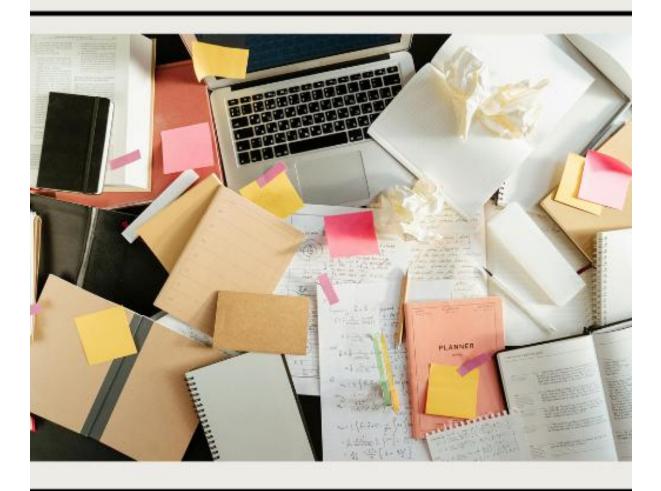
Supporting Children Young People and Families



Busy being Busy: Reclaiming time for what really matters in children's services



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Summary

The summary has especially been included right at the beginning, to offer a 3 minute-read for even the busiest leader, (a full read of the paper might take 30 minutes, sorry). Full disclosure, for this summary page - I put the full paper into OpenAI and asked it so summarise it for you (so you don't have to) and the summary as per ChatGPT said:

This **thoughtful and well-evidenced briefing** invites leaders in children's services to reexamine how time is spent, structured, and valued. Drawing on research from across health, education, and social care — and grounded in real-world leadership experience the paper **challenges the idea that there is not enough time** — suggesting instead that **by using time better**, and **spending it more intentionally**, leaders can **ensure there is capacity for what truly improves services** and best supports staff.

The author **unpicks a culture of "performative leadership"** — where visibility is too often mistaken for impact, and time is consumed by meeting cycles, oversight mechanisms, and signals of **productivity that don't necessarily translate into better outcomes for children or staff**. Drawing on research and experts in the field, it positions time not as a personal failing or resource gap, but as a strategic lever — one that is routinely misdirected by systemic drift, structural duplication, and a misplaced fear of risk.

What elevates the briefing is its **blend of systems thinking with practical clarity**. Leadership is treated not as a heroic act but a structural function: one that needs to be intentionally designed and consistently rebalanced. Drawing on **real-world examples**, the paper explores how leadership design shapes impact — showing how lean, purposeful structures enable clarity and momentum, while excessive layering and blurred roles can drain capacity, delay decisions, and disconnect leaders from frontline realities.

Importantly, it offers **tips** that are practical, applicable to real-life leadership, and designed to support **meaningful improvements in how time is used across 5 key areas**:

- 1. Meetings
- 2. Leadership Roles
- 3. Time Management
 - 4. Comms
 - 5. Enabling Others

Across its pages, **the briefing makes a case for intentional leadership**: one rooted in clarity, presence, and the ability to create space for others to thrive. Its tone is calm and assertive, resisting emotive calls for radical change in favour of achievable, values-led shifts in habit, structure, and culture.

The final call to action — **"Choose one thing, and do it"** — is emblematic of the **briefing's ethos: pragmatic, reflective, and resolutely focused on what matters most.**



Introduction

Colleague one: **"How are you?"** Colleague two: **"Busy..."** It's a corridor conversation heard every day across all children's services. But what are people busy with? Are they spending time on work that is purposeful and impactful? Or are they caught in cycles of tasks that are repetitive, unnecessary, and/or disconnected from what really matters? And if everyone is always so busy, why is the work never done?

Most staff in children's services are working above and beyond their contracted hours, doing so with skill, care, and commitment. But is that time being spent in ways that genuinely improve outcomes — and is the structure, culture and system around them enabling that?

For those in leadership roles, time often slips out of intentional control. Diaries fill by default — shaped by legacy structures, inspection cycles, oversight demands, and the quiet pressure to be visible and available. Few of these tasks are individually wasteful. But together, they leave little room for reflection, supervision, or system improvement.

Evidence across public services suggests this is not a new concern. As far back as the 1970s, Henry Mintzberg noted that organisational leaders spent the majority of their time in brief, fragmented interactions, struggling to create space for reflection or strategy. More recently, research across education, health, and social care (Hobson et al., 2014; Dopson & Fitzgerald, 2005; Ball, 2003) has highlighted the risks of "performative" systems — where tasks are structured to evidence compliance, but do little to improve outcomes.

