



Improvement

## Customer led transformation programme Case study – Trafford

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## The Customer Led Transformation Programme

Work in this Trafford project has been funded under the Customer Led Transformation programme. The fund aims to embed the use of customer insight and social media tools and techniques as strategic management capabilities across the public sector family in order to support place-based working.

The Customer Led Transformation Programme is overseen by the Local Government Delivery Council (supported by the Local Government Association).

The fund was established specifically to support collaborative working between local authorities and their partners focused on using customer insight and social media tools and techniques to improve service outcomes. These approaches offer public services bodies the opportunity to engage customers and gather insight into their preferences and needs, and thereby provide the evidence and intelligence needed to redesign services to be more targeted, effective and efficient.

## About Trafford

Trafford is part of Greater Manchester, and has close links to the rest of the area. It is largely urban, but the west of the borough is rural. It covers 41 square miles (106 km<sup>2</sup>) and includes the towns of Altrincham, Partington, Sale, Stretford, and Urmston.

There are an estimated 226,600 people residing in Trafford, an 8 per cent increase over the past 10 years. The population, now over 210,000, is projected to grow by a further 20 per cent by 2031. Around 10 per cent of residents are from ethnic groups other than white.

According to the 2011 census, there was a 24 per cent increase in 0-5 year olds. This is the second highest in Greater Manchester (Manchester City being the highest), and higher than England as a whole (13 per cent).

The economy is strong. Trafford makes a large contribution to the national economy – with Trafford Park the biggest industrial estate in Europe, employing 32,000 people. However, there are big differences in average incomes between the well-off south and poorer parts of the borough.

Approximately 7,000 children in families in Trafford are considered to be living in child poverty (in receipt of income support/JSA/child tax credit (Oct 2010), with 730 in child poverty in the Partington pilot area alone. Partington is amongst 10 per cent most deprived areas nationally (IMD) and amongst the 5 per cent most deprived in terms of income deprivation. Child Wellbeing Index in Partington is amongst the worst nationally.

Overall, health is close to the national average, but there are differences in how long residents may expect to live depending on where they live. Incidents of crime in Trafford have reduced by 47 per cent over the past five years and are down 11 per cent in the last year, according to the latest Greater Manchester Police (GMP) Neighbourhood Survey.

### **Trafford Children and Young Peoples Service (CYPS)**

Trafford CYPS is jointly governed and managed by Trafford Council, Bridgewater Community Health Trust, Central Manchester Foundation Trust and NHS Trafford. The CYPS has responsibility for all the main services including education (including schools), health and social care services for the 53,000 children and young people living in the borough.

#### **Flexibilities under the 2006 Health Act**

The framework provided by the National Health Service Act 2006 means money can be pooled between health bodies and health-related local authority services, functions can be delegated and resources and management structures can be integrated.

The arrangements allow commissioning for existing or new services, as well as the development of provider arrangements, to be joined-up. Section 75 of the National Health Service Act 2006 covers:

- lead commissioning
- integrated provision
- pooled budgets.

CYPS aims to improve the quality of life outcomes through bringing different agencies and services together to provide a more 'joined up' service for children, young people and their families. To achieve this CYPS commissions and provides a wide range of integrated services.

The integrated approach, underpinned by partnership agreements using the Section 75 flexibilities from the 2006 Health Act, is unique regionally and at the forefront of developments nationally. It has helped to achieve high quality outcomes for children and young people in Trafford, despite a low funding base, and Trafford has been rated as 'Performs Excellently' by Ofsted for the last two years.

### **Examples of Trafford piloting new ways of working Partington City Region Pilot**

In 2009 the ten district councils of Greater Manchester were awarded City Region Pilot status. The aim of the pilot is to identify and where possible act on local issues such as public transport, skills, housing, and regeneration. In Trafford the nominated area for the City region pilot is Partington. Services from across health, the local authority, the CYPS, the voluntary sector and local schools have come together to consult with and work alongside local people to effect change that will significantly impact upon local poverty. The prime aspiration of the pilot is to make Partington "a better place to live and work and to ensure the community is involved in the area's development by having their say".

## **AGMA early years programme**

Trafford's project is part of a programme of four complementary projects undertaken in parallel by Oldham, Trafford, Wigan and Rochdale all focused on improving services to families with young children. The local authorities are all part of Association of Greater Manchester Authorities (AGMA). AGMA oversaw the programme and supported knowledge sharing and learning between the projects.

The overarching ambition is to use customer insight to better understand how to engage with families with young children, particularly in the most deprived areas, to better understand how to target support and intervention more effectively to improve these children's life chances.

AGMA's Early Years focus stemmed from the findings of the Manchester Independent Economic Review, which outlined how reducing deprivation could be achieved through intervening early with families of young children.

The projects also build on the learning from the customer insight work that took place during the Total Place pilot during 2008 and AGMA's spatial pilots which focus on engaging more effectively with these groups.

AGMA's overarching programme seeks to understand

- how to better engage with 'difficult to engage with' families, and the point at which intervention is most efficient and effective in reducing the need for longer term support and the risk of the families becoming 'troubled' (and thus the cost of these families to the public sector).
- how, through multi agency joined up working local authorities can remove duplication from the system whilst still having a positive impact on life chances in the most deprived areas.

The learning arising from these four projects has also been shared across AGMA and the North West region.

## Background

The LGA-sponsored Customer Led Insight for CAF (CLIC) project was part of a wider portfolio of initiatives in Trafford geared towards improving outcomes for young children and families. It formed one of five workstreams established under the CYPS Transformation Programme in 2010.

The aim of the CLIC project in Trafford was to use 'customer insight techniques' to better understand how to engage with families with young children, particularly in the most deprived areas, so that Trafford can more effectively target support and intervention to improve their life chances.

An initial trigger was the low number of assessments using the Common Assessment Framework (CAF – see Text Box) undertaken each year by Trafford since its introduction. Many children progressing to access social care, be that at a Child in Need level or at the Child Protection stage had not been through the CAF process to identify and meet their needs earlier.

This was also the case for children and young people who required additional support from other specialist services within CYPS. As the practice of completing CAFs was only exercised in pockets across CYPS. Trafford wanted to use the CLIC project to help understand why relatively few CAFs were being instigated and completed with families in Trafford.

### **The Common Assessment Framework**

The Common Assessment Framework (CAF) provides a method for assessing needs for children and young people to support earlier intervention and to improve joint working and communication between practitioners. CAF uses a common language for assessment purposes thereby giving a more consistent view for delivering the most appropriate response.

The CAF is a four-step process (see diagram) whereby practitioners can identify a child's or young person's needs early, assess those needs holistically, deliver coordinated services and review progress. The CAF is to be used for children who have additional needs in one or more of three areas:

- their growth and development
- additional educational requirements
- family and environmental issues, and any specific needs of the parent / carer.

The CAF is designed to be used when:

- a practitioner is worried about how well a child or young person is progressing (for example with regards to the areas mentioned above)
- a child or young person, or their parent/carer, raises a concern with a practitioner
- a child's or young person's needs are unclear, or broader than the practitioner's service can address.

If needs are identified practitioners can identify and record the level of concern and interventions required. However, the CAF process is not a 'referral' process but a 'request for services'. The process is entirely voluntary and informed consent is mandatory, so families do not have to engage and if they do they can choose what information they want to share.

Another key factor was the emergence of a strategic approach to mainstreaming early intervention and parenting projects that had previously been subject to pilots with ring fenced budgets and criteria. It was recognised that a whole family approach to early intervention could deliver more effective and efficient outcomes and one of the aims of the CLIC project was to provide customer insight to support this whole system redesign.

The work described in this case study focused on families with children aged between 0-5 in Partington building on the earlier AGMA Early Years Programme and involved staff and service users to analyse and redesign the current CAF form and implementation process.

