

## The Vanguard Care Conference 10th May 2011 What Really Matters?

On the day that the government-commissioned Munro review published its final report into child protection, a group of systems thinkers came together in Buckingham to present all of their findings from across the various disciplines within the field of social care. Prof Munro's report had called for a more systemic approach to be applied to children's social care, with the removal of many of the barriers to good social work to help 'reform the child protection system from being over-bureaucratised and concerned with compliance to one that keeps a focus on children, checking whether they are being effectively helped, and adapting when problems are identified' (Munro 2011).

This event was chaired by Professor Sue White, a member of the Munro review expert panel who is a professor in social work at the University of Birmingham. Prof White has written extensively about the need radically to redesign the Integrated Children's System (ICS), the unwieldy, burdensome IT package that governs how social workers record and report their work (estimated to take up to 80% of a social worker's time). Her presentation discussed the policy responses from governments to past crises in children's social care, which have had a cumulative and debilitating effect on the services due to an ever-increasing focus on:

- imposing ever-stronger top-down management of workers;
- standardisation of processes, with the emphasis on making workers comply with the processes;
- rigorous micro-management of processes and outputs;
- an assumption that errors in safeguarding are a result of professionals failing to share information;
- another assumption that technologies including IT are integral to reforming for the better.

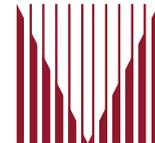
The Munro review marks a break from this cycle of dogmatic management practice: instead, the review's recommendations call for a move from a compliance to a learning culture, giving more scope to workers to exercise professional judgement in deciding how best to help children and their families.

Vanguard are experts in helping organisations to take a systemic view of their services, following a proven method (see [www.systemsthinking.co.uk](http://www.systemsthinking.co.uk)) for changing the way people think about the design and management of work. Along the way, this method challenges many conventions and exposes the barriers to delivering exactly what customers want. Vanguard MD, Prof John Seddon has been a vocal critic of the 'command and control' management logic behind the many waves of public sector reform, and the company has substantial experience of working with organisations in social care settings. From a systems thinker's perspective, adult and children's social care are parallel systems, with many of the same features. The purpose of this conference was to present some of the issues, the stories and the results from these interventions and encourage discussion about what should now happen in light of the Munro review findings.



A range of speakers from English and Welsh local authorities and housing associations talked about their experiences applying the Vanguard Method to various areas of adult social care, children's services and the provision of disabled adaptations in people's homes. Others delved into the interaction between health and social care services, and what has been learnt from dealing with care users' demands in a more joined-up way. The important points that came out of the day were:

- As one presenter put it, 'Our staff are customer focused, our current system of work is not'. The way care services are currently designed often prevents them from being able to do what matters to their users due to factors such as targets, inflexible IT, eligibility criteria and the functionalisation and fragmentation of services. Another presenter talked about how the Vanguard Method had led to a 'fundamental challenge to the corporate culture'.
- In adult social care, one of the presenters detailed how their study had shown that processes were being designed by managers away from where the work was happening, and then imposed down onto workers. As a result, counting and measuring drove the service and people were fearful of being blamed for things going wrong. Everyone aimed to do their bit of the system well, oblivious of the impact on the end user.
- In children's services, the risk aversion of the current system meant that there were many 'cover-your-back' activities going on which, in actuality, were not helping the families they were meant to be there to protect. What really mattered to the young people they were helping was a feeling of empathy and being listened to, some continuity so that they were required to tell the story only once, and to have their needs met in the shortest possible time, right first time. It was found that the current records showed little or no evidence of the child/family voice being captured, as workers were forced to be more concerned with 'case management' on the ICS system.
- Collectively, all of these social care/housing services found that their true purpose was to satisfy the basic user demand for 'help' with some aspect of their life. Surprisingly, none of the services currently explicitly dealt with this general requirement for help. Rarely were care users demanding a particular, specific service (for example, one teenager who was becoming violent towards his family had been referred to anger management classes at a day-care centre), but that was the way services were configured and thus these ready-made solutions were doled out to people, without a true understanding of whether it would suit a user's needs.
- Instead, a systems design requires frontline workers to spend time understanding the true, frequently complex needs of users. The Munro report referenced the systems idea of 'requisite variety': the ability to match the variety of demands a service user might have with an equally varied range of tailored services. Borrowing a fashionable phrase, this means that services can be designed to be truly 'personalised'- shaped to the unique needs of the user - or 'child-centred', as called for by the Munro report.
- In the example of the teenager above, this meant the social worker spending time with him and his family, exploring what was at the root of his anger whilst playing guitar together or wandering around town looking for work. This was so effective that, within a month, the teenager's mother was phoning the social worker to say how great everything now was. The social worker, freed from the bureaucratic burdens of the old system, was able to spend time really understanding this young person's needs ...



and building strong relations with him, rather than sending him away on the anger management course that would have previously been assigned to him.

