

# IMPROVING CHILDREN'S SERVICES DECISION MAKING WITH FAMILY CONTEXT

DISCOVERY PROJECT – MID-POINT FINDINGS  
**DRAFT FOR COMMENT**

26 OCTOBER 2018



## EXECUTIVE SUMMARY (1/3)

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### **We've spoken to 50+ staff across Leeds & Stockport to assess need for better family information**

- Over the past 8 weeks Stockport, Leeds and Social Finance have been working together on a discovery project to identify if and where better information on a child's family context – the risks and strengths of their family members – would radically improve decision making
- We've interviewed 50+ frontline staff, managers and business intelligence staff from child and family and supporting services across Leeds and Stockport and have held Show and Tell workshops to test, refine and prioritise our findings
- We've taken an open approach, looking broadly at all needs users have, so we can assess how often family context is one of the major needs and how important it is

### **This shows very similar needs across the two councils, but also between users within councils**

- Although systems and service structures differ between the two, we've found that the vast majority of user needs are common – we've also found these mirrored in our parallel discovery project in Wigan and Cheshire West and Chester
- We've also found strong commonality in needs between users within councils (particularly Early Help & Social Work), caused by common and fundamental root causes e.g. no systematic way to get family context

### **There is very strong demand for better data on child journey and family – lack of this data undermines practice and increases risk**

- Frontline workers lack basic information on who a child's family are, who they live with and what services the family interacts with. This information is essential to make the right choice on what support to offer at time of assessment, intervention planning or point of closure: *"One piece of information can change the decision for a family"*
- Without a systematic way to get this information, both Early Help and Social Workers are currently using ad hoc and lengthy "detective" processes. This often depends on personal relationships and workarounds
- For the most important "set piece" decisions (e.g. MASH/MASSH, MARAC) both councils have effective, but person-intensive, manual sharing processes through having every service present in a room – this works well for the immediate data sharing but less well for ongoing sharing, outcome tracking or out of hours. It would be too expensive to have a co-located multi-agency approach for all day-to-day Social Work and Early Help decisions
- Leadership lacks a view of what services interact for families and where this works well or not when e.g. deciding which services to commission or how to improve operations



**Six key user needs have emerged as priorities, two relating specifically to family context:**

- 1. Information on family** – Frontline staff and managers can't easily access basic information on the family (e.g. who they are and what services they interact with) which they need to assess risk and coordinate support – this is particularly acute at the first assessment point  
*"I don't have access to other people's systems, so I make calls around."*
- 2. Management Information** – Limited outcomes data prevents leadership from understanding the impact of services. For example, information on which services offered to families work well in combination to achieve positive outcomes for the families.  
*"What does success look like for an EH offer for a Local Authority?"*

**Four of the key user needs were more general than family context:**

- 3. Extract key information from Case Management Systems** - Case files consist of very long and detailed notes making it difficult for frontline staff to identify key information.  
*"Currently we have to wade through documents and documents and documents"*
- 4. Referral forms** – The quality of referrals that frontline staff receive varies, with many lacking key information, meaning extensive chasing is required and details can be missed.  
*"The referral can be just one line"*
- 5. Data access** – There is misunderstanding in relation to data sharing and strong risk aversion to IG, meaning that frontline staff and leadership lack vital information for decision making  
*"There can be an attitude of 'that's my data, not yours'"*
- 6. Data quality** - Data quality is a major issue for analysts, frontline and leadership. Whilst some is inevitable, some results from laborious data entry processes  
*"There's often errors in the data, but there's no way I can fix it across all systems"*



### **We are taking forward better information on services engaged with the family for frontline workers**

- We presented the key family context user needs back to Leeds and Stockport leadership, the users we interviewed and a wider group of 9 councils – these conversations suggested that immediate priority should be frontline workers need to know what services are engaged with the family
- Over the next 4 weeks we will take this user need forward, examine potential solutions including technical and IG feasibility, overlap with existing solutions and business cases
- This will result in a plan for a potential alpha product: a prototype of a solution to give better access to key information when making decisions
- We will then collectively decide whether to progress to alpha

### **Our aim is to create something that works for Stockport, Leeds and other councils**

- Stockport and Leeds are both committed to leading and building solutions that work others as well
- Both Leeds and Stockport are already doing innovative work on new tech solutions, but these are working in isolation meaning work is repeated – we should do more to work with other councils building similar solutions

### **A key issue will be data sharing, this needs to be more consistent and well understood**

- At the overall service level, IG processes are conservative and limit systematically sharing data. With the void of sharing channels, individuals lean towards oversharing, sometimes without proper consideration of data protection
- Poor understanding of data protection and security at the individual level leads to risky practice
- There are also cultural barriers to data sharing. Some people have a "that's my data not yours" attitude

### **We have also seen demonstration of other more general issues**

- Lack of information sharing means services don't always align, and don't know that others are engaged
- Families moving between councils cause major data sharing problems
- A meetings culture and firefighting means mid-level and senior staff do not have time to think
- Some front-line staff are sceptical and weary of data and digital – it is key that tools directly address their needs
- Data entry is a burden for front-line staff, leading to poor quality and contributing to data retrieval burden



## 1. Introduction

## 2. Background on Leeds and Stockport

## 3. User needs

## 4. Prioritised user needs

## 5. Next steps



# IN JUNE SF & 12 LEADING COUNCILS DISCUSSED WORKING COLLABORATIVELY TO BETTER DATA-ENABLE DECISIONS

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## The partners



MANCHESTER  
CITY COUNCIL



STOCKPORT  
METROPOLITAN BOROUGH COUNCIL



ISLINGTON



Essex County Council

## Background





- Earlier this year, Social Finance and 12 leading authorities met to discuss the barriers to better using data to improve decisions and give better outcomes for vulnerable people
- We identified lack of common data, tools and approaches as a key target and agreed to work collaboratively on this
- We agreed to work towards interoperable, shareable tools which focus on people not process
- To begin this we discussed major common challenges and immediate priorities
- We agreed that before building anything we should run a thorough discovery process to assess users needs, prioritise where to act and what to create, and agreed to do this jointly between two councils so what we create works can be shared



## WE IDENTIFIED TWO SYSTEMIC PROBLEMS THAT ALL LOCAL AUTHORITIES FACE

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Four Local Authorities wanted to lead on collaboratively solving these problems

Use case	Description	Partner Authorities
<b>Journey mapping between services</b>	Understand the journeys children take between services so we can understand their needs and better target the right level of service	 
<b>Understanding family context</b>	Understand the needs, assets and risks inherent in a family so we can better support children, for example avoiding unnecessary escalation into care	 

**Focus of this deck**



## THIS PROJECT IS LOOKING AT IMPROVING DECISIONS ON CHILDREN THROUGH BETTER VIEWS OF THE FAMILY CONTEXT

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**Problem:** Authorities have limited systematic insight into the needs and risks present in families, for example at the point of referral into statutory services, resulting in unnecessary escalations into social care



**Project description:** Identify the biggest impact use cases for bringing information on a family together to better inform decisions on the child



**Impact:** Radically improve the quality of decision making. For example through unlocking the ability to conduct risk stratification, enhancing family needs assessment and improving commissioning decisions, aligning need and risk to services available





# IMPROVING CHILDREN'S OUTCOMES IS A KEY OBJECTIVE FOR COUNCILS, PARTICULARLY UNDER CURRENT PRESSURES

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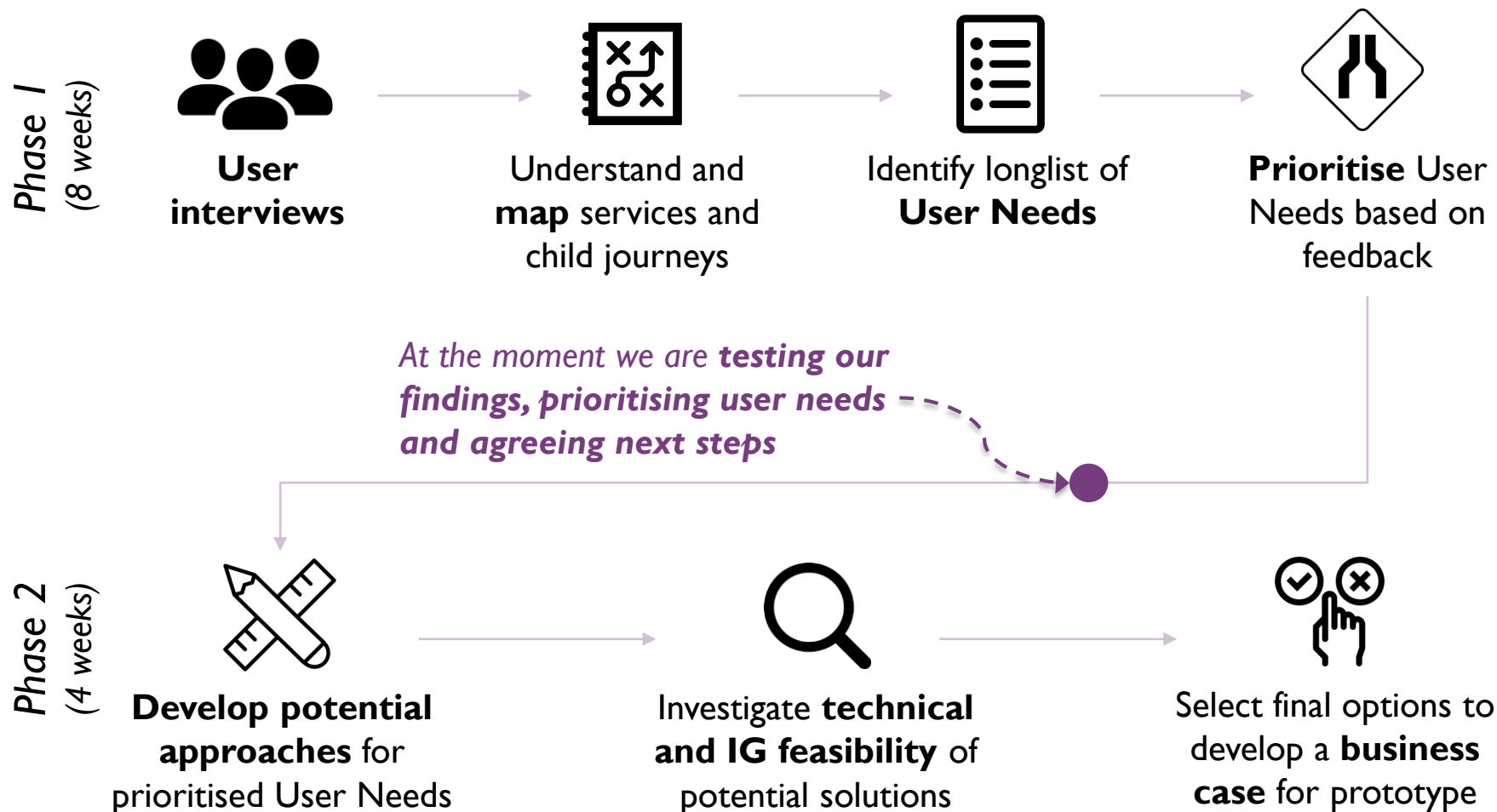
## Business objectives

