Contact-driven transformation

If you want to transform adult social care, health, or public services more generally, start by redesigning citizen contact as a learning-and-enablement system. Design against demand, and continually adjust to the messages you get from citizen contact, expressed in citizens' own words.

Reduce failure demand by fixing forms, signposting, handoffs and downstream delivery. Make 'good help' the default stance of first contact. Align measures to purpose, so the organisation learns the right lessons and demand genuinely falls rather than being pushed elsewhere. Citizen contact is the main way the organisation senses what is happening, learns what is not working, and shapes future demand. If you treat contact as a 'cost to minimise', you tend to design for speed, deflection, and handoffs. That creates repeat contact, failure demand, and worsening trust. The result is more pressure on front doors and more cost, not less.

Key learning points to hold onto

1. **'Demand management' fails when it becomes delay, deflection, denial**
   'Managing demand' often just shifts demand around the system, or makes it worse[1]. The alternative is to build capability through redesign, integration, learning, and earlier and easier support with the person, not done to them – this is clearly harder to do when it requires coordination across silos and organisations under financial pressure such that 'shifting demand' can often count as a success.

2. **Separate demand from need and purpose, or you optimise the wrong thing**
   A useful framing is to keep purpose, need and demand distinct, and design services as value co-created *with* and *for* the citizen[2]. The goal becomes to reduce effort, steps, time and cost from need to a positive outcome. When you only manage 'demand' you risk building a machine that is brilliant at processing transactions while worsening outcomes.

3. **The 'signal of demand' gets distorted by transaction costs**
   Many assessment processes are 'optimally designed' for a tiny minority of cases that require exhaustive detail, and inappropriate for the majority of simpler cases – and the tiny majority of far more complex situations[3]. The point is that it is your contact design (forms, assessments, scripts, channel splits, data duplication) that determines what information reaches decision-makers, and with what quality. You can end up responding to noise, not need, as people's real purpose and need is completely obscured by your categories, processes, and channels. The challenge in social care

[1] https://www.linkedin.com/posts/antlerboy_withyou-systemschange-leadership-activity-7343910992550019075-oRav
[2] https://www.linkedin.com/posts/antlerboy_control-demand-need-purpose-activity-6937656907205648384-SfyV
[3] https://chosen-path.org/2022/01/05/how-does-the-signal-of-demand-get-through-to-your-organisation/

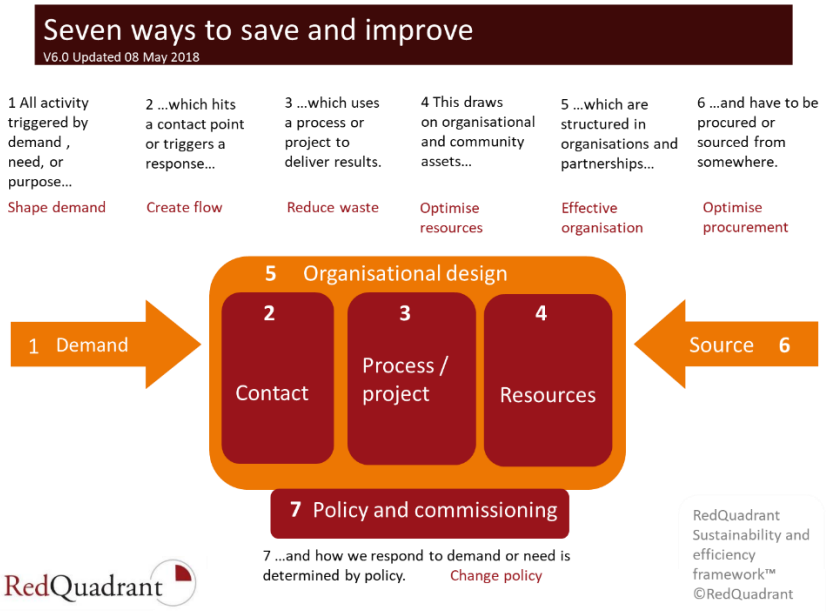
and some other service, of course, is that mandated legislative processes do not necessarily meet this requirement – which requires very high quality service design.