### **CYPS Transformation Programme**

Building on the integrated approach in Trafford, the CYPS Transformation programme's aim was to improve outcomes for children, young people and their families by redesigning services so these are more joined up, effective and as a result also more efficient. It included a number of projects linked to the programme, of which the Customer Led Insight for CAF (CLIC) is one. The following five projects involved service redesign:

1. Customer Led Insight for CAF (CLIC) – detailed in this case study
2. Integrated Working Delivery Models (IWDM): this work focused on ensuring that the time spent with families is used in the most effective way. This includes developing and further evaluating time limited and evidence based interventions that are appropriate to the level of need for families and that the workforce are skilled in assertive outreach models which promote resilience and independence within families.
3. Referrals and Eligibility Criteria: this project looked at the various referral methods and eligibility criteria across the CYPS. This aimed to streamline processes and move toward a common method of referral
4. Performance and systems: This sub-project of the IWDM Project (see '2' above) aimed at ensuring systems are effective in supporting the work of the Children and Young People's Service, through reducing duplication of effort, and improving access to information. Existing systems are being streamlined, consolidated, or improved. Improved performance management functions will support a better understanding of need, outcomes and effectiveness.
5. The Personalisation Project: this approach is about increasing positive outcomes by enabling families' to have greater control over what services they receive.

While the CLIC was underway, these workstreams (with the exception of Personalisation) were brought together to form the basis of a whole system change programme to deliver a new Early Intervention approach for Trafford. This offered the opportunity to ensure that the CLIC project delivered a long term sustainable impact, but also brought some challenges in terms of timescales due to the size and ambition of the programme.

## Development of an Early Years Pathway in Partington

The 'Early Years Pathway' project was a precursor to the CLIC project, and developed many of the journey mapping techniques that CLIC subsequently employed.

The customer journey mapping undertaken for the Early Years Pathway project sought insight into how to engage parents and parents-to-be with early years services more effectively. The project focused on parents living in Partington as there was a lower rate of engagement with services in this area (see 'About Trafford'). For example, expectant mothers living in Partington were less likely to participate in prenatal classes, or to engage with their Health Visitors.

The work focused on the experiences of the mother and father accessing services during pregnancy and during the early years of the child's life. The project used templates developed by the Cabinet Office to interview five families and record their experiences of interacting with services and to depict their 'emotional journey'.

The findings from the journey mapping generated substantial insight into how agencies could work differently, and helped to shape a new pathway for children under five (see 'Outcomes').

## Objectives

The CLIC project was established to pursue a range of interrelated objectives:

- to understand the reasons for the low number of completed CAFs in Trafford
- to understand the customer's point of view, and hear what their experience of going to the CAF process was like
- to use this insight to help understand how to engage with families with children and provide strong evidence to support service redesign
- ultimately, the customer insight would help Trafford to better target support and intervention to children with needs in their early years to more effectively improve their life chances, and thereby the outcomes for local communities

These objectives all informed the overall aim of establishing a strategic approach to early intervention for families in Trafford and the project was one aspect of this development.

## Approach

The CLIC project comprised two main phases supporting the re-design of the CAF:

- customer journey mapping
- practitioner focus groups and consultation.

The customer insight generated from these activities then informed:

- redesign of Trafford CAF model
- draft guidance on the lead professional role which in Trafford is now being called the 'case coordinator'.






## Customer journey mapping

The diagram below details the steps in the customer journey mapping process. Broadly speaking, the customer journey mapping phase progressed through the following stages:

- recruiting participants
- conducting the interviews
- mapping the data.

**Figure 1. Steps in Trafford’s customer journey mapping process**

Customer Journey Map Interview							
<b>Journey type:</b>	<i>Mum’s Experience of CAF for Daughter aged 2</i>			<b>Customer:</b>	<i>A Disabled parent family who live in Old Trafford, 2 children 4yrs and 3 yrs</i>		
<b>Moments of truth</b>							
<b>Key Journey steps</b>	Relapse from MS just after the birth of her daughter 2008	Desire by Mum to do some kind of retraining—OU course. Discovers Sure Start Centre	Decision to do a CAF	Continued difficulties in relationship with Dad, arguments, and fear of violence from partner	Package of Support put in, including Incredible years and confidence building	Review Meetings	CAF Closure
<b>Actions, Feelings</b>							

### Recruiting participants

The process of recruiting participants began in spring 2011. The Project Board (see ‘Governance’) identified the following case criteria for recruiting participants. To be an appropriate candidate to participate in the journey mapping, the families interviewed had to:

- have experience of the CAF process within the past 12 months
- be an early year’s family
- live in the Partington area
- demonstrate a willingness to engage – the research avoided ‘high demand’ families
- not have been part of the preceding Early Years Pathway research.

Based on these criteria, the project team then invited nominations from CAF coordinators who knew these ‘live’ CAF cases well. Identifying appropriate families proved to be an iterative and a time consuming process. Once they had identified four candidate families, the project asked each candidate family’s lead professional to meet the family and ask them to sign the consent form.

The consent form is based on a document developed by Halton Borough Council and adapted by Trafford CYPS for the purposes of this project. The consent form gives the Council permission to look into the information on the subject held by relevant Council systems such as benefits, housing, antisocial behaviour. The consent form also gave the Council permission to ask other agencies, such as the police.

## Face to face interviewing

The interviews with the family members were conducted during May and June 2011. Two trained Council officers participated in each interview, with one of them acting as the interviewer – asking questions and making the family feel comfortable – and the other as the ‘scribe’ – making notes based on the customer’s responses.

These were families who the agencies work with on a daily basis. They know the children and the history, but they haven’t actually interviewed families. They might have assessed them, but they’ve never interviewed them. And there is a big difference between an ‘assessment’ and an ‘interview’ in terms of what you hear from the families.

**Jenny Hunt**  
Troubled Families Lead  
Trafford MBC

Training in advance had focused on the importance of identifying the ‘moment of truth’ as the nub to unlocking the opportunity for effective engagement and intervention in the future.

The project team chose this approach as it maximised the ability of the interviewer to engage fully with the family, but also ensured that all the information will be captured fully and accurately.

The interviews were conducted by the project team rather than by CAF coordinators or the family’s lead professional. This was a deliberate decision by the project – the fact that the interviewers were independent and had no involvement with the families helped the families open up and tell their stories in terms of what was good and bad about the CAF process.

Each interview took approximately one hour, although some interviews were split over two meetings. The meetings were conducted at a mutually convenient location – in most cases this meant the family’s home, but in one case meant the local Children’s Centre.

The customer journey mapping generated substantial in-depth qualitative information and helped Trafford to develop a really good understanding of how families felt going through the CAF process.

**Joanne Gibson**  
Project Manager  
Trafford Metropolitan Borough Council

The project developed a script to support the interviewing process. The original Cabinet Office template (available from the Knowledge Hub) was adapted to focus on the CAF episode. Hence, the interviewers asked the families about

- the background to the CAF, what was happening before the CAF, and why the family decided to go through the CAF process
- the assessment process itself, who was involved, and how long did it take etc
- the outcomes of the CAF, in terms of meetings, action plans, their experience of interacting with services afterwards and whether the CAF had made a difference

The text box overleaf includes an extract from a Prompt Sheet project team used during the interviews with families.

## Mapping the data

The interviews generated a huge amount of detail. Following the interviews, the project team wrote-up the family's story and then shared this with the parents of the family to review and check that the write-up was an accurate reflection of the interview discussion.

The project team then reviewed the story, seeking to identify the:

- main family events
- key points in the CAF process
- touch points with services
- 'moments of truth'.

The project team assembled these together with the feelings that the family had reported – and the strength of those feelings – in the emotional journey template. Restructuring and re-assembling the data in this way helped the project to understand the family's perspective and perception of services, and to identify issues and gaps in service. An example of completed emotional journey template is included under 'Findings'.

In addition to conducting face-to-face interviewing with these four families to complete their emotional journey maps, the project team also reviewed the case histories of four additional families, tracking the information through the CAF process, and identifying the main family events and touch points with services. These journey maps supplemented the emotional journey mapping.

## Prompt sheet for customer journey mapping

### Introduction

- outline reasons why here
- gain consent for data sharing
- explain that we are focusing on a specific point in time, all about how the CAF took place etc.

