



# **DESCRIPTION OF THE PRACTICE**

## **1. Title of the practice**

## The Best for Every Child!

# 2. Organisation responsible for the practice

Association of Directors of Social Welfare Services, Sweden (FSS)

## 3. Contact person(s)

| Name / | Magnus Wallinder Director of Social Services, Ljungby municipality |
|--------|--|
| E-mail | magnus.wallinder@ljungby.se  |

# 4. Summary of the practice

Following inspiration from the Getting it Right for Every Child (GIRFEC) model in Scotland, the County of Kronoberg is implementing a similar strategy called 'The Best for Every Child!'

The principles of these strategies are based on the following:

- **Child-focused** Ensures the child or young person and their family is at the centre of decision-making and the support available to them.
- Based on an understanding of the wellbeing of a child in their current situation - Takes into consideration the wider influences on a child or young person and their developmental needs when thinking about their wellbeing, so that the right support can be offered
- **Based on tackling needs early** Aims to ensure needs are identified as early as possible to avoid bigger concerns or problems developing
- Joined-up working Children, young people, parents, and the services they need working together in a coordinated way to meet the specific needs and improve their wellbeing

The Best for Every Child model implements a structure for improved coordination between social services, health services, education, and police to implement the principles outlined above.

This is implemented through a coordinating group of directors made up of representatives of the four services who meet twice per semester. This coordinating group sets out the general directions and takes decisions for implementing a more integrated approach for children.

For the practical implementation of the vision set out by the coordinating group, a working group formed of managers and experts from the four services also operates.

Two process leaders play a key role in supporting the more integrated approach. They manage the working group and set the agenda for the coordinating group. These process leaders are financed jointly by the municipalities in Kronoberg, the health service, and education service.





## 5. National/regional/local context of the practice

The practice is unique in that it is the only county in Sweden where all the municipalities have joined in one project following this theme of integration.

The project involves coordination between the social services in the eight municipalities in Kronoberg County, the health service, education service and police. The County of Kronoberg has a population of about 190,000.

## 6. Staff involved

Senior leaders from the four services (social, health, education, police) are involved in the coordinating group.

Managers and experts take part in the working group which examines the more practical implementation. Two process leaders are dedicated to managing the process itself.

### 7. Target group

Improved coordination between the four services involved for the care of children and families.

### 8. Aims of the practice

The aim is to improve awareness between the different services of their roles, improve connections between them and methods to provide more integrated care to children and the family.

This forms part of a goal to move more towards making care more child-centred, focussed on their needs, rather than the organisational priorities of the services.

### 9. Issues for social services

| Service Integration/<br>Cooperation across<br>services | Х | Service<br>Planning                   | Х | Contracting         |   |  |  |
|--|---|---------------------------------------|---|---------------------|---|--|--|
| Technology   |   | Skills development (of the workforce) | Х | Quality of services | Х |  |  |
| Others:  |   |                                       |   |                     |   |  |  |

## ANALYSIS OF THE PRACTICE

10. Status

| Pilot project (ongoing)     |  | Project (ongoing)       | Х | Implemented practice<br>(restricted areas) |  |
|-----------------------------|--|-------------------------|---|--|--|
| Pilot project (terminated ) |  | Project<br>(terminated) |   | Widely spread<br>practice/rolled out       |  |

### **11. Scope of the practice**

Describe the setting of the practice, considering the following criteria:

- Micro level practice: practice that involves individuals at local level
- Meso level practice: practice that involves organisations or communities
- Macro level practice: practice that involves large population groups





#### Meso: The four services have sought greater cooperation between each other

### 12. Leadership and management of the practice

Description of the leadership of the practice, considering the following criteria:

- Collaborative management: shared between large partnerships, often of central, regional and local representation
- Organisational management: by one organisation
- Professional management: managed by a single person
- Shared management: shared with no defined leadership

Collaborative: A coordinating group involves representatives from all four services to lead the work being carried out.

#### **13. Engaging stakeholders in the practice**

Description of the engagement of stakeholders, considering the following criteria:

- Individual practice: individuals have sought practice change
- Network approach: one or more organisations develop a network
- Collaborative approach: large collaboration with relevant stakeholders

Network approach: The four services have established stronger connections between each other.

### 14. Involvement of service users and their families

Description of the involvement of service users, considering the following criteria:

- Team involvement: service users and carers were part of the practice team
- Consultative: a consultative body of users was set up for an on-going dialogue and feedback
- Involvement in care: person-centred approaches to care/support

Children are involved in the planning of the practice through regular workshops, where children of high-school age, the civil sector, and the public can take part in consultations and planning of the new practice.

#### 15. Costs and resources needed for implementation

Description of how the practice is financed, considering the following criteria:

- Within existing resources: staff time and other resources are provided 'in-house'
- Staffing costs: costs for staff investment
- Joint/Pooled budgets: two or more agencies pool budgets to fund services
- Funded project: external investment

Joint financing: €150,000 per year

#### 16. Evaluation approaches

Description of the evaluation method of the practice, considering the following criteria:

- Multi-method: use of both a qualitative and a quantitative approach
- Single method: qualitative or quantitative approach
- Audit: looks at data sources such as existing medical records, and/or other routinely collected service data.
- Informal: refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback
- No evaluation
- An evaluation is planned

An evaluation by Linné University is planned.





| 17. Measurable effects of the practice and what it has achieved for  |   |  |  |  |
|--|---|--|--|--|
| Service users  |   |  |  |  |
| Formal care givers   |   |  |  |  |
| Informal carers  |   |  |  |  |
| Organisations  |   |  |  |  |
| Other  |   |  |  |  |
| This category can  | d or 'aspirational' effects of the practice and what it has achieved for<br>include outcomes which are not documented, quantified or properly evaluated. They can<br>ents as improved knowledge, quality, workforce, etc.   |  |  |  |
| Service users  | A more integrated approach emphasising early-intervention will be more effective for supporting the wellbeing of children.  |  |  |  |
| Formal care givers   |   |  |  |  |
| Informal carers  |   |  |  |  |
| Organisations  | Greater awareness and coordination between social, health, education, and police services in Kronoberg county leading to more integrated and early-interventions for children.  |  |  |  |
| Other  |   |  |  |  |
| 19. How the p  | ractice has changed the way the service is provided (lessons learned)   |  |  |  |
|  |   |  |  |  |
| <ul> <li>20. Sustainability of the practice</li> <li>Description of whether the practice is sustainable, considering the following criteria:</li> <li>Potential for sustainability: practice was newly started or is on-going/not yet mainstreamed. How could the practice be sustained (in terms of resources)?</li> <li>Organic sustainability: service users have been empowered to take the practice forward</li> <li>Established: the project has been operational for several years</li> </ul> |   |  |  |  |
| Those involves across Sweder   | in the project hope to see the strategy of this continue and be implemented   |  |  |  |
| Description of whe<br>Transferr<br>Potential<br>up and us  | bility of the practice<br>ether the practice has been transferred, considering the following criteria:<br>red: transfer to other regions, countries, service user groups, etc.<br>for transferability: there is interest from the outside; elements of the practice have been taken<br>sed elsewhere; material for transferability (for ex. training material) has been developed<br>ples of the project originate from GIRFEC in Scotland, and could be applied<br>ts. |  |  |  |