued when working with children and families who had disabilities, and one family used a budget to set up their own sensory room at home for a child who had autism. Budgets were thought to be especially useful where a child or adult in the family did not have a formal diagnosis of a disability or mental health condition. Using the budget to obtain a formal diagnosis could therefore enable access to certain services such as Child and Adult Mental Health (CAMHS) provision.

The fact this also applied to more common disabilities such as autism, and mainstream services such as Occupational Therapy, led some respondents to question how appropriate it was to use the budgets to pay for services that they felt should be provided by other agencies. Yet, in practice, the reality of limited services and long waiting lists meant they used the budgets pragmatically. For example, we heard about one young person who was on an eighteen-month CAMHS waiting list, and the worker noted that “this family are at crisis now, they can’t wait eighteen months for a diagnosis and for that support”. They used the budget for an autism assessment and to install a sensory room.

Although support from the budgets was able to pay for some expensive interventions and assessments, sometimes requests for therapeutic support were beyond the financial constraints of the budget. One example of this was drug and alcohol rehabilitation, which was deemed too expensive for this pilot. A manager explained, when asked what was out of scope “So, residential rehab for parents, it’s a no. Ten grand is not even going to touch that, not for a six-month rehab place. So, there’s things like that where it’s not enough money”.

Other ways budgets were used

The highest spend, where the full £10,000⁴ was used, was for an unusual situation. A child’s grandparents were supported to care for a child under a Special Guardianship Order, thereby keeping the child out of local authority care. The budget was used to support grandparents to purchase more spacious accommodation. The family were of Gypsy Roma, Traveller heritage and, in order for the child to remain living within his culture a larger mobile home was jointly funded between the grandparents and the local authority. Managers were initially unsure about whether this was a good use of the budget, but reported a positive outcome as the following excerpt from an interview shows;

Researcher: *And how has that one turned out?*

Manager: *Fine. Yeah absolutely fine... I was like ‘we’d better get a receipt for this one, make sure we go into a proper company, that you can get an invoice for’ and all that sort of thing... I was quite stressed about that until we knew that it was a legitimate purchase, or it was a purchase we could evidence properly for you guys in order to claim the money back*

4 This accounts for the whole of the Accommodation category in Table 6



4. How was the pilot experienced and perceived?

Practitioners and managers

Social workers spoke positively about how devolved budgets enabled them to practice in a different way. For example, one experienced worker told us “for the first time in my career, you can really use your resources and use your imagination and get really creative with families”. Indeed, some workers felt aspects of the approval process should be relaxed to give them even more autonomy, and some took the view that decision-making could be further devolved by removing the need to gain any managerial approval whatsoever. Summarising a position expressed more than once, one noted “if we’re trusted to go into the homes and the lives of the most vulnerable people, why can’t we be trusted in making decisions about a budget?” If further decision-making powers were to be granted, some may opt to transfer any unspent money to other families they worked with:

“It would be good if it could be transferable as well so if you only maybe had used four thousand on one family, and think ‘actually do you know what, I’ve got another two families here that possibly could benefit from eight hundred there’ (Social worker, interview)

On the other hand, most understood the need for managerial oversight, and the benefits of “someone that’s slightly outside of direct frontline operation work and management to oversee it... almost a critical friend”. A potential benefit was to build a shared sense of responsibility that might guard against a tendency to blame workers for ‘bad’ decisions. This did not happen during the pilot, but the following comment from a manager highlights the risk that it could pose:

“The last thing I would want is having social workers paralysed with fear when we’ve given them all this power and

responsibility and accountability, but that has to go hand in hand with us not then judging social workers further down the line because that would be very easy for people to do

Support workers were also valued as colleagues to discuss ideas with, as often they have a deep insight into the needs of the families that they worked with. However, some support workers also expressed their frustration about needing authorisation from social workers to spend the money, which they felt could cause unnecessary delay. Notably, there was a desire at all levels to have the power to spend devolved downwards to their level, from managers to social workers, and from social workers to support workers.

Families’ experiences and perceptions

Overall, families were positive about receiving devolved budgets. For many, it offered forms of help that would not have been available otherwise. One parent said, “it’s just been really really really helpful ... It’s given us something to look forward to as well. Another parent supported this by saying, of their experience, “it was just all positive. There’s no negatives. It was all good.” Most of the small group of parents we interviewed suggested they would spend the money in the same way if they had been given complete autonomy. It may be that not all parents who would have wanted to were able to take part in an interview, and those with more negative views might have been especially unlikely to be invited by their workers. Nonetheless, these reports are encouraging.

However, it is also true to say that not every parent found it easy to trust their workers immediately and some had reservations about accepting help in this way from Children’s Services. One family had been warned by friends that “if you accept things from the council, they hold it over you”. However, over time they were able to build a good working relationship with the social worker and accessed a devolved budget.

The process involved in securing the budgets was said by some families to be overly complicated, and they suggested it could be simplified. Two



families, who were frustrated with delays caused by disagreements between social workers and support workers, suggested allowing social workers to have access to their own credit accounts or pre-paid cards. A minority of families were critical about other aspects of the pilot, such as how the budgets were initially explained to them and how extensively (or not) they were involved in decision-making. One family felt decisions about how to spend the budgets were driven more by the social worker's opinions rather than those of the family: "there was no discussions about things, I don't think there was any communication and I think it was just 'get this, get that', and they thought it would all be better". Concerns were also raised about promises not being met after circumstances changed. For one family, access to the budget was stopped when the young person moved from the family home into a hostel;

"I don't think it's fair at all because social workers ... have come in the house and said to like the kids, to my mam, that oh yeah we're going to do this, we're going to do that. And then it's just given false hope. (Young person, interview)

Social workers' experiences and perceptions

The pilot got a broadly positive verdict from social workers, who appreciated the resources available and the ability to help families more quickly with less bureaucracy. They felt that most families did not need a budget as large as £10,000, and that that this figure was "too much". Many felt substantial change could be achieved for children with a smaller amount, and one worker suggested that "about five or six thousand ... seems to be enough to support a family to make some significant changes". This point is reinforced by the fact that spending in most instances was far below this figure.

With families receiving such a range of amounts, and of course most other families in the service not being eligible for a budget, it is perhaps unsurprising that the issue of fairness was raised. Workers faced questions from other social

workers in the department and professionals more widely about why certain families had budgets while others did not. As one worker described, "I've had some negative comments from other professionals as well, why them? All that. And I just turn around and say why not?"

Similarly, some workers expressed concerns about how the pilot may be viewed by the wider public. Some worried that spending relatively large amounts of money on families might attract criticism, especially if those families were thought to be unsuitable or likely to squander the opportunity. Workers felt caught between potential benefits for children and families and the costs to wider society:

"Sometimes as professionals we're also thinking of taxpayers because here we have a family who are using cannabis, using alcohol, using substances that they go out and purchase, so it means that the money in the house was not being spent on what it should be. So it was that value and ethic wrestle as well. (Social worker, interview)

Moreover, these were not abstract or hypothetical concerns. One social worker highlighted an example where a member of the public had made contact to complain about some families having access to a budget:

"I've had the neighbour phone up constantly complaining that 'why should she be getting free furniture from the council, next door, when she doesn't deserve it?' (Social worker, interview)

5. What impact does it appear to have?

The design of the study was based primarily on qualitative data, and as randomisation was halted this removed any exploratory comparative analysis that may otherwise have been possible. Therefore, our reference to quantitative measures is intended to provide descriptive context based