Most leaders recognise the pattern; back-to-back meetings, fragmented priorities, completing repetitive tasks that don't seem to have any tangible impact — but feel unable to step outside it. Whether through structural drift, fear of disrupting expectations, or the sheer pace of delivery, time use becomes reactive rather than strategic. This paper sets out a different way of approaching time: how time is structured, how leadership is framed, and what might help reclaim capacity — not just for efficiency's sake, but to refocus on what children, families and frontline staff supporting them tell us matters most.



Leadership Structure

As Dopson and Fitzgerald (2005) argue, even when evidence exists about what improves outcomes, the organisational structures, conditions and culture may not allow it to be acted on. So let me ask whether your current structures — however well-intentioned — are still serving the needs they were designed to meet?

One of the most visible — and misunderstood — sources of time pressure in children's services is leadership structure. Not just *who* is in post, but *how many, to what purpose,* and *how that structure either enables or fragments decision-making*. It would be easy to frame this contrast as a simple matter of 'right-sizing' — but the reasons behind expansive leadership structures are rarely so straightforward. In reality, the growth in roles, meetings, and assurance mechanisms often reflects deeper structural anxieties within the system.

In some areas, the very real fear of getting it wrong — heightened by media scrutiny, professional regulation, and tragic case reviews — has led to defensive decision-making. Additional roles are created to mitigate risk, improve optics, or satisfy internal and external expectations. Over time, this produces systems in which leadership are expected to provide assurance, rather than lead services. Over the past two decades, public services have been reshaped by a culture of audit and accountability. As Ball (2003) describes, performativity — the need to constantly demonstrate value, impact, and compliance — has become a dominant organising principle. Leaders are not just tasked with improving services; they are required to provide assurance or explanation as to why improvement hasn't been possible through increasingly elaborate mechanisms.

Niskanen's (1971) classic analysis of public sector bureaucracy argued that because public services are not exposed to market forces — like competition, customer demand, or profit constraints — they can expand in size and complexity over time, often to protect funding or reassure oversight bodies, rather than to improve outcomes. More recent work has built on this, showing how fragmentation in commissioning and delivery — especially across health, social care, and education — can create a vacuum that is filled by layers of oversight rather than by coherent system design (Bach & Kessler, 2012; Sanders et al., 2020).

Case Study:

On the next page Figure 1 is one local system (Area A), where I was part of a small, focused leadership team, reporting into three aligned directors. Children's mental health, learning disability and autism services were overseen by just three staff; one of whom was in a fixed-term role. We had clear, differentiated responsibilities. Meetings were organised quarterly and most importantly were purposeful. Accountability was clear. There was no duplication of leadership effort, because there simply wasn't capacity for it.

The result wasn't chaos or overreach, but a sharp focus on the basics: ensuring care was high quality, safe, and effective. Children and families experienced low waiting times for support they were broadly satisfied with. Serious incidents and escalations were rare.

Figure 2 is also shown on the next page, which is another local system I was part of (Area B).



Figure 1: Children's Mental Health, Learning Disability and Autism Commissioning Leadership Structure (Area A)

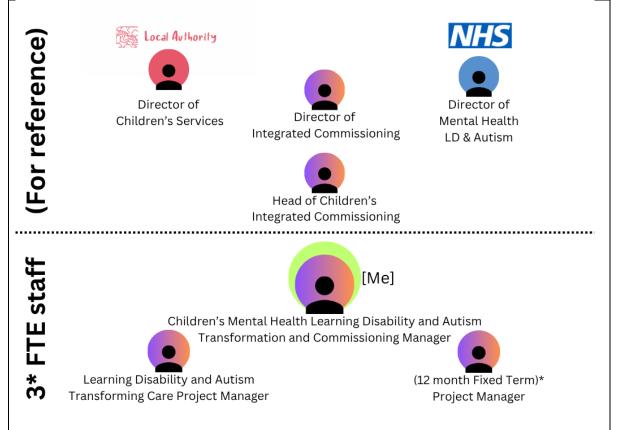
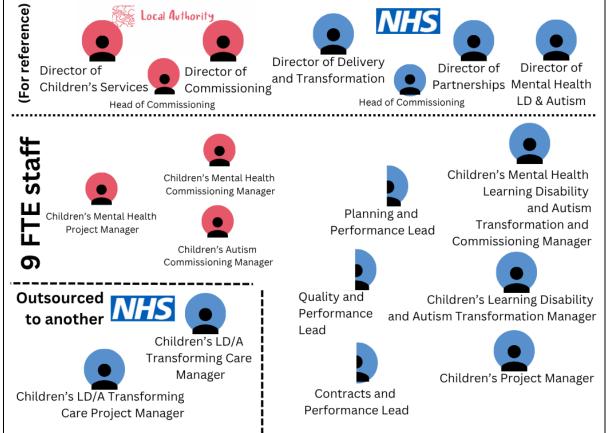