### The customer experience

- Can you tell me a little bit about events leading up to the point that a CAF was suggested?
- How was the process explained to you – how did you feel at this time?
- Were any leaflets used to explain the CAF process?
- What about permission from the child?
- Did you have any concerns about giving permission to go through the CAF process?
- When and where did the actual CAF assessment take place?
- How did you feel about this?
- Who carried out the assessment?
- Was most of the basic information collected before the assessment meeting?
- Were you able to understand all the questions?
- How good a view of your situation do you feel you were able to get across?
- Can you think of any ways in which this information might have been collected better?
- How long did the assessment take? More than one visit?
- Can you tell me about the team around the child meeting?

## **Practitioner focus groups and consultation**

Following the completion of the customer journey mapping, the project then facilitated two focus groups with practitioners to gather their ideas on how the CAF process could be improved:

- The first focus group was with a group of professionals who had been trained in the original CAF but who did not have much experience of using CAF.
- The second group involved professionals who had experience of using the existing CAF. The rationale was to understand the reasons that cause them to use CAF compared to those who had not.

The aim of the focus group was to gather opinions from professionals in order to better understand what it is like to carry out the CAF process, what works well and what the barriers were.

There were a total of eight attendees at each focus group, representing professionals working across Trafford, and including representatives from the Partington Area. Services represented were Health Visitors, Educational Welfare, Education, and SEN.

On arrival, participants were asked to participate in a post-it notes exercise – to write down three barriers to initiating or completing a CAF process, and three positive things about the CAF process.

The agenda for the rest of the workshop is outlined below.

1. welcome and introductions
2. brief overview of customer-led insight for CAF
3. the bigger CAF picture
4. exploring the barriers to completing the CAF process – group discussion
5. group exercise
6. exploring positives about the CAF, and ideas for change
7. summarise learning and close.

The outputs from these focus groups are summarised under 'Findings'. Key themes that arose from Project CLIC staff focus groups related to:

- the time taken to complete the CAF
- the clarity of roles – link to team around the child and lead professional
- buy in into the process
- training on the systems.

The original plan had been to conduct the customer journey mapping, redesign the CAF rapidly and pilot the new CAF in the Partington area. However, due to its close links with other workstreams within the Transformation Project it was agreed to move to full-scale implementation of the new tool throughout Trafford as part of a broader review of early intervention.

CYPS see it as a real positive that the learning from the project is influencing a whole system change to the way early intervention is delivered in Trafford. This strategic approach will have a sustainable long term impact on families in Trafford that could not be achieved by restricting it to the pilot area.

Naturally the scale of this implementation has impacted timescales, and the new family CAF will be launched in January 2013. In the meantime, however, the project has tested the new CAF with three families (further information is included under 'Outcomes'); this 'road testing' has been conducted by the children centre in Partington. The additional informal benefits of the strong engagement of practitioners through the project have also started to be realised prior to full implementation with a number of tangible benefits.

### **Area Family Support Teams (AFST)**

In order to respond to the identified needs of children, young people and families across the Borough the Children and Young People's Service have created a Family Engagement Service Model.

Within this model there are three Area Family Support Teams (AFST's) based in the West, South and North areas of the borough.

These teams bring together children and young people's services from across health and local authority to identify necessary actions that will be effective in helping to improve the quality of life of children and young people in the Borough. The AFST's also work closely with voluntary agencies in their geographical area.

### **Re-designing the CAF**

The findings from the CLIC project were handed over to the part of the Transformation Programme working on the Integrated Working Delivery Model (IWDM) project (see 'Background'). During the summer and autumn of 2011 the IWDM team applied the findings and recommendations from the CLIC project to redesign the CAF form and drafted new guidance (see 'Outcomes').

As part of the process, the redesign team engaged senior managers and frontline practitioners to gather their feedback on the new CAF as it took shape. This included:

- circulating draft outputs with Heads of Service and Operational Managers and inviting comments and feedback
- participating in Family Support Team meetings in each of the three localities
- participating in team meetings at eight of Trafford's Children's Centres.

At each of the above-mentioned team meetings, the project team presented the new processes and proposals and invited suggestions, ideas and objections. Feedback from the front line practitioners was generally positive, often commenting that the new process seemed much clearer and should work significantly better. In total, the project met and discussed the redesigned CAF with approximately 50 practitioners.

Furthermore, over the summer of 2012 a number of CAF co-ordinators tested the new Family CAF form with some families who had an appropriate level of need, and provided further feedback to the redesign team. For some feedback arising from this 'road-testing', see 'Outcomes'.

## **Creating guidance on the case coordinator role**

Feedback from the local Area Family Support Teams indicated that they did not feel they have the capacity, the expertise or the appropriate relationships to take on the case coordinator role. However, where CAF has been identified as needed, a case coordinator must be appointed.

In the light of the feedback from customers and practitioners, draft guidance was developed on the Case Coordinator role and consultation undertaken with CYPS Heads of Service, Service Directors and Operational Managers.

A range of practitioners were invited to workshops in early 2012 to contribute to the co-production of the guidance around the Lead Professional role. Participants included Senior Managers in the following services:

- Youth Offending Service
- Trafford Housing Trust
- Child and Adolescent Mental Health Services (CAMHS)
- Area Family Support Teams Senior Managers
- Action for Children (VCS Provider)
- Complex and Additional Needs Service
- Children's Centres
- Health Visitors
- Partnerships and Performance.

For further information on the results of this consultation exercise, see 'Outcomes'.



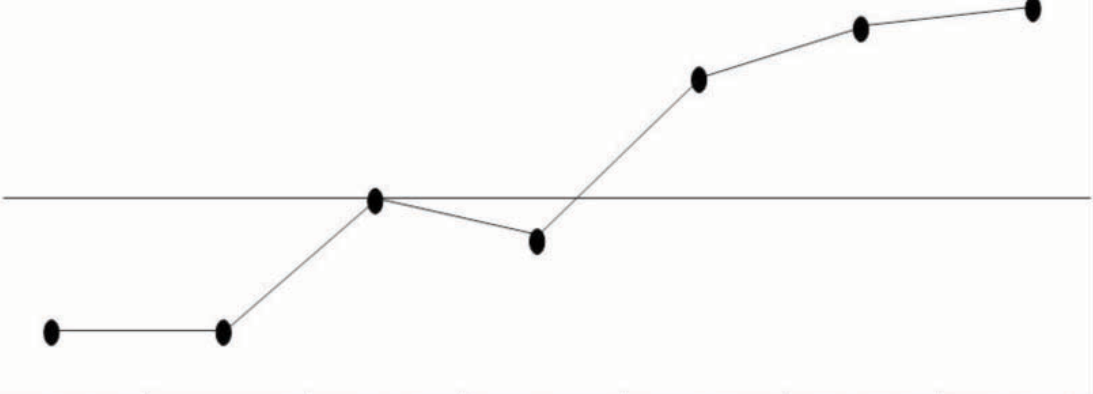
## **Findings**

### **Customer journey mapping**

The top-line feedback from families arising from the customer journey mapping exercises was as follows:

- families were very keen to engage with the project and tell their stories
- 'complex' families' circumstances and needs change very quickly
- taking an approach which encompasses the whole family is essential
- domestic violence and housing are key areas of need
- families would prefer to have fewer meetings with professionals
- families prefer one-to-one rather than group support
- families are generally happy with the services and support they are receiving.

**Figure 2. Output from customer journey mapping exercise**

Customer Journey Map Interview							
<b>Journey type:</b>	<i>Mum's Experience of CAF for Daughter aged 2</i>			<b>Customer:</b>	<i>A Disabled parent family who live in Old Trafford, 2 children 4yrs and 3 yrs</i>		
<b>Moments of truth</b>							
<b>Key Journey steps</b>	Relapse from MS just after the birth of her daughter 2008	Desire by Mum to do some kind of retraining—OU course. Discovers Sure Start Centre	Decision to do a CAF	Continued difficulties in relationship with Dad, arguments, and fear of violence from partner	Package of Support put in, including Incredible years and confidence building	Review Meetings	CAF Closure
<b>Actions, Feelings, Thoughts.</b>							
<b>Touchpoints</b>	GP, Health visitors and routine checks	Sure start centre Crèche	Children's Centre Staff, Nursery providers	Counselling service MARAT Children's centre	Homestart, Children's Centre, Nursery Provider,	Children's Centre staff, homestart	Children's centre staff, surestart

The customer journey map above illustrates how the definition of the journey – and the subject’s status as a ‘Customer’ – changes over time, and how a CAF can uncover issues other than the original presenting problem. In the example, the parent’s health condition re-emerges after the birth of her second child, and she later seeks to retrain.