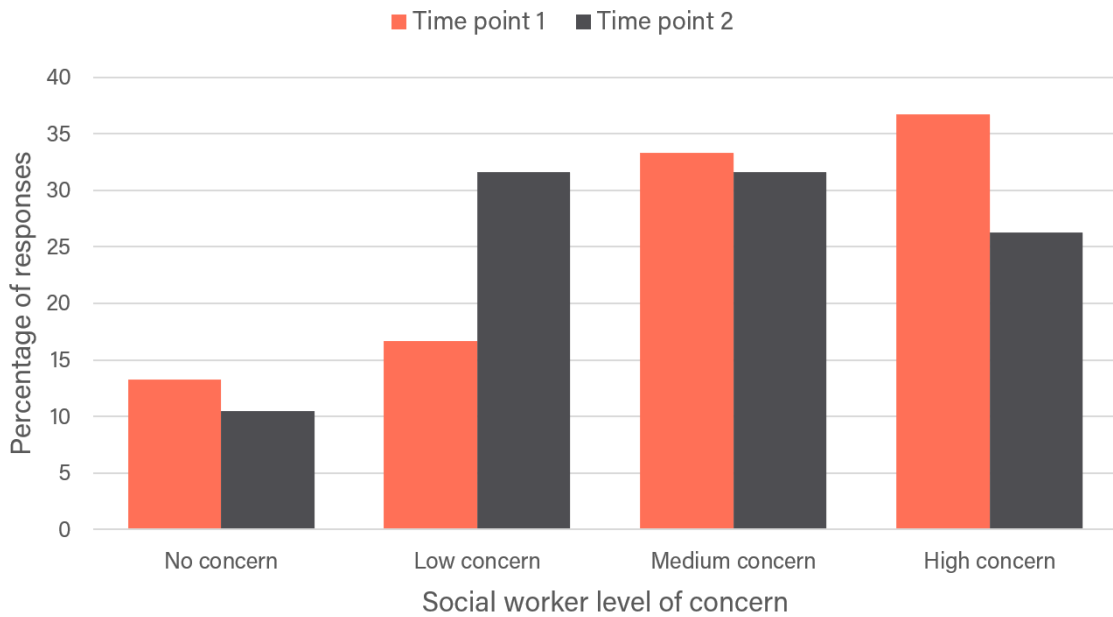
on social workers' perceptions of progress for families.

Indicators of progress

From the 58 case questionnaires we received, we were able to pair up initial and follow up

questionnaires for 20 families. These give us indications, from the social worker's perspective, as to what progress was made between the initial budget spend and, on average, 3.3 months later. This is shown in Figure 14.

Figure 14: Social worker level of concern, reported in initial and follow up case questionnaires



At both time points social workers were asked what their current level of concern was for the family there were working with⁵. Between initial and follow up time points most of the social workers expressed the same level of concern for the family (n=11), however some did show a decrease in level of concern (n=3) and some reported being more concerned at follow up (n=4). We need to be cautious about interpreting this based on a small number of families, and future studies should explore changes in levels of concern more thoroughly.

Qualitative perceptions of impact

There is some qualitative evidence to suggest that having access to devolved budgets may have had a range of benefits, from intermediate advantages such as improved engagement to

more concrete outcomes such as helping to keep more children safely at home. For the former, it seemed important that families could witness social workers promising things they needed and then following through by providing them. This reportedly led to more trusting relationships with social workers that contrasted with commonly held stereotypes:

“...at first you just hear bad things don't you, that social workers are just bad and they're there to take people's children away do you know like just stories like that, but it's not like that at all. (Parent, interview)”

5 Only 18 questionnaires were included here, due to missing data in one or both questionnaires



For example, a budget was used with one family to place children with a family member and provide budget support to them in the short term. In the longer term the budget supported the parents to improve home conditions to enable the children to return home. The social worker felt if this budget had not been available the children would have ended up in foster care.

Where children could not remain safely at home, budgets were sometimes used to support family accommodation and avoid the need for foster care. The example above, where the grandparents were provided a caravan to support a Special Guardianship Order illustrates this well. In another example, some children were able to stay with their sister once essentials had been bought; "They would have gone into foster placements because there was nothing in the sister's house for them to spend the weekend, it would have been unsuitable". Families noticed benefits for the whole family and not just the children that social workers were worried about. One mother explained how the budget spent on their family "didn't only benefit [her daughter], it benefitted all of us. It did, it made a massive difference".

As we might expect, the budget did not help all children and families, and in a minority of instances it may have had a negative impact. For one family that a manager described, where a budget was used to pay for skips and professional cleaners to improve home conditions and as a result the children remained at home for longer than they perhaps would have otherwise before eventually entering care. Reflecting on this, they said "I think [the budget has] drawn it out a little bit. But, saying that you have to give people a chance".

6. How much does it cost to implement?

In order to estimate the costs of setting up and maintaining the pilot we undertook a limited cost description based on the personnel involved and the time they spent working on devolved budgets. Annual staff costs were obtained from Darlington borough council and are listed in Table 9 below.

The salary costs were applied to the time each staff member reported that they had spent supporting devolved budgets over a 6-month period. The time is given in Table 10 below.

Table 9: Annual salary scales 2019/2020 - Darlington Borough Council

Role	Lower	Upper
Support worker	£19,171	----
Advanced practitioner social worker	£42,683	£45,591
Business support officer	£18,426	----
Finance manager	£46,548	£49,413
Interim service manager	£46,548	£49,413
Social workers	£31,371	£37,849



Table 10: Time commitment of staff members to devolved budgets (6 month period, self-report)

Role	Time estimate
Support worker 1	Full time for 6 months
Support worker 2	Full time for 3 months
Advanced practitioner social worker	50 hours over 6 months
Business support officer	2 days per week for 6 months
Finance manager	34 hours over 6 months
Interim service manager	1 day per week for 6 months
Social workers ⁶	Total 45 hours at decision panel meetings and 63 hours on review meeting over 6 months

In addition to actual budget spends, a devolved budget intervention would need an additional £25,738 to £26,489 over a six-month period in total staff costs to support its implementation. This represents an overhead figure of £643 to £662 per family.

This cost description does not capture broader costs beyond staff costs that would be incurred in the setup and support of the project, as it was not possible to obtain accurate data. The inclusion of resource use costs in this estimate could alter findings, especially if there was evidence of cost-savings elsewhere, for example, due to reductions in care-entry or the use of other public sector resources. It is also not possible to conclude whether the intervention was cost-effective since outcomes specific to the project have also not been measured and valued. The results however can be used as one of the inputs into any future economic evaluations of a devolved budgets interventions.

6 It is worth noting that social worker hours are related only to the activities undertaken specifically to support a family with an allocated budget. Other normal day-to-day activities, for example, family meetings were not costed as we have assumed that this time would not differ between families with a budget to those without.



CONCLUSIONS

In order to make sense of the broad range of themes we have identified we return to our research questions to consider the feasibility, promise and scalability of devolved budgets in Darlington.

1. Feasibility: Can the intervention be delivered practically and are there systems and processes to enable it to be easily scaled?

Darlington's implementation of devolved budgets seems to have met the project aims and received a broadly positive reception from workers and families, even though spending was lower than anticipated. It benefitted from steady leadership from managers who were involved in the original plan, and the supportive nature of their leadership seems to be a key ingredient in trialling such a different way of working. Workers used managers to discuss ideas and think creatively. Likewise, employing two support workers who were able to contribute ideas and source items proved an effective way to absolve workers of some of the administrative burden and help them focus on other aspects of their role.

The process of obtaining approval bore similarities to the more typical routes workers embark on to obtain resources, with a ladder of amounts being approved by managers of increasing seniority. This process was designed to be informal and supportive, and it seemed to be experienced as such by workers, but it involved more layers of oversight than some of the other pilots. In Wigan, for instance, workers could spend up to £1000 using a local authority credit card. Local authorities looking to scale this model would need to ensure that Darlington's method of managers acting as "critical friends" is not lost in translation. Otherwise it may be at risk of becoming an onerous process that workers are discouraged from using.

2. Promise: What evidence is there that the intervention can have a positive impact on outcomes?

Our findings suggest that there have been many benefits to children and families and this shows the pilot had demonstrated high potential as a way of working. The intervention was broadly acceptable to all groups of stakeholders, and there was a consensus that devolved budgets can be used to help create the conditions for children to remain safely at home. They were thought to do this through helping families achieve positive changes, often through improved home conditions or other material transformations, or through therapeutic help. They were also seen to have a positive impact on relationships within families and working relationships with social workers, where improving engagement was thought to promote other changes. Further exploration is required to understand how devolved budgets can be used to impact care outcomes, and what other outcomes the intervention might best be targeted towards.

