

Towards a framework for ethical innovation in children's social care

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Abstract

Design/Methodology/Approach: This paper draws on a review of innovation in children's social care, conducted as part of an ESRC-funded project exploring innovation in services for young people exposed to extra-familial risk and harm.

Purpose: Substantial government investment has accelerated innovation activity in children's social care in England over the past decade. Ethical concerns emerge when innovation seems to be propelled by a drive for efficiency and over-reliance on process output indicators as well as, or even instead of, improving the lives of children, families and societies. No ethical framework exists at present to act as a check on such drivers and we review the literature to consider how to address this gap.

Findings: We propose a new conception of 'trustworthy innovation' for the sector, that holds innovation in children's social care to the standards and principles of the code of ethics for social work. We offer an ethical framework, informed by the interdisciplinary school of organisational ethics, to operationalise this extended definition; our analytic framework guides policy-makers and the practice sector to question at every stage of the innovation process whether a particular model is ethically appropriate as well as practically feasible within a specific context. Implications for local decision-making and national policy are set out, alongside questions raised for future research.

Keywords: Innovation, Children's social care, Ethics, Children's services, Social work, Young people

Introduction

Children's social care in England is continually challenged to find new ways of improving outcomes for children and families, driven by complex, emergent social stressors, escalating service demands, enhanced requirements for greater public accountability, and ever-present pressures on the public purse (Hood *et al.*, 2020; National Audit Office, 2019). While practice improvement strategies may be able to address identified shortcomings in service delivery or introduce helpful methods of engagement or intervention with service users (Hartley, 2006; Holmes and Brookes, 2014), innovation is increasingly recognised as offering opportunities to reconceptualise the ways in which these practice problems are understood and to transform how services are structured and delivered (Family Rights Group, 2018; La Valle *et al.*, 2019). In response, there has been substantial public investment in England in the experimentation and piloting of new practice or service innovations and the evaluation of what they might offer in improving service experiences and outcomes (Cromarty, 2019; DfE, 2020a).

The UK government acknowledged in 2016 the need for a better understanding of the systemic conditions supporting innovation in England (DfE, 2016), and subsequent work by Sebba *et al.* (2017a), Leslie *et al.* (2020), FitzSimons and McCracken (2020), the What Works Centre for Children's Social Care [1] and others has begun to build knowledge about innovation practice and processes as applied to the specific context of children's social care. However, there has not been the same proliferation of detailed investigation into the nature of innovation in this context, as has been seen in other public services. Children's social care lacks a comprehensive picture of the barriers and enablers of innovation in the broader systemic and organisational contexts, and how these interrelate (Leslie *et al.*, 2020). More evidence is needed for which services or situations are most likely to benefit from innovation (Sebba *et al.*, 2017b). Frustratingly, where knowledge does exist, it is not being consistently applied by the sector (FitzSimons and McCracken, 2020). This contrasts most notably with the NHS, where the mechanisms of improvement and innovation have been studied for decades (Greenhalgh *et al.*, 2004; Horton *et al.*, 2018).

This state of affairs was revealed to us in the scoping stage of our four-year research project, funded by the Economic and Social Research Council, in which we are exploring innovation in social care services for young people exposed to extra-familial risk and harm. In seeking to establish the common definitions of, and frameworks for, innovation held by the sector, it quickly became clear that a range of conceptualisations were in operation, with variable implications. This led us to comprehensively review the existing literature to better understand the key features of innovation

in children's social care, how it compares with more traditional or general innovation theory and theories derived from other forms of social or public sector innovation, and what barriers and levers exist when prompting, designing, testing, embedding and growing innovation within the social care sector.

Methodology

We conducted this Critical Interpretive Synthesis review in 2020. This methodology was chosen as it allows for appraisal of the quality and weight of such grey literature, as well as more conventional empirical evidence, and facilitates a critical mapping of the dominant conceptualisations and 'taken for granted' assumptions within the broader field to construct new theory that has 'explanatory power' for the sector and is 'demonstrably grounded in the evidence' (Entwistle et al, 2012, p.71).

A search protocol and search strings were developed in collaboration with an information specialist and through consultation with experts including social care innovators, academics involved in innovation research, sector leaders and other stakeholders. These informants shared relevant academic papers and grey literature with us directly and linked us to individuals and organisations with expertise in broader forms of public sector innovation and social innovation in the UK (such as Nesta and the Young Foundation), as well as within the discipline of social care, for further 'snowballing'.