- It was a theme which ran through the presentations of the newly redesigned systems that, were cases to have been treated in their old systems, they would have either have been deliberately 'rationed out' and considered sufficiently unworthy of attention when allocating scarce services, or else they would have been provided with a service that dealt only with the superficial part of their problem. In the new systems, by doing what matters to a user at first point of contact, the resultant 'failure demand' ('demand caused by a failure to do something or do something right for the customer' [Seddon 2003 p26]) drops, thus releasing capacity in the system for more value demands (those demands starting with 'I need help...') to be dealt with.
- Once services are re-designed against what really matters to service users, not only does service improve but costs fall. Workers are now encouraged to take a social work case and see it through from beginning to end, ensuring continuity of care for the user and the ability to adapt services over time as the user requires.
- One study found that if someone was taken out of their normal, day-to-day environment by an event (e.g. an elderly person suffering a fall), paradoxically, the ability to regain one's independence appeared to be lessened by the number of contacts one subsequently had with the system – an unfortunate unintended consequence of the way health and social care services work. Each new interaction with the NHS or social care was likely to lead to a 'just in case' referral onto another service, meaning people remained dependent on the system rather than returning to their previous levels of independence. A newly redesigned service now has a collaborative NHS/local authority team comprising of occupational therapists, physiotherapists, care workers and social workers trying to pick up referrals of patients in the community from GPs or acute hospitals. This team then focuses on understanding the patient's individual context before doing things to try to 'rebalance' their situation at home, allowing them to be returned to independent living as soon as possible. Examining the experiences of a sample group of patients showed that, in 70% of the cases, people were being trapped in the system by non medical problems: as they presented themselves to the health service with a problem, they were being given a health service solution that did not satisfy their real, more general requirement for help.
- For example, an elderly lady had multiple admissions to hospital and was labelled as 'vulnerable' after several falls at home. When the redesigned team took time to understand her home context, they found she was falling because she was reaching away from her walking frame in order to close her curtains in the evenings. Understanding this problem, the team were able to provide her with a longer piece of equipment that would allow her to close her curtains, preventing the falls. Similar work (understanding someone's context and subsequently acting with the purpose of 'rebalancing' the individual and their carer) has prevented 16 admissions to acute and community hospitals, helped to reduce 4 people's length of stay in hospital, prevented 6 admissions to long term residential care and stepped in to prevent 3 carer breakdowns.



- In one Welsh provider of care and support for adults with learning disabilities, the team were experimenting with new qualitative measures to show the impact of the new system from the recipient's point of view. The Welsh assembly inspectors were so impressed by the videos that service users were making to show their own progress, they are now accepting these as formal legal documents in place of the old ring-binders full of notes recording meetings between the various professionals involved in drawing up and monitoring a care package. The Vanguard Method gave these professionals a framework that helped them to see the redundancy of the bureaucracy that had previously governed the way they worked. Practitioners have reportedly now felt liberated to use the professional skills they possess in order to help decide with the service user what is really important to them, rather than being bogged down in the old rigid policies and procedures as before.
- Another study showed that the sooner a disabled facility grant (DFG) was turned into an adaptation in a service user's home, the better were the chances of avoiding admission into costly residential care. A comparison of the old and new (redesigned) system showed savings per case of approximately £500 on physical works and £180 on the cost of delivery, with a turnaround time of a tenth of what it was previously. Subsequently, people were shown to be living for 4 years longer on average if they received their adaptation at home rather than being admitted into residential care – a massive saving for the council against the cost of this additional care, and a huge difference for the quality of life for the recipient of the DFG.

Taken as a whole, these results demonstrate there is a sound, evidence-based method upon which social care services can be radically redesigned. The potential for improvement that these cases signal - both in terms of improved service and in financial savings - is hard to ignore. The organisers of the event therefore called on government to follow through and deliver against the Munro recommendations to remove all central specifications for targetry and computer systems, and instead to allow frontline innovation to provide the necessary 'requisite variety' so that care services can be dramatically improved for all.

To **find out more** about the Vanguard Method and care services, please contact John Seddon on 01280 822255 or [john@vanguardconsult.co.uk](mailto:john@vanguardconsult.co.uk)