3. Scalability: To what extent is the intervention used as anticipated and is the programme sufficiently codified to operate at scale?

For the intervention to be easily scaled, further work needs to be done around the amounts available, the eligibility criteria, and the anticipated outcomes. Darlington's experience of using budgets up to £10,000 suggests this figure is above what most families require, and that a figure of around half this amount may be more suitable. However, for many families, a much lower amount still may be enough to provide help that helps address the difficulties they are facing.

Rationing resources in this way is unusual for social workers, and rather different to helping families access other resources they might be entitled to – such as disability living allowance,



jobseekers' allowance or other benefits. The format is also rather different to these other sources of support. Although up to £10,000 is for a limited period (and sometimes a one off) and not an ongoing entitlement like some others mentioned, it far outweighs other forms of financial help that families might be eligible for. It would take many months to accrue benefits of this amount through other benefits. For these resources the eligibility criteria are well established and clear, and everyone who can obtain them is in a broadly similar situation vis-a-vis the type of support on offer. In contrast, the criteria for receiving a devolved budget – a child being on the 'edge of care' – is far more subjective. More specific criteria may be needed, and a requirement that a child is on a CP plan or in PLO may be a good starting point for this.

Recommendations for Darlington

Finally, based on our analysis we offer the following recommendations.

1. The findings from the pilot are encouraging, and it has shown that families can benefit from this approach and that it should be explored further. Although the larger spends seemed to have a transformative impact for some families, most families do not need up to £10,000 and reducing this figure would enable more families to benefit.
2. Now that the pilot is maturing, further work on clarifying the criteria for eligibility might have several benefits. Workers would be clearer about which families the intervention is designed for, and worries about fairness would be more easily addressed. The types of outcome that might be expected for each child may also be easier to identify. Consideration could be given to targeting the intervention towards particular issues or more specific cohorts.
3. With these changes in mind, the administration of budgets and the approval process should be reviewed. A less complicated alternative may be beneficial, though it may also be worth retaining the panel for consideration of unusual circumstances or larger than

normal requests. This method would retain the flexibility that workers and families appreciated. Splitting some payments out into petty cash, and others through invoicing may prove more confusing than a simpler method. Providing credit cards has worked well elsewhere, so we recommend exploring the feasibility of that.



DEVOLVED BUDGETS: AN EVALUATION OF PILOTS IN THREE LOCAL AUTHORITIES IN ENGLAND / EXECUTIVE SUMMARY

DEVOLVED BUDGETS IN Wigan



INTRODUCTION AND BACKGROUND

Wigan is a metropolitan borough of Greater Manchester in the North West of England. Like many towns in the North West, it has an industrial past with a long history of mining and manufacturing. Its current population is around 322,000 and it has relatively high levels of deprivation (Wigan Council, 2019). Senior managers and practitioners that we interviewed also reported particularly high levels of domestic abuse in Wigan. The prospect of using devolved budgets appealed to service leaders in Wigan as they felt the intervention had the potential to address underlying problems faced by the families they worked with. Levels of need in Wigan are relatively high; at the outset Wigan reported a large group of children under care orders but living at home (n=71 in November 2018), and many children progressing to Public Law Outline or care proceedings.

Wigan planned to use devolved budgets with around 100 families, half of which were expected to be involved through their 'Reunification team' and half through locality teams. The Reunification team was set up in January 2019 to work with families who have had a child taken into care or have a child placed at home under a Care Order. Their aim is to create a safe environment for the child to return permanently and for the Care Order to be discharged. All families entering this team were eligible for a devolved budget, and Wigan expected budgets to be used for around 50 families over the course of the pilot. Families in the locality teams would enter the pilot when social workers put them forward to an interagency panel who were involved with families where children are at high risk of entering care (the 'Edging away from care' panel). The panel decided whether families qualify for a budget, based on the likelihood of a child entering care. In the report we refer to these as the 'reunification' strand and the 'edging away from care' (EAFC) strand.

Across these two cohorts, Wigan envisaged devolved budgets being used for a wide range of purposes. One category of anticipated usage was support with practical needs, for example childcare, cleaning, purchasing white goods and house clearance and deep cleaning. Beyond this, a broad range of types of help were mentioned in their project plan, for example specialised therapy, psychological assessments, counselling, drug testing and specialised assessments. This reflects the fact that the remit for the pilot was deliberately broad.

Summary of interim findings

At the time of our first round of fieldwork (May 2019), devolved budgets had been used to help families in a range of ways, including for therapy, to cover childcare costs, provide cooking lessons for parents, pay for nursery provision, home redecoration and small items such as lunch and cinema tickets for family members. As well as providing practical help, devolved budgets played a role in helping to engage families and build relationships. There were early indications that budgets were having a positive impact on families, through providing them with a range of different types of support.

Nonetheless, there were some teething problems and challenges to implementation. There was clearly a contrast between devolved budgets and usual service, and workers and managers found the increased responsibility challenging and sometimes anxiety provoking. Amounts spent had been less than anticipated, as was the case in all three pilots at this point. In month 3 spending was 24% of what had been forecasted at that point.

Workers felt it was important that families were empowered to make changes themselves and not become dependent on the budgets. This included being conscious of the need to manage families' expectations, and cautious to avoid the impression that they could rely on the assistance



provided by the budgets in the longer term. Some social workers were concerned that families would become reliant on the funding to meet their basic needs and that they would be let down when the pilot project ended in March 2020.

There was some reticence from families about accepting help in the form of devolved budgets, particularly in the reunification team – where social workers thought families wanted to persuade workers that they could cope without such help. Some aspects of delivery were being worked through, for example the way budgets were presented to families and the level of collaboration in decision making. Devolved budgets had been perceived by some workers outside of the pilot as a form of special treatment, and highlighted issues around funding in the local authority more generally – which was seen by some as inadequate and insufficient to cover the basics. Some social workers in the pilot project reported that it was odd that they could give considerable amounts of money to families under this scheme but that there was not funding for basics in their offices such as locked cabinets.

Focus of this report

This stage of the evaluation looks at devolved budgets as the intervention progressed from initial implementation to become a more established way of working. Our focus will be on how the programme has been used with families and the impact it has had on them. We also examine how the pilot has ‘bedded in’ more generally within the service – including the way it is perceived by practitioners and managers within the authority and the way it sits within local authority culture.

Study design

The evaluation was organised into three phases. Phase 1 (January - February 2019) involved developing an initial logic model which was used as a basis for programme theory and data collection. Phase 2 (May - June 2019) involved fieldwork that helped us develop the logic model and assess progress in the early stages of the pilot. Phase 3 (November 2019 – February 2020) enabled us to understand how devolved budgets

worked once they had become established in Wigan and explore early evidence of their impact.



METHODOLOGY

Research questions

The evaluation of the pilot study requires us to understand how and why the project was implemented as it was, including the types of work done using budgets and how this was perceived, any barriers or facilitators to delivery. It also requires us to explore any evidence that the pilot shows promise and indicators of success. Our research questions fall into four main areas: evidence of feasibility, evidence of promise, indicative evidence of impact, and scalability.

- a. feasibility:** can the intervention be delivered practically and are there systems and processes to enable the intervention to be easily scaled?
- b. evidence of promise:** what potential benefits do stakeholders (e.g. social workers, children, and families) identify, and do there appear to be any unintended consequences?
- c. indicative evidence of impact:** what evidence is there that the intervention can have a positive impact on outcomes?
- d. scalability:** To what extent is the intervention used as anticipated and is the programme sufficiently codified to operate at scale?

Analysis

The primary analysis took a qualitative thematic approach. Transcripts were coded in NVivo 12 to explore key themes that could be identified. The framework was then shared with the lead author and the research team, and the analysis was discussed and refined with their input. Overarching themes were brought together by the lead author and, in a final stage of analysis, these were discussed and agreed by the whole research team. The discussion incorporated our learning from wider data collection activities, including observations and other informal discussions.