- Safeguarding and supporting vulnerable children is one of a council's key statutory duties
- Every day, councils make decisions on the most vulnerable children. These decisions can have huge impacts on children's lives. The right decisions protect them from harm and ensure they and their families get the right support. The wrong decisions mean they don't get the right support to meet their needs and could even put them at risk
- With recent budget cuts and increasing demand, it is more important than ever to make the right decision the first time. We know that right early intervention can meet needs and avoid far more costly escalation. Equally councils cannot afford to provide inappropriate or unnecessary support



## OVER THE PAST 8 WEEKS WE'VE WORKED TO UNDERSTAND SERVICES AND USER NEEDS

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# WE'VE SPOKEN TO 32 PEOPLE IN LEEDS AND 24 PEOPLE IN STOCKPORT

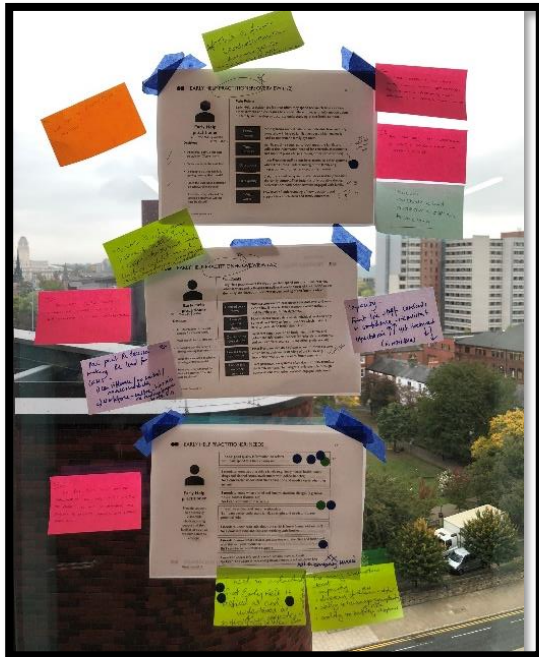
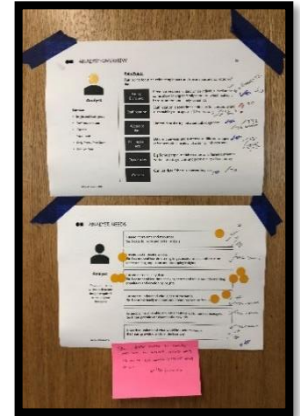
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Leeds		Stockport	
Name	Role	Name	Role
Clare Walker	Head of Digital Change	Jeanette Warburton	Principal Lead - Integrated Services
Peter Stories	Head Children & Adults Intel. & Policy Serv.	Laura Pugh	Senior Practitioner (TAC)
Keith Lander	TSL	Katie Horridge	Service Leader MASSH & 1 <sup>st</sup> Response
Chris Hudson	Intelligence and Policy Business Analyst	Megan Norwood	Senior Practitioner
Katie Craigmile	FF Leadership / Allocations Panel	Nina Smith	Social Worker and Liquid Logic Project team
Amanda Bradley	TSL	Jennie Neill	Service Leader Public Service Hub
Simon Toyne	TSL	Vincent Tracey	Locality Team Leader
Julia Pope	TSL	Steve Kilroy-Jolley	BI Developer
David Jackson	Safer Leeds	Nicole Birchenall	Stockport Family Worker School Age Plus (SAP)
Steve Lake	TSL	Laura Lovegrove	BI Analyst
Nicola Palmer	IG Lead	Mark Murray	BI Development Manager
Joanne Tomlinson	TSL	Rebecca Key	Service Leader – Complex Safeguarding
Jean Ellison	Youth Work Lead	Rachel Rollings	Locality Team Manager
Andrea Richardson	Head of Service for EYs and Youth Work	Ann Marie Christie	Senior Practitioner (TAC)
Jude Roberts	TSL	Craig Hughes	BI Service Manager
Lisa Martin	Programme Performance Manager	Maura Appleby	Principal Lead – Public Health
Uzma Ahmed	Early Start Lead	Joyce Boyd	Team Leader School Age Plus (SAP)
Luke Myers	Commissioner	Joanne Harris	Operational Lead – MOSAIC
Helen Stevens	Commissioner	Naveed Malik	Service Manager for IG
Ben Brown	Families First Leadership	Deborah Woodcock	Director of Operations, Stockport Family
Ben Grey	Families First Leadership	Dan Fenwick	BI Developer – Signpost
Farrah Khan	Head of Front Door	Sally Roy	Operational Lead – MASSH
Luci Caine	Intelligence Lead Analyst	Alby Atkinson	Digital By Design
Tracy Wylde	Intelligence Manager	Jacqui Bellfield-smith	Service Leader – YOS/TYS
Julie Longworth	Social Work Chief Officer		
Helen Binns	Front Door		
Alison Szustakowski	Communities (Partner)		
David O'Connor	MDM & Systems & IG		
Mathew Brooke	CSWS REST		
Dave Lawrence	Cluster SEMH		
Chris Walker	Family Group Conferencing		
Danielle Thomas	Social Worker		



## ...AND HELD SHOW AND TELL WORKSHOPS TO TEST, REFINE AND PRIORITISE OUR FINDINGS

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5. Next steps



# STOCKPORT HAS A STRONG CSC DEPT, INTEGRATION OF FAMILY SERVICES AND FOCUS ON DIGITAL TRANSFORMATION

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## OVERVIEW

Stockport is a Metropolitan Borough of Greater Manchester with a population of 290,050. Stockport has a higher proportion of children and older people relative to regional and national averages.

## SMBC

Ofsted rated "good"  
Partner in practice

## FIGURES per 10,000 (LAIT tool, 2017)

No. of CIN children – 295.5  
No. of CLA children – 53  
No. of CPP children – 38.3



## The Stockport approach

### Stockport Family

The Stockport Family model has organised children's services into 3 separate locality-based teams. These localities bring together practitioners and managers with the Integrated Children's Service (ICS). It comprises of core services for children, young people and families in the local authority in a multidisciplinary setting. Each locality has a Locality Leader, whose role is to promote and monitor effective integrated working.

### "Restorative approaches"

The Stockport Family model is grounded in restorative approaches to social work practice. Restorative practice draws upon the principles of restorative justice, focused on taking actions 'with' people, rather than doing things 'to' or 'for' them, to effect changes in behaviour.

### Design by doing approach

Implementation of the Stockport Family model has been underpinned by an approach of design-by-doing, which draws from the principles of agile working and has been utilised as a flexible and adaptive way of trialling new ways of working. Some of these have been small-scale alterations (e.g. adjustments to the frequency of allocation panel meetings), while other changes have been more substantial, such as the ongoing iteration and development of approaches to triage within Stockport's MASSH.





# LEEDS IS A FAR LARGER COUNCIL, BUT ALSO HAS STRONG AND INNOVATIVE CSC DEPT. UNDERPINNED BY DIGITAL INNOVATION

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## OVERVIEW

Situated in West Yorkshire, with a diverse population of 781,700, Leeds one of the largest and fastest growing, cities in the UK.

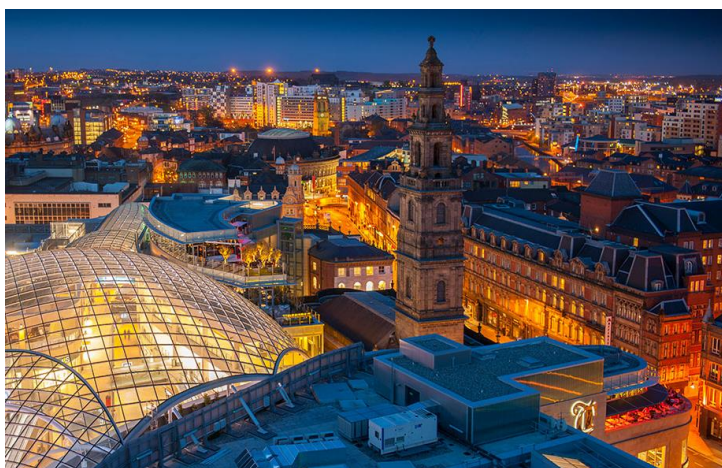
**Leeds City Council:**  
CSC Ofsted rated "good"  
Partner in practice

## FIGURES per 10,000 (LAIT tool, 2017)

No. of CIN children – 369.1

No. of CLA children – 76

No. of CPP children – 31.2



## The Leeds approach

### Cluster working

Given the size of the city, Leeds has organised its Children's Services across twenty-five local clusters. These Clusters bring together managers from a range of universal, targeted and specialist children's services in each local area, including schools, children's centres, police, social work, the third sector, elected members and some relevant services for adults, such as housing. Each cluster has a Targeted Services Leader (TSL), whose role is to promote and monitor effective integrated working.

### “Think Family, Work Family”

Leeds has been working hard to improve joined up working for children, young people and families over recent years. Leeds “Think Family, Work Family” means recognising and responding to the needs of all family members in a holistic approach, by communicating with other practitioners working with the family and coordinating your efforts for the best outcomes.

### Family Group Conferences (FGC's)

Leeds has pioneered Family Group Conferences (FGC's), which are voluntary decision making meetings to help families find their own solutions to problems. “The wide use of Family Group Conferences has led to an increase in children who are placed within their extended family, including the use of kinship carers, supervision orders and special guardianship orders.” (2015 Ofsted report).



