

Report of the Director of Children and Families

Report to Executive Board

Date: 16th December 2020

Subject: Leeds Practice Model, progress and next steps.



Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will the decision be open for call-in?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary of main issues

1. The purpose of this report is to review the progress made in developing the Leeds Practice Model and to seek the Board's support to further embed the model across the Children and Families directorate and the wider children's partnership.
2. The Leeds Practice Model was initially developed in 2017 by colleagues within the Children and Families directorate, its driver was to further develop the provision of high quality evidence based restorative practice to support children to remain safely and appropriately with family so reducing the need for children to become looked after.
3. The model aims to bring services closer together using a single and commonly understood approach and ethos of restorative practice alongside a shared method of objective and collaborative analysis to better understand the needs of families and identify the right service for the right family at the right time, the first time.
4. In this way professionals can be confident that families will get the right help sooner, that the support will be owned and directed by families themselves, enabling them to increase their own agency and improve parent's confidence and skill, creating positive and sustainable outcomes for their children and ultimately avoiding the need for children to become looked after.
5. The Children and Families directorate is working closely with colleagues across the wider children's partnership in Leeds to enhance the offer of Trauma Informed support recognising the success of evidence based trauma informed approaches in achieving

positive outcomes for children and young people who have had adverse childhood experiences. The Leeds Practice Model is central to these developments and has acted as a catalyst and platform for these planned service developments.

6. The Early Help Review will focus on the need to develop integrated multi-disciplinary trauma informed services recognising the benefits of this approach and the positive outcomes to be achieved for children and families as well as efficiencies that can be achieved through the increased integration of services.
7. The recently evaluated Leeds Practice Model will be used as a vehicle to implement change in Early Help services and the wider multi-agency partnership, creating opportunities to achieve economies of scale, improving the quality of practice, the availability of evidence based support and increasing the engagement with children and families.
8. The Leeds Practice Model builds on the existing innovation and partnership work within the Children and Families directorate it supports the directorate's Childrens and Young Peoples Plan and importantly the ongoing ambition to make Leeds the best city for a child to grow up in.

Best Council Plan Implications (click [here](#) for the latest version of the Best Council Plan)

- The Leeds Practice Model directly supports our ambitions for a child friendly city using restorative family led decision making at its core and addressing our obsession to reduce the need for children become looked after.
- Early Help specialist and preventative services adhering to the Leeds Practice Model actively and directly work to improve the health and well-being of families in Leeds.
- The Leeds Practice Model supports the ongoing development of safe, strong communities.

Resource Implications

- Further development of the Leeds Practice model will support the rationalisation and streamlining of services in order to achieve a better experience and improved outcomes for children and families as well as economy of scale and associated financial savings.
- The Leeds Practice Model is supporting the provision and ongoing development of high quality evidenced based specialist and preventative services that continue to attract additional funding into the directorate.

Recommendations

The Executive Board is recommended to:

- Note the progress that has been made to date in developing the Leeds Practice Model and endorse the proposed next steps to embed the model across Children and Families Services and the wider multi-agency children's partnership in Leeds.

- Note the Deputy Director, Children & Families Social Work is responsible for implementation.