4. **Referrals and signposting are often failure, not success**
   'pinball organisations' are places where staff work hard to do the wrong thing right, but the result is that citizens bounce between contact points[4]. Research in the criminal justice system on 'referral fatigue' identifies large drop-offs at each handoff, and argues referrals should be treated like other service failures (queues, waiting lists, follow-ups). This is a direct challenge to performance cultures that count 'referred onward' as success.

5. **Failure demand is commonly large, and contact design either multiplies or shrinks it**
   A Nesta report on call centres[5] describes 'failure demand' as calls driven by previous contacts that did not resolve the issue. It also sets out the tension between 'average handle time' and 'first call resolution', and notes a multiplier effect when problems are not solved first time. In benchmarking data it reports 'avoidable calls' averaging 17.4% in some public sector contexts (and remember, this is based on counting 'referrals', and successfully force-fitting someone's need to a category, as success), with some sites much higher, and breaks down avoidable categories including repeat contact, confusing forms and poor signposting.

6. **You only have a handful of levers for transformation, and 'contact' is one of the big ones**
   RedQuadrant's 'seven ways to save and improve' model[6] explicitly includes demand, contact, process, resources, organisation, sourcing and policy. This is helpful because it prevents magical thinking that transformation is achieved by shifting the responsibility. If you want different outcomes, you will usually need to change contact and process together, and sometimes also policy and organisation.

[4] https://chosen-path.org/2021/12/20/have-you-ever-been-referred-or-signposted-how-did-it-feel%ef%bf%bc/
[5] https://media.nesta.org.uk/documents/call_centres_report.pdf
[6] https://chosen-path.org/2025/07/09/seven-ways-to-save-and-improve/



7. **Behaviour change at scale is not just 'nudges'**
   The demand management handbook from The Leadership Centre and Collaborate[7] is structured around collaborative practice: understanding root causes, reshaping behaviours, working across systems, creating productive demand, valuing community leadership, and building collaborative resilience. That is a whole-system agenda, not a comms campaign.

8. **'Good help' belongs at the front door, not only in specialist programmes**
   Good Help (the charity) defines 'good help' as support that builds hope, purpose and confidence to act (and takes life circumstances seriously)[8], while 'bad help' undermines confidence, purpose and independence[9]. This is highly validated in research. It argues for mainstream services to work differently, not for withdrawing support. This is directly relevant to adult social care and health contact, where the first conversation often sets the trajectory towards either capability and independence, or dependency and repeat demand.

[7] https://www.leadershipcentre.org.uk/wp-content/uploads/2016/06/Demand_Management_and_Behaviour_Change.pdf
[8] https://goodhelp.org.uk/what-is-good-help/
[9] https://goodhelp.org.uk/wp-content/uploads/2020/02/good_and_bad_help.pdf

How to reframe ‘customer contact’ for adult social care and health

Use language like ‘citizen contact’, ‘the front door’, or ‘access and support conversations’. The reframing matters because the aim is not to ‘handle enquiries’. It is to help people get their needs met, safely, with the least effort, and with the most independence possible, while the system learns and improves.

A practical design goal:

Make the front door the place where demand is turned into one or more of three things, quickly and well:

1. Resolution (information, advice, decision, or action completed)
2. Enablement (the person leaves more able than when they arrived)
3. Legitimate escalation (only when specialist work is genuinely needed)

Design principles for better citizen contact

1. **Design for first time resolution, not ‘speed’**
   If your metrics reward short calls, you will tend to create repeat contact, reassurance calls, clarifications, chasing, and complaints. If you reward resolution and learning, you tend to redesign processes, forms and handoffs so staff can actually solve problems. The Nesta call centre analysis makes this trade-off explicit through AHT versus FCR and the way failure demand multiplies volume. (media.nesta.org.uk)

2. **Treat ‘poor signposting’ and ‘confusing forms’ as system defects**
   If your avoidable contact is driven by confusing forms and poor signposting, the fix is not ‘train staff to be nicer’. The fix is to redesign the journey, the language, the data capture, and the ownership model so people do not have to call back.