Ethics

The School of Social Sciences' Research Ethics Committee at Cardiff University gave approval for the study. Participants were provided with information about the study and asked to sign a consent form, as part of which they were informed that taking part was voluntary and they could withdraw.

Summary of data collection activities during Phase 3

The data we collected is outlined in Table 11.



Table 11: Data collection November 2019

Data collection type	Number
Interview with Senior managers	2
Interview with Team Managers	4
Interview with Social Workers	5
Observations of social work practice	2
Observation of Edging away from care panel	1
Interview with Parent	1
Initial case questionnaires (time 1)	5
Follow up case questionnaires (time 2)	0
Administrative records (monthly returns)	10



DISCUSSION OF FINDINGS

Our analysis helps us understand the way the pilot was delivered, including how and why budgets were used and how people involved perceived the intervention. We begin with a description of how the pilot was delivered and the types of things the money was used for, because this provides a context for our other findings about workers' experiences of delivering budgets, and how effective they were perceived to be.

1. How were devolved budgets delivered?

Processes of selecting families to receive a budget

In the reunification team, which consisted of 5 social workers and a team manager, all families were eligible for a devolved budget and workers used specially issued local authority credit cards to make purchases. The aim of the team was to work intensively with families so that care orders could be rescinded and children could be returned to their care. Cases entered the team slowly at first, and gradually reached capacity during the course of the pilot, meaning they had generally lower caseloads and more time to spend doing direct work.

The 'Edging Away from Care' (EAFC) panel was the route through which workers in locality teams could access a devolved budget. These workers worked with families on Child in Need (CiN) and Child Protection (CP) plans across Wigan. Cases were presented to the panel by social workers and, following a wider discussion among members about the needs of the family and services provided, the panel approved a budget for individual families. During the EAFC panel we observed, X social workers joined the meeting and were given around 15 minutes to present on their families. The panel itself appears a supportive forum for workers and seemed to provide a solution-based focus for a wide-ranging discussion. Nonetheless, it was clear that some

workers found presenting to such a panel a nerve-wracking experience.

Moreover, some concerns were raised about selection of families more generally. In an interview, one worker questioned "why does one family deserve the budget and one doesn't?". Another felt some families who received budgets should not have done:

"I don't think the council had enough time to really think and prep what were appropriate families and cases for it. I think initially before the budget came perhaps we should have had a bit of training within management on kind of ideas of what the budget could be used for. (Social worker, interview)"

Processes to support spending

Much of what Wigan did to support workers during the pilot was designed to promote independent decision making. The gravity of the decisions made by Children's Social Care is such that the way an authority devolves decision-making plays a major role in shaping the organisational culture. The layers of accountability and processes ordinarily attached to seemingly simple decisions, such as refunding a bus fare, give subtle cues about what is considered acceptable and unacceptable. Devolved budgets represent a significant change to the way decisions are made (and perhaps the types of decisions made), and this shift from a culture of seeking managerial approval to worker-led decision-making is among the most important changes introduced by the pilot.

Wigan recognised that devolving decision making was essential. One manager described how the pilot was "about passing it down the line, [and saying to workers] 'you're doing the assessments and plans, if you think you can see something that



needs doing then do it.” At the outset workers were given freedom to spend up to £250 without seeking any approval from managers. In light of lower than expected spending, this threshold was increased to £1000 in Autumn of 2019. A senior manager felt social workers, unused to this level of autonomy, were thinking ‘am I going to get in trouble for spending this money?’. Therefore, raising the threshold significantly made not only a practical difference to what they could purchase, it also signalled that spending was allowed and encouraged.

The confidence managers had in the levels of oversight built into their service was a key enabler of this. They were reassured that social workers “have those conversations with their managers anyway”, but they also instigated weekly drop-in sessions with managers that were designed to help plan how to use the resource. These could also be viewed as an important aspect of the support managers offered to workers in delivering the project.

Challenges of implementation

As can be expected, various challenges arose during the pilot and Wigan continue to work through the practicalities of implementation. For example, introducing budgets in the Reunification team was complicated by the fact the team itself was newly formed. One respondent felt hindsight taught them it might have worked better in an established team, as the combination of team building and delivering budgets was stressful:

“ I think everything was probably quite hectic whereas if you were established then you could have focused purely on the budget holding kind of area. But I think they were focusing on setting up the new team, getting to know each other, getting to know their new manager, and then also working very differently compared to everybody else with the budget holding. I think it was just a lot of things at the same time really. (Social worker, interview)

On the other hand, the relative simplicity of a process whereby every family involved with the reunification team is eligible for a budget appeared to clarify expectations. There was an element of confusion surrounding the more selective approach adopted by the locality teams, where the edging away from care panel considered families on a case by case basis.

Even at a late stage in the pilot, not all workers were clear about how budgets were assigned. For example, one worker was unclear about whether budgets were assigned by family or at the level of workers, “...is the budget assigned on a case by case or is it assigned the worker is now budget holding and she can use it on, or he can use it on, different cases?”. Comments from other staff who noted how important it would be for other implementers to be clear about the processes involved reinforce this point.

Involvement of families

A dilemma that all three pilots has faced is the extent to which families are involved in directing how the budget is used. Their involvement begins with the way budgets are introduced to families, and what they are told about them. There didn't seem to be a policy around how families were informed, but most workers seem to couch the intervention in general terms – without saying how much money is available:

“ I've just said we've got a budget, I've not said how much, I never do. A budget to support them. And explained to them that it's about improving their life really and you know making them improvements. So, it's not a case of just giving them ... everything that they want, it's about you know helping them building their skills, is there anything they really need that they can't afford themselves. (Social worker, interview)

The parent we interviewed asked the social worker for help to improve the condition of the house, and the social worker told her that they had a budget and could therefore “help with certain things”. The



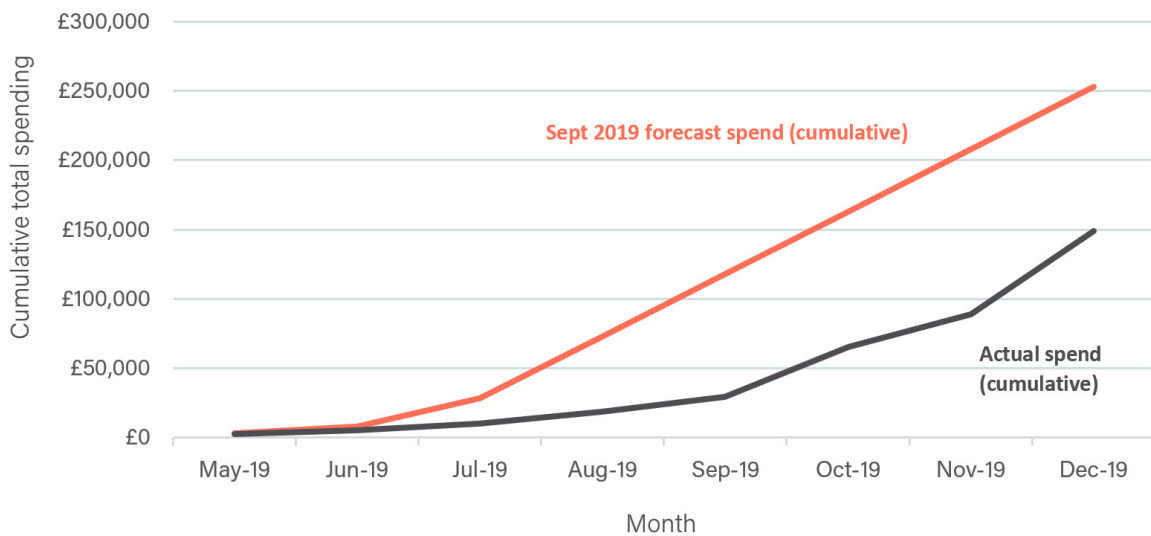
decisions about what to use the budget for then grew out of ongoing discussions between her and the social worker about what kinds of help would be most useful, and there seemed to be a good level of collaboration. The total amount available was not discussed, but listening to this mother describe the spending it was clear that she was very conscious of making the most of the help on offer and careful not to use it unwisely. When talking about her son needing counselling for anger management, the social worker reportedly suggested “we could do it in the budget”, but the mother felt the risk of this being wasted was too great; “I don’t want to risk paying, going private, and [her son] don’t engage”.