1. Purpose of this report

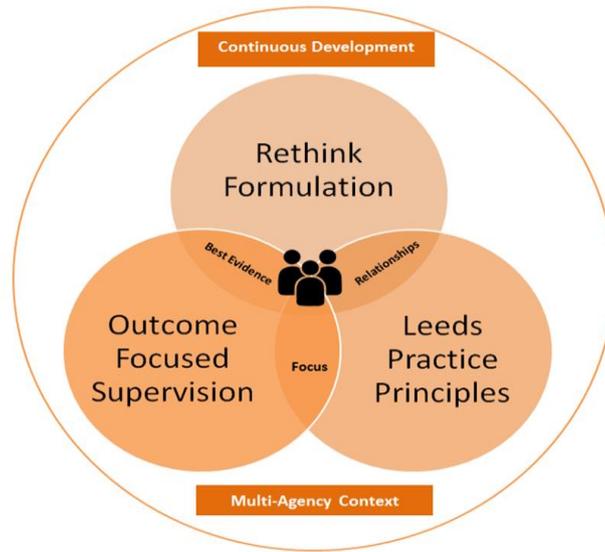
- 1.1 To increase awareness and understanding of the Leeds Practice Model and its role in improving the quality and reach of restorative evidenced based practices within the Children and Families directorate and the wider children's partnership.
- 1.2 To demonstrate the positive impacts and effectiveness of this work including the cost benefits as evidenced through recent evaluation, and its implication for practice all told across children and families services.
- 1.3 To share an outline proposal for the wider implementation of the model that will feed into the Children and Families Early Help service review.

2. Background information

- 2.1 This report updates on the progress in developing the Leeds Practice Model, initially developed in 2017. This is a set of core principles for restorative practice with families which aims to ensure interventions are strengths-based, and prioritise relational working and collaboration with families
- 2.2 The report asks for the support of the Board to further incorporate the model across the directorate and wider children's partnership. It is hoped that the Leeds Practice Model will be central to work around the integration and streamlining of services and structures through the Early Help Service Review.
- 2.3 In 2016 a group of multi-disciplinary professionals from the Children and Families directorate came together to explore how evidenced based intervention and restorative practices could be further developed to best support children and families in Leeds and in particular adolescents on the edge of care.
- 2.4 Through detailed analysis of the journey and characteristics of adolescents who had entered into care in Leeds alongside that of their families and the nature of the support services that had been offered to them it was clear that services were still at times operating in silos, that some young people had long histories of involvement with a myriad of different agencies and that there was limited examples of evidence based approaches being used especially in the world of Early Help and prevention.
- 2.5 A hypothesis emerged for the need to bring services closer together, working with a shared ethos of restorative practice and a common evidence based approach to objective and collaborative analysis in order for agencies to better understand the needs of the families and identify the right service for the right family at the right time, the first time.
- 2.6 There was a shared view that working in this way would lead to families getting the right help sooner, that support could be owned and directed by families themselves, that they would be able to increase their own agency and improve their skills as parents, creating positive and sustainable outcomes for their children and so avoiding episodes of care.
- 2.7 To this end the Leeds Practice Model was developed, it builds on all aspects of practice and what we know to be useful when assessing, implementing and evaluating what we do.

- 2.8 It does not necessarily represent anything new or unknown, rather it brings together the findings from a range of evidence based practice and naturally aligns to working restoratively with both families and colleagues.
- 2.9 The Leeds Practice Model contains three key elements: Rethink Formulation, Leeds Practice Principles; and Outcome Focused Supervision The model places the family at the central point of convergence of these three elements (see below); each element is complementary and necessary to the other, and in turn they place emphasis on creating effective relationships, staying focused and using evidence based approaches.

(Fig.1 Leeds Practice Model)



- 2.10 As outlined in the diagram above the three key elements should always exist in the context of continuous development and a multi-agency approach. If all the elements are in place then we are creating conditions that are much more likely to provide meaningful and effective help, support and care whilst also fully utilising the family's strengths and skills in the creation, implementation and evaluation of plans.
- 2.11 This enables professionals to truly work with families in an explicit context of high support and high challenge. The Leeds Practice Model is applicable when providing any service for children, young people and their families, at any level of intervention however the directorate has developed its use within three significant service areas:
- 1) **Restorative Early Support Teams (RES teams)** - multidisciplinary teams based in the seven high need clusters bringing social work and family support closer to schools and offering intensive early intervention to children and their families.
 - 2) **Rethink Team** - developing the Leeds Practice Model itself and the use of a single formulation approach named **Rethink**. The team have used Implementation Science and Practice to embed the Leeds Practice Model through the provision of training, coaching, direct support, supervision and consultation to several service areas (including RES teams and Futures). The team provide ongoing Rethink Forums to the wider multi-agency children's partnership.
 - 3) **Futures** team, a small multidisciplinary team supporting young people under 25yrs who have experienced the loss of an infant through care proceedings.