This culminates in the decision to conduct a CAF in relation to her two-year-old daughter which reveals the fear of domestic violence from her partner. Hence, the CAF helps the frontline services to move beyond the initial presenting problem and uncover underlying factors which may be driving the situation.

The CAF resulted in a package of support for this family, including ‘confidence building’ for the parent. The graph in the middle of the table depicts the ups and downs of the customer’s experience – the feelings of the parent go from low at the beginning of the journey to high the closure of their case.

**Practitioner focus groups and consultation**

The image overleaf summarises the input into the redesign process provided by practitioners who participated in the focus group convened in June 2011.

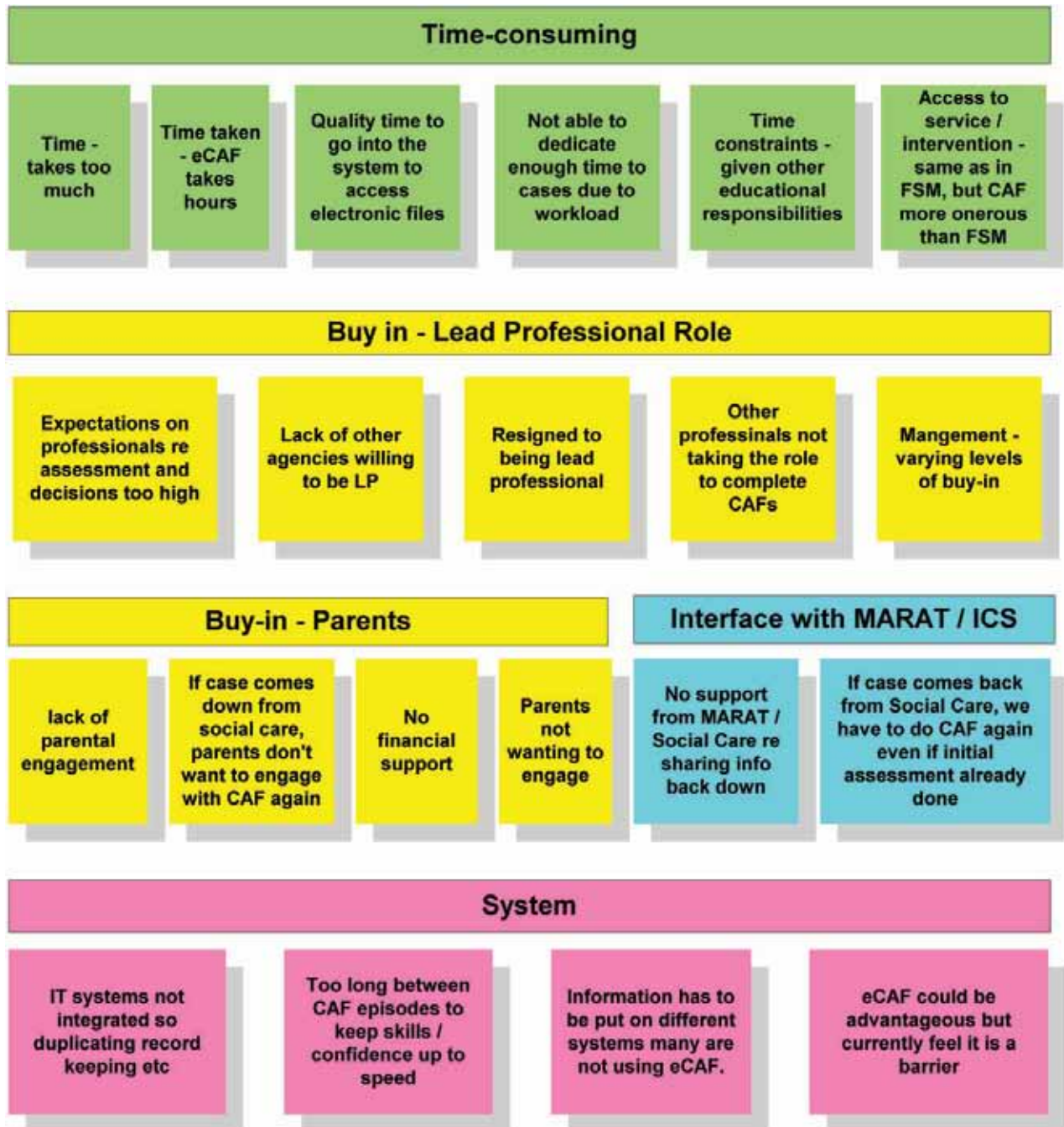
The key findings from the practitioner focus groups were that:

- undertaking a CAF can be time-consuming
- there is a lack of clarity around the roles and responsibilities relating to CAF
- there is a reluctance to take on the lead professional role, partly due to a lack of clarity regarding what the lead professional role constitutes

- there was a lack of clarity relating to the eligibility criteria and thresholds for a CAF.

Following the research, Trafford undertook further work to define the various levels of need the family may have, and to define the appropriate level to trigger a CAF (the 'threshold criteria' relative to higher needs and more immediate intervention).

Figure 3. Post-it note exercise – barriers





The project team took the feedback and findings from practitioners and customers and worked with the project board to agree the following recommendations

- Address the buy-in issue – CAF needs to be re-launched, with a top down approach
- Improved de-escalation from Social Care – the project identified gaps in the process which need to be addressed through better information sharing between Universal and Specialist Services and an improved support process when cases are de-escalated via a case coordinator approach
- Clarification of the Lead Professional Role, with clear guidelines as to who should take responsibility for cases, or look at alternative models where there are specific people carrying out this role, separate to those delivering services.
- Minimise duplication – multiple tools for assessment were being used which was leading to the process becoming much more time consuming than it needs to be, a review of case recording processes could lead to more streamlined practices. Not all services use electronic record keeping. Specialist assessment tools will still be required by specialist areas.
- Promotion of clear and consistent thresholds, so that the CAF process is initiated at the same level across Trafford
- Consideration of personalisation, including budget holding lead professional, and how this can fit into the CAF process, this could be a key driver in ensuring the CAF process is completed

## Outcomes

Over the period of the project the intended outcomes expanded to support the transformation of early intervention services in Trafford. This will ensure a long term sustainable impact of the project including the following key components;

