Case studies of transformational reform

Summary report

June 2023

The Children's Services Reform Research study is a Scotland-based research study being undertaken by CELCIS, the Centre for Excellence for Children's Care and Protection. In 2022, CELCIS was asked by the Scottish Government to carry out this research study with the aim of gathering evidence to inform decision-making about how best to deliver children's services in Scotland in light of the proposed introduction of the National Care Service, and its commitment to Keep the Promise of the Independent Care Review (2020).

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Context of the research

In 2021, the Scottish Government published the findings of an Independent Review of Adult Social Care in Scotland (Feeley, 2021) and recommended the creation of a National Care Service for adult social care. Later that year when the Scottish Government launched its consultation on the National Care Service, it included a proposal that children's social work and social care services should be included within it. Whether or not to integrate systems, processes, services, or agencies is a big decision. When the systems in question include the nationwide delivery of support through children's social work and social care services, the implications are even wider.

In this context, it is important that decisions are made with the fullest understanding of available evidence and information.

About the Children's Services Reform Research study

The purpose of the research study is to answer the question: "**What is needed to ensure that children, young people and families get the help they need, when they need it?**". The study has four separate strands of work, which together aim to provide a comprehensive and holistic approach to answering this question. A final report will be published at the end of the study which will draw together and synthesise all four strands of the findings to address the research question.

An Independent Steering Group chaired by Professor Brigid Daniel, Professor Emerita at Queen Margaret University, Edinburgh, has supported the design, implementation and delivery of the research study.

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How we did this research

Case studies are a widely used research method for investigating and understanding complex subject matters. In this research, there are six case studies, each of which adopted or are working towards a different transformational reform programme. The benefit of having multiple and diverse case studies is that if common features and issues can be found, then the findings can more justifiably be applied to other countries and contexts (Yin, 2003).

The main research question this strand of work aimed to address was:

What transformational reform programmes have been introduced to enhance the delivery of children's social work services through closer working with health and/or adult social care services in the case study countries, and what has been the impact of these on children, families, services and practice?

Introducing the case studies

All six case studies are from high income countries and broadly comparable to Scotland on population, economic and/or child wellbeing measures.

Five focus on reforms to children's health and social care structures, with these varying in having a national, regional or local focus, while a case study from Scotland, considers the learning from the formation of Police Scotland.

🇫🇮	In Finland, there have been a number of reforms of its health and social care system, including a move from a local to a regional governance of children's health and social care services.
🇳🇱	In the Netherlands, most children's and adult social care services have been decentralised to its local authorities. However, some important functions, for example child protection, remain at the national and regional levels.
🇳🇿	In New Zealand, a new national agency governing child welfare, Oranga Tamariki, has been established, while there has also been a very strong policy focus on improving the experience of Māori communities.
🏴	In Northern Ireland, there have been efforts to strengthen integration between adult and children's health, social care and social work at the national, regional and local levels but, in light of children's needs being marginalised, there is movement towards setting up a national children and families social care body.
🇮🇪	In the Republic of Ireland, a new national child and family agency – Tusla – was established with responsibility for child protection and welfare, family support, early years services, domestic violence and educational welfare services.
🏴󠁧󠁢󠁳󠁣󠁴󠁿	In the case of Police Scotland, the experience of merging eight regional police services and into a single, national Police Scotland force provides valuable learning into the implementation of a national transformational reform programme.

Figure 1: Introducing the case studies of transformational reform programmes.

What we found

Common rationales for and aspirations of transformational reform

There were a number of common factors that provided the impetus for the transformational reform programmes:

The **'push factors'** relate to persistent challenges in the previous children's health and social care system and service landscape:

- Children's health and social care services were:
  - Fragmented across national, regional and local structures; and
  - Marginalised within a larger health and social care system for all ages.
- Practice was described as risk-oriented, deficit-based and centred on crisis management.
- Limited participation of children, young people and families in decisions and planning that affect their lives.
- An imbalance in service funding and provision towards specialist and reactive services rather than early help and preventative services.

A new, fresh and/or different approach was needed to address these push factors.

The **'pull factors'** identified offered a positive and ambitious 'vision' of what the reforms would achieve:

- Closer integration of national, regional and local organisations to enable more joined up planning, funding and delivery of children's health and social care services.
- Re-balancing service funding and provision towards early help and preventative services which, in turn, aim to improve children's outcomes.
- Improved access to services for children and families, including enhanced or seamless transitions between different services.
- Embedding of children's rights and building a new relationship between services and children and families – one characterised by professionals practicing in a positive, strengths-based, and empowering manner.
- Enhanced working between practitioners from different services.
- Improved workforce supports through professionalising the children's social care workforce and opening up career development and progression opportunities.