To be included in the core sample, academic or grey literature had to be written in English and published between 2005 and 2020. Studies or case examples needed to have been sited within the UK or in another wealthy industrialised nation with a comparable system of care for children, and concerned innovation within children's social care either as a sole setting or as part of a multi-agency system. Case studies set in adult social care were eligible for inclusion only if they informed transitions from children's to adults' services. Grey literature reports had to be published by the following categories of organization, as these were known to have been subject to ethical scrutiny and (albeit often internal) peer review: government departments; parliamentary bodies; higher education institutions; national or international non-governmental public bodies including inspectorates; public sector organisations; charities and not for profit organisations; and private agencies and foundations working in the field of innovation. Academic papers had to have been published in a peer-reviewed journal.

Comprehensive web-based searches were conducted to identify the grey literature and six electronic databases (ASSIA, Scopus, SCIE, Web of Science, ProQuest Business Collection, and PsychInfo) were searched to identify the academic literature. In addition, key social care and public sector innovation journals were handsearched. Articles that were particularly relevant to the review were reference- and citation-chained.

3819 items were returned from the search of academic databases and saved to a Zotero database. Duplicates and items other than academic articles were removed to leave 1802 entries. These were screened to remove articles that did not meet inclusion criteria (primarily papers on innovations in health interventions and health related technology). The abstracts of the 304 remaining items were screened against the review questions by two members of the review team to identify those to be read in full (144 items). The full reading led to a further 65 articles being screened out because they comprised general accounts of change in children's social care, or reviews of policy change in the sector, or were focused on issues related to an innovation, such as staff retention and inter-agency working, but not the innovation itself. The 79 journal articles that remained made up the core academic sample for the review.

275 documents were gathered through the grey literature search, including: literature reviews; evidence reviews; evaluations of individual innovation projects; evaluations and learning reports from large-scale innovation programmes; syntheses of case studies; reports, commentary, think pieces and books by private or third sector organisations or individuals with relevant expertise; government policy, guidance or reports; reports by parliamentary and non-governmental public bodies; and frameworks and toolkits. The largest single body came from the evaluation and learning documents produced by the Children's Social Care Innovation Programme, funded by the Department for Education in England (www.gov.uk/guidance/childrens-social-care-innovation-programme-insights-and-evaluation), followed by literature from national organisations with strong links to local areas and public bodies with a specific remit around children's services.

The searching process was continually informed by an iterative concept mapping process: as materials identified were read, key concepts were categorized and used to extend the search strategy. As new documents were read and analysed these, in turn, served to further refine and expand the concept map. In the process of creating this concept map, an anomaly emerged from the literature: while innovation is often portrayed as a value-neutral process (Papaioannou, 2019), there is increasing evidence that the underpinning frameworks and levers which shape public sector

innovation are in fact value-laden (Leslie *et al.*, 2020). For example, while the social care sector seeks to improve the lives of children and families, and by doing so benefit society more broadly (Sebba *et al.*, 2017b), at times the drive for greater efficiency and diversity of delivery through innovation has produced changes which challenge this aim (Clayton *et al.*, 2020, FitzSimons and McCracken, 2020; Jones, 2018; Vibert, 2016). It is notable that there is, as yet, no transparent and consensually agreed ethical framework to act as a check on such practices, and yet the proliferation of innovation activity and funding now arguably constitutes social care innovation as a bounded field requiring its own set of values, principles, beliefs, and standards of conduct (Leslie *et al.*, 2020).

This ethical lacuna gave rise to two new lines of inquiry subsequent to our initial review: what does 'good' innovation look like; and what ethical values or principles should be integrated into models of social care innovation to guide decision-makers in pursuing particular approaches? Our attempt to address these questions, and construct a framework for promoting trustworthy innovation in children's social care, is the focus of this paper.

The characteristics of social care innovation

Social and public sector innovation in context

Social innovation aims explicitly to improve both the lives of individuals and the structures of society in ways that lead to better outcomes for all (Mulgan, 2019; Murray *et al.*, 2010), through various processes of '*creating new ideas and turning them into value for society*' (Bason, 2018, p.44). Ludwig and Macnaghten (2020, p.20) note that, while current debates about innovation do not converge on one definition, '*much of the literature treats contributions to societal goals at least as a minimal condition for genuine innovations*', a feature that '*distinguishes innovation not only from economic growth but also from technological modernization*'. In addition, social innovation is increasingly seen as a tool for tackling long-term national systemic and structural issues (Leadbetter, 2013; Nicholls *et al.*, 2015).

A key question that arises when constructing a definition of innovation in public services is the extent to which it should be located within this existing social innovation canon; that is, whether public sector innovation should hold to the aim of improving individual and public outcomes if it is to 'qualify' as innovation. Most definitions of public sector innovation do treat it in this way (European Commission, 2013; Mulgan, 2014) and many of the oft-cited drivers for social innovation and public sector innovation are held in common: complex social problems; rising demand; falling budgets; and

the disjunction between ‘old paradigms’ and what’s required now and for the future (Murray, 2010). Public policy, similarly, carries an explicit remit and responsibility to care about long-term outcomes just as much as short-term improvements (Bason, 2018).