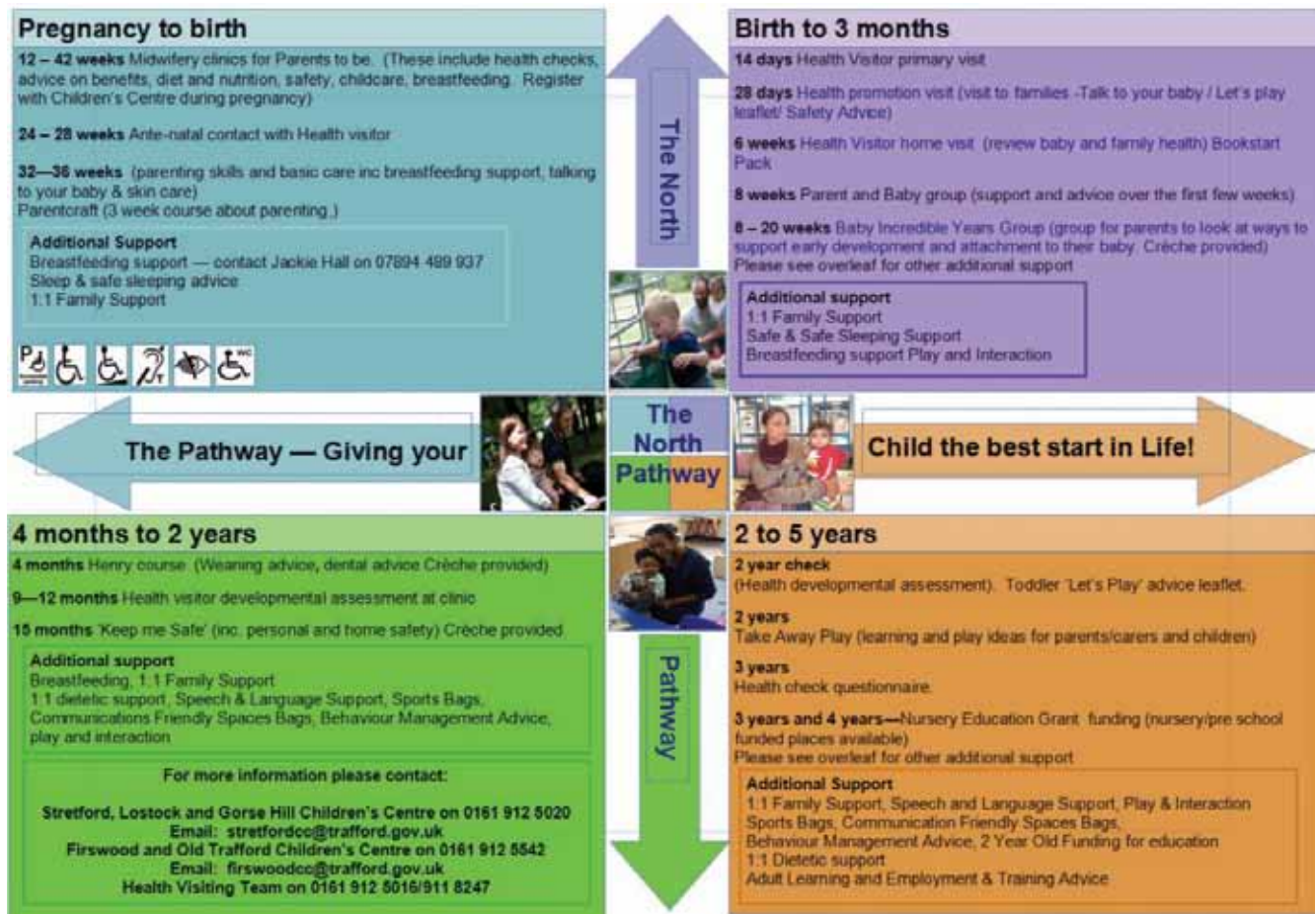
- new family assessment model
- early intervention pathway linked to specialist services
- establishment of case-co-ordinator role
- revision of threshold criteria
- integrated approach linked to new 'stronger families' model.

### **Early years pathway in Partington**

Following the original customer journey mapping in Partington, Trafford developed a referral pathway that seeks to improve interaction with parents-to-be and parents with young children, with a view to identifying and meeting unmet needs early.

The pathway maps on the following page outline the range of interactions a parent and child might have from prenatal to the age of five. The pathway summarises the developmental checks, early years related services, and professionals and practitioners that the parent and child can access. The use of CAF where necessary within this pathway assists in the identification of additional needs and therefore increases the ability of those supporting a family to access additional services if needed.

**Figure 4. Early years pathway in Partington**



By increasing the number of parents with young children in Partington accessing early years' services, Trafford aimed to facilitate proactive preventative intervention to meet these needs. Use of the learning from the CLIC project about how families want to be supported has assisted services using this pathway to engage with families more effectively and to engage with harder to reach families.

In turn the learning from the Partington Pathway has now led to a revised and localised model of the pathway being rolled out in the north of the borough and a pilot phase is underway. The CLIC learning with regard to engagement is again influencing this work.

The expectation is that many of these early needs can be met by Universal Services, thereby avoiding the need for more expensive intervention.

### **Redesigned CAF**

The revised Family CAF merges a range of documents into a single assessment, so information common to the whole family or household need only be captured once and can be shared with different services and professionals to deliver a more holistic approach to intervention.

The family CAF approach recognises the importance of meeting the needs of parents and family members in order to enable them to meet the needs of their child and to achieve this by one collective response and plan where possible. This streamlined approach will save practitioners and respondent's time – encouraging families to remain engaged.

The previous set of forms, and the perception that their completion would be time-consuming, had the effect of discouraging their use by practitioners. This was identified by the consultation with practitioners as a barrier to their adoption. In addition practitioners indicated that when they had completed a CAF there was a lack of clarity about how to progress the plan if it indicated a need for wider intervention than that available through their own service.

The new streamlined version is considerably briefer (although the text boxes automatically extend and grow to accommodate text where needed), and the aim is to encourage practitioners to adopt their use more readily. Furthermore, this creates a single record which other agencies can populate directly with consent from the family. The design also supports the prospective implementation of an eCAF and links to the revised Case Coordinator role.

The project has produced clear guidance on how to make most use of the new Family CAF. This includes 'suggested discussion points' to enhance the conversations with the CAF 'clients' (see Text box) as well as examples of 'protective factors' to identify. This helps the family identify positives and strengths that they already demonstrate that they could bring to bear on their current issues and is directly related to the learning from the CLIC project about the importance of meeting the needs of the whole family through one process.

### **Discussion points**

For example, in with regards to assessing 'Parenting Capacity', the new CAF includes the following prompts for practitioners:

- Are basic needs provided for e.g. own bed, clothes, and regular mealtimes?
- Is everyone in the family registered with a GP, Dentist and optician?
- Are they aware of local services in your area? If not do they know how to find out?
- Is the home fitted with socket covers/ smoke alarms/window and door locks?
- Who is responsible for picking up and dropping off your child at school on time?

### **Protective factors**

Regarding assessing 'Parenting Capacity', practitioners are encouraged to look out for the following characteristics:

- basic needs met including appropriate attendance at relevant health checks
- adequate safety measures in the home
- family aware of local support services, how to access them and a willingness to engage with services as appropriate
- family is clear on who to contact and plan of action in the event of an emergency.

The Guidance document also includes an overview of the stages of the CAF and the timescales for which they should be completed. For example, completion of the initial phases of the CAF should be done within 5 five days of the initial request, while the completion of conclusions, solutions and actions – and the family provided with their own copy – should be done within 10 days.

## **Guidance on the case coordinator role**

Feedback from the CLIC practitioner workshops indicated anxiety about the challenge of the lead professional role as they perceived it and a lack of clarity about the role itself. Participants wanted guidance which clearly stated what the role of the Lead Professional comprised and their feedback led to a view that the role needed to be rebranded. Their feedback led directly to a change to the use of the terminology of 'case coordinator'. The findings from the CLIC project contributed to a 22-page 'case coordinator' guidance document.

This Guidance is for professionals working with children and families who complete a CAF but then may also take on the role of Case Coordinator or co-ordinate Team around the child or family meetings. The Guidance places the role of the Case Coordinator into the overarching Integrated Working Delivery Model.

The Guidance highlights:

- the role of the Case Coordinator in ensuring the family receive integrated support, namely by:
  - acting as a single point of contact for the child or family
  - coordinating the delivery of the actions agreed by the practitioners involved
  - reducing overlap and inconsistency in the services offered to families.
- the importance of listening to the child, and developing an understanding of their wishes, feelings and needs
- the importance of developing a co-operative working relationship with parents and carers so that they feel respected and informed

- the actions that the Case Coordinator needs to pursue according to whether single or multiple need, to be met by multiple agencies – have been identified
- the procedures with regards to client confidentiality, consent and information sharing
- the criteria for selecting the most appropriate practitioner to become the Case Coordinator
- the role of the Case Coordinator vis-à-vis the Team Around The Family, as well as regarding Action Planning.