Implementation of transformational reform programmes

Implementation is a prolonged, complex and challenging process

Across all six case studies, there was a recognition that transformational change is not a single event but a prolonged process, taking many years to: create a new structure or agency and its associated governance arrangements, data and IT infrastructure; build a shared organisational or multi-agency culture; establish national practice models and implement new ways of working, and/or build constructive relationships with children, families and partner organisations.

Transformational reform programmes are also complex. The success of structural reforms is dependent on changes in organisational and professional cultures and practice, public expenditure levels, attention being paid to addressing wider structural inequalities, and workforce recruitment and retention levels. Without attention to these, the 'push factors' that were the catalyst for the reform programmes will continue.

Implementation of the transformational reform programmes has been challenging, and there was limited evidence to date of the impact of these reforms on children, families and practitioners. Despite some indicative areas of progress, such as more collaborative working at the locality level, many of the 'push factors' remained as persistent challenges. This highlights the need for reforms to engage with wider systems and factors if the wide-ranging aspirational 'pull factors' are to be achieved.

Transformational reform programmes require transformational leadership

From the case studies, we identified the key characteristics of such leadership as including:

- An understanding of complex, multi-disciplinary systems and how to bring about changes in such systems
- Recognition of the need to have a theory of change that sets out the structural, process and/or practice change(s) involved and the expected outcomes and impacts of these, and
- Effective and inclusive communication of the reforms to internal and external stakeholders and audiences, explaining clearly what the change is, how it will be brought about, and why it is needed. Of these, explaining the 'bigger picture' or the 'why' for the change was found to be particularly important.

Importantly, if these transformational change skills and expertise are not held by senior leaders within the health and social care system, then these skills and expertise should be brought in from external experts.

A conducive and settled domestic environment is required

Given their long-term nature, any transformational reform programme will be subject to external, unanticipated events. Notwithstanding these, at a domestic political level, this study found that a conducive and settled domestic environment should be sought when introducing and implementing major transformational reform programmes, including:

- Cross-party political support for the transformational reform programme, thus enabling continuity of support should there be electoral change.
- Creating 'buy-in' and support for the reforms from the public.
- Providing long-term budgetary stability that can ensure the required investment levels are available over the reform programme's multi-year timeframe.
- Keeping the number of transformational change programmes progressed at any one time to a minimum.
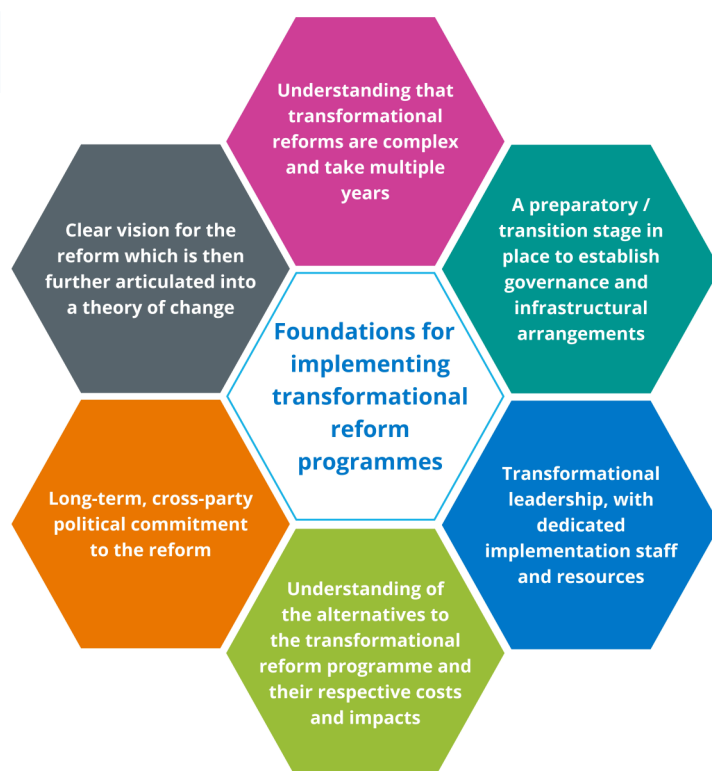

Figure 2: Foundations for the implementation of transformational reform programmes

Successful implementation needs strong foundations

Our study found that a series of inter-related foundations need to be in place for the successful implementation of transformational reform programmes (Figure 2). Driven by transformational leadership, the foundations encompass the need for thorough planning and appraisal of the reform programme at its inception stage and the development of a clearly articulate theory of change through to the importance of having long-term political and implementation support for the reform.