Futures also utilises the Leeds Practice Model in its practice delivery and has recently been internally evaluated.

- 2.12 The Rethink and Res teams have been the subject of recent external evaluation by the University of Bedfordshire as part of the Department for Education Innovation Programme ([link](#)). The Futures team has been internally evaluated by colleagues from the directorates Capacity and Change service.
- 2.13 Both evaluations have demonstrated significant positive impacts on outcomes for children and families as well as the quality of relationships and cost savings.
- 2.14 This report describes in more detail these positive evaluations and the value that the Leeds Practice Model has brought and how it might be applied to shape and support multi-agency transformational change as part of the Early Help service review.
- 2.15 Further information can be found in our One Minute Guides:
 - [Leeds Practice Model](#)
 - [Restorative Early Support Teams](#)
 - [Rethink Formulation](#)

3. Main issues

- 3.1 The development of the Leeds Practice Model and its application to service areas and teams is truly innovative but has also proven to be a very positive and effective approach which can demonstrate clear improvements in quality of relationships with families which we know to be paramount when supporting families to effect positive changes in their functioning and skills. The model, and in particular the development of formulation and outcome focussed supervision has enabled pragmatic restorative practice that has enhanced and further brought to life much of the existing service knowledge and understanding of this.
- 3.2 **Restorative Early Support Teams** currently exist in 7 high needs areas in the city. The recent external evaluation has shown a decrease over time in the need for children from these areas to be looked after that has been calculated as a **£406,446** saving per month. This is underpinned by measurable improvements in the issues that brought families to the attention of the team in the first place eg improvements in adult behaviours that impact safeguarding of 89%, improvements in families' abilities to safeguard of 84%, improved engagement and alignment with family plans of 81% and improvements in education focussed goals of 78%. The evaluation recognised that the teams were focussing activity on parenting work, improving relationships and promoting emotional health. Families reported 90-95% satisfaction with the work of the RES teams and highlighted particular satisfaction with communication, feeling valued and active collaborators in their care and understanding of restorative practice and Leeds Practice Model process.
- 3.3 Partner agencies reported high satisfaction and appreciation of the approach and in particular the modelling of the RES practitioners in working differently with families that enabled higher confidence in them to use the model also.
- 3.4 An evaluated model of measuring social work skill within the RES Teams showed higher than average skills in all domains as follows; collaboration, empathy, purposefulness, clarity and child focus.

