

## Children's Improvement Board Case Study – Kent County Council

September 2012

### 1.1 Summary

- **What they are doing:** In Dartford and Gravesend areas of West Kent, co-location of a range of Children's Services and health professionals in Children's Centres is improving the service offering to children and families. All professionals use one single recording system and database regardless of discipline and information-sharing and targeting families has become more timely, tailored and seamless.
- **How they are doing it:** Negotiation and robust planning with health leads to design joint training for all professionals in health recording and the use of their database has ensured all Children's Centre staff are equipped with the appropriate level of skills and knowledge for consistent recording. In addition, regular team meetings ensure discussions around difficult cases and/or 'stuck' cases provide staff with additional peer support and direction for their work with families which links to the CAF process.
- **Main benefits and outcomes:** Families are receiving a more seamless service, professionals can learn from each other and information-share more efficiently to manage risk, and there is little duplication of work across the team, resulting in a more effective use of resources.

### 1.2 How it works

The co-location and integrated working across professionals in Children's Centres in Gravesend has been well-established since the inception of the Sure Start Local Programmes initiative in the local authority.

Children's Centres now house early years workers, health visitors, community involvement workers, midwives and community midwifery services, although due to space limitations, midwifery services are delivered out of Children's Centres whilst practitioners are hospital-based on a permanent basis. All Kent County Council staff members are line-managed in house. Kent Community Health Trust professionals are line-managed by health staff, and midwifery by Dartford and Gravesham Acute Trust. Two health professionals delivering commissioned services are line-managed by the Children's Centre manager but continue to have professional supervision from the Trust.

The co-location of professionals in Children's Centres has also necessitated an integration of data-sharing and recording practices, and this has happened through training all staff in using the health recording system, already used by Health Visitors and Midwives. This ensures that professionals are all recording on the same universal system, rather than trying to maintain profession-specific recording systems. Joint training has been delivered with direction and delivery from key health partners to ensure that non-health professionals were robustly trained in the systems and recording methods already in use

by their health peers. The rigour and robustness of the training was seen as core, as family's records can be admissible in court as a legal record. It was therefore critical that all staff within the integrated team were able to use the systems to the same consistently high standard. The service also aims to refresh staff in the training periodically to keep up practice and working knowledge of the system.

In addition, joint-training workshops, led by Health and Education Safeguarding leads about information-sharing across professional groups have enabled frank discussions about how to information-share effectively and intelligently between professionals to manage risk appropriately. These meetings have also enabled professionals to have their fears allayed about what information they can share and how this can take place in a safe way.

These processes have enabled the maximisation of effectiveness of the integrated working that is taking place with families by the full range of practitioners that are co-located in Children's Centres, as information is shared seamlessly, both through shared records and more confident risk management.

#### 1.2.1 Main benefits

There are benefits for both staff and families in terms of the co-location model:

- Professionals are able to work together more effectively, can share information in a more timely and robust manner, and can act on this information adopting a more intelligent and integrated approach. This in turn impacts on the quality of service experienced by children and their families.
- Across Dartford, there is anecdotal but clear evidence that those Children's Centres where there are the strongest links with health and overall integrated working have a greater number of CAFs completed, indicating successful joint working in terms of appropriate referrals. Often, Health Visitors will be leading the work that is carried out with families with a CAF and directing next steps.
- The delivery path into the service is more seamless for families. Professionals are more aware of families' holistic needs and services to these families can be tailored to their specific needs and circumstances.
- There is a better use of resources as the duplication of work across different professionals is minimised with a joint approach decided amongst the team.
- Multi-professional team meetings enable practitioners to seek direction and clarification in their chosen approach with the family through discussion with their peers – this increases their confidence skills in directly working with families as well as offering space for critical reflection and collective problem-solving.
- These multi-professionals discussions to share information with families are echoed in formal systems by the documenting of all key information in a single health database used by all professionals.

#### 1.2.2 Has the project improved outcomes?

Ultimately it is felt that the changed way in which Children's Centres are operating are benefiting children and families as it is improving services to them, making them more seamless, timely and robust.

For professionals, whilst the inception of the newly configured teams caused some anxieties for professionals used to working in more closed professional systems, the experience of working in this multi-agency way has enabled them to see for themselves the benefits of this approach:

*'Once they've [staff] experienced it, they won't want to work in any other way'*  
Heather Robinson, Children's Centre Coordinator.

#### 1.2.3 Has the project led to cost-savings?

Although cost savings have not as yet been explicitly measured as part of any formal evaluation of the integrated Children's Centre teams, it is likely there have been substantial savings made through the reduction in duplication of work, as well as providing more timely and robust interventions to children and families. Initial Sure Start local programme funding was dedicated to set up costs to support this initiative.