2. How was the money spent?

At the time of writing, 78 families had received a devolved budget (36 through the Reunification strand and 42 through the EAFC panel). Cumulative spending remains lower than anticipated as we entered the final months of the pilot, as it has done throughout. Figure 15 illustrates the disparity between initial forecasts and actual spending.

Amounts spent per family varied widely, both in the reunification and EAFC strands. Figure 16 and 17 show how spending was distributed across families⁷.

Figure 15: Forecasted expenditure vs actual expenditure, cumulative totals by month



⁷ One family has been removed from this data as an outlier. This spend totalled over £27,000 for respite care, and is discussed below.



Figure 16: Spending by family for EAFC strand

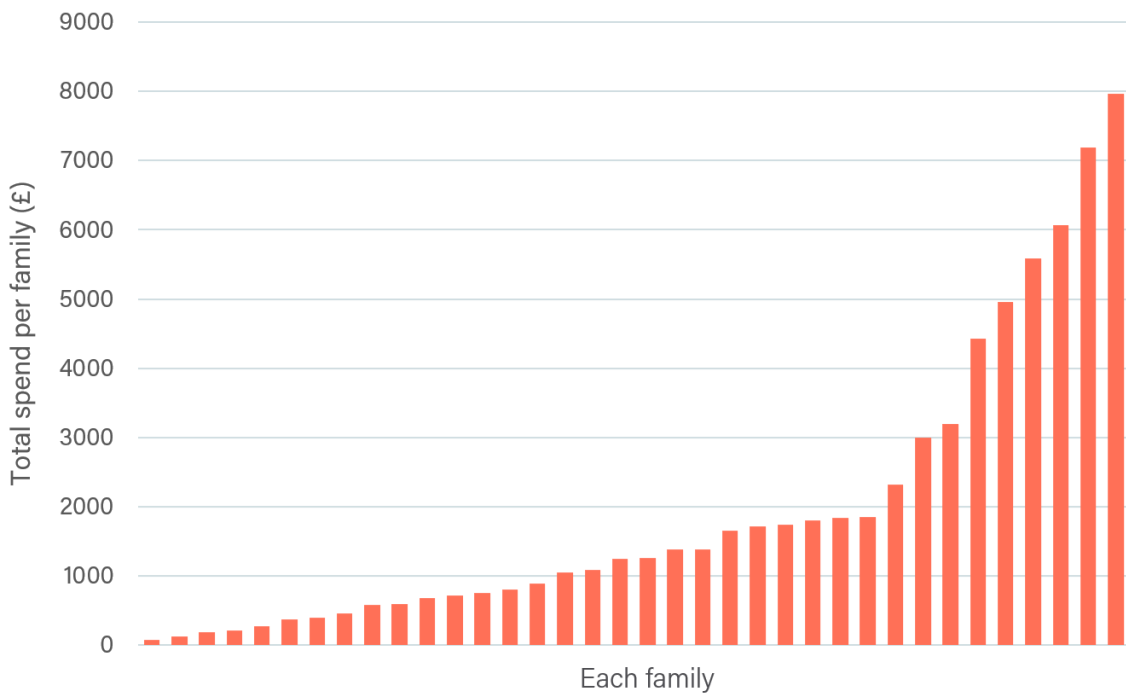
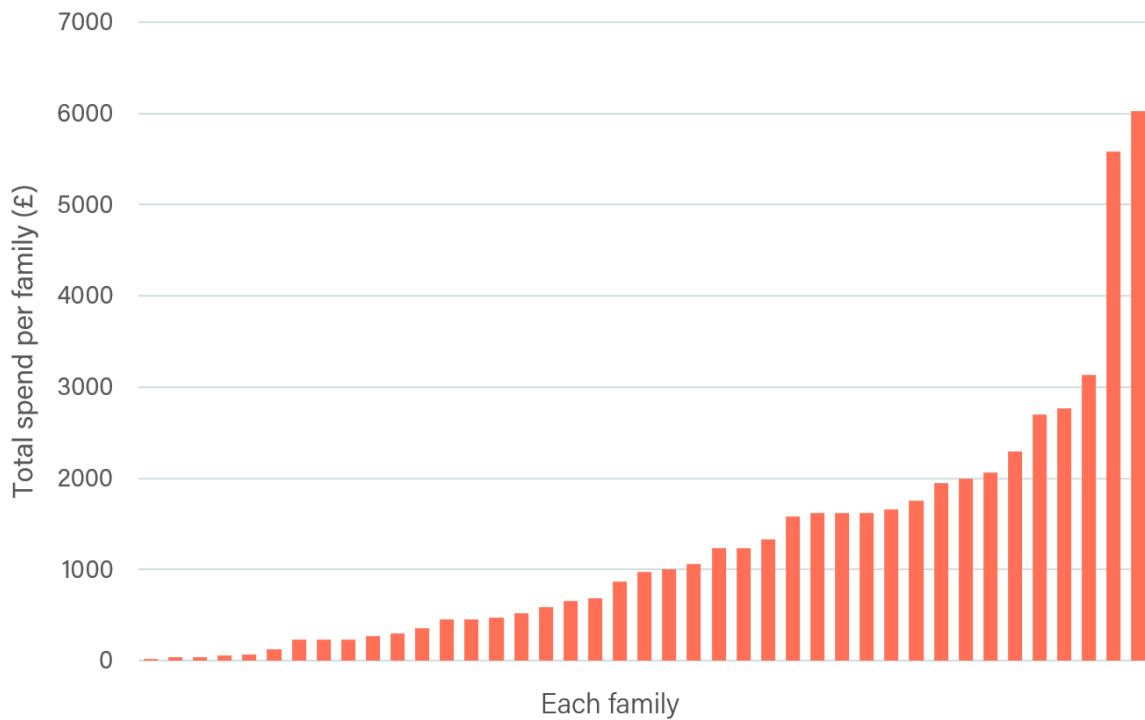


Figure 17: Spending by family for reunification strand





Practical help

As Wigan anticipated, one area where budgets were used was to provide practical help to improve home conditions. This was thought to be an area in which budgets could be effective, and by helping resolve an immediate crisis practical help was seen as a potential foundation for other kinds of change:

“ Neglect is a really positive one because I think it’s much better if you can support a family to get everything at kind of the best level and then work with the family to maintain, sustain, and support. I think when you’re working with families where there’s chronic neglect and home conditions are so poor it’s very hard to get a family to be able to see anything else or the positives anywhere else if they’re living in crisis at that point. (Manager, interview)

Much of the practical help brought about using the budgets was around improving the home environment of children. For example, work to improve poor home conditions through deep cleaning, house clearance services, to provide furniture, for carpets and paint for re-decoration. One family was given fencing panels to make their garden a safer place for the children to play. The parent we interviewed had received some practical help – to cover basics like food shopping, children’s clothing and decorating materials, and she felt that this was a key area in which budgets could be effective.

Therapeutic support

Therapeutic support may be a less tangible way of spending devolved budgets than paying for practical help, but it was thought to be important partly because it is so difficult to access ordinarily. As we noted in our interim findings, across the three pilots, the use of budgets for this kind of support highlighted gaps in existing services that many felt should be available anyway. This is particularly true of child mental health services, where gaps and regional variations are well

documented (Longfield, 2020; Crenna-Jennings and Hutchinson, 2020). One manager, who raised issues in relation to NHS provision being limited and unsatisfactory, felt the levels of mental health need among the young people they work with was high enough that it would be justifiable to use the funding in a different way:

“ I almost think we could utilise it again a bit more strategically and ... buy somebody in. Say ‘right we’re going to use you for six months to provide therapy throughout this cohort of young people.’ (Social worker, interview)

Another type of therapy that seems to have been used successfully is play therapy for children with emotional and behavioural difficulties. This “isn’t something that would have been easily accessed” without the budget, but workers reported noticing significant improvements in behaviour as a result. For some parents it was difficult to attend therapeutic support that was available through the usual sources, because of childcare responsibilities. A creative use of the budgets has been where nursery placements have been funded to enable parents to attend services like Addaction.