# THERE ARE A RANGE OF SERVICES AND AGENCIES THAT SUPPORT CHILDREN AND FAMILIES IN LEEDS & STOCKPORT

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Increasing level of need ↓	Service type	Description	Agencies in Leeds	Agencies in Stockport
	Universal	<ul style="list-style-type: none"><li>Available to all children / families</li><li>Some are compulsory (e.g. schools, health visitors), some are targeted at higher needs but still open-to-all (e.g. Youth Services)</li></ul>	<ul style="list-style-type: none"><li>Schools</li><li>Universal Children's Centre services</li><li>Youth Services (usually community centre funded)</li><li>Health Visitor Team</li></ul>	<ul style="list-style-type: none"><li>Schools</li><li>Universal Children's Centre Services</li><li>Health Visitor Team</li></ul>
	Universal Plus / Targeted Activity	<ul style="list-style-type: none"><li>Activity focused on individuals with additional need</li><li>Requires consent</li><li>Ranges from informal, to enrolled sessions to courses</li></ul>	<ul style="list-style-type: none"><li>Youth Provision</li><li>Children's Centre Services</li><li>Cluster teams</li><li>School pastoral / family support</li><li>Targeted Early Years places</li></ul>	<ul style="list-style-type: none"><li>Early Years</li><li>Youth Provision</li><li>Children's Centre Services</li><li>School Nurses</li><li>EH Team</li></ul>
	Targeted	<ul style="list-style-type: none"><li>Non statutory support involving equivalent of assessment, plan, review and a lead practitioner</li><li>Requires consent</li><li>Can be both multi and single agency.</li></ul>	<ul style="list-style-type: none"><li>Children's Centre Services</li><li>RES teams</li><li>Cluster teams</li><li>Family Support teams</li><li>Targeted Youth Support</li><li>Area Inclusion Partnerships</li></ul>	<ul style="list-style-type: none"><li>Targeted Youth Support</li><li>Family Nurse Partnership (FNP)</li><li>Education Welfare Team</li><li>Stockport Family Not in Education or Employment (NEET) Team</li><li>Stockport Family Careers and Transition Team</li></ul>
	Specialist & Targeted Interventions	<ul style="list-style-type: none"><li>Referrals may come from both specialist and targeted services</li><li>Requires consent</li><li>Source of referral (or who holds the case) determines if case is considered specialist or targeted</li></ul>	<ul style="list-style-type: none"><li>MST</li><li>Family Intervention Services / RES Team support</li><li>Signpost</li><li>Family Group Conferencing</li></ul>	<ul style="list-style-type: none"><li>Children Social Care Teams</li><li>Children with Disabilities Teams</li><li>MOSAIC (drugs and alcohol service)</li><li>Family Group Conferencing</li></ul>
	Specialist Statutory Services	<ul style="list-style-type: none"><li>Services for high need individuals that councils must legally provide</li></ul>	<ul style="list-style-type: none"><li>Children's Social Care Teams</li><li>Youth Offending</li><li>CAHMS</li><li>SILCs incl SEMH provision</li></ul>	<ul style="list-style-type: none"><li>Children's Social Care Teams</li><li>Youth Offending Service</li><li>Young Carers Service</li><li>Healthy Young Minds (HYMs)</li></ul>





# LEEDS PROCESS MAP

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At any stage of this journey a CYPF may:

- Be stepped down from / escalated to Social Work
- Exit because their needs have been addressed
- Exit because they are assessed to not require Early Help
- Withdraw consent
- Be referred to Duty & Advice with a safeguarding concern
- Be referred to Families First

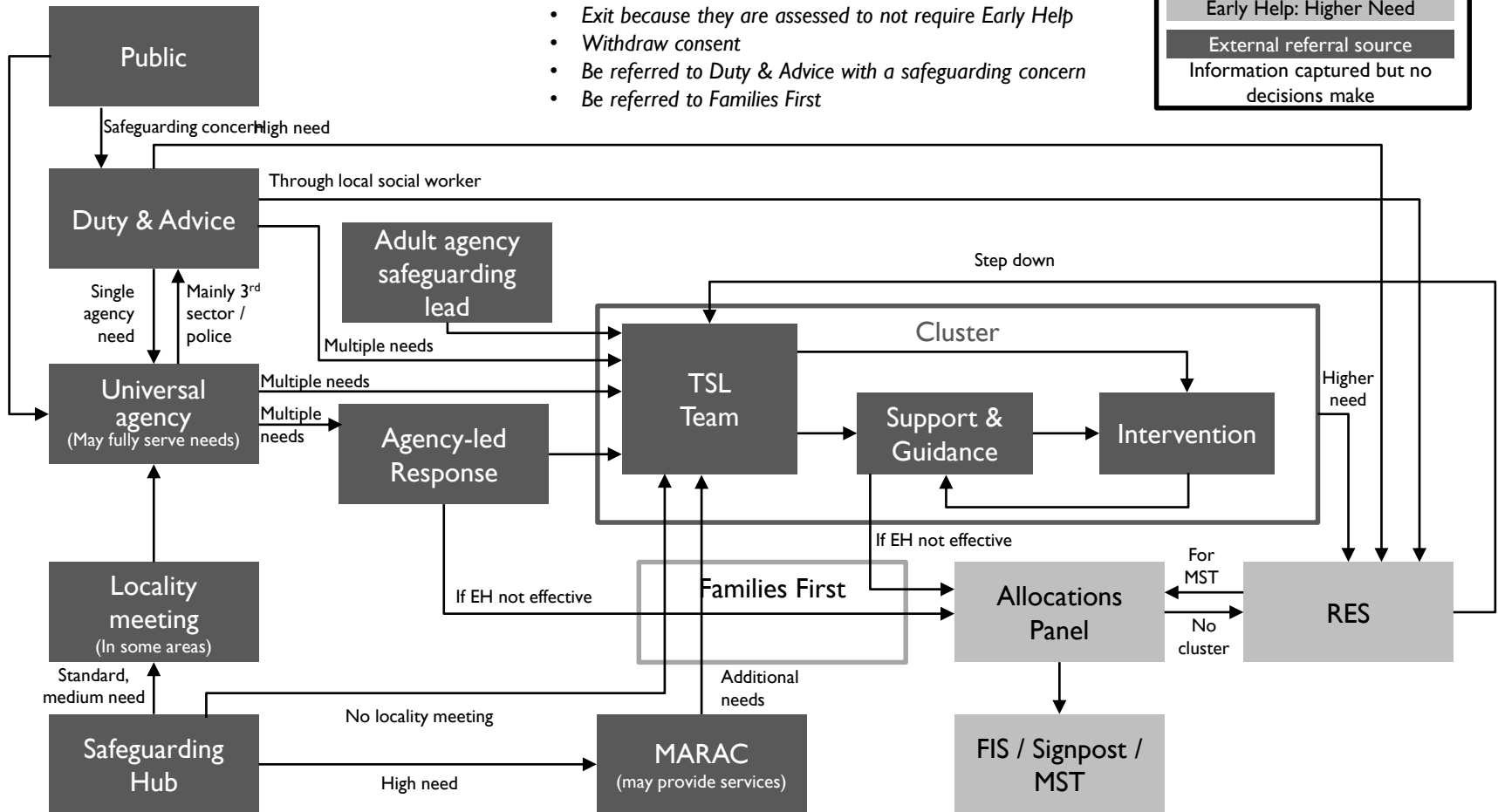
Key:

Early Help: Standard Need

Early Help: Higher Need

External referral source

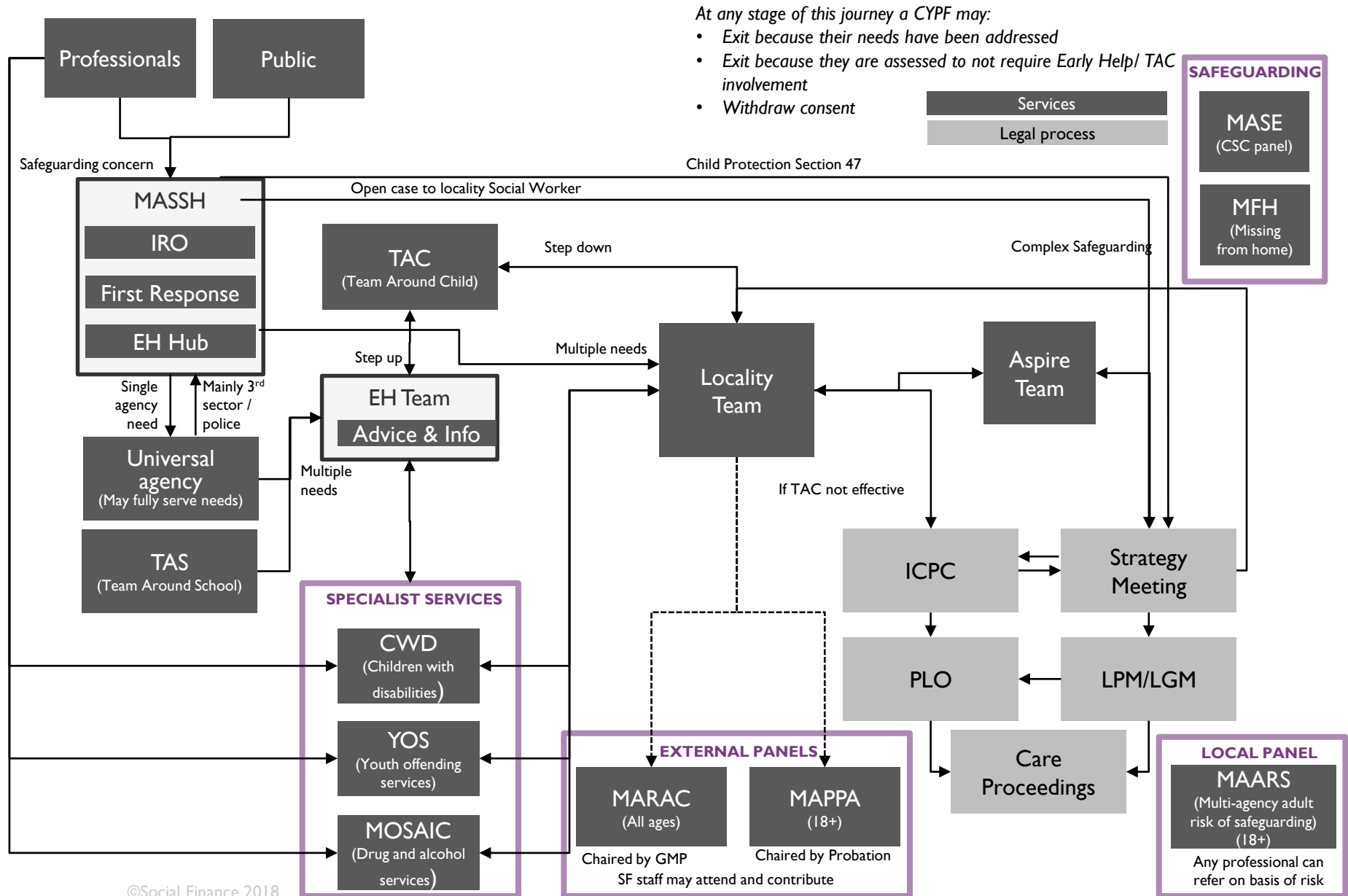
Information captured but no decisions made