3. **Make purpose explicit in every contact**
   A simple operational habit: every interaction should connect back to purpose and outcomes, not just eligibility and process. That aligns with ‘purpose, need, demand’ framing and the idea of services co-creating value and reducing effort from need to outcome.

4. **Build ‘good help’ into scripts, forms, and triage**
   A form is a conversation in slow motion. A script is a conversation under pressure. Both can either build agency or drain it.

   Practical ‘good help’ moves at first contact:

   - start with ‘what matters to you right now?’
   - agree the next best step the person can take, not just what the service will do
   - explain choices and consequences in plain language

- minimise ‘do this, then call us back’ loops
  This aligns with Good Help’s emphasis on purpose, confidence and life circumstances as drivers of action.

5. Design contact with ‘requisite variety’
   People present with high variety. Adult social care and health are messy by nature. If the front door only has one mode (for example a rigid script, or a single channel), it will fail and generate workarounds and repeat demand. A stated aim of building a ‘tool shed’ of practices is to have the requisite variety to match the near-infinite variety of client needs. That principle applies directly to contact design.

A coherent improvement approach

Step 1: Make demand visible and usable

Aim: improve the signal-to-noise ratio.

Do this by:

- capturing contact reasons in the citizen's words, not just categories
- separating 'value demand' (legitimate requests that create value when met) from avoidable and failure demand
- explicitly tagging contacts linked to: confusing forms, poor signposting, repeat contact, reassurance, service failure
  This mirrors the 'avoidable calls' breakdown described in this Nesta report and the concept of 'value demand' in demand typologies.

Step 2: Remove the top sources of avoidable contact

A good sequence is:

- quick wins first (remove avoidable demand)
- redesign around the citizen next
- then tackle the deeper causes of demand over the long term
  That staged approach is set out in a CIPFA summary of demand management thinking.

Typical high-yield fixes:

- rewrite letters and web content that trigger reassurance and clarification calls
- shorten and simplify forms, and stop asking for information you already hold
- ensure the person can track progress without having to chase
- fix the 'hand-off' points that generate pinball journeys and drop-offs

Step 3: Redesign the front door around outcomes, not functions

This means designing the work from the citizen journey backwards, not from organisational charts. The 'seven levers' model is useful here, because you often have to change contact, process and organisation together to stop shifting demand around.

A practical pattern for adult social care and health:

- a single entry point (or tightly coordinated entry points)
- immediate enablement for common needs (information, community support, low-level interventions)
- rapid escalation pathways for high risk or complex cases

- clear ownership, so citizens are not asked to coordinate the system themselves

Step 4: Treat behaviour change as collaborative system work

Use the demand management handbook's implicit structure as a checklist for a whole-place approach:

- understand root causes
- reshape behaviours
- work across systems
- create productive demand
- value community leadership
- build collaborative resilience)

In practice this means joint working across local authority, NHS, voluntary sector, housing, benefits, police and carers, because 'pinball' effects are usually created at boundaries.

Step 5: Align measures with purpose, or the system will revert

A cybernetic point that matters in practice: measures create purpose. If you measure 'calls handled quickly', you will get quick calls and repeat demand. If you measure 'problems solved' and 'people enabled', you will get redesign and learning.

This is the practical implication of 'the purpose of a system is what it does'. It is also a live critique of call centre management that optimises the wrong metrics.

Measures that support transformation
Pick a small set that drives the right behaviour.

