

Connected Futures Fund

Systems change case studies

Youth Futures Foundation has gathered these case studies to help applicants to our Connected Futures Fund understand the approach that might be involved in collective local efforts to change the ways that systems work. We recognise that the fund is not like ordinary project funding, and we hope you will find some of these case studies helpful prompts as you think through your application.

You do not have to copy or draw on these examples at all. They are only examples, and they won't all be relevant to you and your context – feel free to take what you need, and ignore the rest!

We will not give preference to applications that look like one of these examples. We want to see your ideas for changing how things work.



Drive

What is it?

Drive aims to keep domestic abuse survivors and families safe from “high harm, high risk” perpetrators by tackling the cause of domestic abuse – the behaviour of perpetrators. The Drive approach has been proven to reduce abusive behaviours and risk to victims and survivors.

How does it work?

There are currently 17 Drive projects across England and Wales, managed by a central Drive partnership of 3 organisations with specialisms in protecting victims / survivors, working with perpetrators, and innovation. Local delivery is typically funded by Police & Crime Commissioners, while the central team is funded by a grant from the National Lottery Community Fund. This funding mix allows projects to be tailored to the local context and partnerships, while still sharing a common Drive “DNA”.

In each project, dedicated Case Managers, based in a local domestic abuse charity, work directly with perpetrators to change their behaviour. They work closely with other agencies, including police, probation, housing, health and children’s services. Through regular multi-agency case conferences, they support joined-up responses to keep victims safe. These include services such as helping perpetrators address their substance misuse; risk management such as ensuring that they are housed away from their victims; and where necessary re-arrest.

What makes this an example of systems change?

Drive has changed how agencies responsible for criminal justice, child protection and victim support work together, improving information-sharing and collaboration. The different strengths of the Drive partners have helped them win the trust of different local organisations who often did not have good relationships with each other.

Most of all, it has contributed to a change in mindset, from “why doesn’t she leave?” to “why doesn’t he stop?”. For example, social services often remove children from women with abusive partners, in effect punishing them for the abuse they receive. In Drive areas, children’s services increasingly recognise that addressing perpetrator behaviour is key for child protection.

Elements of systems change:

- Developing innovative services to demonstrate new ways of working in practice
- Improving multi-agency coordination, information-sharing and collaboration
- Refocusing existing services and resources (to find solutions rather than respond to / manage problems)



- Asking new questions to encourage new ways of thinking and working (from “why doesn’t she leave” to “why doesn’t he stop”)
- Using data and evaluation to build local buy-in and make the case for wider change



Glasgow Youth Employability Partnership

What is it?

Glasgow's Youth Employability Partnership (2008-14) was set up to address two key issues preventing young people from receiving the level and quality of employability support they needed:

- Patchy and inconsistent data on school leaver destinations, making it hard to identify and engage young people at most risk, or commission, target and evaluate services
- Complex, fragmented, competitive landscape of support, creating barriers to cooperation, referrals or information-sharing between services and providers

The partnership involved local authorities across the city region, colleges, Glasgow Council for the Voluntary Sector and Glasgow Housing Association, as well as nationally mandated employability agencies including Education Scotland, JobCentre Plus and Skills Development Scotland (Scotland's national skills and careers services).

How did it work?

The partners worked with commissioners across Glasgow, including health, justice and housing as well as employability and skills, to review existing provision, and how funding practices contributed to fragmentation, competition and poor outcomes. This led to an agreement among commissioners to improve communication and information-sharing, reduce duplication and seek funding alignment. The partnership also established a new shared framework for commissioning and coordinating youth services.

Skills Development Scotland developed a new shared management information system to replace their existing database and the parallel reporting system used by schools and colleges. They worked with schools across Glasgow to improve the recording and usage of data on destinations.

Finally, the partnership developed a new, collaborative approach to identifying and supporting young people who were likely to struggle in their transition out of education. Partners formed multidisciplinary teams to work with schools, using a shared approach to identify students at risk, and taking a joint case management approach to provide relevant, joined-up support.

What makes this an example of systems change?

The partnership was deliberately set up to change the whole system of employment support in Glasgow. By bringing stakeholders together to map what was currently happening, it created a shared picture of key problems and opportunities for change. This built buy-in and unlocked city-wide changes like the new commissioning framework.

Some initiatives laid the groundwork for future change. For example, the multidisciplinary school teams were the model for Glasgow's Youth Gateway,



a one-stop, multi-agency service to deliver and coordinate support for young people most at risk, funded by Glasgow's 2015-2018 City Deal.

The partnership also had wider impact. Glasgow's work on data was taken up nationally and developed into the 16+ Data Hub, which is now used by local authorities, colleges, student funding bodies and JobCentre Plus across Scotland.