Facilitating engagement

There was a broad consensus that devolved budgets had improved relationships between workers and families, and that engagement had improved. A key mechanism here seems to be not only the fact workers could purchase things they needed, but also the speed at which this help arrived. This contrasted with a more familiar narrative:

“ Sometimes a family will open up and say they’re in crisis and they need help and support and in the way that social work usually is worked, they would have to come back and ask their manager for that intervention, wait for it to be signed off, wait for petty cash etcetera etcetera. And actually that family feel unvalued,



not as if they're being listened to, [they feel] the social worker can't be trusted, they've not done what they've said they would do and it's taken longer than they would think (Manager, interview)

Another worker expressed a similar sentiment, and felt devolved budgets offered a welcome change from feeling that they were making "empty promises" to families. The increased level of intensity in work done by reunification team workers adds to this, but for families who may be suspicious about social care the ability to obtain help quickly seems to have a powerful impact in itself.

However, this worked in the other direction too, and our discussion with a parent showed how important it was for her that she trusted the worker and had a good relationship with them, to be confident that she wouldn't be judged negatively for asking for support.

Improving family relationships

There was also a wider benefit in terms of relationship building, as in many families the state of relationships between family members is a cause for concern or a symptom of other problems. The mechanism to improve intra-familial relationships was often by funding activities that families can do together. The aim was to relieve the stresses of everyday life. As a manager in the locality service described:

"I'm not sure that [without devolved budgets] we would regularly think about weekend activities for families to build upon relationships or look at more creative things where families come together as a unit or spend one to one time with one child if we recognise that that's a difficult relationship. (Manager, interview)

One example given was a trip to Harry Potter World for a mother and son who have very little money and could not normally afford trips away.

The rationale for using the money in this way, according to a manager, was that a parent saying 'I can't cope anymore... the child needs to come into care' can actually be a signal that they need respite from their daily pressures. The theory implicit in using the budgets in this way is that if these pressures can be relieved, then parents who are struggling may have more capacity to continue caring for their children at home. Unlike some of the practical help given, workers reported that this kind of spending would never normally be possible within Children's Services.

Other ways budgets were used

Some of the funding was used for perpetrator programmes and specialist assessments, and again this seems to be filling gaps in services that may be needed. However, where budgets were used for assessments this may be viewed as being of greater benefit to the authority than to children and families. One example of this is where an independent psychiatric assessment was commissioned for a teenager who was exhibiting concerning behaviour. Notably, the worker who explained it to us emphasised the benefits in terms of information that professionals would gain:

"He has been involved with CAMHS services and that hasn't ... progressed anywhere, so we felt it was really important that he has this assessment, there's a lot of behaviours that are very concerning, that we feel like an independent assessment would give us some insight into it. (Manager, interview)

At the other end of the spectrum, perhaps, is the following example, where a young person was aided in his journey to become an independent adult. This 17-year-old boy found himself in semi-independent accommodation after his parents did not want him to return to them:

"We've had him in one of our care homes and... he wants to work you know so we paid for like little things like driving



lessons and we got him a CSE thing so he can go on a building site and now he's got an apprenticeship. We're paying for half his driving lessons out of your budget, and the other half is being paid by the team that oversees the older children, whichever budget that is. (Social worker, interview)

Here, the young person is clearly benefitting in ways that will assist him in the longer term. Without knowing more about the circumstances, it is difficult to judge whether the budget was functioning as a method of reducing the likelihood of this child entering care. However, it seems more targeted at the (equally legitimate) goal of preparing him with valuable life skills for adulthood.

While drafting this report we were also informed of a large spend for one family where the budget was used to fund three periods of respite care for a child with complex behavioural needs. A total of £27,261 was spent with an aim to prevent the child from entering care. Over three months, the child spent three periods in respite care at a cost of £699 per day (7 days in month 1, 20 days in month 2 and 12 days in month 3). Unfortunately, the child subsequently entered care and is living in a specialised residential placement at the time of writing. While using the budget in this way did not prevent this child ultimately entering care, it demonstrates how budgets might be used to give families the best possible chance of keeping children at home.

3. How was the pilot experienced and perceived?

Becoming comfortable with using devolved budgets

Among the professionals we interviewed there was a strong sense that the pilot had been a journey from a familiar way of working to a very different approach. Using the example of an individual worker, one manager described the end point they are hoping to reach:

" I think [social worker name] has felt perhaps freed up by it in a sense. So, they're probably the furthest along in the journey in what I've observed ... I think if you can get to the point where you feel, [workers] will come and they'll say I've done this, rather than, can I do this? Yeah? And they will be spot on. So, I think they've felt enriched by it really and it's about getting everybody to that point. (Manager, interview)

The trend of expenditure shown by Figure 15 above, in which lower than expected amounts were spent, seems to be underpinned by social workers' initial reluctance to spend devolved budgets. Building on our interim findings, several reasons were offered for this, including the culture of thriftiness and bureaucracy they are accustomed to. One manager commented:

" We were surprised at how difficult social workers found it to spend money freely... maybe because of so many years of having to seek permissions that naturally when you're given authority to do we struggle. So that was a bit of a shock for me... but now I think workers are really getting it is that creativity, thinking outside of the box. (Manager, interview)

Similarly, some families were reportedly reluctant to suggest ways of spending the budgets initially. As time went on, workers reported this changing:

" Like I said they're more willing, the woman that's asked for the shower, in the past she's never really asked for much and so now obviously she knows there's something there and we can support her so she has. We actually bought her a cooker as well because her cooker had completely broken. (Social worker, interview)



The reasons for this are probably similar to the reasons social workers were tentative. Families are also used to an austere approach from the state, and – as one worker put it – might be used to “fighting to kind of get [small bits of financial help] off the social worker”.

There was evidence that workers who embraced the opportunity to make decisions about budgets found this to be positive, even though it might be daunting at first. One worker in the reunification team described it as “a nicer way of working”, while another commented that having access to a budget made the job easier, because when they identify a need within a family “...you’re able to do... something about it. So, it’s not like you have to then find somebody else to do it and wait a long time for there to become a space available.”

The issue of timeliness, as well as benefiting engagement with families as we noted above, enhanced social workers’ experiences of doing their jobs:

“ I think for me what’s so wonderful about this way of working is its instant isn’t it? It’s not jumping through hoops, it’s not having to wait for permissions, it’s there and then families are listened to, supported, at the time of needing it and not maybe 24-48 hours down the line. (Social worker, interview)

Similarly, a worker in a locality team described how the pilot has “...just made things less stressful because if your family needs a food parcel or whatever on a Friday night you’re not having to go and get ok from managers, you can take them to the shop and just get the basics.” Conversely, aspects of delivery also took up more of workers’ time, particularly when budgets were used for essentially commissioning services that were not otherwise available.

Considerations about fairness and propriety

Nonetheless, the responsibility of working with devolved budgets weighed heavily on some workers and caused them to think carefully about how money was spent. They were conscious of

the need to be frugal and proportionate in their use of budgets, because “this is taxpayer’s money we’re spending ... so you need to spend it wisely”. Those who took part in interviews during our fieldwork were notably reflective about this, and keen to make sure considerations around parity and fairness among the families they worked with were paramount. Most families assigned to workers in locality teams would not qualify for a budget, and the relatively large spends on the families who were deemed eligible by the EAFC panel stood out. Some workers felt other families might also benefit from such an intervention; “there’s a lot of families out there, they could do with this help also”, and the parent we interviewed agreed. Although she was on a very low income, she was conscious of other “families that need it more than me”.