## **Revision of the threshold criteria**

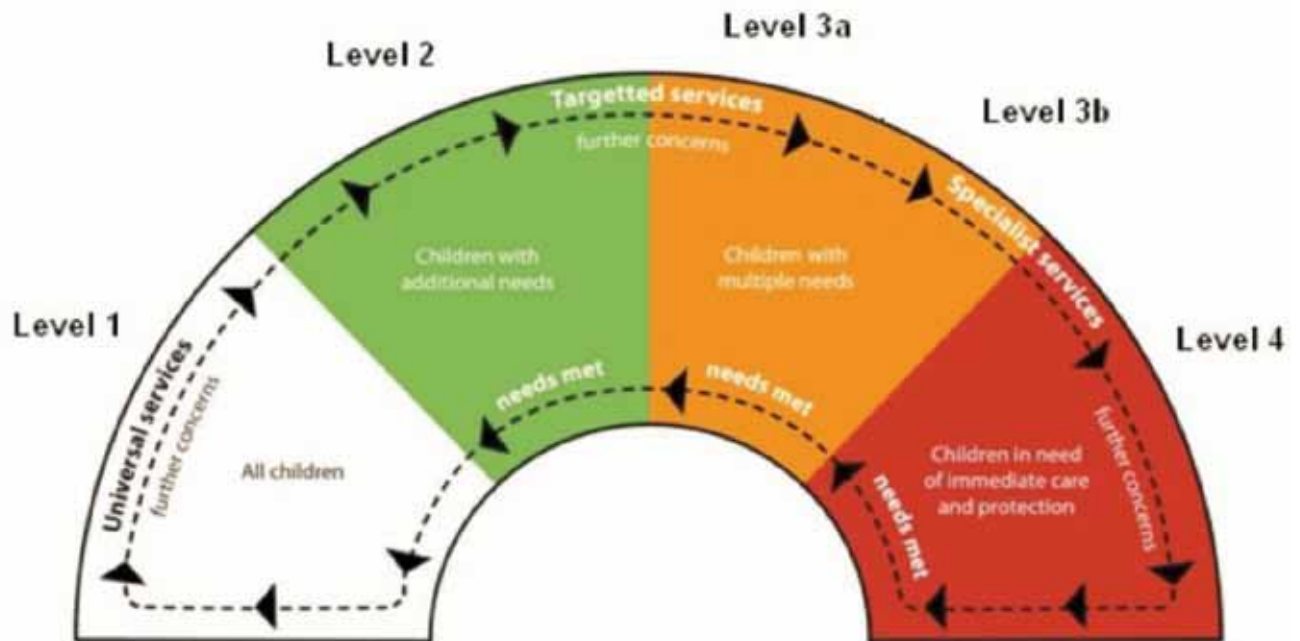
Feedback from the practitioner workshops indicated that the 'threshold criteria' between the different levels of intervention were not clear to practitioners, and consequently they were unsure when a CAF was the appropriate course of action. For example, the CAF process is most appropriate used up to and including Level 2 needs, where universal and some integrated targeted services are sufficient to meet the child's needs (see text box below and diagram overleaf).

### **Understanding thresholds**

Understanding thresholds and how they relate to the support of identified needs, is vital to providing a solid integrated intervention that will help children and young people achieve their outcomes.

Children's needs change and as they move through the continuum interventions should reflect the 'step-up' or 'step-down'. A smooth transition through the continuum is essential to support their journey.

Children and young people should receive the support they need independently of where they live or access services.



As a result of this feedback, the CAF redesign team worked with family support staff to refine their definitions of Level 1-4 support and intervention.

The Guidance outlines:

- a definition of what tier 2 support constitutes,
- where the CAF process was most applicable
- where the transition between universal services and Level 3 and 4 takes place.

Moreover, the guidance went further than changing and clarifying the descriptions relating to each level by including illustrative examples to help practitioners in the field make the appropriate decision. For example, to prevent the teenage exploitation case that came to light in Rochdale during 2010, the guidance includes prompts relating to inappropriate dress or unexplained monies.

The most recent development of the threshold criteria is looking at how to link levels and types of need to the type of worker who should act as a case coordinator in different cases to provide additional assurance for practitioners about the realistic nature of the task they are taking on.

### Appointment of champions

Trafford CYPS have appointed three senior family support workers to champion the new assessments once they are ready for implementation – one in each of the locality teams. These champions will be responsible for taking cases through the early years' pathway and using the new CAF assessment, and will therefore be able to support the wider workforce during implementation beginning January 2013.

Three Champions have been chosen based on their experience of working in a whole family way. One champion has a family intervention Project (FIP) background, and other has a Parenting Programme background and the third is a mental health in schools background.

## Engaging the voluntary, community and private sector

As part of the planned approach to rolling out the Family CAF, all voluntary, community and private sector partners (commissioned and non-commissioned services) were invited to attend an information workshop session in relation to early family support and the developments in Trafford CYPS, introduced by a Joint Director for CYPS. The main messages focussed on working together to manage the shift in early intervention resource from local government to increased provision within the voluntary, community and private sector.

'The event provided a strategic context as well as practical information in relation to where voluntary sector can contribute/opportunities'.

Feedback from workshop participant

The presentations highlighted how mapping the experiences of children, young people and families alongside other research has helped to form an early support pathway, a new Family CAF assessment and a range of guidance tools. The briefing session promoted the opportunity for providers to attend three new, free training sessions on the Family CAF to strengthen the way the multi-agency partners identify needs and plan support at the earliest opportunity.

The session also profiled the Stronger Families agenda and asked providers to consider how they can play a role in identifying risks and how they can ensure their services are considered in planning support and feature in Trafford's service offer.

The key messages from the participants were that the sector felt they had strong relationships with communities and families which made them more likely to engage with their service around 'early help', and that listening to service users was a particular strength of the sector. Providers felt that their ability to provide informal guidance, and their outreach to people at home gave them a distinct advantage in meeting need.

'I will be sharing all the information with our CYP team and our research team. I will contact the leads to explore the possibility of our service contributing to the evaluation from the initial '10' stronger families as I would think this is an area we could contribute to. As an organisation, we will be considering/developing support programmes that can facilitate/advocate active involvement of all members of families in the framework'.

Feedback from workshop participant

The providers welcomed support around the training of staff and in ensuring that their own systems were aligned with the changing agendas within the Local Authority. There was a keen interest for providers to ensure the sector had a voice on both the new Health and Well Being Board and in the service redesign element of the Stronger Families agenda.

## Benefits

This case study illustrates how the insight and voice of the authentic experience of children and families has informed the development of an early support pathway, a newly designed Family CAF assessment and a range of new guidance tools alongside IT systems and processes to enable smarter information sharing.

A range of benefits have been realised to date from the project and have contributed to a revised strategic approach to early intervention for families in Trafford.

It also has also delivered some key products that will form the foundation of future early intervention work.

Trafford has delivered a range of early intervention services for many years but is in the process of whole scale redesign of its early intervention strategy to promote integrated service delivery with partner agencies and with communities along a continuum of need.

Employing the principle of community engagement and enablement – which has been enhanced by Trafford's work on Troubled Families (referred to as Stronger Families in Trafford) – Trafford are now establishing local partnership boards to promote the needs of communities and Trafford's vision of an early intervention pathway.

The tools established following the CLIC work are the bedrock of this revised process and an early intervention workspace has now been commissioned to provide the opportunity for shared electronic recording across partner agencies of integrated work to meet needs using the new early intervention pathway approach and Family CAF documents.

The messages from families about how to work with them effectively are central to Trafford's planning around engagement on their Stronger Families agenda and harder to reach families in general. Within CYPS the geographical co-location of Trafford's Area Family Support Teams has provided the hubs in each locality that support this work. Examples of the feedback generated and the actions that have resulted so far is in the table on the following page.

It is too soon to evidence the actual financial benefits from the revised approach however, the anticipated benefits are outlined below in the section, 'Benefits to the Council and staff'. The impact of increased engagement within the Early Years pathway in Partington is summarised.

### **Family support capacity**

The Senior Family Support Practitioners provide additional capacity within the Area Family Support Teams and provide the following:

- support, information and guidance on parenting to families on an individual case basis and as lead professionals where appropriate
- parenting courses delivered in partnership with other staff and partners e.g. incredible years, escape
- professional advice and support to all professionals within the Area Family Support Teams including support with CAF and Family CAF
- support to the Panel meetings held in each area for early intervention where current strategies are not assisting families to progress.

The benefits of this approach with individual and groups are measured and evaluated at the end of their involvement. The Senior Family Support Practitioners make a large impact within the Family Support Teams as they provide key parenting support which complements the work of other professionals within the teams. Where they are involved with families Trafford anticipate better outcomes and reduced instances of issues being escalated to safeguarding thresholds.

The project has been running along the same timescale as the implementation of Trafford's Area Family Support Teams (AFST) and has supported the development of integrated process for them. It has also brought additional capacity to them through the Senior Family Support Practitioners who are championing the implementation of the products described above.