If we agree that the aim of policy, research and practice in the public sector is to improve outcomes for citizens, then what role does innovation play in achieving this? Two clear positions are represented in the literature. At one end of the spectrum, present in the language of politics and policy but also visible in the innovation sector and academia, innovation is seen as essential to improving outcomes, particularly when problems are worsening, when systems are not working, or when institutions and systems reflect past rather than present problems (Bason, 2018; DfE, 2016; Mulgan 2019; Mulgan *et al.*, 2007). In January 2014 the DfE undertook an analysis of the issues facing the sector as a precursor to identifying target funding areas, concluding that:

“Unless we do something substantially different, we will have to either restrict the number of children served, or reduce the quality/quantity of care given to each child. We have to innovate at scale – to get more and better service per pound spent” (Spring Consortium, 2016, p.10).

At the other end of the spectrum is the concern that, while change and improvement is much needed, innovation may become a political tool to create a system shaped by the logics of neo-liberal governance, irrespective of the potential for detriment to service users and/or the general public (Jones, 2015; 2018). As Hartley *et al.* (2013, p.828) cautions, innovation is not ‘*an all-purpose instrument that can solve all of the current challenges in the public sector. Continuous service improvements, integrated planning processes, and strategic reallocation of public resources*’ remain necessary to deal with the changing needs and demands of citizens, service users, local economies and national governance. Sebba *et al.* (2017b) caution that not only is it not clear that innovation is always the right tool for the job, it is not even always clear what questions need to be asked to determine whether or when it is appropriate. The risks of change for change’s sake are noted often in the literature, and include the impact of rapid turnover within the workforce, frequent changes of leadership (FitzSimons and McCracken, 2020; Ofsted, 2015), and the management of change diverting attention, time and money away from front-line practice (Jones, 2018).

The cultural characteristics that shape the children’s social care system

Our review indicated three underpinning cultural characteristics of children’s social care that set it apart even from other public services and, in turn, shape the ways in which innovation is framed and undertaken:

a. The power dynamics inherent in the system. Much of the innovation literature is concerned with ‘user demand’ as a driving force for innovation; that is, the role played by groups of citizens, users or customers putting pressure on services to do things better (Albury, 2018). The key difference in children’s social care is that the core ‘user group’ within children’s services – young people, their families and carers – is able to exert very little influence on the system at large (Smith, 2018). There are ways in which strengths-based and participatory approaches can help to re-balance power dynamics, and the evidence demonstrates that the most effective models of social work are those that actively empower families and young people (La Valle *et al.*, 2019; FitzSimons and McCracken, 2020). However, the shift to co-productive and participative approaches (Beresford and Carr, 2012; Scie, 2015), now well-established in adults’ social care through research led organisations and lobbying groups in the health and disability charity sector (such as Think Local Act Personal [2] and RiPFA [3]) have yet to materialise at scale in children’s social care (La Valle *et al.*, 2019), despite efforts by children’s charities and rights organisations (Action for Children and New Economics Foundation, 2009; Institute of Public Care, 2019). Lefevre *et al.* (2019, p. 1837) describe the ‘*profound ontological, ethical, emotional and intellectual dilemmas*’ experienced by social care practitioners in ‘*reconciling young people’s rights to voice, privacy and autonomy with their rights to safety, guidance and protection*’. Hood *et al.* (2020, p.98) note that the rhetoric of partnership, strengths and relationships ‘*sits uneasily with the experience of most families at the sharp end of intervention*’, and that these ways of working are not enough on their own to shift the prevailing dynamic of the system, which remains one in which limits are set on the power and choice of young people and families both in the decisions about their lives and in shaping the service provision available to them.

b. Cultural attitudes to risk. All innovation literature discusses the importance of embracing risk-taking as a core part of the creativity process – ‘*fail early, fail often, to succeed sooner*’ being the oft-quoted mantra of IDEO’s Chair Tim Brown (Brown, 2019). This culture is in stark contrast to what has been characterised as the public sector’s anxious preoccupation with risk, regulation and stability (Macaulay and Norris, 2013; Mulgan *et al.*, 2007). However, this rather crude polarisation fails to distinguish between different kinds of risks and their potential impact. When innovation rooted in the business and enterprise sector encourages ‘healthy risk taking’, this tends to be framed around practical risks to the innovator and their organisation (e.g. financial, reputational, loss of time) (Mulgan *et al.*, 2007). In contrast, discussions of risk within children’s services relate predominantly to the *people* involved: the risk to the safety or wellbeing of young people and families, to the safety

or morale of practitioners and staff, and to the relationships between them (Iriss, 2011). Munro (2019, p.123), in arguing for a '*positive error culture*' in children's services, notes that the term 'risk' has become equated with negative outcomes and that this has created an additional '*risk of blame*' (ibid., p.125). Given the complexity of the causal influences in a child's life and the constant presence of uncertainty, she goes on, risk is unavoidable:

