

Breaking the Cycle /Futures theory of change

Where are we now	Changes to the system	Proxy indicators of success	New local systems and organisational conditions and practices	Better outcomes, safer families and communities and better value for money
<p>-Disjointed and poorly funded services-currently is not recurrently or routinely funded service .</p> <p>-High incidence of young mothers</p> <p>-High incidence of care experienced or edge of care parents</p> <p>-Nationally very little knowledge of what works</p> <p>-Challenges in effectively engaging this group</p> <p>-High levels of complex need- physical, social and emotional</p> <p>-Poor health outcomes highly associated with high ACES</p> <p>-High levels of repeat removals (every parent who experiences one infant removal is likely to experience an average of 3 more) ie.the issue is routine and expected</p> <p>-Ineffective and untimely transition across service boundaries .</p>	<p>-Key agencies of Health, social care and 3rd sector working together within a steering group to establish clear and sustainable pathways through shared funding streams and joint decision making.</p> <p>-engaging with national agencies to learn and grow what works</p> <p>-creating a unilateral approach that can align, support and develop all agencies</p> <p>-demonstrate clear alignment to local and national policies and projects</p> <p>-develop clear and shared methods to monitor and evaluate service delivery and development</p> <p>-</p> <p>Changes to front line practice</p> <p>-Multiagency approach to the issue of repeat proceedings and the development of a HUB</p>	<p>-Functioning multiagency steering group</p> <p>-that further pregnancies are delayed or prevented and repeat proceedings and subsequent infant removals are avoided.</p> <p>-That measurable progress is made with clients according to their own goals and looking towards positive life choices and chances</p> <p>-Effective pathways that agencies are aware of and know how to access</p> <p>-Partner agency and service access agreements in place that are working to the same aim and acknowledge the contribution of all partner agencies in accordance with service user need</p>	<p>-That Leeds City Council Children and Families s services have a response to young parents experiencing the first time removal of a child –with priority to care leavers</p> <p>-That GPs and universal services are connected both strategically and operationally to an effective pathway for parents in repeat proceedings.</p> <p>-That organisations across child and adult services strategically consider this group in collaboration and in line with policy, including commissioning</p> <p>-That all services involved with this group work collaboratively to holistically deliver a needs led package of care for each individual/family referred.</p> <p>New experiences for service users</p> <p>-That service users are entirely involved in thinking and planning and decision making about their care.</p>	<p>-That fewer parents experience fewer incidents of repeat proceedings and fewer babies are taken into care.</p> <p>-That affected parents improve their overall health and well- being eg. mental health physical health- (heart disease ,dental health cancer ,obesity), reduced substance use.</p> <p>-That affected parents improve their life circumstances eg stable housing, engagement in employment and training, reduced vulnerability ,strong positive social networks</p> <p>-That these overall improved health and well-being and life circumstances now and into the future will reduce the burden to society as a whole, but very specifically to GPs, front line universal services , tertiary health care services and child protection services.</p> <p>-That existing adult and child services create actual and meaningful shared practices and financial partnerships that routinely utilise shared economies of scale and so mutual cost benefit and forward looking sustainable planning.</p> <p>-That a universal ,longitudinal and ever improving response to the issue of parents in repeat proceedings and how we work together to break the cycle is as routine and predictable as the problem itself.</p>

<p>-No clear single point of access or responsibility to 'hold' this group.</p> <p>-No clear pathway from point of identification.</p> <p>-High representation in high need areas</p> <p>-Recognised long term poor outcomes in all areas of health and well being</p>	<p>(through the Futures resource) model of central reference</p> <p>-a dedicated and specialist intensive assertive outreach team (Futures) to engage parents in help and directly deliver therapeutic interventions</p> <p>-Multiagency development and training through network HUB events</p> <p>- dedicated network of agencies that make up the HUB and that can work collaboratively to respond to individual circumstance at the point of contact.</p> <p>- an open door policy via the HUB that acknowledged individual' s struggles to access services</p> <p>-dedicated practitioners/social prescribers as direct points of contact for specific GPs in target pilot areas that can actively work within the HUB and social prescribing networks to ensure 'right service, right time'</p> <p>-High quality supervision and consultation for practitioners.</p>	<p>-That affected parents are engaging in services and that we know where and who they are</p> <p>-clear and measurable health outcomes are captured eg Involvement with Gp , Dentist Reproductive/sexual health services Substance use Mental health</p>	<p>-That service users experience, as far as possible, support and intervention that is tailored to individual need and is flexible and responsive to service user's preferences.</p> <p>-That service users partners and personal networks are taken into account, in accordance with service user wishes when delivering intervention and as far as possible are involved in service approaches</p> <p>-That no parent is 'lost' and is aware of how to contact identified lead worker at all times even if they are choosing to not engage in service involvement at that time-an open door policy.</p> <p>-That all service users experience a ready response at the point of contact.</p> <p>-That service users experience as little 'hand off' to additional services as possible, but rather a response is built around the most effective relationship.</p>	
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Green represents elements that we can directly affect as the Futures team and committed HUB partners, solely funded and supported through childrens social care but **only for the period of the funding and only for those service users who access FUTURES or committed HUB partners**

Yellow represents elements that we can only partially affect as the Futures team and HUB partners but could directly affect using non recurrent CCG funding ,**but again only for the period of the funding but with a wider reach and scope of service users**

Red represents elements that we can only effect through long term multiagency investment and commitment to this issue.