Feedback from CYPS customers ("You Said...")	Resulting Actions ("We Did...")
<p><b>Residents of temporary accommodation for the homeless unit</b></p> <p>Parents asked for more messy play activities many have said they do not want to get their flat messy</p> <p>Parents have said they are more likely to attend the group if I call for them and invite them down.</p> <p>Parents commented that the information they are given about the children's centre during the induction of signing the tenancy agreement is sometimes not read as they are thinking about other things</p>	<p>Staff incorporated a messy activity into the weekly schedule</p> <p>Staff now arrive at the group 30 minutes early to set up and knock on residents doors to invite them down to the group.</p> <p>instead of residents being given information on Sure Start when they sign their tenancy agreement, they are asked to sign a slip inviting residents to visit them to let them know about the group and what SureStart do</p>
<p><b>Volunteers</b></p> <p>Volunteers said they needed training and support to run groups – especially around having the confidence to run a stay and play session as a volunteer, safeguarding and health and safety.</p>	<p>Staff collaborated with Trafford College to plan and run a 5 week Volunteer Training Course which has been run four times, twice in the South, once in the West and once in the North. The course covered safeguarding, Health and Safety, confidence building, and awareness of EYFS.</p>
<p><b>Dads</b></p> <p>1. 47 per cent said the best time to access services was on weekends</p> <p>2. 38 per cent said holidays</p> <p>3. 60 per cent of people said that the best way to let them know about services was through email</p>	<p>1. Dads groups across the borough now run on Saturdays</p> <p>2. Centres run activities during school holidays</p> <p>3. Newsletters are produced and sent to families via email as well as being available at Children's Centres and community venues where services are delivered.</p>
<p><b>Young parent</b></p> <p>1. "Although I am now 20 years old, and have grown in myself and learnt lots, I still feel that older parents look down on me".</p> <p>2. "I feel comfortable here around other people my own age and I've been made to feel very welcome".</p>	<p>1. CYPS supported the Butterflies Young Parent's Groups with crèche workers, and an Apprentice Participation Worker now attends.</p> <p>2. Trafford set up a follow-up group called Diamonds for parents aged 20 – 25, which is planned to continue</p>

Feedback from CYPS customers (“You Said...”)	Resulting Actions (“We Did...”)
<p><b>Employment and training</b> A large number of parents within the Old Trafford and Firswood area are looking to get into Childcare or Teaching assistant roles</p>	<p>CYPS are organising childcare Level 1 and Level 2 courses as well Supporting Teaching and Learning Level 2 courses to be delivered at Old Trafford Community School, to enable these parents to take their first steps into their chosen area as well as support to find a voluntary placement to gain further practical experience to help with their employability.</p>
<p><b>Benefits claimants</b> “I am really worried about the changes to benefits and how it will affect me and my family.”</p>	<p>CYPS have organised two successful benefits surgeries in partnership with Trafford Council Benefits Uptake Advisor and one ‘Changes to Benefits’ session in partnership with a Housing Group. Trafford provided info on what changes will be happening and when, and how it will specifically impact customers.</p>

**Benefits to the council and staff**

**Increasing the number of CAFs**

Trafford completed 191 CAFs year to April 2011-12, averaging 48 per quarter. Trafford have completed 70 CAFs during the first quarter of 2012-13 – this represents an increase of 22 on the same period last year. The savings to the public sector arising from a CAF can vary greatly; however, research by Local Authority Research Consortium has calculated that in most cases the predicted savings range between £41,000 and £60,000 over the course of the lifetime of the child – or over £700 per year. Hence, in the increase in CAFs in the first quarter of 2012 could amount to savings to the public sector of up to £1,300,000 over the course of the children’s lifetime.

**Decreasing the workload**

The improved CAF process and associated early intervention activities will have beneficial effects on workflow entering the system, lowering the rate at which cases are escalated, and thereby lessening demand for Specialist Services.

Furthermore, better processes and ways of working across the spectrum of services allows social workers to step-down cases appropriately i.e. children can now be supported by other services now that social services ‘trust’ the system to manage any on-going risk.

There are benefits to the Council and partners in terms of resourcing. Trafford reduced the number of Child Protection Plans during the year to July 2012 by 47 – averaging a reduction of four per month. Since the Centre for Child and Family Research (CCFR) at Loughborough University estimates the monthly case management cost of a CPP to be £263 (where the case does not additional behavioural or emotional factors), if the number of CPP reduced by 47 at a consistent rate of nearly 4 per month, then the savings to Trafford are in the region of £80,000.

The new family CAF is great at bringing everything into a single place. It's a lot easier than the old form – you can record more information from a wider range of agencies.

We recently used the new CAF with a young mother of two children who had been recently widowed, and found that it was much less repetitive and time-consuming compared to the old way of working. Furthermore, the health visitor, nursery staff and schools will also be able to record the information using the same approach.

The new approach is much easier on the family during what is obviously very difficult time for them. The CAF is still underway, but the family have already been able to access bereavement counselling as a result.

**Debbie Larkin**

Children's Centre Worker  
Partington Children's Centre

Email received from 'Parent 'R',  
Participant in CJM:

Great to meet with you both this morning and thanks for listening to the ramblings of a frustrated parent!! Hopefully improvements can be made on an already great practice and if I can be of any further help please do not hesitate to contact me.

Commenting on write up from the interview from 'Parent 'R':

That is a good summary of 10 years!!! lol The important points have been detailed correctly...Many thanks for taking an interest in us.

**Benefits to customers**

Customer expressed appreciation at being able to share their experiences and voice their views through the customer journey mapping (see Text Box for quote)

The number of CAFs has increased, improving outcomes for both the children and their communities. If the improvement in the first quarter of 2012 is repeated across the year, CYPS will have completed an additional 88 CAFs.

Likewise, 115 more children accessed services at Partington Children's Centre than did during the preceding year due to the Early Years pilot

The new CAF has also benefited the families with whom it has been trialled. The new streamlined process has removed the repetition and duplication inherent in the old process, making engagement easier for families who are facing difficult circumstances.

The process is also speedier, expediting the support provided to these families (see 'Family Success Story' below).

**Feedback from parents**

Parents who had been through Trafford's CAF with their child said that the process had provided them with insight and strategies to help support their child's development. The child had had issues with the development of their language, communication and socialisation skills.

Following the provision of daycare and expert support, their son was able to chat with his parent's, siblings and peers. The mother also added that the experience would help her with her younger children, and encourage her to come forward sooner if she thought support was required.

### **Family CAF success story : mother 'A'**

The new family CAF to support a mother with a young child and a heart condition. Through going through family CAF, her children's centre worker identified that:

- The mother 'A' has had a major heart operation and still requires medical attention. She attends hospital appointment ever 2 weeks and visits the local doctor every week; this is due to 'A' having a suspected heart attack during the Christmas period. 'A' is waiting to return back into hospital due to the problems she is still experiencing due to her previous major heart operation.
- The mother was experiencing difficulties when walking or lifting her child 'L', due to L's buggy which has broken. Mum had purchased rains for L to walk; Mum has found this difficult as she easily gets out of breath.
- A light weight pushchair would be required for L, to help mum in transporting L, and to ensue L is safe and secure when she is out with mum.
- Furthermore, during a home visit mum explained that the safety gate at the bottom of the stairs has broken and L is climbing up the stairs because the gate is not there, Mum said this is ok when the two older siblings are at home, but during the day mum has difficulty in walking up and down the stairs.

The Family CAF supported a speedy resolution of these issues, which were partly addressed through the purchase of childcare equipment for the family.

### **Feedback from parent A**

The mother reported that she was grateful for the support of staff, and in helping to apply for the funding, for the pushchair and safety gate. The mother went on to explain how the safety gate has helped by preventing L from climbing up the stairs during the day, helping to keep her safe. The pushchair is lightweight and easy to fold up and down, and she and L has given them greater mobility in their every day lives. And at the present time L has been undergoing treatment at the children's hospital in Manchester, and the pushchair has been most useful in helping to transport L to and from the hospital appointments.