'In all the key decisions that need to be made in child protection work, it is not a matter of choosing between a safe or a dangerous option... In all options available, there is some probability of both harm and benefits to the child.' (ibid., p.125)

These considerations are not trivial, and any discussion of innovation within children's services – a process which necessarily introduces additional elements of uncertainty – must be cognisant of them.

c. The central importance of positive relationships. The foundation of children's social care is the work of creating or strengthening the positive relationships around young people and preventing or mitigating relationship breakdown (DfE, 2016). Ingram and Smith (2018, p.5) note that relationship-based practice '*is not a method or an approach to social work that can be picked from a menu of alternatives; rather, it is at the heart of whatever approach might be adopted across different client groups and domains of practice*'. This is true to an extent in any aspect of the public sector but, in social care, the relationship often *is* the intervention, not merely an enabler of it (Fewster, 2004).

These three cultural characteristics – risk, power and relationships – are, of course, interlinked. Collaborative and participative relationships help to disrupt existing dynamics of power, agency and status, and allow a trusting foundation from which to explore uncertainty (Ingram and Smith, 2018). Disciplined approaches to experimentation that allow managed risk-taking can create the space for different kinds of relationships to emerge and question the distribution of power and role of social justice within the system (Scie and Innovation Unit, 2017). And shifting power closer to young people and families allows them to exercise their rights, to take control of the relationships that are central to their lives, and to explore possibilities for change within them (FitzSimons and McCracken, 2020). The implication is that these three characteristics are not merely those that influence the process of innovation, or that change programmes will need to grapple with; they are the areas in which positive disruption needs to occur in order for radical change to take place.

What makes for ‘good’ innovation in children’s social care?

There are varied conceptualisations of what makes social innovation beneficial and worth pursuing. Nesta’s ‘four tests of good innovation’ (Gurumurthy, 2020) adopts a consequentialist and pragmatic view, stating that innovation has value if it focuses on outcomes for individuals and societies, demonstrates value beyond what already exists, has been proven effective through rigorous evaluation, and has a credible route to large-scale adoption. The DfE’s Innovation Programme in Children’s Social Care described its aims in 2014 as being to improve the quality of children’s services, to help local authorities and commissioners to achieve better value for money, and to create the conditions in which *‘local systems are better able to innovate in future to drive sustained improvements in outcomes for vulnerable children’* (DfE, 2014, p.7). Though refined over time (FitzSimons and McCracken, 2020), DfE’s framing of effective innovations (Spring Consortium, 2018) arguably comprises a fairly narrow set of measures that includes service patterns (primarily a reduction in young people entering care), workforce upskilling (or at least compliance with new models), a limited range of outcomes for young people (primarily in mental health and the quality of young people’s relationships), and efficiencies, including cost savings. La Valle *et al.* (2019, p.22) notes the Innovation Programme’s *‘over-reliance on process output indicators, rather than an indication of the quality of practice, or whether the right outcome was achieved, in the right way, for the right children’*. The What Works Centre for Children’s Social Care (2020) and La Valle *et al.* (2019) have challenged this paradigm to some extent, setting out the importance and complexities of integrating social work principles of social justice, human rights and participation within outcomes frameworks.

Though varied in their detail, these conceptualisations assume that – as part of the social innovation canon – innovation in children’s social care necessarily aims for (even if it does not always achieve) improved outcomes for children and young people in the short-term in addition to improved system structures in the long term. We propose three key issues that provide reason to question this assumption.

The first is that, in reality, it is rare for public sector innovation to be driven *solely* by a desire for better outcomes. A range of motivations exist for innovation in children’s social care *in addition* to improving long-term outcomes for young people: a desire to increase efficiency, reduce costs and demonstrate value for money (Holmes and Brookes, 2014); profit and market-shaping (White *et al.*, 2010); political ideology (Brown, 2010; Kirton and Thomas, 2011); a reaction to demand or unexpected events, such as Covid-19 (DfE, 2020b; Children’s Commissioner for England, 2020); and a

desire for reform in the wake of public inquiries and serious case reviews (Jordan, 2014; McPheat and Butler, 2014). Such motivations combine long-term steady progress with ‘catalysts’ (Hartley, 2006), such as influential leaders and the inducements for local-level systems to propose innovation as a gateway to funding, that jolt local or national systems into action, resulting in a ‘*difficult socioeconomic, political, and cultural constellation*’ (Leslie *et al.*, 2020, p8).