Integration of children's health and social care

There were commonalities in the structures and functions present at the national, regional, local and locality levels

The transformational reform programmes each took a different form but, despite their differences, we found there were commonalities to the structures and functions:

- At the national level, there was a lead government department and/or national children and family agency that set national policy and legislation, and was responsible for implementing the transformational reform programmes, working in partnership with multiple stakeholder organisations. Also at the national level were the children's services inspectorate and children's rights commissioner functions.

- At the regional level, health services for children and adults were widely planned and delivered.

- At the local (authority) level, children and families' social care services were jointly planned for, managed and increasingly commissioned.

- At the locality level, branded, multi-agency teams and hubs operated (often in co-located sites) to provide prevention and early intervention support. Services and joint working at this level were found to be most impactful on the lives of children and families.

Strong national leadership and investment is required for the design and implementation of transformational reform

Across the case studies, stakeholders had asked for stronger national leadership and investment in the following areas:

- National leadership in delivering on children's health and social care needs.
- National practice guidance, standards, models and tools that provide clarity to multi-agency practitioners and can support inter-agency working.
- Integrated IT systems that can support information sharing and recording.
- National measures or indicators of children's outcomes and a national data information system that supports consistent recording and reporting of these.
- National workforce planning.
- Standardisation of procurement processes and requirements.

The locality level is the main setting for integrated working

The crucial level of service delivery was at the locality level. It is characterised by co-located, multi-agency staff working flexibly together to listen to and meet the needs of children, young people and families before they require more specialist and statutory support. The learning from the case studies is that these structures benefit from having a consistent public recognition across the country and operate at a level where they each serve an average catchment size of 40,000-60,000 people.

Continued attention needs to be paid to the interfaces between services

Across the health and social care case studies, persistent challenges were evident in how children, young people and families can access more specialist services, such as disability and mental health services, and how to support young people's transitions to adult services. The dynamic nature of the interfaces between different services, for example, due to changing waiting list sizes, mean that continued attention is needed into how services work together so that these are seamless for children, young people and families.

Continued attention needs to be paid to workforce recruitment and retention

The impact of worsening workforce recruitment and retention challenges must also be understood. These have a direct impact on staffing and resource levels, waiting lists for services, and impede opportunities for more strategic planning and developments.

Wider policy agendas influence - and must be influenced by - the experiences of children and families

Across the case studies, services were reporting increasing and more complex needs among children and families, with rising poverty levels and the impact of the COVID-19 pandemic contributing to this. The children's health and social care system and services alone cannot tackle these wider economic and societal challenges. Other government departments, such as housing and social security departments, need to listen to the circumstances that children and families are experiencing and actively consider how their policy and funding decisions can play their part in responding to their needs.

Integrated children's health and social care systems require a range of features to be in place

Figure 3 uses our learning from the case studies to put forward the features that integrated children's health and social care systems require.

Full alignment to the national child and family-centred vision, values and practice ambitions across all organisations and staff

Horizontal integration across services and staff at the locality level via multi-agency, co-located and branded hubs and teams

Continued attention to transitions, pathways and thresholds between services

System features for integrated children's health and social care services

Participation at the heart of locality working so that services respond to children and families' strengths and needs

Continued attention to wider factors that impact on services, such as service staffing and budgets and societal inequalities

Integrated data, IT and procurement infrastructure in place for organisations and staff

Figure 3: Features of Integrated Children's Health and Social Care Systems

Conclusion and next steps

The conclusion from these case studies is that there is no one approach that can be recommended for implementation in Scotland. However, there is learning to be taken from the case studies, not least the consensus around the functions that require national leadership, investment and development; the critical importance of facilitating multi-agency working at the most local level to children and families; and the need to attend to the factors that support effective implementation of reforms.

The case studies of transformational reform programmes are the second strand in a series of four, collectively known as the Children's Services Reform Research study. The findings from the case studies will be considered alongside the findings from the other three strands of the study and all will be brought together for the final research report, due to be published later in 2023.

References

Feeley, D. (2021) *Adult Social Care: Independent Review.* Edinburgh.

Independent Care Review (2020) *The Promise* Edinburgh.

Yin, R (2003) *Case Study Research: Design and Methods*. 3rd Edition. SAGE.

About CELCIS

CELCIS, the Centre for Excellence for Children's Care and Protection, is a leading improvement and innovation centre in Scotland. We improve children's lives by supporting people and organisations to drive long-lasting change in the services they need, and the practices used by people responsible for their care

For more information

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