



Project objectives

Better for Children is using a systems methodology which views everything from the perspective of the customer.

The project objectives are:

- Gain understanding of Children's Services as a 'system'
- Determine purpose from the child and family perspective and understand 'what matters' by analysing customer demand
- Develop a set of measures to determine the existing system's capability of meeting purpose and what matters to children and families
- Identify blockages and barriers within the current system
- Redesign/experiment with new ways of working to identify the optimum system
- Obtain approval to roll in the redesigned system
- Develop and implement a service wide roll in plan

The project benefits are:

- Transfer of staff to value demand related work
- Reduction in: repeat demands, duplication, response times, end to end times
- Greater alignment of inter-agency working

To achieve the project's objectives, the work will take place over three phases:

1. Check Phase
2. Redesign Phase
3. Roll In Phase

Check Phase – What have we found?

The first phase called 'Check' ran for 16 weeks from July to October 2010.

The Check Phase aimed to collect hard evidence about how the service currently works. We wanted to get a true picture of 'how it is now'. Team members visited teams and offices across the county.

The team looked at around 800 customer demands throughout the process and categorised each as either a value demand (those demands that we are here to meet) or a failure demand (repeat or preventable demands).

The team found that the current split between value and failure demands entering the service is currently:

Value = 43%

Failure = 57%

From measuring demands, a picture of 'what matters' to our customers emerged:

- Shared understanding of need
- Ownership from beginning to end
- Continuity – speak to 1 person who will understand my need
- Meet my need in the shortest possible time & right first time
- No judgement / stigma
- To be listened to and be shown empathy
- Tell my story only once
- To be informed and have support and advice
- No paperwork

Operating Principles

Some consistent themes that emerged when trying to understand the unwritten rules that govern how the current service operates are:

- Counting and measuring drives the service
- Priority becomes deliver on budget
- Process designed away from the work and then imposed
- We set what is valuable not the child/family
- Everyone aims to do their own bit well
- Fear of being blamed and sanctions
- Record everything to cover your back
- We don't maintain common purpose when working with partners
- Authorisation at the highest level. Everything has to be authorised
- Thresholds need to be maintained as they protect us from being overwhelmed by demand
- Priority in social care is risk not need
- Can't start a piece of work without a referral
- Work to your job role (restricts using full breadth of skills)
- Service user feedback is an add on, not a priority
- You need to be a specialist to undertake an assessment

New Operating Principles

Most important and may override other principles

- 1 Safety of children/young people/families is paramount and will not be put at risk in re-design
- 2 We will not break any laws (but will challenge any assumptions made or statutory requirements where they make little sense)

Remaining Principles

- We will only do the value work.
- We will meet with the child in a timely manner appropriate to demand
- We will listen to children/young people and their families
- We will design a system which identifies the needs of the child and family and design a system to meet those needs.
- Each piece of demand is treated as unique and we will tailor the service to meet individual need.
- We will gather the relevant information from the relevant people
- We will identify and meet need in the shortest possible time
- We will communicate effectively with children and families so that we understand their needs and they have an ongoing understanding of plans and actions.
- We will design a record and plan which identifies circumstances/need/seriousness/outcome.
- We will have the appropriate expertise as close as possible to the point at which a demand comes into the system
- We will create an environment where practitioners can use their knowledge and judgement without fear of blame.

- At each transition point within a flow the work will be passed 100% complete in preparation for the next step.
- An appropriate person will be identified as lead professional and we will ensure that the child, family and other professionals know who the lead is.
- We will ensure continuity of case ownership from beginning to end
- Roles should either create value or add value to the child and family and what matters to them
- We will only record what is necessary and appropriate to each individual demand
- We will measure what matters to the child and family
- We will continually review and revise our operating principles based on our learning
- Managers will reinforce the operating principles with staff and support them in understanding and upholding those principles
- Managers will remove any obstacles in the system which get in the way of the value work
- Managers should be connected to the work in a real and meaningful way

Redesign Phase

The purpose of the Redesign phase is to:

- Experiment with new ways of working with all current system conditions suspended.
- Learn how to do the value work.
- Drive out waste

What we are doing now and what we have done differently

- Re-structured – into 3 districts; triage, targeted and early help teams (CFWs/CTB)
- Established a new set of operating principles derived from the purpose of the service and the work within the service that is valued by the child/family and understood in terms of what matters to the customer.
- Adopted both quantitative and qualitative measures that can be used to improve the service from the child & families perspective
- Quantitative – Number Right-First-Time and End-to-End Time
 - (i.e. from the point “I/we need help” to the right assessment and then
 - Total End-to-End Time from “I/we need help” to the right help being given)
- Qualitative – outcome based measures derived from the identified underlying need(s) from the child/families perspective which also links in to the ongoing assessment of those needs
- The service delivered is tailored according to the actual need(s) of the child/family as opposed to matching presenting needs to an existing service which fits best.
- Although each case has a key, named worker for the child/family the approach is a team focussed one including cross agency, multi-disciplinary triage, targeted and early help teams in each district to be developed during the course of the redesign work.
- The team have daily de-briefs for each case with their manager - this focuses on understanding on an ongoing basis what is helping the people doing the work to achieve and what matters to the child/family and what hinders i.e. the blockages. The focus of attention for the managers then becomes removing the blockages on an ongoing basis. This has implications for the future role and skills of managers in Children’s Services. The developing role of the manager is to spend time alongside practitioners, working cases, identifying blockages in the system and removing them
- In addition to this the team use and apply PLAN:
 - P= is the work we intend to do proportionate versus the demand we are dealing with?
 - L= is what we are doing and proposing to do legal?
 - A= is the work/support we are doing/giving accountable?
 - N= is what we are doing necessary given the nature of the demand?