Alongside these ongoing considerations of fairness, propriety and dependency, workers found they grappled with their own personal views of spending money and financial matters. Two interviewees, one social worker from the reunification team and another from a locality team, linked their initial reluctance to spend to their being habitually “careful” with their own money. As one of them explained:

“ I think my whole kind of values around money ... I’m really tight with my money, I’m really into saving so when I’m saying [to families] ‘oh I’ll just buy that, that’s fine’. I struggle with that myself. But then I have to think it’s not my money so it’s ok. And we’re being pushed by managers to spend spend spend [the budget]. (Social worker, interview)

4. What impact does it appear to have?

The design of the study means that our primary analysis is qualitative, so our reference to quantitative measures here is for context rather than robust comparative outcomes. It is worthwhile, however, to consider changes in the placements and legal status of children engaged with the service during the pilot.



Outcomes

In terms of progress in relation to concerns for children, there was some evidence that budgets had been used to help in this regard. A few examples show that often small spends can make a significant difference, at least to a child or family's lived experience even if not to whether or not they enter care. One child, who lived with his grandparents but was potentially moving back home, was fishing with makeshift equipment so the worker purchased a fishing rod so he could develop a new hobby. This kind of provision was enabled by the pilot and will have an intangible impact that is likely to far exceed the financial outlay.

In a more measurable way, one Reunification team member reflected on the progress their families had made, and what this meant for Children's Services involvement:

"I would say it's helped with all my families. I've got a couple in particular that I think kind of moved, made a lot of progress to the point where we're very close to discharging the care order. Another two where we're actually at the point and I'm completing the paperwork. So I would say I've had quite a bit of success and I do feel the budget has helped quite a lot with that to get to the point. (Social worker, interview)"

A manager in the same team supported this view, reporting "a lot of cases that we've still got a hope for that we wouldn't have without the budget". They offered the following example to illustrate the difference made for some families:

"We've got one woman that we couldn't get across the door and now we've gone in there, we've helped her a lot practically, but she's now on our list to remove her care order and I never thought that would happen. Because of the relationships she's got with the worker and because we've really propped her up financially,

paid her debts and got her nice stuff and showed her how to clean the house, how to get organised. And that took some doing, I mean she was very very resistant. (Manager, interview)"

Conversely, we are reminded that much of the work done by social workers and families is overtaken by events and changes of plan – an inescapable feature of 'real world' social work. We were told about budgets being spent, for example to prepare the ground for reunification, before events took a different course. The following example recounted to us by a social worker illustrates this:

"We were that far down, we got them a house, furnished it and they were in rehab. Decided, I just had a really uncomfortable feeling about what the children were saying, before I spoke to the little boy we were already suspicious that things weren't right. You know the people around at the house. And anyway so we've had them drug-tested and both positive, dad in particular for everything going. So we stopped the rehab plan and now they're actually any minute now, any day now, going into a long-term placement. (Social worker, interview)"

Similarly, in another instance the reunification team purchased a television for a young person who was voluntarily accommodated under Section 20, and due to return home, but ended up staying in care:

"When I got the case I was told that it was a rehab home within six weeks. And that was never going to happen basically but that was part of [the plan]. He wanted to go home and that was a massive thing for him, [but] he didn't have the means, he was bored at home a lot you know there was a lot of issues. So, I did pay for a decent ... telly that had Netflix and he can



access, and he didn't last a week. (Social worker, interview)

Such changes are however an inevitable feature of social work and do not appear to be a particular feature of working with direct budgets.

Timing

We have touched on the difference budgets made to the timeliness of intervention above. However, this is arguably an impact in and of itself and it is one of the clearest ways in which the pilot has made a positive difference. Devolved budgets have made many forms of help for families almost immediate. Moreover, access to devolved budgets – when they are used for the broad range of purposes that they have been in Wigan – also seems to give workers more control over when things happen. For example, the following excerpt from an interview with a manager touches on the fact that important Children's Services interventions often only happen when families are in the court arena. This respondent felt they are more likely to help families stay out of proceedings if they are done at an earlier point:

“If you think people need drug and alcohol therapy or counselling, couple counselling, don't wait until we're in court and we've got 26 weeks, do it [earlier]. The stuff that we've done with men who are perpetrators of domestic violence, we would never have been able to do that early doors, it would have been as a direction of the court and we've done it through this budget holding instead. (Social worker, interview)

Organisational impact

The introduction of devolved budgets had started to impact the way parts of the local authority worked, though there was a sense that a more wholesale change needs to take place for the intervention to be fully established. Amended processes and confident staff are part of this, but naturally such changes take longer than 8-12

months to bed in. This summary, from a manager, expresses a view that was echoed throughout the interviews:

“I think it's a cultural change in terms of, it can start with basically the issue of austerity... I mean ever since I can remember children's services have been hit and there's never any money. And it's always about why not to spend money rather than why to spend money. So, to come into a situation where you've got the potential to spend money to save money in the long run, it's almost like invest to save, is quite a cultural shift. So, and I think it's only in recent weeks probably where we started to embed some of the cultural change, because it's been difficult for people to get their heads around. (Manager, interview)



CONCLUSIONS

In order to make sense of the broad range of themes we have identified we return to our research questions to consider the feasibility, promise and scalability of devolved budgets in Wigan.

1. Feasibility: Can the intervention be delivered practically and are there systems and processes to enable the intervention to be easily scaled?

At the time of writing, Wigan has delivered the intervention to 78 families, which is close to their initial estimate of 100 families. The administration of budgets has worked differently between the two strands. Each has a transparent and relatively straightforward process associated with it, though not all workers seemed clear on how funds were assigned. Providing workers with credit cards to expedite spending seems to have proved an effective way of getting help to families without delay. Changes over the course of the pilot, for example increasing the threshold for spending without approval, appear to have helped free up social workers to spend money creatively. Managers have ceded ownership of decisions to workers and allowed them the freedom to help families in ways that would not normally be possible. The support and encouragement provided thereafter, where required, seems to have been helpful.

There was a reasonable rationale for the way families were selected in both strands. Situating the budgets within the wider interagency planning of the Edging Away from Care Panel kept other professionals aware of the budgets and tied them into the wider plans and work that was being done with families, without derailing the pilot with excessive bureaucracy. The pilot raises further questions about how best to involve families, what information to give them, and the extent to which delivering budgets can be done collaboratively.

2. Promise: What evidence is there that the intervention can have a positive impact on outcomes?

When considering the evidence of promise, we need to include outcomes at different levels. At one level, there is strong qualitative evidence that engagement with families has improved, that services are provided quicker and with less time wasted, and that budgets were used in creative ways for the benefit of children and families. Indeed, several of the examples above illustrate how budgets can enhance good social work. Budgets also made a material difference for many families who were involved. Some of the challenges they faced were reduced; whether this was because a parent was able to attend counselling because the costs of nursery placement were taken care of, or because a family home environment was cleaner and more comfortable, or indeed any of the other examples discussed.

Yet tracing a link between impact at this individual level and group level impact on care entry is inherently complex. Activities such as relationship building, buying small items or paying for short breaks may be helpful and well received, but in some cases the link between these and reducing the need for children to come into care may be so indirect that it is hard to discern. On the other hand, budgets seemed to have other benefits for children and families and this reminds us that there are other outcomes that are important. Moreover, there are certainly examples where workers and managers felt children would have entered care without the budget, and with the high costs of accommodation only a small number of children need to be diverted from care for the intervention to sustain itself.

This raises the question of whether there should be greater specificity in terms of which families should be eligible for a budget, and a more targeted approach that ties the spending closely with diverting a child from entering care. In some



ways the reunification strand represents this – being more focussed on a particular cohort of families with a specific goal of reunification.

There is perhaps an inherent tension between devolving decision making to workers and encouraging creative usage, and the need for budgets to achieve the specific goal of reducing care. At this point it is perhaps sufficient to note that budgets were used for a wide range of purposes, not all of which were directly linked to reducing the risk of a child coming into care (or the prospect of a looked after child returning home). We should be cautiously optimistic, celebrating the promising signs emerging from the pilot while also being mindful of this challenge.

