

# Implementation of the “Hold my Hand” prebirth support project. Creation of three additional posts in the Futures team

**Date:** November 2023

**Report of:** MST Programme Manager

**Report to:** Director of Children & Families

Will the decision be open for call in?  Yes  No

Does the report contain confidential or exempt information?  Yes  No

## Brief summary

- 1 This proposal seeks , in partnership with the ICB, to build on the Futures team’s successful post removal work by extending the scope of the team by establishing the Hold my Hand Project to focus on supporting young high need/care experienced, first time parents where there are significant *prebirth* concerns
- 2 We aim to reduce the number of young parents’ infants entering proceedings/care by supporting young parents to parent safely and well.
- 3 This project is part of a broader Trauma Informed Resource portfolio of work funded through ICB.

## Recommendations

The Director of Children and Families is recommended to:

- a) Note the content of the report and support the development and implementation of the Hold my Hand project to extend the work of the Futures team as part of the ICB funded Integrated Trauma Informed Practice Resource
- b) Approve the creation of additional 2 FTE Futures’ Practitioner (graded PO3) and 1FTE Specialist Support Worker (graded SO1).
- c) Note the transfer of the 1 vacant FTE of Outcomes Co-ordinator (Futures) Post to the Early help structure.

## **What is this report about?**

- 1 Care leavers and care experienced/edge of care young people are significantly overrepresented in first time and repeat care proceedings and are highly likely to experience subsequent proceedings within a very short time (within 3 years of first removal). It is not uncommon for concurrent proceedings to occur i.e., for a baby and an unborn baby.
- 2 It is well known that experiences of adversity and trauma increase the likelihood of generational involvement in social care and experiencing proceedings. These experiences of services can add to and compound existing struggles with trauma and adversities and we know that overall life chances are negatively affected both physically and emotionally across a life course and this is highly correlated with higher incidences of disease and shorter life expectancy.
- 3 The Futures team is a very small, city wide, team established 4 years ago to begin to address the issue of repeat proceedings and targets young parents where there has been one infant removal very recently. The team has been highly successful in engaging young parents that would otherwise have not been able to access any support and has contributed to the decreasing numbers of babies coming in to care in that time (from 108 down to 77 per year).
- 4 Our work over the last 4 years has shown us that when we can provide trauma informed, compassionate and intensive relationship-based support then young parents can begin to trust us, and real change can be achieved. We seek constant feedback from our service users, and they have consistently cited that they feel if we had been involved before proceedings then things might have been different for them and their families. Very recent research building on previous work from Karen Broadhurst (ref) supports the need for prebirth support as one avenue of effective intervention.
- 5 Working in partnership with ICB and other early help and perinatal providers we aim to increase the capacity of the Futures team so enabling them to work in localities and with young parents where there is significant pre-birth safeguarding concern. In this way we can support young parents whatever the outcome of a child and family assessment but also hope to avoid the need for proceedings altogether.

## **What impact will this proposal have?**

- 6 In 2021-2022 Leeds removed 77 babies in their first year of life. April 22 to March 23 we saw 351 prebirth assessments of which 153 were to parents under 25yrs of whom 39 were care experienced. Currently the Futures team only have capacity to work with approximately 16-20 young parents (post removal) at a time. This proposal increases the team's capacity to work with an additional 14 -18 in pre-birth and a similar number of infants.
- 7 The project is about increasing trauma informed care to the prebirth arena and ensuring the right help is offered as early as possible, therefore reducing the need for proceedings and removal of infants into care. Futures has achieved a reduction in repeat proceedings of between 35 and 58%. If then we achieve at least 35% reduction in proceedings then we could save in the region of 300 thousand pounds per year in reduced care, and proceedings costs. This represents over twice the cost of the ICB investment made, thus incredibly good value for money.
- 8 The cohort of young parents this project is concerned with are among the most disadvantaged in our city. This work can support the improved well-being and overall life chances both of the young parents that we work with but also their children. We will address all aspects of someone's life that can enable them to grow and improve life skills to live safely and healthily, access education and employment and improve their relationships and social networks so enabling more independent (free from services) lives. Futures currently sees improvements in nearly all young people who complete intervention and thus this represents high benefits for the cohort.