Elements of systems change

- Aligning funding streams and incentives (using a shared commissioning framework)
- Improving quality, availability and sharing of data
- Improving multi-agency coordination, information-sharing and collaboration
- Refocusing existing services and resources (to early intervention for students at risk)



Restorative Practice, Leeds

What is it?

In 2009, an Ofsted inspection found that Leeds City Council's children's services were "failing", with some children at potential risk of serious harm. In response, the council committed to developing restorative practice across children's social care.

This is a "high challenge, high support" approach, which works with families to help them reach a shared understanding of their problems, and develop their own solutions in a collaborative, non-confrontational way. For Leeds, it represents a philosophy or "way of being", that puts the child at the heart of decisions that affect them, and works with families to nurture and restore positive, compassionate relationships.

How does it work?

A key component of the new approach was Family Group Conferencing. This is a shared decision-making meeting, involving children and young people, their carers and wider family as well as professionals. An independent facilitator supports the group to discuss problems caring for a child, from parental conflict or divorce to homelessness or ill health, and agree a resolution or next steps. Families who take part report that the process helps them address their problems, and they feel more involved and listened to.

Alongside new techniques, social workers and managers were trained in relational practice, with a focus on team dynamics, culture and behaviours as well as skills. The council also reduced its use of agency staff, and took steps to reduce caseloads and improve supervision, with a less rigid, more supportive approach to risk.

What makes this an example of systems change?

These changes have turned children's care in Leeds around. By 2015, Ofsted assessed Leeds Children's Services as "good", with a robust approach to child protection, and children and young people at the heart of services. An inspection in 2018 upgraded this to "outstanding".

These improvements for children and young people have been driven by changes in the culture and practice of social work teams. Social workers now say that Leeds is a good place to do social work, where they feel they can make a difference.

The changes took place in the context of the council's wider "Child Friendly Leeds" ambition to make Leeds the best city in the UK to grow up in. This created a consistent, narrative and point of reference for changes in practice and culture. The headline ambition was underpinned by new objectives and metrics, including "a relentless focus on continuous improvement", which drove management attention and resources from the top down.



Elements of systems change:

- Rethinking relationships with service users (from reactive to “high challenge, high support”)
- Developing innovative services to demonstrate new ways of working in practice
- Reorienting existing services and resources (to focus on strengths and relationships)
- Asking new questions to encourage new ways of thinking and working (from “doing to” to “doing with”)
- Changing objectives, incentives / accountability, culture and behaviours within services



Schwartz Rounds

What is it?

Shwartz Rounds are a structured process for clinical and non-clinical staff working in hospitals and other healthcare settings to discuss the emotional aspects of their work. A round involves a panel of clinical and non-clinical staff with different levels of seniority sharing experiences, followed by a facilitated open discussion.

The purpose is not to address specific clinical questions or solve problems, but to allow people to share and reflect on the emotional challenges and rewards of their work.

How does it work?

Rounds can help people feel more supported and less stressed in their jobs. Staff who take part feel less isolated, and increase their insight and appreciation for each other's roles. This can help reduce hierarchies within services, especially clinical and non-clinical staff, and focus everyone's attention on the relational and emotional aspects of care.

They are based on the idea that compassion makes all the difference to the patient experience, but that in order to provide compassionate care, staff need to feel supported and cared for themselves. Hospitals typically introduce Schwartz Rounds in response to unmet needs for staff support and/or high levels of stress.

What makes this an example of systems change?

Rather than explicitly setting out to change how care is delivered or organised, Schwartz Rounds are a kind of "under the radar" approach to systems change. Over time, the trust and sense of safety developed during the rounds "ripples" out into improved wellbeing and resilience, and greater compassion and empathy for others (both patients and staff), leading to changes in patient care and improved teamworking.

This kind of cultural change is not fast or easy. In a highly task- and outcome-focused environment such as the NHS, the open-ended, reflective nature of Schwartz Rounds is countercultural, and this can lead to resistance.

Elements of systems change:

- Doing something simple and practical to demonstrate that new approaches are possible
- Creating spaces to practise new ways of thinking, listening and relating
- Asking new questions to encourage new ways of thinking and working (from "what did you do" to "how did you feel")
- Developing better relationships across hierarchical / disciplinary boundaries



Ways to Wellness, Newcastle upon Tyne

What is it?

Ways to Wellness is a “social prescribing” service for people living with long-term health conditions, such as diabetes, heart disease or chronic obstructive pulmonary disorder. The service covers the west of Newcastle upon Tyne, an area of high deprivation, with below average life expectancy, where people are more likely to develop health conditions in mid-life. It aims to help people manage their health conditions themselves, improving their wellbeing and quality of life, while reducing demand on the NHS.