3. Scalability: To what extent is the intervention used as anticipated and is the programme sufficiently codified to operate at scale?

The initial brief for devolved budgets was intentionally broad, as it was important to explore how social workers used financial resources with families. The findings that detail the processes and routines that support the pilot are one aspect of scalability, and in this sense Wigan have shown that they have a more or less workable model. The second aspect of scalability is more conceptual. It deals with the types of families and issues that enter the intervention and the nature of the work done with them. This is part of ‘codifying’ or defining the approach so others can replicate it, and clarity is essential.

Based on this analysis, it is difficult to outline a particular type of spending that would have most impact on reducing care, but there were some indications that using devolved budgets with families where material poverty is a key issue and the children are at risk of neglect. This was also done in reverse, where the reunification team worked to place children back with families who struggled with home conditions. A robust method of identifying families and developing plans around reducing the likelihood of care seems essential, and the EAFC panel seems appropriate in principle as a gateway for allocating budgets. In terms of amounts, it appears that a budget of £4,000 is more than is needed for most families.

Wigan have demonstrated that relatively small levels of spending can make a real impact on the relationships between workers and families, and that they can also be used successfully to improve relationships within families.

In terms of supporting devolved budgets, the pilot illuminated other ‘key ingredients’ for anyone seeking to scale it. Perhaps the most important feature is that workers feel trusted to spend money and made decisions with families without fear of rebuttal from managers after the fact. Another authority who implements devolved budgets would need to think carefully about how to communicate this message, and the subtle ways in which it might be reinforced over time through training and other support structures. In Wigan, increasing the sign off threshold from £250 to £1,000 seemed to have a positive effect.

Furthermore, Wigan’s experience shows us that implementing such a different way of working throws up myriad challenges and requires time to take root. As unhappy as people might be with an existing way of working – where layers of bureaucracy must be navigated to secure small amounts of money for families – there is a sense of security in the familiar. One of the key insights from Wigan is therefore the extent to which implementation requires a “journey” before budgets will be fully embraced.

Recommendations for Wigan

Finally, we offer some recommendations to Wigan, based on our findings.

1. Devolved budgets have been used to provide a variety of help to families, and workers have been broadly positive about the increased autonomy they were given. Wigan should explore other ways to help free workers up to work creatively. Simplifying the process for obtaining other resources, such as s.17 funding, may prove worthwhile.
2. Some individuals were thought to be more comfortable with using devolved budgets than others, so there may be a chance to capitalise on this expertise and use it to embed the pilot. They could run workshops or drop in sessions, mentor other workers, and act as champions



for the approach with a remit to help others think creatively about how to use budgets. Not all workers seemed up to date with the way families were selected or the aims of the intervention.

3. Ongoing consideration should be given to the eligibility criteria and the aims of the intervention. It could be developed in Wigan to be focussed on other outcomes beyond care.

Further consideration should also be given to how families are involved in collaborative and shared decision making, and whether this is a key aspect of the intervention. The starting point for this might be the ways in which budgets are introduced to them, what they are told about the money that is available and how their views are taken into account.



REFERENCES

- Biehal, N., Cusworth, L.S., Wade, J. and Clarke, S.E., 2014. Keeping children safe: allegations concerning the abuse or neglect of children in care.
- Brand, S.L., Morgan, F., Stabler, L., Weightman, A.L., Willis, S., Searchfield, L., Nurmatov, U., Kemp, A.M., Turley, R., Scourfield, J. and Forrester, D., 2019(a). Mapping the evidence about what works to safely reduce the entry of children and young people into statutory care: a systematic scoping review protocol. *BMJ open*, 9(8), p.e026967.
- Brand, S.L., Quinn, C., Pearson, M., Lennox, C., Owens, C., Kirkpatrick, T., Callaghan, L., Stirzaker, A., Michie, S., Maguire, M. and Shaw, J., 2019(b). Building programme theory to develop more adaptable and scalable complex interventions: Realist formative process evaluation prior to full trial. *Evaluation*, 25(2), pp.149-170.
- Bywaters, P., Brady, G., Sparks, T., Bos, E., Bunting, L., Daniel, B., Featherstone, B., Morris, K., & Scourfield, J. 2015 Exploring inequities in child welfare and child protection services: explaining the 'inverse intervention law', *Children and Youth Services Review*, 57, pp. 98- 105.
- Children's Commissioner for England (2020). The state of children's mental health services, London.
- Hastings, 2015; Smith et al, 2018. Available from: <https://bit.ly/2wqonRW>
- Department for Education, 2017. Children looked after in England (including adoption), year ending 31 March 2017.
- Department for Education, 2019. Children looked after in England including adoption: 2018 to 2019. Available: <https://bit.ly/3dq3NS8>. Last accessed 2 March 2020.
- Education Policy Institute, 2020. Access to child and adolescent mental health services in 2019., London.
- Firmin, C. 2018. Contextual Risk, Individualised Responses: An Assessment of Safeguarding Responses to Nine Cases of Peer-on-Peer Abuse. *Child Abuse Rev.*, 27: 42– 57. doi: 10.1002/car.2449.
- Firmin, C. 2019. From genograms to peer group mapping: introducing peer relationships into social work assessment and intervention. *Families, Relationships and Societies*, 8(2), 231-248. doi:10.1332/204674317X15088482907590
- Forrester, D. 2019. What Works for Children's Social Care. [Online]. [14 February 2020]. Available from: <https://bit.ly/3ahTkpR>
- Grey, J., Folkes, L., and Westlake, D. (2019). Darlington Change Project: Devolved Budgets. Interim Report: London: What Works Centre for Children's Social Care.
- Hastings, A., Bailey, N., Gannon, M., Besemer, K. and Bramley, G., 2015. Coping with the cuts? The management of the worst financial settlement in living memory. *Local Government Studies*, 41(4), pp.601-621.
- Huebner, R. A., Robertson, L., Roberts, C., Brock, A. & Geremia, V. 2012. Family Preservation: Cost Avoidance and Child and Family Service Review Outcomes. *Journal of Public Child Welfare*, 6, 206-224.
- Mayer J. E, and Timms, N. 1970. *The Client Speaks*. London, Routledge.
- Shinn, M., Brown, S.R. and Gubits, D., 2017. Can housing and service interventions reduce family separations for families who experience homelessness?. *American Journal of Community Psychology*, 60(1-2), pp.79-90.
- Stabler, L., O'Donnell, C., Forrester, D., Diaz, C., Willis, S. and Brand, S., 2019. Shared decision-making: What is good practice in delivering meetings? Involving families meaningfully in decision-making to keep children safely at home: A rapid realist review.
- Walker, J. L. 2008. *An Evaluation of the Family Well*



Being Program at the Windsor-Essex Children's Aid Society. University of Windsor.

Westlake, D., Wallace, S., Silverwood, V., and Doherty, E. (2019a). Wigan Change Project: Devolved Budgets. Interim Report: London: What Works Centre for Children's Social Care.

Westlake, D., Corliss, C., Silverwood, V., Wallace, S., and Forrester, D. (2019b). Hillingdon Change Project: Devolved Budgets. Interim Report: London: What Works Centre for Children's Social Care.

Westlake, D., Grey, J., and Forrester, D. 2019. What Works for Children's Social Care. Darlington Change Project: Devolved Budgets. [Online]. Available from: <https://bit.ly/3dtSlou>

Westlake, D., Corliss, C., and Forrester, D. 2019. What Works for Children's Social Care. Hillingdon Change Project: Devolved Budgets. [Online]. Available from: <https://bit.ly/2y6wJ1j>

Westlake, D., Wallace, S., and Forrester, D. 2019. What Works for Children's Social Care. Wigan Change Project: Devolved Budgets. [Online]. Available from: <https://bit.ly/2QKsQFE>

Wigan Council, 2019. Wigan Borough Public Health Training Prospectus 2019. Available: <https://bit.ly/2xoYQIE>. Last accessed 20 February 2020.



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