The second is that not all change occurring under the banner of innovation in children’s social care is leading to, or aiming for, improved outcomes for young people – or, at the very least, its aims are debatable and contested. Opening up the children’s services market to third-sector and for-profit providers is a market innovation that has changed both the structures and underpinning assumptions of the system without any evidence of improvement in child-level outcomes, while provoking significant concerns over the quality of provision and cost to local authorities (Jones, 2018). Most prominent in this debate are the concerns over the quality and suitability of private residential children’s homes (Evans, 2020; Children’s Commissioner for England, 2020) and the spin-outs of children’s services into alternative delivery models – many of which have been funded or trialled through the DfE’s Innovation Programme (DfE, 2020a) – regardless of attendant questions about the motivations for the changes (Jones 2018), the suitability of the approaches (FitzSimons and McCracken, 2020), and their effects on the broader social care system (Vibert, 2016; BASW, 2020).

Innovation of questionable value is, of course, not a new phenomenon in children’s services. The Integrated Children’s System, which emerged from the recommendations of the Laming Inquiry (2003) for more effective information sharing, has been a high-profile failure, with flaws in the design process and unresponsiveness to feedback provided by the sector (White *et al.*, 2010) resulting in a system that was incompatible with the needs of social workers and families alike (Shaw *et al.*, 2009). However, the breadth and scale of innovation activity currently occurring in the sector, fuelled by central government through a combination of political pressure, cuts to local authority budgets and ring-fenced innovation funding, lend a renewed urgency to questions of motivation and impact.

The third issue is that theories of social innovation do not provide a perfect frame through which to understand the innovation process in children’s social care. This is primarily due to the constraints within which social and public sector innovation operate. Social innovation has an ability (and, often, a need) to operate outside existing structures and systems, to force change in from the margins, or

to grow large enough to displace existing paradigms (Mulgan, 2019). In contrast, public sector innovation, particularly in highly regulated areas such as education, youth justice and social care, is required to operate *within* these structures, either mitigating their effects or seeking to force change from within. The degree of freedom to innovate is dictated by a range of constraints, many of which lie outside the immediate control of those innovating, including funding, time, professional capabilities, regulation, legislation, public demand and political will (Sebba *et al.*, 2017a, 2017b; FitzSimons and McCracken, 2020; Family Rights Group, 2018, National Audit Office, 2019).

These practical and political constraints are covered extensively in the literature. Less often discussed is the role of ethics as an additional, necessary constraint on public sector innovation. Leslie *et al.* (2020) in their discussion of the ethics of 'machine learning' and predictive algorithms, comment:

'Ethical concepts, values, and beliefs put moral demands on our practice, and they constrain what kinds of activities and involvements are justified in circumstances where human actions impact others and wider society... Ethics, as such, is both about *justifying morally correct conduct* and about motivating and *setting a direction of travel for that conduct*. [p.19, original emphasis]

What none of the extant definitions of innovation in children's social care include is a contextual ethical test that can take account of these three issues: the range of motivations that may simultaneously drive innovation in addition to improving outcomes; the existence of innovations that do not improve outcomes; and the complex constraints within which policy and practice decisions are made. What is required, we believe, is an ethical framework that can help guide decision-making in this context, taking account of both the impact of an innovation on young people (*is this innovation, in this place and time, the right action to take for these children and families?*) and the knock-on effects of wider system impact (*how might this innovation strengthen or damage the local and national system of children's services?*). Unless they are stated explicitly, such considerations remain in the purview of individual conscience or organisational cultures, lacking either a publicly accountable discussion or a robust consensus of what the guiding professional and policy principles should be.

A framework for ethical innovation in children's social care

We have set out above how the service processes and outcomes frameworks of children's social care must be underwritten by principles of social justice, human rights and service user voice and experience, to temper the logics of neo-liberal governance which may be dominated by fiscal concerns and an over-reliance on process output indicators (La Valle *et. al.*, 2019). This is particularly pertinent for a statutory service that frequently compels children and their families into non-voluntary involvement.

A consistent thread through the innovation literature is that innovation is a highly contextual undertaking (FitzSimons and McCracken, 2020, p.7; Leslie *et al.*, 2020). This is true at a conceptual level; to a reasonable extent, innovation is in the eye of the beholder – 'newness' or 'radicalness' isn't an inherent characteristic of a service or process, but relative to the status quo (Hartley, 2006). Context is significant at every stage of the innovation process; from inception of idea through to development, testing, implementation, scale and spread, the innovation process requires (and provides) large amounts of flex. Our question, therefore, is not *whether* the context of children's social care entails the integration of ethical considerations into its definition of innovation – we are clear that it should – but what kind of definition or underpinning ethical framework is workable and informative for a range of contexts.