# STOCKPORT PROCESS MAP

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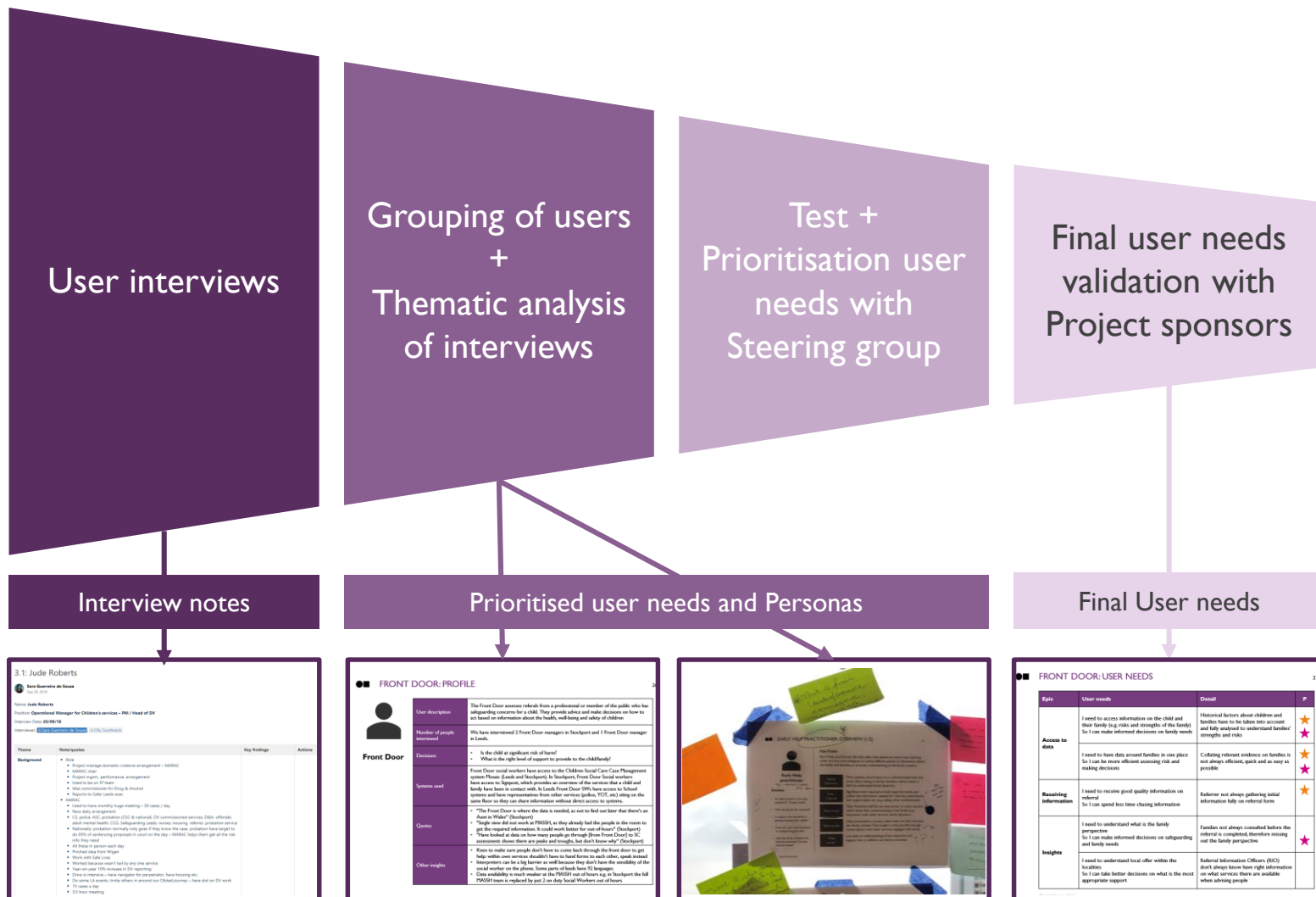


1. Introduction
2. Background on Leeds and Stockport
3. User needs
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5. Next steps



# WE'VE SUMMARISED OUR 50+ INTERVIEWS INTO USER PERSONAS AND NEEDS, THEN TESTED AND PRIORITISED THESE IN WORKSHOPS

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## WE'VE GROUPED THE INTERVIEWEES INTO FIVE USER PERSONAS BASED ON SERVICES AND DECISIONS REGARDING FAMILIES

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\***Leadership** includes Service Managers, Senior Leaders and Commissioners.

THE FOLLOWING SLIDES PRESENT A PROFILE, WORKFLOW & DECISION MAP AND USER NEEDS FOR EACH PERSONA

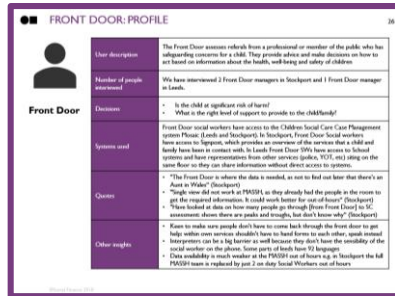
## Slide

# Title

## Description

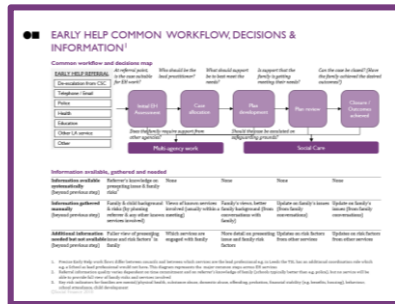
## User profile

Overview of each persona, their roles, the systems they use, how many people we spoke to and key overall quotes and findings



## Workflow, decisions and information map

Summary of the common worksteps this user takes with children/families, what decisions they make. what information they have and what they are missing (only for frontline services who work directly with families)



## User needs

### The key needs that emerged for this user persona from our interviews

We tested which of these user needs with users in show and tell workshops and have marked the needs that users prioritised as most important with stars:

★ = prioritised by users in Leeds

★ = prioritised by users in Stockport

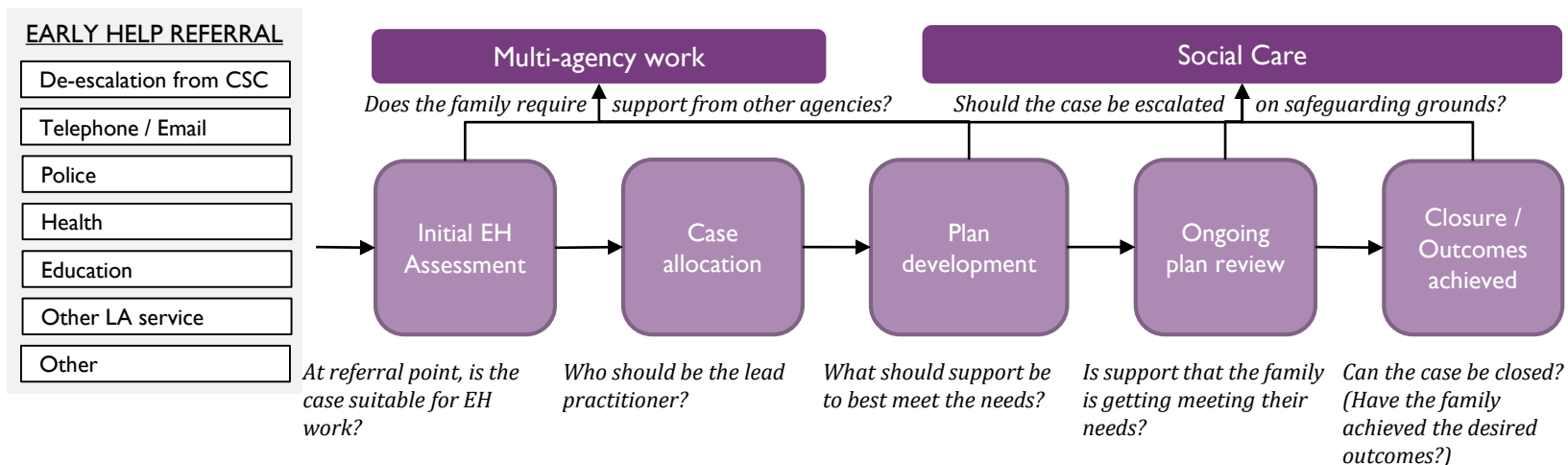
Topic	User needs	Detail	P
Access to info	I need to access information on the child and their family (e.g. risks and strengths) of the family So I can make informed decisions on family needs	Historical factors about children and families, how to be able to take account of family history to understand families' strengths and risks	★
	I need to have data around families in one place So I can make relevant assessing risk and making decisions	Collating relevant evidence on families in one place, allowing quick and as easy as possible	★
Receiving information	I need to receive good quality information on referral So I can spend less time chasing information	Referral not always having initial information today on relevant info	★
	I need to understand what is the family perspective So I can make informed decisions on safeguarding and family needs	Families not always considered before the referral is completed, therefore missing out the family perspective	★
Insights	I need to understand local offer within the practice So I can take better decisions on what is the most appropriate support	Referral Information Officers (RIOs) check always from the data on what services there are available when advising people	



User description	<ul style="list-style-type: none"><li>• Early Help services work with children, young people and families where there are indicators of emerging difficulties or additional needs. They aim to address these needs at an early stage, before they progress to being more serious concerns (e.g. before children's services required)</li><li>• Needs can include anything that affecting health, development, wellbeing and safety of children and young people</li><li>• EH is typically delivered collaboratively between services. However it can also be delivered by a single agency (e.g. schools, children centres, health visitors, third sector agencies etc).</li><li>• EH is typically coordinated by a specialist, who may also deliver some support. In Leeds this is "TSLs" and their teams. In Stockport it is "School Age+ workers" &amp; SWs linked to schools</li></ul>
Number of people interviewed	We interviewed 9 people from EH: 1 School Age+ (EH) worker and 1 School Age+ (EH) Team Leader in Stockport and 7 TSLs in Leeds
Systems used	In Leeds TSLs' teams mainly use Mosaic and Cluster spreadsheets as their CMS. EH practitioners in Children Centres and School have access to its respective systems. Stockport EH Teams use EIS (the CS CMS)
General quotes	<ul style="list-style-type: none"><li>• "I have created a chronology of the child event to build the case. When doing that I rang Croydon to complete the picture but they said no so I had to drive there to actually understand what happened to the child before she moved to Leeds" (Leeds)</li><li>• "I didn't know the parent was seeing a counsellor". "You don't know if the parents are working well with the job centre unless they tell you" (Stockport)</li><li>• "Often referrals don't have family context information included, despite the fact that there is space on the form to do that." (Leeds)</li><li>• "We get police data on crimes involving children the previous day but it's too hard to stay on top of this" (Leeds)</li><li>• "One extra piece of information sometimes enabled life-saving intervention" (Leeds)</li><li>• "One piece of information I would like is who's living in household. I don't always know who the housing officer is, and if I do then they don't always know either" (Stockport)</li></ul>
Other insights	<ul style="list-style-type: none"><li>• EH decisions aren't robust enough. Development or challenging behaviour concerns at age 2-3 can be picked up. An EH assessment is needed at this point</li><li>• Leeds used to identify top 100 children at risk, but the workload involved was too major to sustain</li><li>• EH workers rely on parents, schools etc. to inform them on changes in the family's situation. This means they can miss changes in the family's situation</li></ul>