- 9 Working within the 'first 1000 days' framework we will support young parents and develop effective partnership and network supports to nurture their own children and enable effective, nourishing, and loving environments for their babies and children to grow up in.
- 10 This is part of the Trauma strategy for the city as well as being directly driven by the Future in Mind agenda (priority 5) and as such is wholly concerned with trauma informed practice which inherently aligns with the councils' endeavours to reduce inequality and improve diversity and inclusion. The internationally recognised principles of trauma informed practice are 1) Safety 2) trustworthiness and transparency 3) peer support 4) collaboration and mutuality 5) empowerment and voice and 6) cultural, historical and gender sensitivity.
- 11 Futures development and implementation processes have always included feedback from service users who have consistently cited that they feel we are 'different' and that they can trust us and if they had experienced our support sooner, their lives and their children's lives may have been different. The young parents with whom we work are regularly involved in staff recruitment processes and in measuring outcomes.
- 12 This is a multi-agency /multidisciplinary partnership project and will enable a truly integrated working approach across health, social care, education, and 3<sup>rd</sup> sector.

**How does this proposal impact the three pillars of the Best City Ambition?**

- Health and Wellbeing
  Inclusive Growth
  Zero Carbon

- 13 Directly works to improve the health and well-being and mental health of some of the most disadvantaged young people in our city and places specific emphasis on better supporting those with care experience. Futures can already evidence significant positive impacts on clinical mental health and well-being scales and outcome measures.
- 14 Working within the 'first 1000 days' framework we will support growth and development from the point of conception to 2 years as these are known to have the most impact on future resilience
- 15 Working to break the cycle of generationally impactful trauma and adversity.
- 16 Directly driven by Future in Mind Priority 5.

**What consultation and engagement has taken place?**

CFSLT have agreed the proposals in principle.

Consultation has taken place with trade union colleagues.

Wards affected: all

Have ward members been consulted?  Yes  No

- 17 As described above service users have consistently been consulted on the development of this programme.
- 18 Moving forward we would ensure consultation and coproduction work can be taken to localities and include other partner agencies and providers. Coproduction and voice and influence are key tenets of trauma informed practice.
- 19 The trauma informed practice resource team and the ICB have allocated some resource for co-production across the whole trauma strategy which this will be part of.

- 20 To date we maintain consistent consultation and feedback via outcome measures and formal conversations with young people, families, referrers, social workers, 3<sup>rd</sup> sector partners (Barca Forward Leeds Dial House), Sexual health, ICB and the National Network of Practice for recurrent proceedings.
- 21 Young people involved in the service regularly and actively contribute to our recruitment processes and sometimes able to attend promotion and et work events.