Macauley and Norris (2013) suggest the sector might usefully draw on the interdisciplinary school of 'organisational ethics', which sets out considerations under paradigms of consequentialism (outcome-based ethics), deontology (duty-based ethics), justice (fairness based ethics), virtue ethics (character-based ethics) and the ethic of care (relational and context-based ethics), to better understand the ethical conundrums stimulated by the innovation process. Chiming with Munro (2019) in arguing for a 'learning culture' within children's services, such a framework concentrates the focus on matters of integrity rather than compliance, and so-called failures become opportunities for learning about barriers and levers, and future risk mitigation (Macauley and Norris, 2013).

Given that social work is a fundamental strand of children's social care delivery, the code of ethics set out by the British Association of Social Workers (BASW, 2014) offers a valuable and relevant set of ethical principles for social care innovation, set out in three clusters:

1. Human rights principles, comprising: upholding and promoting human dignity and wellbeing; respecting the right to self-determination; promoting the right to participation; treating each

- person as a whole; and identifying and developing strengths;
2. Social justice principles, comprising: challenging discrimination; recognising diversity; distributing resources; challenging unjust policies and practices; and working in solidarity;
 3. Professional integrity, comprising: upholding the values and reputation of the profession; being trustworthy; maintaining professional boundaries; making considered professional judgements; and being professionally accountable.

Relatedly, in their ethics review of machine learning in children's social care, Leslie *et al.* (2020) argue strongly that any innovation in the sector should be held to the same ethical standards as social work, with a '*vehicle of common commitment*' around which practitioners and others '*continuously coalesce around a mutual recognition of the ethical motivations, practical principles, and professional standards of conduct that should motivate, direct, underwrite, and steer responsible practices*' (Leslie *et al.*, 2020, p.6.). This pushes the definition of innovation in children's social care from being descriptive into being normative: it characterises good or beneficial innovation as being trustworthy, rather than merely successful, and therefore offers a starting framework for structuring decisions about the desirability of pursuing any particular model.

This leads us to propose that the sector analyse plans for innovation according to the following framework of ethically-informed parameters, principles and tests in advance of any decision to proceed with innovation activity, as shown in Table I.

Table I An ethical framework for innovation in children's social care

<p>1. Setting the parameters of success</p> <ul style="list-style-type: none"> • Is innovation, rather than other forms of development or practice improvement, the best way of achieving beneficial change for this problem or context? • Is this particular approach to/model for innovation the most appropriate for this identified problem and context? • What short-, medium- and long-term benefits might result from this innovation and how can they be measured or assessed during the process? • Is there a commitment to genuine participation, with the use of participatory approaches to ensure that young people and families are actively involved in the innovation process? • What enablers exist, or need to be put into place, to successfully develop, embed or scale this approach and, conversely, what barriers need to be overcome? • What resources will be required and what are the potential knock-on effects of shifting people, funding or focus away from other areas of provision?

<ul style="list-style-type: none"> • How likely are detrimental or other unforeseen impacts and can they be mitigated?
<p>2. Ensuring adherence to the ethical principles of social work</p> <ul style="list-style-type: none"> • Will both the innovation process and the innovation itself result in changes or outcomes that respect the inherent worth and dignity of all of those involved, including young people, families, carers and practitioners? • Will both the innovation process and the innovation itself result in changes or outcomes that promote social justice, both in relation to the young people and families who are directly affected by the innovation and to the community or society more widely? • Will both the innovation process and the innovation itself result in changes or outcomes that support practitioners to respect and uphold the values and principles of social work?
<p>3. Applying overarching tests of ethically-informed innovation</p> <p>Given all of the above:</p> <ul style="list-style-type: none"> • Are we confident that this innovation, in this place and time, is the right action to take for these children and families? • Are we confident that the changes, outcomes and consequences that will result from this innovation will be of benefit to the local (and/or national) system of children’s services? • Are we confident that we have the knowledge, capability and resources to conduct the innovation process in an ethically-informed way? • If no to any of the above, are any ethical concerns outweighed by broader requirements to act (for example, if financial imperatives make it absolutely necessary to go ahead despite knowledge of negative impact)? • If a broader requirement to act applies, can any negative effects be mitigated in ways that do not raise additional ethical concerns? • Can all of these decisions be adequately explained and justified to young people, families, carers and practitioners?