# EARLY HELP COMMON WORKFLOW, DECISIONS & INFORMATION<sup>1</sup>

## Common workflow and decisions map



## Information available, gathered and needed

<b>Information available systematically</b> (beyond previous step)	Referrer's knowledge on presenting issue & family risks <sup>2</sup>	None	None	None	None
<b>Information gathered manually</b> (beyond previous step)	Family & child background & risks (by phoning referrer & any other known services involved)	Views of known services involved (usually within a meeting)	Family's views, better family background (from conversations with family)	Update on family's issues (from family conversations)	Update on family's issues (from family conversations)
<b>Additional information needed but not available</b> (beyond previous step)	Fuller view of presenting issue and risk factors <sup>3</sup> in family	Which services are engaged with family	More detail on presenting issue and family risk factors	Updates on risk factors from other services	Updates on risk factors from other services

1. Precise Early Help work flows differ between councils and between which services are the lead professional e.g. in Leeds the TSL has an additional coordination role which e.g. a School as lead professional would not have. This diagram represents the major common steps across EH services
2. Referral information quality varies dependent on time commitment and on referrer's knowledge of family (schools typically better than e.g. police), but no service will be able to provide full view of family risks and services involved
3. Key risk indicators for families are mental/physical health, substance abuse, domestic abuse, offending, probation, financial stability (e.g. benefits, housing), behaviour, school attendance, child development





## EARLY HELP WORKER: USER NEEDS



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Theme	User needs	Detail behind user need	P
Access to data	I need: understand a child's family background (e.g. family mental health issues, drugs and alcohol issues, involvement with police, benefits) So I can: better understand the child's needs and verify what the family tells me, so I can make the right decisions on what support to give	Most EH workers don't have access to information from other services in any systematic way. Therefore they have to investigate to find out what services are involved with the family and then collect information from these services. This investigation would usually start with speaking to the referrer. There is no way EH workers can guarantee they know about all services engaged with the family	★
	I need: to know what services are working with the child and family and who the lead practitioner is So I can: coordinate support between agencies		★
	I need: to know when a child and family's situation changes (e.g. move house, parents divorce etc.) So I can: be aware of any changes in risk level	Early Help workers rely on parents or schools (if they know) to update them on changes in family situation, this means they can miss important changes	
	I need: to understand family relationships So I can: better understand family strengths and needs and assess potential risks	Most systems record data on an individual level and only some allow linking to family members which makes it harder to understand family dynamics.	
	I need: to know basic info about the child & family (name, address, etc) So I can: save time and focus on working with families	EH workers do not always have reliable basic information on families	★
	I need: to access info when families move to LA So I can: not waste time tracking down information from other LAs	EHS sometimes have to physically driving to other Local Authorities to access information on families that move	



## EARLY HELP WORKER: USER NEEDS

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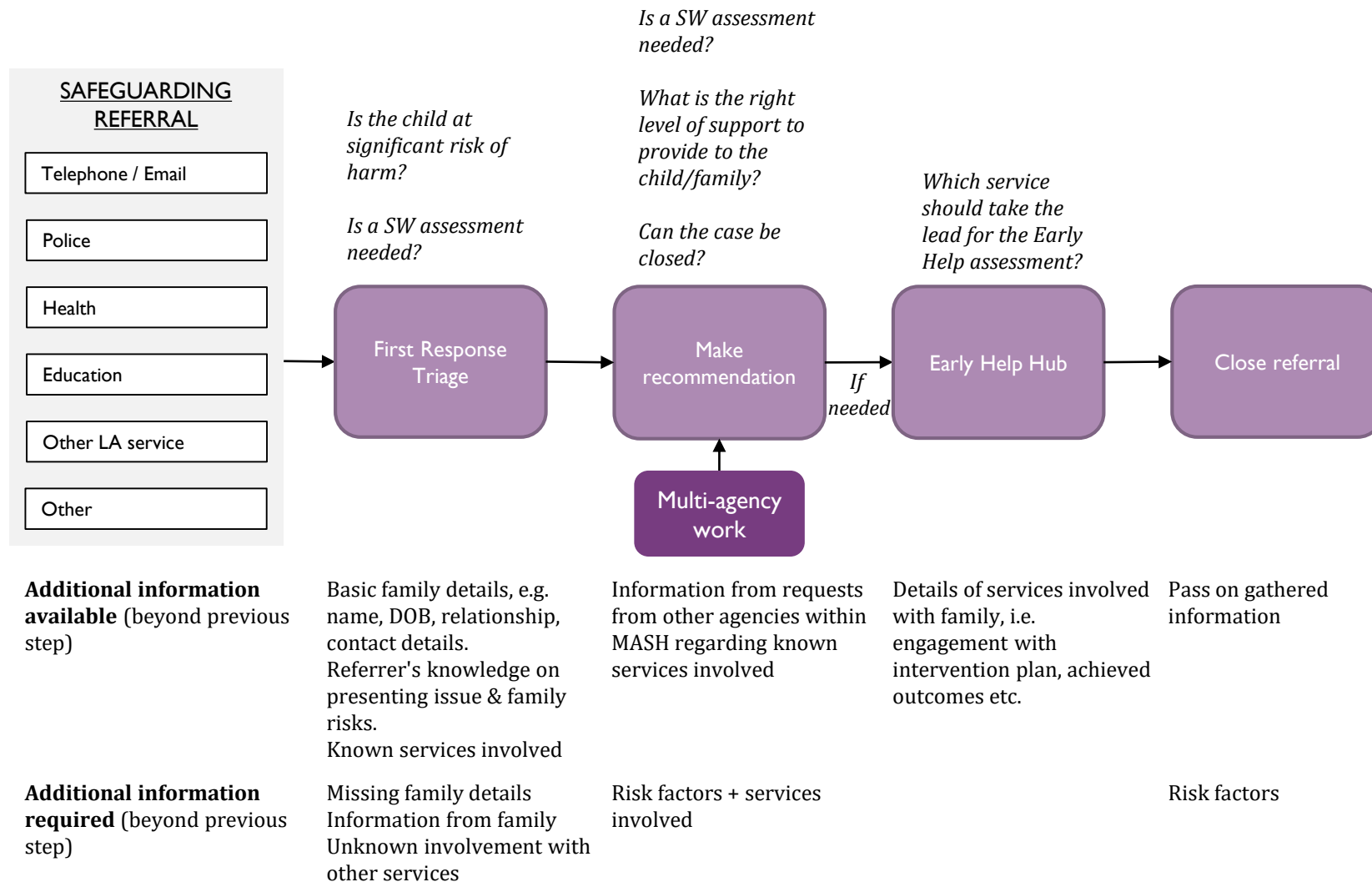
Theme	User needs	Detail	P
<b>Service</b>	I need: to understand what EH is defined as and understood by other agencies So I can: be clear with other agencies on when I need to be involved	There is no consistent definition of EH currently, leading to misunderstanding and inappropriate referrals	
<b>Data quality</b>	I need: good quality information on referral So I can: spend less time chasing info	Quality and level of detail of referral forms varies a lot depending on referees (e.g. information on a referral can be as simple as a line of text or as detailed as one or two text pages)	 



User description	<p>The 'front door' is the arrangement that local authorities have in place to respond to an initial safeguarding concern for a child from a professional or member of the public. There are various names for different front door models in different places, such as multi-agency safeguarding hub (MASH) or in Stockport, multi-agency safeguarding support hub (MASSH). The front door is where professionals gather information, provide advice and make decisions about which pathways to follow for different contacts and referrals. This may lead to an assessment by children's social care, early help or a response from universal services. Historical factors about children and families have to be taken into account and fully analysed to understand families' strengths and risks.</p>
Number of people interviewed	<p>We have interviewed 2 Front Door managers in Stockport and 1 Front Door manager in Leeds.</p>
Systems used	<p>Front Door social workers have access to the Children Social Care Case Management system Mosaic (Leeds and Stockport). In Stockport, Front Door Social workers have access to Signpost, which provides an overview of the services that a child and family have been in contact with. In Leeds Front Door SWs have access to School systems and have representatives from other services (police, YOT, etc) sitting on the same floor so they can share information without direct access to systems.</p>
Quotes	<ul style="list-style-type: none"><li>• "The Front Door is where the data is needed, as not to find out later that there's an Aunt in Wales" (Stockport)</li><li>• "It is crucial that we have the right information at the right time to make the right decision for the child" (Stockport)</li></ul>
Other insights	<ul style="list-style-type: none"><li>• Referral Information Officers (RIO) don't always know or have right information on what services there are when advising people</li><li>• Language interpreters can be a big barrier. They don't have social worker training. Some parts of Leeds children and families speak 92 languages</li><li>• Data availability is much weaker at the MASSH out of hours e.g. in Stockport the full MASSH team is replaced by just 2 on duty Social Workers out of hours</li></ul>



# FRONT DOOR WORKFLOW & DECISIONS<sup>1</sup>



1. Precise Front Door work flows differ between councils e.g. in Stockport the Early Help Hub sits in the Front to make decisions on EH referrals passed from MASH. This diagram represents the common steps across
2. Key risk indicators for families are mental/physical health, substance abuse, domestic abuse, offending, probation, financial stability (e.g. benefits, housing), behaviour, school attendance, child development