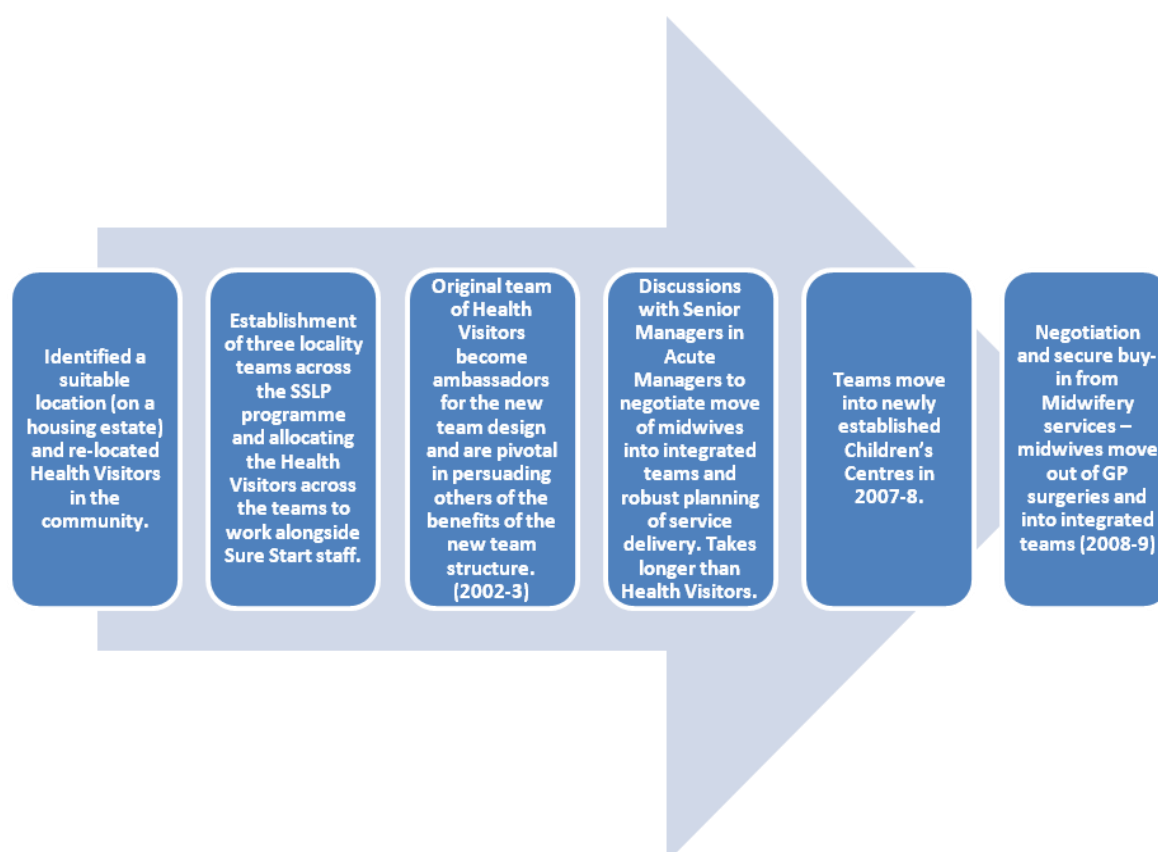
### 1.3 How it was achieved

#### 1.3.1 What was the rationale for the change in team structure?

The Sure Start Local Programme initiative heralded an opportunity for Kent County Council to explore new opportunities for service re-configuration for local children and families, and strategic direction from Health leads in the Trust enabled experimentation with integrated teams of professionals. This started with bringing in Health Visitors to work more closely with Sure Start staff and was followed by midwifery services some years later to complement the team. Further details about the key steps involved in the process are outlined below.

#### 1.3.2 Key steps towards integration?

The diagram below indicates significant steps involved in getting the integrated teams to the structure and level of functioning that they are currently at:



The original service from planning to being operational took approximately one year.

### 1.3.3

What were the key challenges, and how were they overcome?

Some of the key challenges and how they were addressed are outlined below:

- **Getting professionals (especially from health) to come on board** with the new service and the practical ramifications of this has been a longstanding challenge and has presented issues at various points in service development.
  - There was initial resistance from Strategic Leads in Health about allowing non-health professionals to access and use their recording systems and database. This was borne from a fear that the quality of recording may suffer and that should records be required in a legal setting (e.g. court proceedings), they will not be sufficiently robust for legal scrutiny. The response to this was to demonstrate commitment to robust recording by universally advocating the health model currently used, organising comprehensive training, led by Health leads, to ensure staff members were all up to the required standards of recording and database usage. This is maintained through refresher training and also regular audits of staff recording.
  - Health visitors were initially anxious and resistant about leaving their single team and being spread across the 3 localities with other professionals – to ensure they were happy with arrangements, the move had to be delayed by 3 months to negotiate further.

- Discussions and agreement from Strategic Health Leads in Midwifery and the planning of the movement of midwives into the teams took substantially longer than expected.
- These issues around securing buy-in from Strategic partners have recently re-emerged although the integrated teams are now well-established, as East and West Kent Health Trusts are now in the process of merging. Whilst West Kent has adopted this model for some time, it is relatively new in the East, which means buy-in is being re-negotiated with partners from this part of the new Trust.

## 1.4 Learning points

The main learning points with respect to co-location and facilitating integrated data-sharing and recording are provided below:

- Ensure sufficient planning has taken place with respect to practicalities of *how* you undertake training with a mixed group of professionals in an effective manner.
- Ensure that the entire system is flexible to accommodate staff requests, especially in a multi-professional environment, to facilitate joint-working rather than being rigid in approach. Appreciate that often it is these lower level practicalities that create barriers in practitioners' day-to-day work and can cause anxieties.
- Don't be afraid to start the process, and learn as you develop – *'at some point you have to jump in and just have to do it!'* (Heather Robinson, Children's Centre Coordinator)
- Much of the success of this service development has been attributed to starting small with a few key professionals and expanding over time, and using original team enthusiasm and commitment to secure buy-in from colleagues. For example, this was pivotal with Health Visitors as by experiencing the new team structure and seeing its benefits, they were able to go out and persuade other health visitors of the merits of such an approach.

## 1.5 Key contact

For further information, contact Heather Robinson, Children's Centre Coordinator, Joynes House on 01474 544312 or [heather.robinson@kent.gov.uk](mailto:heather.robinson@kent.gov.uk).