The answers to these questions should enable commissioners, planners, practitioners, and policy-makers to steer a route through the innovation process that is most likely to be effective *and* ethically-oriented, and to prioritise the different types of innovation activity and the skills, people, time and resources that are needed.

This ethical framework should be applied at every stage of the innovation process, and be integrated with any outcomes, learning and/or evaluation frameworks used within the sector. The implications and importance of each of these questions will vary according to organisational context (structures and partnerships, size, budgets, capacity, workforce, etc.) local context (demographics, the needs of

the local population, the target cohort for the innovation, etc.) and national context (funding, legislation and policy, regulation, etc.). This will necessarily mean that different organisations or services will make different judgements across this framework. Furthermore, where there are ethical concerns, these judgements may range from a decision not to proceed at all, to proceed despite ethical concerns that may or may not be mitigated or resolved, to a complete reframing of the project. What is crucial, we believe, is that innovating organisations make a defensible decision that is explicit, with clear reasoning, and is open for discussion and scrutiny. A forthcoming practice resource [AUTHOR REF] integrates BASW's ethical principles with our framework to provide the sector with a user-friendly tool for undertaking this ethical analysis with reference to every stage of the innovation process and the changes, impact and outcomes that result.

In addition to this framework, we would add one further ethical requirement: that this decision-making process *in itself* is carried out in a way that upholds social work ethical principles. This will entail, crucially, the involvement (or representation) of all of those whom the innovation will affect. This may mean creating a deontological statement of the ethical principles that a service, local authority or organisation commits to adhere to in all innovation activity (and, more widely, any process of reform or change), against which specific innovation activities can be assessed.

We recognise here that a deontological approach might not always be possible in a context in which so many factors are outside the control of the services and organisations operating in the sector. The principles of care ethics argue that ethical decisions should be rooted in highly contextual concrete relationships, rather than in abstract reasoning (Macaulay and Norris, 2013). This requires the consequentialist acknowledgement that a system operating under financial, practical and resource constraints will necessarily be required to strike a difficult balance between competing priorities, and may be constrained in its power or ability to act in ways that it believes are wholly ethical. We have seen numerous examples of this balance play out in recent years, at local and national levels: the emergency temporary legislation enacted in 2020 as a response to Covid-19 to remove children's entitlements to visits from social workers (DfE, 2020b; Office of the Children's Commissioner, 2020); the proposed 'power to innovate' clause put forward by the DfE in 2016 that would have allowed local authorities, under certain conditions, to be exempt from various statutory duties (Jones, 2018); and the increase in (and scarcity of) private residential care provision that has made it harder for local authorities to place young people in accommodation most appropriate to their needs (FitzSimons and McCracken, 2020). All of these – and similar – changes raise ethical questions regarding the rights and wellbeing of children, families and practitioners. The existence of these

ethical dilemmas are unavoidable in a system that is routinely operating beyond maximum capacity (National Audit Office, 2019).

Taking all of the above together, a number of questions arise from the use of such a framework. The first is the extent to which the set of relevant ethical principles should be seen to be universal (i.e. consistent across all contexts and circumstances) or relative (i.e., flexible according to context and circumstance). We believe our proposed framework strikes a pragmatic middle ground, in which the overarching framework of ethical conditions (that is, the questions and considerations that must be taken into account) are universal, while allowing for local contexts to necessarily inform the decisions that result when these considerations are taken together as a whole. This allows for organisations or services to set clear ethical lines or expectations for themselves while retaining the nuance and flexibility required in a complex decision-making process.

The second is the extent to which national bodies, including government, should incorporate an ethical framework into their approach to innovation policy and practice, providing scrutiny and challenge of its use. This would require an understanding within government of the importance of undertaking ethical scrutiny of government policy and action on innovation, in addition to the requirement of an ethical review process at a local level when, for example, applying for innovation funding or exemptions to statutory obligations.

Lastly, though described primarily in this paper as a tool to support the design and implementation of innovation, an ethical framework would also lend itself to supporting the post hoc evaluation of innovation processes and models.

These and similar questions would benefit from further exploration, using real-life examples to test and interrogate the use and usefulness of the framework in context.