Theme	User needs	Detail	P
Access to data	I need to access information on the child and their family (e.g. risks and strengths of the family) So I can make informed decisions on family needs	Historical factors about children and families have to be taken into account when assessing a referral to understand the context in which children are living and the strengths of the family and their protective factors, as well as the risks children might be facing	★ ★
	I need to have data around families in one place So I can be more efficient assessing risk and making decisions	Collating relevant evidence on families is not always efficient, quick and as easy as possible, to enable staff to focus on their work rather than duplicating paperwork or 'feeding' unhelpful information systems	★ ★
Receiving information	I need to receive good quality information on referral So I can spend less time chasing information	Referrer not always gathering initial information fully on referral form, e.g. not having the parent's telephone number on the referral form to make initial contact	★
Insights	I need to understand what is the family perspective So I can make informed decisions on safeguarding and family needs	Families not always consulted for their consent before the referral is completed, therefore initial information about the safeguarding concern misses out the family perspective	★
	I need to understand local offer within the localities So I can take better decisions on what is the most appropriate support	Referral Information Officers (RIO) don't always know have right information on what services there are available when advising people	

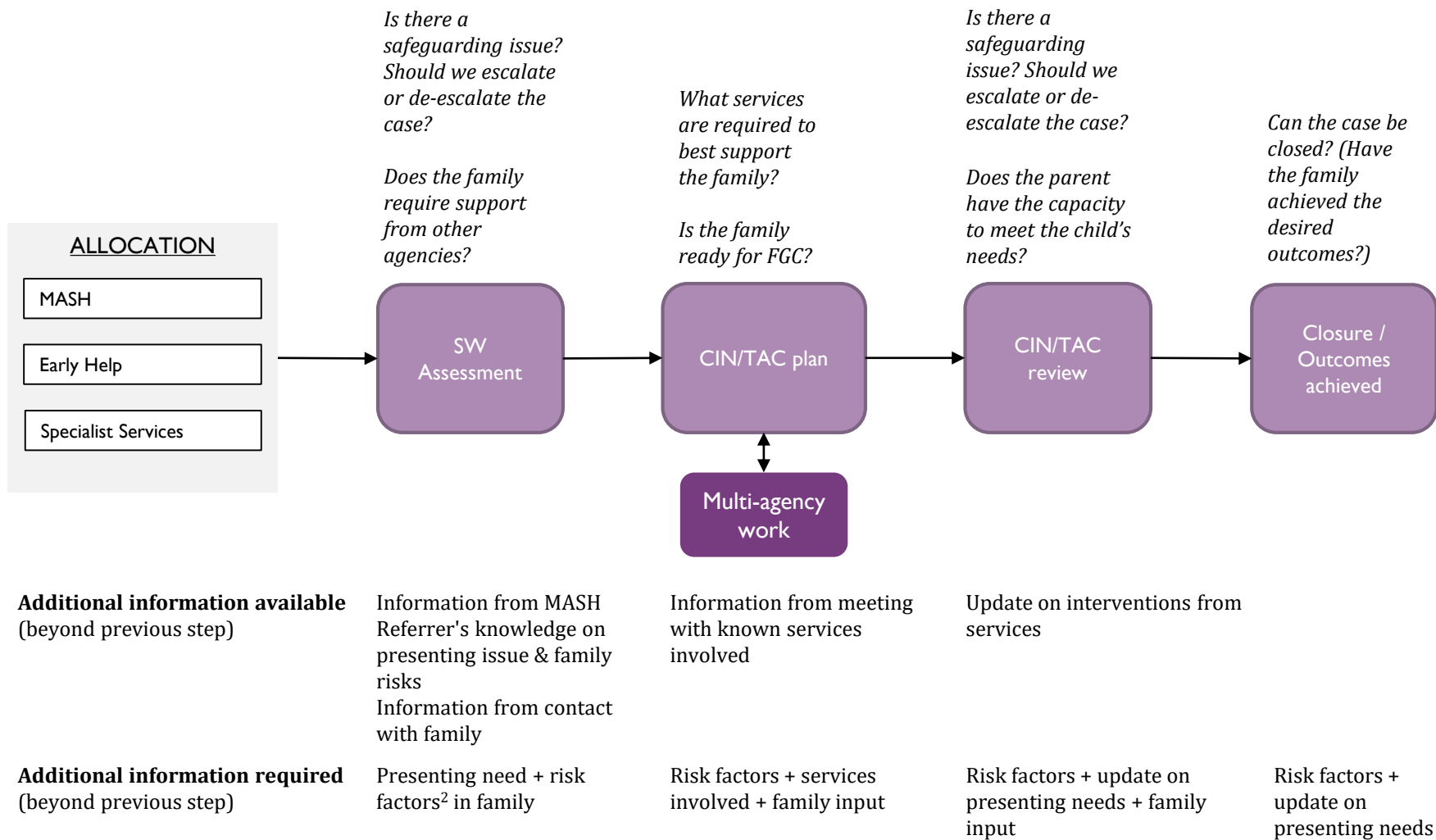




User description	<ul style="list-style-type: none"><li>• Social Workers support individual children and families with more severe needs or safeguarding risk</li><li>• They perform the statutory duty of the Local Authority to ensure children are safeguarded. This means that a number of their processes are legally specified e.g. those around assessments for Children in Need, those on Child Protection Plans and Looked After Children. They must perform timely assessments to ensure that vulnerable people, including children and adults are safeguarded from harm</li><li>• In Leeds, Social Workers generally specialise in a certain type of support. In Stockport, Social Workers are more general but will follow a family throughout their journey e.g. from being a Child in Need, through escalations and to legal proceedings</li><li>• Within Children Social Care (CSC), social workers work collaboratively with other professionals, bringing together and co-ordinating the “team around the child” to ensure a multi-disciplinary approach to safeguarding</li><li>• Their role is to help improve outcomes for children and families’ by providing both challenge and support</li></ul>
Number of people interviewed	We interviewed 7 frontline social workers across the two councils, as well as speaking to leadership on the challenges and support for social workers. 1 senior social worker in Leeds and 6 social workers in Stockport (a mixture of team leaders, senior practitioners and “Team Around the Child” coordinators”)
Systems used	Social workers have access to the CSC Case Management system (Leeds – Mosaic, Stockport – EIS). Note that in Stockport, Front Door Social workers have access to Signpost and have indirect other systems (through professionals from other services at the MASSH), other social workers don’t.
Quotes	<ul style="list-style-type: none"><li>• “Sometimes there’s not enough info on and it’s your job to update it” (Leeds)</li><li>• “Recording reduces SWs sense of autonomy or of skill. Just churning things through a machine” (Stockport)</li><li>• “Conversations are quicker and easier” “Let’s stop thinking we should digitise everything” (Stockport)</li><li>• “More time writing notes than working with families. I try to prioritise my families. 50-75% of time on paper work and court work” (Leeds)</li><li>• “Out of hours need more information as limited access to systems” (Stockport)</li></ul>
Other insights	<ul style="list-style-type: none"><li>• Social workers have to “wade through documents and documents and documents” to get the information they need.</li><li>• There are too many referrals for SWs to handle</li></ul>



# SOCIAL WORKER WORKFLOW & DECISIONS<sup>1</sup>










1. This diagram represents the common steps within Social Work teams following receipt of a referral from MASH, however, work flows may differ between the councils.
2. Key risk indicators for families are mental/physical health, substance abuse, domestic abuse, offending, probation, financial stability (e.g. benefits, housing), behaviour, school attendance, child development



## SOCIAL WORKER: USER NEEDS (1/2)

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Theme	User needs	Detail	P
Access to data	I need: to know what services are involved with family So I can: better understand the family and coordinate support	Most SWs don't have access to other systems. Discovering what services are involved can only come through the family, records in previous case notes or "detective work"	 
	I need: to understand family relationships So I can: better understand family strengths and needs and assess potential risks	Although Social Care CMS allows to link family members, it depends on manual inputting from SWs and provided limited understanding of relationships	 
	I need: to know about a child's family (e.g. family mental health issues, drugs and alcohol issues, involvement with police, benefits) So I can: make better decisions about placement / care and verify what they tell me	The Social Care CMS will only include information on other service involvement where a Social Worker is already aware of it	 
	I need: to access info quickly when families move to LA So I can: not waste time tracking down information from other LAs	At the moment SWs are sometimes having to travel to other Local Authorities to access past data on families – this can be several hundred miles	
	I need: to understand what local services are available So I can: take better decisions on de-escalations	Sometimes it's not clear to SWs what services are available to families (services are commissioned and de-commissioned)	







## SOCIAL WORKER: USER NEEDS (2/2)

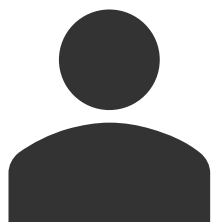
33

Theme	User needs	Detail	P
<b>Recording</b>	I need: to save time entering data (e.g. write up case notes) So I can: focus on family	SWs spend a lot of time recording cases notes (e.g. uploading text messages from families into Mosaic)	
<b>Extracting</b>	I need: to be able to pin point key information from case files So I can: build up a picture of a situation quickly to summarise previous interventions, risk and protective factors	Case files consist of very long and detailed notes making it difficult to identify key information to compile chronologies, assessments etc.	
<b>Insights</b>	I need to: understand what works for the family So I can: avoid repeating any mistakes made in previous plans	Data presented on systems often doesn't fully translate the experience of the family. SWs want to improve their engagement with families, especially those who may have previously been in CSC	
	I need: to understand how my decisions link to children and family outcomes So I can: know more about what went well and what works for families achieving positive outcomes	SWs have low levels of understanding of how decisions and support link to children and family outcomes. E.g. don't know what happens on de-escalation, some assessments such as parenting capacity have no standard approach and are quite subjective	



## ANALYST: PROFILE







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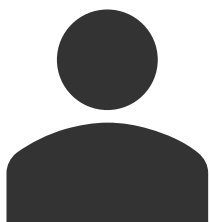
### Analyst

User description	Analysts provide all roles with the data and insight required to make good decision. The Analyst user covers Insight and Intelligence analysts, Performance analysts, Cluster analysts, Safer Leeds, Early Start analysts and Families First team. The type of reporting and cadence varies depending on the specific service / team they are attached to (e.g. an Analyst within the Intelligence and Performance team in Leeds would run quarterly reports for Mid-Managers on service performance - Safeguarding (LAC, CIN, CPP), Specialist (CwCN, YOS) & Targeted (EH).
Number of people interviewed	We have interviewed 6 Analysts in Leeds. 6 staff from Business Intelligence were interviewed in Stockport.
Decisions	Analysts don't really take decisions regarding Families. However they do need to understand families in order to produce the insight required. At the moment most of the reports and analysis focus on individuals (e.g. reports on vulnerable children and adults) and ideally they would like to be able to report on families.
Systems used	In Leeds the systems Analysts have access to vary across services. Intelligence and Performance team has access to Mosaic, synergy, Child View (YOS), insight outreach (NEET). Safer Leeds have access to Police data and specific data needed for the project. Families First team has access to Mosaic, Synergy, Child View – YOS and Police data. In Stockport, Analysts have access to the Children's Warehouse which includes EIS and Synergy, however, they have limited capabilities with Child View (YOS) and the system used by the drug and alcohol service.
Quotes	<ul style="list-style-type: none"><li>• “When I find an error in the data, there is no way I can go back to the system and make sure it is propagated across systems where it is recorded.” (Leeds)</li><li>• When something changes within the family context, the data only reflects when there is an episode. (Leeds)</li><li>• Some things are difficult because of structure of data or access levels (Stockport)</li><li>• Can't get to family groups (Stockport)</li></ul>
Other insights	