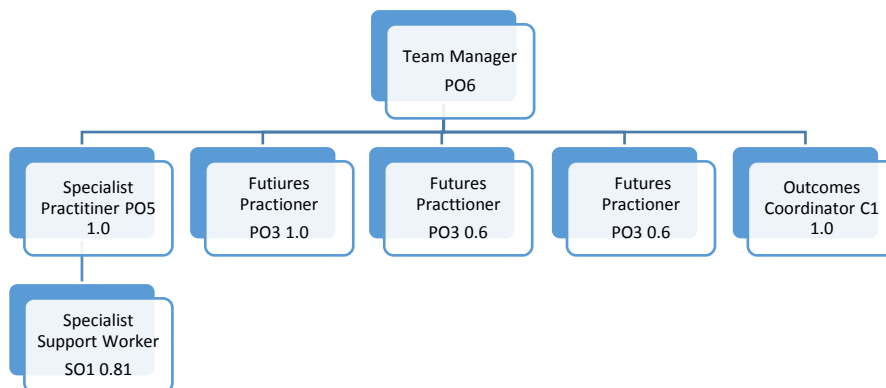
**What are the resource implications?**

**Financial**

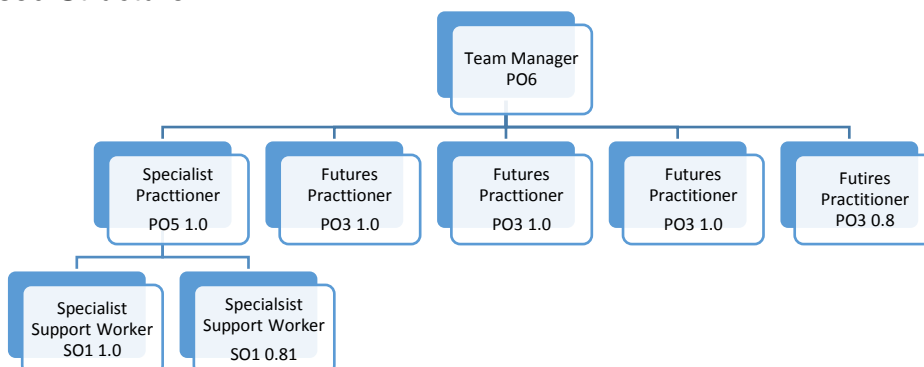
- 22 The majority of this additional capacity is being funded through the ICB as part of the Trauma Strategy for the city but will be hosted within the Futures team within the emerging Early Help/Family help/Therapeutic Services structure. A decision in principle has already been taken for the receipt of funding from the ICB. This will be facilitated by a Section 256 agreement between the Council and West Yorkshire ICB.
- 23 This funding is initially agreed for a three-year period to 2026 as per the Section 256 Agreement and will then be reviewed. Given the existing difficulties in recruitment it is intended that the posts will be created on a permanent basis but this does pose an element of risk to the Council should recurrent funding post 2026 and the agreed Section 256 agreement not be achieved.
- 24 A small proportion (£17,131) of the existing Futures resource is being repurposed and will be realigned to allow for the new staffing arrangements to be fully funded (subject to the issue outlined in 24.)

**Workforce**

Existing Structure



Proposed Structure



Please note that the Outcome Coordinator post is moving into the Families First team as part of the Early Help review to enable better utilisation of Outcome Coordinator capacity across the entirety of Early Help .

The table shows the increase in FTE and costings

Additional Posts	Grade	SCP	Head count	FTE	Total Cost with approx. oncost £
Futures Practitioner	PO3	35	2	1.6	109,262
Specialist Support Worker	SO1	25	1	1	41,869 (17,131)
					151,131 (17,131)
					<b>134,000</b>

All costs are based upon agreed salary scales including on-costs.

All posts are existing post that have been through the job evaluated process. It is intended that these posts will be recruited to through a competitive recruitment and selection process. The posts will be recruited to on a permanent basis given existing recruitment challenges , but this does involve the Council holding some risk in relation to the funding stream as set out in 24.

The post of Outcomes Co-ordinator (Futures) has been vacant for some time. It is proposed that this will be transferred along with its budget to the Early Help structure which is currently ongoing.

### What are the key risks and how are they being managed?

- 25 Not proceeding with this proposal undermines and negates known need in the city that continues to not only place burden on the authority but directly and negatively affects those in most need. As numbers of looked after children increases then so too does the likelihood of babies born to care leavers (children with care experience are 3 times more likely to become pregnant before they are 18).
- 26 This project design is developing and responsive to emerging evidence, but it is not yet known what its impact will be. We are however working alongside all involved agencies and are part of the Nuffield Observatory led national network of practice and we can be confident that we are providing a service that is as evidence informed as it can be and aligned with national endeavours.
- 27 The client group in this project are high need and often display high risk behaviours that require comprehensive risk planning, interagency planning, out of hours intensive support as well as expert supervision and training. As part of the ongoing Early Help review the Futures service is currently planned to be part of the corporate parenting portfolio and structure and as such will be strategically and operationally separated from its key stakeholders and risk support systems. Positioning this service team within an amalgamated therapeutic services structure as originally posited and so alongside other intensive risk and support and psychologically informed services would allow for robust and effective practice governance, operational efficiency and the right workforce support.

28 The ICB have confirmed this funding as ongoing and it would be hoped that if the arrangement successfully achieves its outcomes then funding will remain in place. Succeeding in achieving positive outcomes will be carefully monitored through robust process and qualitative measures to ensure that any risk or potential of reduction in ongoing funding can be appropriately managed.

### **What are the legal implications?**

24 None known.

### **Options, timescales and measuring success**

#### **What other options were considered?**

25 This is an expansion of an existing and performing team and while there are several ways to construct this team the overall delivery options are limited.

#### **How will success be measured?**

26 Futures operates within a comprehensive outcome framework that will be expanded to include specific headline outcomes relevant to this work. This framework uses clinical measures, social care data and service user feedback. See attached framework.

27 A multiagency steering group will be responsible for collating regular reports and a reporting framework.

28 The Trauma strategy for the city has allocated resource for the overall economic /cost benefit evaluation of the whole portfolio of the trauma informed projects

#### **What is the timetable and who will be responsible for implementation?**

29 The MST programme manager alongside the existing Team manager will lead on the implementation and initial recruitment and service/ pathway design. They will work within a multi-agency steering group to implement and continuously evaluate this project.

30 Implementation and the recruitment process will commence immediately on approval of this proposal. Expected dated September 2023.

### **Appendices**

- Job descriptions
- Equality Impact Screening

### **Background papers**

- None