Conclusions

Trustworthy innovation in children's social care

We have described how the decision to use the tools and models of innovation is a necessarily value-laden one, emerging from a range of intrinsic motivations and extrinsic drivers. Not all activity occurring under the banner of innovation in children's social care is resulting in – or, arguably, aiming for – improvement in outcomes for young people and families. Similarly, not all innovation is being conducted with regard to the principles of human rights, social justice and participation – the

values at the heart of children’s social work. Hence, a new conception of ‘trustworthy innovation’ is required for the sector, one rooted in core social work principles, and informed by the interdisciplinary school of organisational ethics. We offer such a definition through extending the conceptualisation synthesised through our review of the social care sector [AUTHOR REF]:

1. Innovation is a model, service or approach that is novel in context, ambition-driven, relationship-centred, strengths-based and learning-focused;
2. That is designed, embedded and scaled using innovation processes or methodologies that are context-specific, learning-focused, participation-based, improvement-directed and mission-driven;
3. That has the effect of:
 - a. Shifting/disrupting the prevailing power dynamics in the system, pushing power and decision-making ability as close to the young person as possible;
 - b. Supporting practitioners and the system to manage complex balances of risk to allow learning and change while balancing young people’s short-, medium- and long-term needs, assets and aspirations;
 - c. Refocusing the system around the creation and strengthening of positive relationships, from intrafamilial to inter-organisational;
4. Which results in a step-change in improved outcomes for young people and families;
5. **And adheres (in process and implementation) to the ethical standards as described in the principles of social work applicable to the context.**

We propose that this definition be operationalised through use of our ethical framework, as set out in Table 1, which offers questions to interrogate every stage of the innovation process in children’s social care, and can guide policy-makers and the practice sector in determining the desirability of pursuing any particular model within a specific context.

Implications for local decision-making

An ethical framework for innovation places a number of obligations on those doing the work of innovation on the ground, not only to build ethical considerations into the decision-making process at every stage, but then to make complex and robust decisions that take this into account. The dramatic reductions in the budgets of local authorities and charity providers have resulted in additional constraints in local decision-making processes, particularly in situations where short-term requirements to cut costs come into conflict with the long-term need to invest and improve. The key question for local services and organisations is ‘readiness for innovation’ – an honest assessment of whether the right resources, culture, permissions and capabilities are in place to undertake

innovation in ways that are ethical. Such an assessment in turn requires the involvement of, and trusted relationships with, a wide range of stakeholders including young people and families. This kind of preliminary work will be more straightforward for some organisations than others, depending on the strength of existing processes and partnerships. The risks, if these questions are not asked, is not only that innovation will not have the level of positive impact desired, but that the process may result in a wide range of unintended and unethical consequences – for young people, families and practitioners, in addition to the organisations involved and the wider system. A forthcoming practice resource (*AUTHOR REF*) integrates BASW's ethical principles with our framework to provide a user-friendly tool for undertaking this ethical analysis with reference to every stage of the innovation process and the changes, impact and outcomes that result. An additional question for local services to consider is that of who should be responsible for applying these tests and be held to account for the ethical judgements made.

Implications for national policy

At a national level, the innovation landscape is dominated by DfE and its aims to stimulate and steer innovation in the direction of the policy priorities of central government. DfE has reshaped the ecosystem significantly in the past five years, through the creation or dismantling of public bodies, the introduction of new legislation and through the almost £400m of funding released through the Innovation Programme in Children's Social Care and its related activities. In the context of biting budget cuts, this represents a significant catalyst for innovation in the sector. The ways in which it shapes innovation activity across the country should, we believe, be examined against the broad principles of the ethical framework: in its drive to promote innovation in children's social care in England, do the actions of central government adhere to and promote the principles of social justice and human rights, and do they support practitioners to respect and uphold the values and principles of social work?

The ability of central government to answer these questions relies on a vast amount of information about and analysis of the system. Among these, we believe, is the need for comprehensive data on the performance of children's services relative to investment in them; a more transparent approach in the decision-making process behind the expansion or roll-out of innovations where evidence of effectiveness is limited; a detailed understanding of the impact of the mixed economy and market dynamics on provision and outcomes; a critical examination of the role of central government as a funder of innovation, and its attendant responsibilities to generate rigorous evidence of impact and

to share learning across the sector; and, in the context of continuing cuts to local authority budgets, a reassessment of ethical balance of short- and long-term funding decisions and the inequalities between local areas that have emerged as a result of ring-fenced competitive innovation funds. All of these are areas in which ethical concerns are likely to emerge, and where an agreed ethical framework across the system would be beneficial, to allow robust challenge and an honest debate about the state's role in shaping innovation activity.

Questions for our further research

In the next phase of our research we will be conducting fieldwork with local authorities who are undertaking innovation in children's social care. We will look to test the applicability of an ethical framework, to understand the extent to which versions of an ethical test are used (either implicitly or explicitly) in the innovation process; whether a framework is viewed as being desirable or feasible when used in practice; the extent to which the framework might vary according to cohort, context or organisational culture; and the applicability of the framework to the various stages of innovation and related fields, including research, evaluation and learning.

[1] <https://whatworks-csc.org.uk/about/#what-we-do>

[2] <https://www.thinklocalactpersonal.org.uk/>

[3] <https://www.researchinpractice.org.uk/adults/>

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