## **Benefits to partnership working**

### **Creating a multiagency tool**

The original plan had been to conduct the customer journey mapping, redesign the CAF rapidly and pilot the new CAF in the Partington area. However, the Steering Group decided that they wanted to implement the new tool throughout Trafford, and to make the family CAF a multiagency tool rather than just a Council framework. The benefits of this approach is that it would also support Trafford partnership's work on the Troubled Families agenda.

### **The integrated delivery model**

The insight work has also provided further support for partnership working and the integrated delivery model within Trafford. The Area Family Support Teams (AFST) include a range of professionals including Social Workers, Educational Welfare Officers, Health Visitors, Youth Service and Connexions and are the pivotal teams in delivering Trafford's early intervention approach.

The project has helped build on the structural integration in Trafford and a range of the products outlined in the Outcomes section will enable 'partners' within the CYPS organisation to deliver effective integrated interventions.

The redesign work relating to CAF revealed that there were lots of services relating to the family, but they don't all sit in the same realm do not necessarily see themselves as having a shared purpose, or definition of what is this should be supported.

The workforce consultation following the customer journey mapping and during the CAF redesign has brought a range of different professionals together and helped them to:

- understand each other's roles and responsibilities
- define a common vocabulary and frame of reference
- develop a sense of shared purpose.

These key learning points have helped to inform the integration of services with the AFST's. The timescales for the customer insight and workforce consultation aligned with the physical co-location of the AFST's giving a genuine opportunity to put this learning into practice immediately.

# Governance



The overarching governance of the project was the AGMA Programme Steering Group, which reported to the City Region Evaluation Group. The programme management for the AGMA Early Years Programme was provided by Wigan. The programme manager played an active role in co-ordinating progress reporting to both the AGMA Steering Group and also the Local Government Improvement & Development. Furthermore, the AGMA programme manager arranged workshops and events to ensure that the insight, know-how and learning generated by the project was shared between the projects and across the region more widely.

The City Region Evaluation Group includes representative from the AGMA Local Authorities plus colleagues from Health. The City Region Evaluation Group reports into the AGMA Wider Leadership Group, which comprises of all the public sector Chief Executives in Greater Manchester.

Additionally, reports were shared with the relevant AGMA commissions including the Improvement and Efficiency Commission which is made up of elected members from all ten AGMA authorities. Regular progress

updates were also sent to the Customer-Led Transformation Programme at Local Government Improvement & Development.

The CLIC Project Board was Chaired by the Transformation Programme Manager, who reported to Trafford Council's Executive Team. The Project Board also included the:

- Director for Commissioning, Performance and Strategy
- Head of Service the Children and Young People's services with responsibility for CAF systems development
- Project Manager of the Integrated Working Delivery Model project from the transformation workstream.

Once the CLIC project had reported its findings, the governance structure switched into CAF Steering Group, and the original project board was disbanded. The CAF Steering Group ultimately reported to the Executive Management Team for CYPS which is chaired by the Corporate Director and consists of the 2 x Joint Directors of CYPS, Director for Commissioning, Performance and Strategy and Deputy Director for Education.

## Resourcing

The LGA's Customer-Led Transformation Programme provided Trafford CYPS with £65,000 to fund their insight work. The budget which was invested in the following Customer Insight (60 percent) and Project Management (40 per cent) activities:

Customer Insight development work:

- focus groups, venue and facilitation x 3
- backfilling of staff to allow for the analysis of currently available customer insight
- customer journey mapping
- training sessions with staff to undertake customer journey mapping (and embed the skills within the authority)
- workshops with multi agency staff to map the journeys
- finance support to provide costings (10 days at £100 per day)
- consultation process.

Project management:

- managing project group redesigning caf and sharing with agma authorities
- monitoring of project against plan and outcomes
- supporting the development and implementation of customer insight activities
- translating customer feedback into commissioning intelligence
- embedding lessons learned within the authority and partners

## Challenges and lessons learnt

### **It's not rocket science, but it takes some thinking about**

Using and adapting existing frameworks from the Cabinet Office to capture and analyse the information proved productive, and using the emotional journey mapping template to restructure and reassemble the family's narrative helped to highlight their perceptions and experience, and their key moments of truth. (Both documents are available from the LGA Knowledge Hub). This helped to make it clear to Trafford at the way that the Council perceive services as being delivered is not the way that families perceive services.

### **There are usually some barriers you will have to overcome, especially at first**

There are a number of issues to Council would need to be aware of when embarking on customer journey mapping. Recruiting participants to gain consent takes time and effort. Some families declined, saying that they had to participate in too many meetings already. Some families agreed to participate, signed the consent form, but then dropped out.

Recruiting families is time-consuming, but unless you get the right level of engagement from families who could quality outcome. If you don't get the right families in the right information it doesn't matter how much time you put in – the quality of the outcomes from the research will be poor.

**Jenny Hunt**  
Troubled Family's Lead

Good communication is key throughout. The project would recommend ensuring the family understands the process from the outset, and that their key workers are involved throughout – this proved critical to successful engagement with the families. Drawing the interviewer and scribe from the same teams also made it easier to coordinate diaries.

### **Dependency with other transformation projects**

The decision to make the new family CAF a multiagency tool to be implemented throughout Trafford increased the scale of the implementation and has impacted on timescales and the new family CAF is now due for launch in February 2013.

Comprehensive training has been commissioned through an open market exercise and has been designed by the steering group, comprised of adult and children's services, and commissioners to reflect the training needs of the workforce. The programme is now underway and encompasses adult services, the Police, housing, the Police, and the voluntary and community sector.

The structure and content of the new Family CAF was signed-off in September 2012, and the development of a web based case management system which incorporates the new forms to enable all partners' access to one family record has been in development and is now subject to testing.

These issues had a short term impact on implementation timescales but have doubtless resulted in a more strategic, inclusive approach that will make a long term sustainable difference. By retaining flexibility in the project opportunities have arisen to solve problems as they surface.

## **Next steps**

### **Common assessment framework**

The project team will be following up those families who were involved in the original customer journey mapping to get their views on the redesign process, their experience since they went through their CAF and what it meant for them. The aim is to review and assess progress, and compare this with where families were before the CAF with where they are now.

### **Engaging the voluntary and community sectors**

The next planned briefing session with the VCS will address participation and engagement issues, featuring Trafford's experience of customer journey mapping alongside the developments of the Participation Strategy and Toolkit. A new commissioning monitoring toolkit will also be disseminated to providers, designed to support self-improvement and also provide real time feedback to commissioners.

### **A systemic approach to early intervention**

Those elements form the underpinning structure to an Early Intervention Strategy which is currently being developed for consultation across the universal and specialist services. The strategy will also define the tools and techniques to be utilised to systematically harness family and child feedback and will define what effective interventions should look like. It will progress the customer insight process to translate it into everyday practice, giving practitioners the confidence to use the principles of customer insight routinely.



The strategy will review and measure the effectiveness of early help to families in Trafford, setting five common outcomes for all services to measure. It will provide the oversight and co-ordination to a complex system of services operating in the borough.

### **Associated projects**

Trafford are now applying the customer insight learning in other areas including using the Customer Journey Mapping approach in system redesign and development:

This includes the:

- **Single Health, Education and Social Care Pathfinder (SAM):** Trafford is a pilot site for the single assessment for children with special educational needs which will develop and test a new approach to assessing, planning and delivering services for children with SEN and Disability. The Pathfinder will take 20 children with needs in all three areas of Education, Health and Social Care; deliver an assessment and plan, and offer the option of a personalised budget to help to meet their needs, by March 2013. The project team are undertaking customer journey mapping with three families to understand the current experience of children and their families as they proceed through the single assessment process.
- **Whole Place Community Budget pilot:** Trafford are conducting customer journey mapping with four families to develop an evidence base (including a Cost Benefit Analysis) in support of the Stronger Families model. This financial modelling will inform the anticipated outcome measures designed to evidence the value of co-ordinated intervention.

The Stronger Families programme will conduct bespoke customer journey mapping with 10 families as they go through the assessment and intervention process. At the outset of an assessment, families will be engaged to review retrospectively what their experiences of service interventions or support have been which will in turn inform the intervention. There will then be a further exercise to reflect on their experience of the most recent interventions provided through the Stronger Families programme.







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