Figure 2: Children's Mental Health, Learning Disability and Autism Commissioning Leadership Structure (Area B)



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Shown above in Figure 2 is the comparable structure from a later role of mine, in a system (Area B) that served a smaller population — and therefore fewer children and young people — yet operated with a significantly larger leadership, management and oversight structure. My role at the time sat within the provider trust and is not shown, though an equivalent commissioning and transformation post did exist.

In this system, many managers held overlapping responsibilities, and some leadership functions were outsourced to another NHS trust. Duplication was common, and alignment required considerable time: attending parallel meetings, producing multiple reports, clarifying roles, or supporting colleagues who lacked the confidence or capacity to progress work independently. Requests for inclusion multiplied, but often displaced time needed for actual implementation.

Senior leaders each required bespoke reports — often in conflicting formats and with different data requirements — placing avoidable burden on provider staff and oversight functions. Despite high effort, progress was slow. Families waited longer, satisfaction was lower, and clinical harm and serious incidents occurred more frequently.

Structurally, the system was over-engineered. Time and money were absorbed into duplicated functions and managerial complexity without delivering equivalent gains in safety, quality or outcomes. Fragmentation across health and social care — including limited integration and low trust — created further requests for assurance. But each round of assurance required time to update, explain or justify — leaving even less space for delivering change. Over time, it became a vicious cycle: assurance activity displaced improvement activity, and yet more assurance was demanded. This was a false economy of leadership. More roles, more governance, and more interfaces did not bring more progress — just more friction, reinterpretation, confusion, and delay.

The comparisons between Area A and Area B were stark but isn't to suggest that fewer leaders are always better — or that small teams are automatically more effective. But it raises a critical question: do our current leadership structures genuinely support better services and outcomes, or have they evolved in response to poor quality requiring additional oversight, funding arrangements, or legacy decisions? Too often, they reflect historical agreements, reactive restructures, or attempts to manage a particular issue by adding another role or layer — rather than being intentionally designed around what the local system needs, what is available, and what will make the greatest difference to frontline staff, or children, young people and families.

The most effective, but rarely taken, first step is to **map and then scrutinise the current landscape**: who is doing what, where duplication or ambiguity exists, and whether the governance in place is supporting or obstructing service improvement. **Done well, it would, free up resources (time and money) to be directed to frontline service delivery**, reduce unnecessary meetings, streamline reporting, bring greater job satisfaction or feeling of 'making a difference' to those remaining in roles as they reorient leadership around impact — not just oversight. But **doing so requires a level of honesty that many systems find difficult**. Leaders would be required to scrutinise their own roles, or those of close colleagues — to ask whether a post still serves its purpose, or whether it remains in place out of habit, history, or hierarchy. That's not an easy conversation. Even with the best intentions, it's hard to **separate what's needed from what's familiar**, or to **challenge structures that may have been shaped in our own image**.

So, despite being the most direct route to improvement, it is a path rarely taken.



Time Management

Time is a reflection of values, priorities, and evidences accountability. Leadership calendars are, in effect, moral documents. They show what is protected and prioritised, and what is routinely delayed. Yet in many public systems, time is shaped less by conscious decision than by cultural drift. The result is what Stephen Covey described as "urgent but not important" work — activity that demands attention, but rarely improves outcomes. Stephen Covey's time management matrix categorises tasks into four quadrants:

	Urgent	Not Urgent
Important	<i>Quadrant 1:</i> Crises, immediate safeguarding,	<i>Quadrant 2:</i> Planning, system improvement, relationship-building
Not Important	<i>Quadrant 3:</i> Interruptions, reactive comms, unnecessary meetings	<i>Quadrant 4:</i> Time-wasting, distractions, 'virtue signalling' or 'performative management'

In children's services, many leaders are pulled into Quadrant 3: tasks that feel urgent, but don't move the work forward. A phone call must be returned. A meeting must be attended. A paper must be signed off. Meanwhile, the important, relationship-focused work; building teams, establishing relationships across health, education and social care, thinking strategically, supporting staff — is deferred, cancelled, postponed, or half-done, often indefinitely. Not because it doesn't matter, but because time is being taken up by something else.