- First contact resolution, plus 'time to resolution' for issues not solvable immediately
- Failure demand rate (repeat contact linked to unresolved previous contact)
- Avoidable contact drivers (confusing forms, poor signposting, unnecessary clarification, reassurance)
- Handoffs per case, and drop-off after referral or signposting
- Customer effort (how much work the person had to do to get help)
- Enablement proxy measures, for example: did the person leave with a plan they own, and increased confidence to act (adapted from Good Help)

RedQuadrant

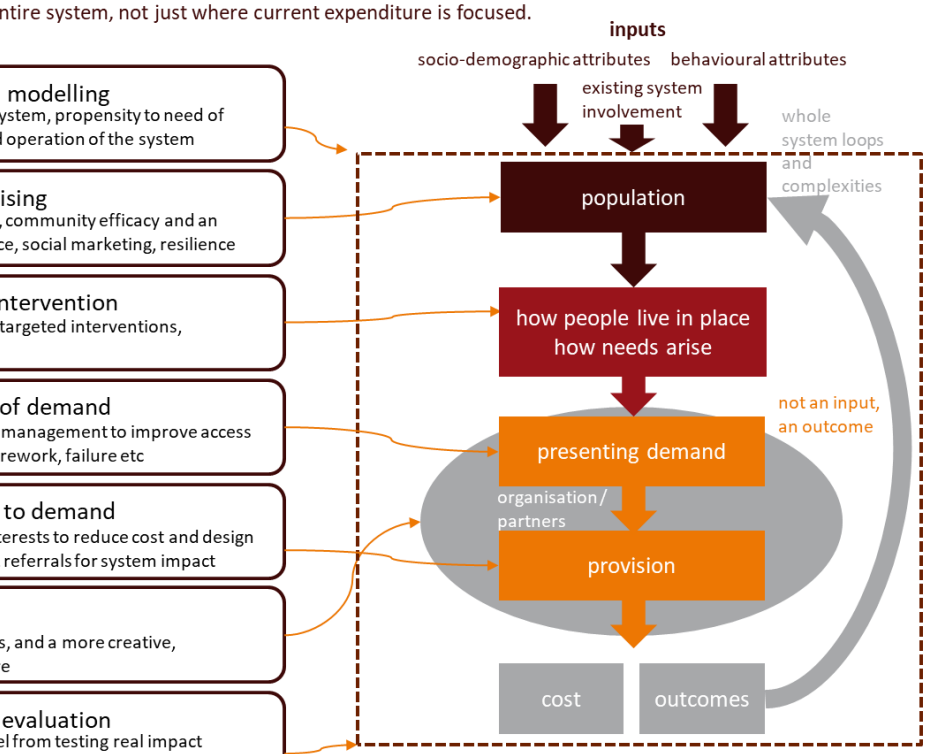
Seven approaches to 'manage demand'

Crisis to capability – earlier, easier, #withyou

RedQuadrant

Rising costs are primarily due to the system, not the population. To reduce demand, interventions must address the entire system, not just where current expenditure is focused.

1. Whole system predictive modelling
   understand and explore current system, propensity to need of population, and current flows and operation of the system
2. Prevent demand from arising
   support and develop self-efficacy, community efficacy and an enabling place, behavioural science, social marketing, resilience
3. Early identification and intervention
   universal offer, risk stratification, targeted interventions, community capacity etc
4. More effective handling of demand
   agile adaption of assessment and management to improve access and whole system flow to reduce rework, failure etc
5. More effective response to demand
   align user, provider, purchaser interests to reduce cost and design services, interventions, provision, referrals for system impact
6. Systems leadership
   shape integration, pooled budgets, and a more creative, collaborative, and effective culture
7. Measurement, learning, evaluation
   test, learn, and improve the model from testing real impact compared to predicted impact



Common traps to avoid

- ‘Digital’ as a synonym for ‘deflection’. You can digitise a bad process and scale failure demand.
- Treating signposting as success. It often hides drop-off and repeat contact.
- Separating ‘front office’ improvement from ‘back office’ redesign. If downstream processes cannot deliver, the front door becomes a complaints amplifier.
- Fixing staffing levels instead of fixing causes. Variance in demand and avoidable contact will continue to burn people out if the work is mostly rework.
- Behaviour change framed as individual compliance, not system design plus community leadership.