What we have found

The Learning so far from Check and Redesign in Cumbria:

The team have learnt a great deal about the current system and the reasons why it is designed the way it is by doing Check (gaining knowledge and understanding). They are now experimenting with a different work design based on a different way of thinking about the work. This is Redesign.

Already we believe that we are identifying key areas that will need to be addressed locally and at a national level if the reforms as advocated in the Munro review are to be realised and sustained. As Redesign progresses clearly other areas will be identified.

Key areas that need to be addressed in Cumbria:

1. To enable frontline workers (SWs and other workers) to spend more time with children and families a different and more proportionate approach to case recording needs to be taken e.g. use of PLAN and design against demand.
2. Demand is not actually increasing however it feels as if it is because cases are not being dealt with in the right way at the first contact. Often cases are NFA'd only to bounce back into the system at a later date in a state of escalation.
3. Value work is gaining understanding, listening, building relationships and trust. Skills to do this work cannot be taught in a classroom but primarily through experience in the work. The team are using EDIP as a means of transferring knowledge and skills – all done in the work.
4. Role of managers in any future service must be connected to the work i.e. actively working and joint working cases, identifying blockages in the system and removing them and upholding the operating principles across the service and with partner organisations as part of real and meaningful integrated working.
5. Currently, in some areas there appears to be a disconnect between the type of demand being presented to the service and the help actually provided. The result is gaps in service provision and lack of an holistic view of the help available which could ensure that the demand does not return to the service. E.g. work with perpetrators

Key areas that need to be addressed at a national level:

6. The theory behind integrated working is fine but the practice is fraught with issues. Each service (Police, Housing, Health and Voluntary organisations) has its own view of its purpose often driven by performance and targets, this means that trying to get to a shared view of the child and family is difficult and will require a change in thinking and a release for these organisations from the current thinking that governs the design of their work. An example of this is the Police referrals are often "dirty" i.e. information missing – this mostly relates to the national system they have to operate relating to their risk assessment and the time pressures PCs face. Co-location requires a fundamental change in thinking with leaders taking on a different role to sustain this.
7. Divergent legislation e.g. Homeless responsibilities for U18's – ends up being a game of ping pong between housing and social services – no one takes responsibility because of budgets and hides behind unclear and conflicting legislation. There is a need to review these pieces of legislation and the impact of such on the end to end system.
8. Implications of changes in the Education system could have a major impact on demand type i.e. those schools driven by performance and money will not want to spend resources on work with families and children- this may well result in increased exclusions and potential increased demand for Children's Services, Police and Health.

9. We need to look at and understand cost differently. If we do not spend the resource in early help and aim to get it right first time then it will cost a whole lot more money in the long term.
10. Removal of the fear factor is vital- everyone is in absolute fear that when a case goes wrong there will be a public outcry and blame of the person will be sought rather than a desire to understand the system and learn and improve.
11. The Role of managers will have to change. Leaders should be expected to work cases so that they know exactly how the current system is working, they can understand how the system needs to change in order to meet changing demands and to then actively remove the blockages.

Who does the new approach feel different for?

- **Children and Families**
 - Families are getting the support they need earlier from other agencies - whilst still keeping an allocated worker lead professional
 - Needs led assessment with analysis - allows families to understand their needs and the practitioner's concerns, it also allows other professionals to easily identify need from the case record. Families trust the practitioner when the plan is easy to understand and accessible to them, resulting in families being more open and honest.
 - Supporting families as a whole rather than focusing on one area of need in a single individual.
 - Plans focus on resilience and strengths within the family as well as the needs - this provides a holistic view of the family and shows a fair recognition of both the positive and negative.
 - Families have referred friends, sought advice and said that for the first time they have got the support they needed rather than the support people thought they wanted.

- **Practitioners**
 - Find the operating principles easy to apply and to be a good guide to practice.
 - Feel liberated and empowered to be able to use the skills they have as opposed to following strict procedures.
 - Value the opportunity to reflect on practice through the de-brief whilst working a live case thus improving case analysis and the service delivered
 - Not being tied to the rigidity and prescription of the assessment timescales enabling them to focus on the value work and taking the time to properly understand what the underlying real needs are and thus that increasingly scarce resources are applied in the most effective way to benefit the child and family.
 - Not being driven by ICS and its prescriptive approach to the work and instead being able to focus on the individual family/child and design the work around these individual needs.

- **Partners**
 - Closer working and information sharing with partner organisations who are also learning of this new approach to working.

- **Managers**
 - Managers beginning to understand that their primary focus is on improving the system in which the people doing the value work are in

The work in Cumbria even at this early stage, has demonstrated to all directly involved that the new way of working is providing more certainty and enabling early intervention work thus preventing the more serious and resource intensive cases increasing.

Our Collective Leadership Challenge: How does this now move from a project to system change?