- 3.5 **Rethink** is a single team of 6 multidisciplinary clinicians and practitioners drawn from social work, mental health, paediatric nursing, health-visiting, and evidenced based practice. They actively develop and support the implementation of the Leeds Practice model using Implementation science and practice techniques and approaches. These have been significant in the success of the roll out of the model both broadly and specifically in particular teams such as RES and Futures but also in the wider social care ecology.
- 3.6 Poor implementation is a recognised and significant feature as to why change and innovation projects fail. Not paying attention to effective implementation risks lost effort, lost time (and subsequently money) and poor adherence and positive uptake of new ways of working. Research in implementation science and practice shows that having an implementation team can positively impact the required change by up to 80% in 3yrs, whilst not having a team will more likely mean only a 14% impact in 17yrs.
- 3.7 The evaluation showed extremely high levels of satisfaction with the teams work in Rethink Formulation forums (development and learning events) showing 90% in increased understanding, 87% in increased confidence , 90% in broadened perspectives and 96% in improved multiagency networking . This is mirrored in Rethink Spaces (multidisciplinary family centred/oriented events) and in adjunct support and development events.
- 3.8 As well as RES and Futures the team have already supported significant implementation work using the Leeds Practice Model in Duty and Advice, Early Help Hubs, Early Help Family support, a series of community events concerned with antisocial behaviour in the East of Leeds, and also working with social workers to better integrate formulation into the child and family assessment.
- 3.9 The team have developed an implementation process that can be tailored to any particular service need and support teams through active coaching, action learning, supervision and consultation. They have also recruited a number of Rethink Champions to grow the Leeds Practice Model in individual service areas and most recently have become involved in how to support our residential children's homes.
- 3.10 **Futures** is a small multidisciplinary team of only 5 practitioners drawn from mental health nursing social care and family support that specifically supports young people under the age of 25yrs further to the loss of a child through care proceedings. We know 70 % of young people in this age range who have already experienced the loss of a child though proceedings are likely to present with a further pregnancy either during or very soon after the first set of proceedings is concluded and then repeat proceedings will ensue.
- 3.11 There is very little empirical evidence for this area of work but the Futures team were very fortunate to be part of Research in Practice Action for Change project that meant they worked for several months with 9 other local authorities on developing and sharing learning from a range of service options concerned with reducing recurrent proceedings. The team had input in this learning from leading academics and pioneers in the field as well as access to experts in trauma informed practice, complex grief and perinatal care , the work has been published [here](#).
- 3.12 The team have contributed to very recent research coming out of Leeds Trinity University concerned with support for young fathers and are embarking on further evaluation with Homestart as partners in the 'What Works Centre for Childrens Social Care's Practice in Need of evidence programme'. The team also received The National Social Work Award 2019 for Creative and Innovative Practice.

- 3.13 The team have been running since April 2018 with 3 clear service outcomes
1)Reducing repeat proceedings, 2)Improving life circumstance of young parents who have experienced proceedings and 3) Improving the health and emotional wellbeing of the same young parents.
- 3.14 The most recent internal evaluation was able to glean significant learning from the work done and were able to demonstrate a reduction in the expected 70% recurrent rate highlighted above to just 25% .This then could be calculated as an approximate saving to the authority of **£240,000** per year.
- 3.15 This group of young people can be typified by numerous, complex and enduring challenges and adversities in their lives most predominantly presenting as anxiety, depression and social isolation.
- 3.16 The Futures team were the able to work on what they describe as secure base goals to achieve positive change eg. Stable housing and income, education employment and training, access to GP and dentist and significantly contraception advice and support.
- 3.17 The evaluation shows clear improvements in all these areas. Additionally the team are able to offer emotional support and direct treatment to mental health issues and routine outcome measures were able to show across the board improvements in anxiety, depression and wellbeing.
- 3.18 Notably a self- report measure of wellbeing showed outstanding positive improvement even when objective measures showed lower improvements in anxiety and depression. This then correlates directly with overwhelmingly positive feedback from the young people themselves that very clearly articulates and expresses appreciation of the approach used (The Leeds Practice Model) and an even clearer assertion that Futures should work with young people earlier.
- 3.19 Futures is currently part funded by the CCG and works closely with Homestart to support sustainable change after young people leave Futures.
- 3.20 **The Potential of the Leeds Practice model.** This evaluation work clearly demonstrates the worth of the model in both early help and specialist targeted work. Our working experience to date of how to support application of the model has been borne out as effective in many different service delivery areas as already described.
- 3.21 Key themes that support its success can be identified as co-location, multidisciplinary teams and a tenacious implementation approach involving continuous coaching.
- 3.22 **Early Help Service Review.** As we consider what is required to meet the significant financial challenges ahead we know that we need to rationalise and simplify our approach to early help and preventative services. To date our 'specialist preventative' provision has been specific and bounded by referral criteria.
- 3.23 Similarly the provisions exist within different and various management structures, have different referral routes and can have limited contact with one another unless this is case driven, thus presenting several barriers to offering the right service to the right family right time.
- 3.24 While some interventions will still require specificity and criteria to be effectively targeted we know that there are many unspecific, complex and high need situations and presentations at the edge of care that would benefit from an evidence based, integrated multi-disciplinary approach.