Theme	User needs	Detail	P
Access to data	I need: better access to data So I can: spend less time trying to access to data and focus on understanding the population and developing insights	There is limited data sharing between public agencies. Often access to data relies on personal connections with other services.	 
	I need to: understand who is part of the family So I can: link family members and create reports on families	Most systems record data on individual level and only some allow linking to family members which makes it harder to understand family dynamics.	 
	I need to: be able to identify CYP and families across different systems So I can: track journeys and perform longitudinal analysis	Different systems use different identifiers making it difficult for analysts to track people across systems. There isn't one unique identifier across services.	
Data quality	I need: better quality data So I can: spend less time checking errors and focus on understanding population and developing insights	Data quality is often an issue in Analyst's day to day work, e.g. some people use false names or different surnames with different agencies, or poor quality of data entry.	 
Other	I need: more time and resources So I can: do more and better analysis	Analysts feel they don't always have the time and resources to perform the analysis required (e.g. little time to invest in more complex analysis and limited capabilities in terms of matching data sets)	
	I need: to understand what would be useful to report So I can: provide the info in the best way	Analysts often feel there is no clear guidance on what leadership needs to see on reports.	










### Management & Leadership

User description	Senior leaders are responsible for the performance of services and systems, including safeguarding and commissioning services and having ultimate responsibility for safeguarding.
Number of people interviewed	3 Team Leader/Managers, 2 Operational Leads and 6 Senior Leaders were interviewed in Stockport. 9 Service / Programme managers and 2 Commissioners were interviewed in Leeds.
Decisions	<ul style="list-style-type: none"><li>• Which populations should be prioritised?</li><li>• What should be the offer for those populations?</li><li>• What services should be commissioned?</li><li>• What can be done to help commissioned services delivering better outcomes for children and families?</li></ul>
Systems used	In Stockport Management and Leadership have access to EIS, Signpost and Tableau dashboards built on the Children's Warehouse (MDM with EIS & Synergy schools data). Senior Leaders regularly use it for wider case management to get an overview of a case, e.g. quick access of information on an individual family when on a review panel. In Leeds management have access to the Mosaic as well as some dashboards (e.g. excel-based weekly team performance)
Quotes	<ul style="list-style-type: none"><li>• “Have we made a difference? What does success look like? For the LA it will be cost and demand, but what will it look like for family?” (Stockport)</li><li>• “Currently we don’t have evidence base to show whether our approach is working or not” (Leeds)</li><li>• “How much are we driving behaviour change?” (Stockport)</li></ul>
Other insights	<ul style="list-style-type: none"><li>• Improve ability to record outcomes not output</li><li>• “Data is not important, it’s the why” “Knowing the why is important so we can replicate it for future families, or argue it in court” - emphasising the greater need for qualitative data to understand the impact of services for children and families</li></ul>



## MANAGEMENT & LEADERSHIP: USER NEEDS

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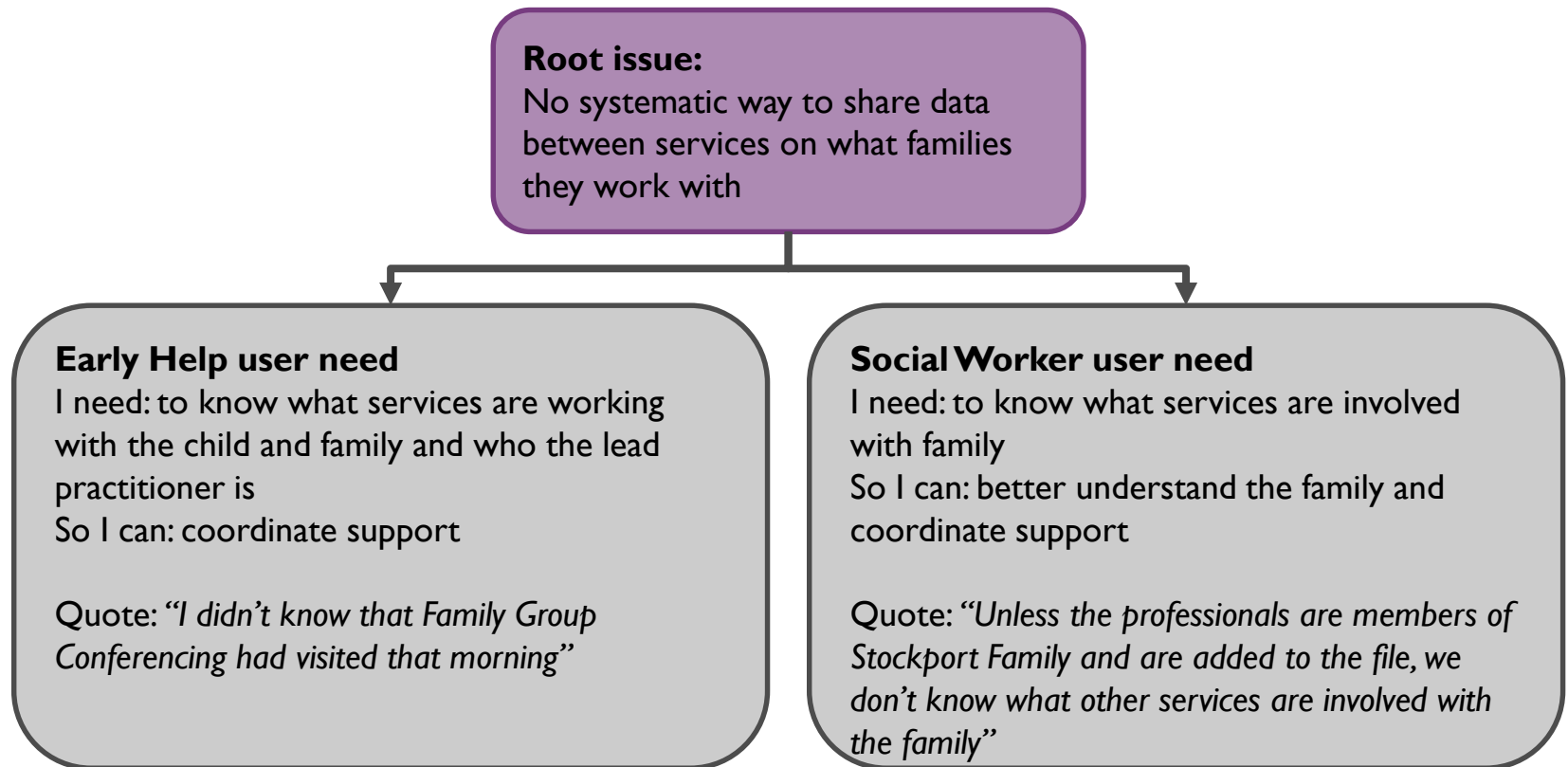
Theme	User needs	Detail	P
<b>Access to data</b>	I need to access outcomes data for children and their families So I can evidence impact and know what works	Limited outcomes data prevent commissioners from evidencing impact of services and interventions	
	I need to access cost data So I can better understand value per money of services	Do not have access to 'what works' in relation to the costs of placements and other care planning decisions	
<b>Strategic overview</b>	I need to understand how different services work together for a child and their family So I can better plan and target resources	"Numbers of LAC are going up –but we don't know what drives this – maybe welfare reform, family courts and legal aid (counselling or mediation could have helped earlier), teenagers (late in life it's harder to have successful placement), poor school attendance, autism, ASB. For mid-teens with behavioural problems we need expensive placements just to contain them"	 
	I need to understand at risk population and current needs trends So I can ensure the right services are available to meet needs	Difficulty to get consistency of information across range of services  Managers would like to link presenting issues to outcomes to understand performance	
<b>Performance drivers</b>	I need to have a strong narrative for our approach & performance So I can have a better understanding of what is going on and inspire the team	Cannot compare how some families and outcomes compare to statistical neighbours	



## WE FOUND STRONG COMMONALITY IN NEEDS ACROSS USERS – THESE ARE DRIVEN BY COMMON ROOT CAUSES

38

### Example:



HOWEVER IT WILL BE MORE TRACTABLE TO FOCUS ON  
SOLVING THE ROOT ISSUE FOR ONE USER GROUP INITIALLY



## WE ALSO FOUND A SET A MORE GENERAL SET OF PRIORITY USER NEEDS, NOT RELATING TO FAMILY CONTEXT

39

### Extracting key info from CMS

**Summary:** Case files consist of very long and detailed notes making it difficult to identify key information pieces

**Users:** Social Workers

**Quote:** *"Sometimes there's 600 case notes to wade through"*

### Referral forms

**Summary:** Frontline staff often receive referral forms that lack key information. This could range from a lack of contact number to details of who is working with the family

**Users:** Social Workers, EH workers and Front door

**Quote:** *"the referral often lacks details on the incident"*

### Data access

**Summary:** Strong risk aversion and lack of understanding of IG holds back data sharing. Although all councils face the same challenge, there are no commonly shared approaches to IG

**Users:** All users

**Quote:** *"There's sometimes an attitude of 'that's my data, not yours'"*

### Data quality

**Summary:** Poor data quality holds back the use of evidence in decision-making and is an extensive drain of analyst time. This is a common problem across councils

**Users:** Analysts + All users

**Quote:** *"poor quality data quickly erodes trust in analysis"*

THESE ARE IMPORTANT ISSUES TO UNDERSTAND WHICH COULD BE ADDRESSED IN FUTURE DISCOVERY WORK



1. Introduction
2. Background on Leeds and Stockport
3. User needs
4. Prioritised user needs
5. Next steps





## OVERALL USERS PRIORITISED SIX FAMILY CONTEXT NEEDS UNDER TWO MAIN THEMES AS BEING THE MOST IMPORTANT

41

**Individual family information** – Frontline workers (SWs, EH & Front Door) all need quick and reliable access to basic information on the family. They need to know:

- 1a Who is the child's family and who do they live with?**  
...so they can ensure they don't miss risk factors or support options
- 1b What services are engaged with the family?**  
...and have contact details so they can reliably assess risk and coordinate support
- 1c What are the risks factors of each family member?**  
...(e.g. for substance issue: what's the nature of this?) so they can reliably assess risk
- 1d What is the quality of the relationships between family members?**  
...so they can understand family strengths and risks

**Management information** – Leadership need to understand how services work for families to improve decision making. They need to know:

- 2a Which groups of needs and services typically go together?**  
...so they can to highlight issues and improve coordination
- 2b What approaches give good outcomes?**  
...so they can improve future decision making



## WE TOOK THESE TO A WORKSHOP WITH 9 COUNCILS AND PRIORITISED THEM AGAINST FOUR CRITERIA TO ASSESS WHICH TO TAKE FOCUS ON TAKING FORWARD

42

We considered each of the top user needs against the following criteria...