One of the most effective things a leader can do is to audit their time, how their time is spent is as, or more, important than how money is spent. It should be audited and balanced in the same way. If a leader's time and diary management doesn't begin with them prioritising their most important roles and functions as a leader, and instead they try to squeeze in that work around countless other meetings and commitments in their diary dictated to by others, which are not (or less) impactful, then they are failing in their duties to lead and manage. Squeezing in a 1-1 supervision with a staff member (that's already been cancelled or rearranged) into a 30-minute gap between other back-to-back meetings simply to ensure the service is 'present' at forums convened by others, signals something to everyone involved. It shows that internal politics and visibility are prioritised — and that supporting staff comes second.



Performative Management

Stephen Ball (2003) described how a culture of *performativity* reconfigures work in education and health systems: professionals begin to do things to appear effective, rather than because they are effective. Time is filled with virtue signals — not service. Waring (2014) found that in NHS contexts, managers and clinicians alike described frustration with meeting-heavy schedules and governance routines that displaced patient-facing time. And as Bach & Kessler (2012) observed, attendance at conferences or cross-agency working groups is often perceived as a sign of progress, regardless of whether it leads to any change or improvements 'on the ground'.

Time spent on "engagement" — like social media posts or attending conferences — risk becoming performative. Mergel (2013) and Sanders et al. (2020) both highlight that in public sector communications, outputs are often measured by visibility or engagement metrics, not by whether they improve access, outcomes, or trust. This doesn't mean communication, conferences, or governance structures are inherently flawed. But it does mean we must routinely ask: *To what end?* Are these efforts deepening understanding, improving equity, or removing barriers for children and families? Or are they simply maintaining a system that feels accountable while slowly losing its capacity to care?

Under pressure, even well-intentioned leadership can slip into patterns that *resemble* action without delivering it. Greg McKeown (2014) describes this as "non-essentialism" — a mode of working in which everything feels urgent, but little feels purposeful. Eileen Munro's review of child protection (2011) argued that efforts to manage risk had created a culture of proceduralism, crowding out time for professional judgement and meaningful work with families. Leadership became about process — not presence. Similarly, the King's Fund (2022) warns that in healthcare, leadership is increasingly performative: focused on visibility, meetings, and documentation rather than cultivating conditions for teams to thrive.

Three patterns are especially familiar in performative management:

- Meetings about meetings: A Harvard study (2017) found that 71% of managers see meetings as unproductive — often held out of habit, not purpose. In these environments, convening becomes a substitute for decision-making. Where collaborative forums multiply, but decisions stall or loop. In these cultures, escalation replaces resolution — with each tier of management deferring responsibility upward. Waring (2014) notes that in NHS structures, this diffusion of accountability is often reinforced by risk-averse governance systems.
- Virtue signalling: As Dunt (2023) critiques, political and organisational cultures sometimes value optics above substance where being seen matters more than being useful. Brown and Harvey (2011) note how ethical leadership can drift into virtue signalling when symbolic actions replace systemic ones. Where more energy is spent preparing narratives, politics, presentations, reports or comms than understanding and engaging with frontline teams.
- Voicing 'empathy' or 'compassion' without changing conditions: where expressions of concern (e.g. for staff wellbeing, inclusion, equity) are regularly made but rarely followed by meaningful adjustment to workload, structures, or culture. As Bach & Kessler (2012) argue, without structural follow-through, such statements can unintentionally deepen cynicism. Kreiss and McGregor (2019) highlight the gap between public expressions of empathy and tangible structural change especially in public sector and social media contexts.



Consequences

When leadership isn't supportive and focussing on what matters, the frontline feels it:

- **Burnout rises**: The 2023 NHS Staff Survey identified poor leadership support as a key driver of emotional exhaustion.
- **Morale declines**: What Works for Children's Social Care (2021) found that leadership quality is among the strongest predictors of retention and staff satisfaction.
- **Children, Young People and Families suffer**: The Kings Fund (2022) reported that where leadership is fragmented or performative, services are less able to respond to need, leading to delays and less relational care.

When leadership time is spent in the wrong places, the effects ripple across the system — not through dramatic breakdowns, but through the slow erosion of confidence, continuity, and care. Families experience it in long waits, fragmented offers, and disjointed communication. Practitioners feel it in unanswered feedback loops and ideas raised but never revisited. Senior leaders feel it too — caught in cycles of task-based urgency, without the traction or clarity to lead meaningful change.