The programme is commissioned by the local NHS clinical commissioning group, on an outcomes-based contract with payments tied to improved wellbeing and reductions in hospital care costs. 86% of people supported by Ways to Wellness report improvements in their wellbeing and quality of life. There has been a 14% reduction in GP consultations, and a 27% reduction in hospital admissions, as people take more active control of their health.

How does it work?

GPs refer people to a “link worker”, who starts by listening to them to find out their goals and understand the barriers they face. They then develop an action plan together, with a mix of:

- Steps the person can take by themselves – e.g. exercise, healthy eating
- Support to help them address the barriers they face – from stopping smoking to advice with benefits or housing

The link worker encourages and supports the person to put their plan into practice, and identifies appropriate sources of support, from statutory services to community groups. For example, they may help someone find a walking club, or a community group that offers cooking classes. These often reflect people’s interests – joining a choir or dance class rather than going to a gym. Link workers also give people the practical and emotional support they need to take up these opportunities. Similarly, where community groups need extra resources to support someone, Ways to Wellness can provide additional funding so that they aren’t overwhelmed.

What makes this an example of systems change?

Although link workers are based in GP practices, they are employed by VCS organisations embedded in the local community. The programme acts as a bridge, moving healthcare beyond the NHS and a focus on illness and treating people’s medical conditions, into their everyday social and emotional life to help them take control of their health.

At the heart of social prescribing is a cultural shift away from a clinical model of doing things to patients, towards a recognition that people are more than their health condition – from “what’s the matter with you?” to “what matters to you?”.



It has also led to wider change. Following the success of Ways to Wellness and other pioneers of social prescribing, in 2019 NHS England committed to funding link workers across the whole country.

Elements of systems change:

- Rethinking relationships with service users (from patients to people)
- Delivering innovative services at scale to create better outcomes across the system
- Reorienting existing services and resources (to focus on prevention and strengths, rather than treatment and managing problems)
- Asking new questions to encourage new ways of thinking and working (from “what’s the matter with you” to “what matters to you”)
- Using data and evaluation to build local buy-in and make the case for wider change



The Wigan Deal

What is it?

Launched in 2013, the Wigan Deal aims to change the relationship between people who deliver services and people who use them – “a different conversation”. It emerged from a mix of a positive vision of a more relational approach to services, which could help people move on, rather than simply “containing” their problems, and the need to find significant savings in the context of austerity. Rather than salami-slicing budgets year on year, the council took the risk of moving to a new model which it believed would deliver better results for less.

Key components of the Deal include:

- Asset-based and strengths-based approaches, starting from what people can do
- Permission to innovate and support to take risks – “we will back you”
- Place-based working, with seven “service delivery footprints” based on real neighbourhoods and communities that feel meaningful to local people
- Shifting resources into prevention and early intervention
- Investing in communities and the voluntary and community sector, to build their capacity – especially through establishing community hubs across Wigan
- Collaborative approach to commissioning, treating service providers as partners and encouraging them to collaborate and share learning and resources

How does it work?

The Deal is reflected across every service area. For example, the public health team has trained over 3,000 community health champions who lead local health improvement activities, take part in health promotion campaigns, and provide advice and support to friends and neighbours.

In education, five “Start Well” family centres have been established, each managed by a local primary school. These bring health visitors, school nurses, youth justice teams and early intervention services together under one roof, whether at the school, a GP practice or another community “anchor point” such as a church. Services are designed with parents, and “parent champions” lead many of their activities.

Many services are now organised in neighbourhood “footprints”. The weekly huddle in each footprint is attended by children’s and adult social care, Start Well staff, district nurses, health visitors, schools, housing, antisocial behaviour teams, police, link workers, employment support and VCS organisations. It is a



problem-solving forum, where agencies discuss people they have concerns about, share information and agree on a coordinated response, often led by the organisation with the best relationship with that individual.

What makes this an example of systems change?

The Deal is an example of transformational change – shifting the whole basis on which public services are delivered.

It is a cultural shift which has now spread beyond the council to include the local NHS, police, schools and other services. For example, GP practice clusters and police officers' beats have been rearranged to match neighbourhood footprints.

Elements of systems change:

- Rethinking relationships with service users (from passive recipients to active citizens)
- Aligning funding streams and incentives (around neighbourhood footprints)
- Reorienting existing services and resources (to focus on early intervention and prevention)
- Improving multi-agency coordination, information-sharing and collaboration
- Changing objectives, incentives / accountability, culture and behaviours within services