### **Immediate value**

*Are any changes required for a solution to fit within current services and workflows?*



### **Potential Impact**

*How could addressing this need create better outcomes for children and families?*



### **Replicability**

*Does this user need resonate? What are the conditions needed for it to apply?*



### **Technical and IG feasibility**

*Is a 'high-tech' solution required to address this need? What data sharing and processing is needed?*



## UNDERSTANDING THE SERVICES ENGAGED WITH THE FAMILY EMERGED AS THE IMMEDIATE PRIORITY

43

Overall highest priority & good first step given dependencies

Individual family information		Immediate value	Potential impact	Replicability	Technical & IG feasibility	
Ia	Who is the child's family and who do they live with?	✓✓✓			✗	✗
Ib	What services are engaged with the family?	✓✓✓✓	✓✓	✓✓	✓	✗
Ic	What are the risks factors of each family member?	✓	✓	✓	✗	
Id	What is the quality of the relationships between family members?	✓✓✓	✓✓		✗	✗

Management information		Immediate value	Potential impact	Replicability	Technical & IG feasibility	
2a	Which groups of needs and services typically go together?	✓	✓	✓	✓	✗
2b	What approaches give good outcomes?	✓✓	✓✓	✓	✓	✗

THIS MATCHED WITH SHOW AND TELL PRIORITISATIONS AND ALSO THE VIEWS OF STOCKPORT AND LEEDS LEADERSHIP...



WE WILL TAKE THIS USER NEED FORWARD AND INVESTIGATE HOW WE CAN EFFECTIVELY ADDRESS IT



= individuals voted that user need scores well on this criteria



= individuals voted that user need scores poorly on this criteria

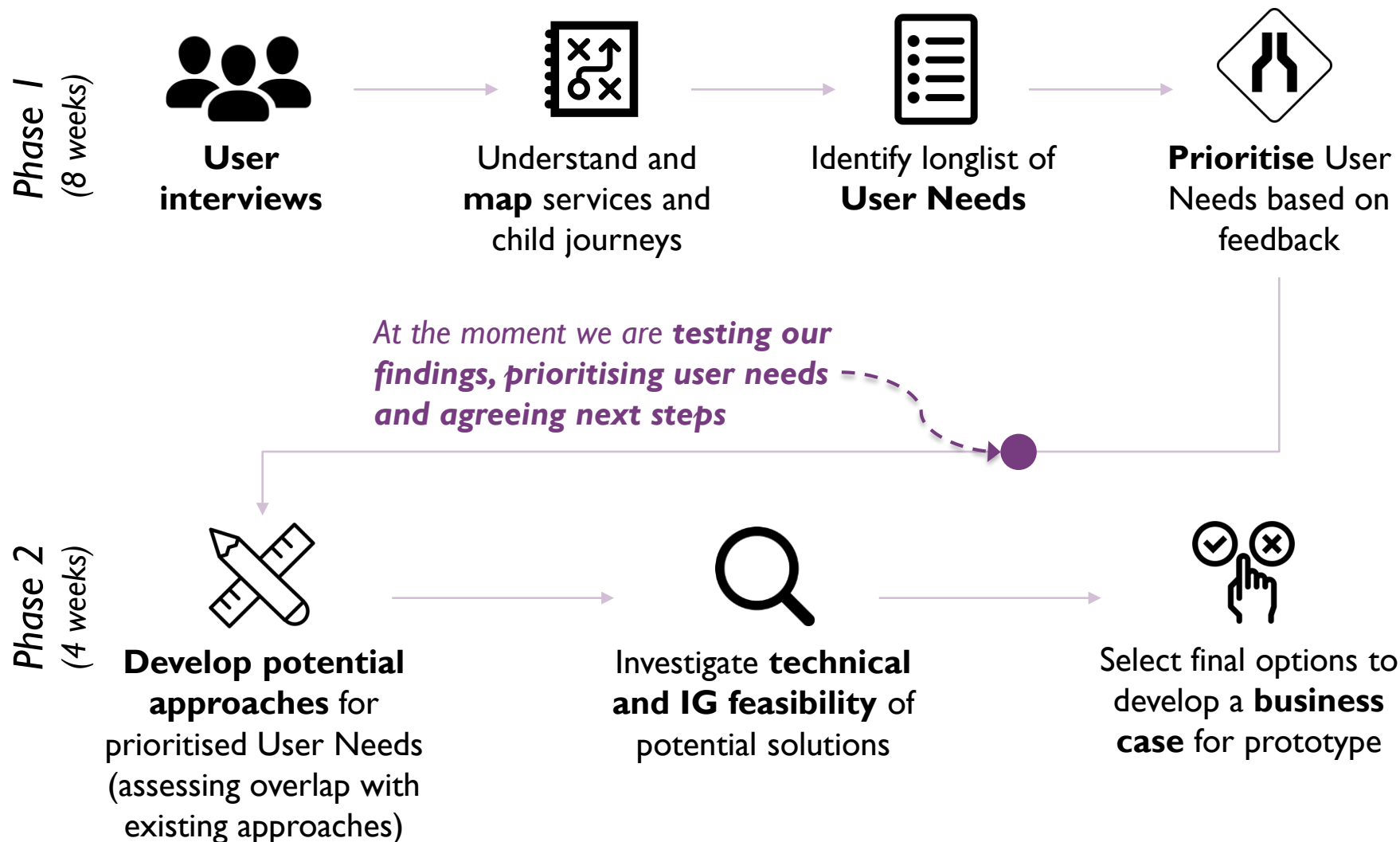


1. Introduction
2. Background on Leeds and Stockport
3. User needs
4. Prioritised user needs
5. Next steps



## OVER THE NEXT 4 WEEKS WE'LL INVESTIGATE POTENTIAL SOLUTIONS

45





# WE HAVE FIVE KEY FOCUSES OVER THE REMAINDER OF THE PROJECT

46

- 1. How exactly will we address the prioritised User Need?**
  - a. For which decision is it most impactful and feasible to address this need?
  - b. What exactly do we need to give our users to meet their need?
  - c. How will the solution fit into the workflow of the user?
- 2. What should we build?**
  - a. What data do we need?
  - b. Technically how will it work?
  - c. What are the Information Governance requirements?
  - d. What existing solutions are there that we could use or leverage?
- 3. What's the business case for addressing this need?**
  - a. What impact will it have?
  - b. What cost savings will there be?
  - c. How much will it cost to develop and run?
- 4. Plan for alpha**
  - a. What are the key workstreams and activities?
  - b. What team do we need?
  - c. What's the timeline?
  - d. What commitment do we need from LAs? (particularly from the service)
- 5. Leadership testing & sign-off**



## BOTH LEEDS AND STOCKPORT HAVE EXISTING PROJECTS THAT COULD FORM THE BASIS OF A POTENTIAL SOLUTION...

47

LA	Project	Overview
Leeds	Child Index	Child Index is an MDM solution developed by the council developers using Microsoft technologies to create an index of IDs across systems. At the moment it incorporates data from Mosaic, Synergy, Insight Outreach (pst-I6 education database). It is currently being trailed with YOS, Social Care Front Door, NEET tracking teams.
	Families First database	Families First team have built a platform to record and match data on families from multiple sources (Mosaic, Synergy, Child View – YOS and Police data). The team requires consent from families to add cases to the database.
	Mosaic family genogram & chronology	Mosaic is the CMS used by Social Workers and it has the ability to link siblings and other family members and build a family view. Gene-o-gram can build a family view but it requires already having data on family members. Group recording is possible but has not been implemented in Leeds.
Stockport	Signpost	Signpost system is currently used to pull together event data from many different sources and display them side by side in a single view. Current sources included, Schools, council tax, YOS and housing data. It is currently being piloted with the MASSH team.
	Children's Data Warehouse	The data warehouse is a Master Data Management system collecting data from the CSC CMS (EIS currently), designed to allow for easier reporting and analysis and providing a more comprehensive view of performance.

...WE WILL CONSIDER THESE IN MORE DETAIL, AS WELL AS PROJECTS AT OTHER COUNCILS AND VENDOR SOLUTIONS



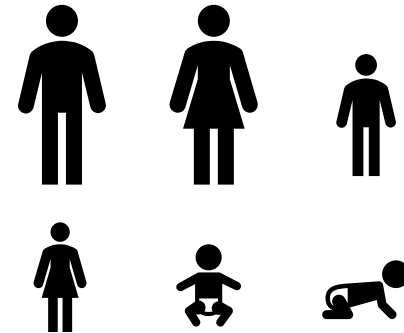
## CURRENT SOLUTIONS LARGELY FOCUS ON MAPPING AN INDIVIDUAL ACROSS SERVICES...

48

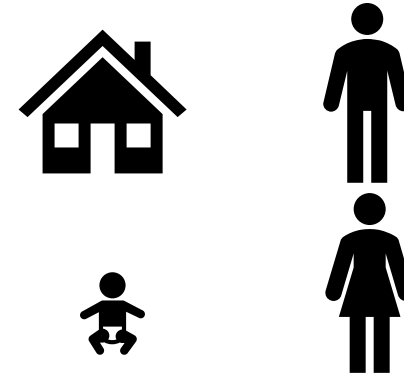
Mapping an individual between services



Mapping family relationships



Mapping who lives in a household



...WE COULD EXPAND THIS TO JOIN FAMILIES TOGETHER BY RELATIONSHIPS AND BY HOUSEHOLDS





# WORK OVER THE COMING FOUR WEEKS WILL ENABLE US TO CREATE A RELIABLE AND IMPACTFUL PLAN FOR ALPHA

Example Family context plan for alpha project