Most leaders are working at (or beyond) capacity. But the system has evolved habits and incentives that reward visibility over impact, compliance over curiosity, and pace over presence. These habits are not just inefficient — they are emotionally depleting. The OECD (2015) warned that "administrative overload" weakens innovation by consuming the time and cognitive space needed for reflective, adaptive work. A 2021 McKinsey study found that 80% of executives said their time was not aligned with organisational priorities — a misalignment that's often even more stark in public services.

In children's services, the cost is high. Families may receive sympathy but no sustained support. Practitioners may be heard but not enabled. Plans are drawn up but not resourced. As Bywaters et al. (2016) concluded, the systems most effective in reducing harm and improving life chances are not those with the best rhetoric, but those with "resourced, relational, and long-term" commitment.

As Niskanen (1971) observed, bureaucratic systems often expand in ways that prioritise internal maintenance over external delivery. The OECD (2015) has similarly cautioned that administrative overload can quietly crowd out innovation. In public services, these risks are not only technical — they are deeply relational.

The impact is rarely sudden. But over time, reactive cultures take hold, initiative fatigue sets in, and improvement efforts stall. In systems built on trust and care, these losses matter. And they are not inevitable.



Reclaiming Time

Time is probably the single most powerful tool leaders have available. The Munro Review (2011) made this case more than a decade ago — urging systems to reduce prescription and reinvest in professional judgement. The 2023 Social Work Health Check reinforced it, identifying quality supervision as one of the strongest predictors of staff retention and wellbeing. The Institute for Government (2020) found that effective leaders spend less time on oversight and more time removing the barriers that get in the way of meaningful work.

Even modest changes can shift culture. Reclaiming just 10–15% of the working week for strategic or developmental activity is often both possible and necessary to enable sustained improvement.

In well-functioning systems, leaders protect time for what makes the most difference: supervision and informal connection (within their service and across health, education and social care); focused time for thinking, planning and learning; presence that builds trust; and the practical work of enabling others to lead. These approaches are not incidental. They underpin how services adapt and remain stable under pressure — and they do not require structural overhaul. Meetings can be streamlined. Low-value activity can be paused or removed.

Several frameworks support this shift in time use if you want to read more I'd look at:

- **Distributed Leadership** (Leithwood et al., 2008): sharing leadership functions fosters shared responsibility and system resilience.
- Adaptive Leadership (Heifetz, 2009): distinguishing between technical and adaptive challenges helps leaders use time more intentionally.
- **Improvement Science** (The Health Foundation): structured models such as PDSA cycles support deliberate experimentation and sustained change.

What's important in each of these is that the role of the leader is not to be constantly visible or endlessly reactive. The leader should create the conditions for others to succeed. The leader should facilitate a better use of time. That work takes time. The time is there. It's worth protecting.

Final Thoughts

Leadership that doesn't improve the daily experience of children, families, or frontline colleagues isn't working — no matter how full the diary, or how visible the role.

If you've taken the time to read this far, let that time not be wasted.

Choose one action — however small — and do it.



Top Tips

If you're not sure where to start, here are my top tips. The ideas below aren't exhaustive, but they are doable, trust me I've done them.

Tips for Meetings

- Clarify the purpose of each meeting, if it's unclear, cancel or define the purpose.
- Reduce duplication, merge meetings with overlapping purpose. Remove legacy slots not adding value.
- Use an action tracker: Start each meeting reviewing previous actions. If actions aren't being completed, and/or new actions aren't being generated, the meeting probably isn't required.

Tips for Leadership Roles

- Map and then scrutinise the governance structure and leadership roles within it.
- Define boundaries and decision making: Avoid a culture of informal escalation being the default.
- Reduce unnecessary layers, or duplication in roles or tasks.

Tips for Time Management

- Audit your diary.
- Prioritise time for the important tasks that make a difference.
- Cancel or decline tasks that are performative and don't add value.

Tips for Comms

- Focus on leading your service(s) and let comms teams lead external messaging.
- Stop producing data sets, talk to BI teams instead and explain what you need.
- Avoid symbolic or performative comms, focus time instead on supporting your staff.

Tips for Enabling Others

- Prioritise supervision, coach and support your staff, ensure they receive high-quality training and CPD.
- Remove permission seeking, empower teams and let them know what they can act on.
- Ask colleagues what the barriers are or what's stopping progress or outcomes, and deal with that.

For more free resources or information:

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