- 3.25 If we can bring substantive parts of this provision together through co location and using the Leeds Practice Model within a single point of access approach we will have an extremely strong and highly skilled workforce that will support the delivery of a seamless, adaptive and inclusive offer to all children and families, and can be entirely needs led.
- 3.26 This flexible approach would reduce the need for panels and share and grow skill across the organisation and wider partnership enhancing the current service offer from early help to children looked after are addressed .
- 3.27 **Connection, collaboration and integration with wider provision in health and mental health.** Additionally and significantly, this approach also provides a clear single platform and gateway to connect and collaborate both practically and financially with partners in health and wellbeing provision all told to truly address the notion of 'Think family' and holistic multidisciplinary working.
- 3.28 Partners in health are currently leading on the development of a trauma informed approach in early help city wide and this new way of working and organising ourselves in this way will align well with current outline proposal to attract funding in this field as well as the premise for it to be a truly collaborative and integrated approach across health, and social care partners.

4 Corporate considerations

4.1 Consultation and engagement

- 4.1.1 The Leeds Practice Model has been developed through extensive consultation and engagement with multi agency professionals, the voluntary and community sector and most importantly with children and families. Consultation and engagement with these key partners continues as the model is further rolled out and embedded in different service areas.
- 4.1.2 The evaluation reports referenced in this report are being shared with the key partners outlined above and will be considered as part of the Early Help Service Review.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 The Leeds Practice Model is applicable to all aspects of practice and aims to address issues of equality and diversity for individual children, families, communities and the multi-agency workforce.

4.3 Council policies and the Best Council Plan

- 4.3.1 The Leeds Practice Model is closely aligned to council policies and the Best Council Plan, it supports in particular the Child Friendly Leeds priority, it supports the health and well-being of children and families and the ongoing development of safe strong communities.

Climate Emergency

- 4.3.2 Climate emergency is a particular issue of concern for many children and families, we have seen an increase in 'Climate anxiety' in children and young people. We

know from listening to children and families that this anxiety can be somewhat relieved when children are supported and encouraged to talk about their wishes and feelings and enabled to take some personal action in their own lives no matter how small to address their concerns about the environment. The Leeds Practice Model is based on restorative practice and working 'with' children and families so that their voices are heard and acted upon in relation to a range of issues including the climate emergency.

4.4 Resources, procurement and value for money

4.4.1 This report and supporting documentation outlines that clear and significant savings and cost avoidance can be achieved in terms of children looked after costs, through adopting this way of working.

4.4.2 The Leeds Practice Model has been recognised as innovative practice nationally, the Children and Families Directorate have been able to secure additional funding to support its ongoing development; this is something that continues to be built upon with at least one other funding bid currently being processed.

4.5 Legal implications, access to information, and call-in

4.5.1 This report is subject to call-in.

4.6 Risk management

4.6.1 There are no specific risk issues.

5 Conclusions

5.1 The roll out and embedding of the Leeds Practice Model across all aspects of Children and Families services will help create a unified and flexible work force able to provide a consistent high quality evidence based response to a wide range of presenting needs and across many different arenas so improving outcomes for children and families and reducing the need for children and young people to become looked after.

5.2 The Leeds Practice Model will be central to the work underway in the Early Help Service Review, it will support the integration and streamlining of services and their associated structures to improve the journey, experiences and outcomes of children and families while making best use of existing professional resource.

5.3 The Leeds Practice Model will continue to act as a platform for ongoing multi agency practice and service development, attracting additional investment into Early Help and preventative family support services in Leeds and ensuring the provision of the right service for the right family at the right time and at the earliest opportunity.

6 Recommendations

6.1 Executive Board is recommended to:

- Note the progress that has been made to date in developing the Leeds Practice Model and endorse the proposed next steps to embed the model

across Children and Families Services and the wider multi-agency children's partnership in Leeds.

- Note the Deputy Director, Children & Families Social Work is responsible for implementation.

7 Background documents¹

7.1 None

¹ The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.