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## THE EXIT STUDY: EXPLORING INNOVATION IN TRANSITIONS

*An innovation insight study into  
Archway and Futures*

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## Introduction

Innovation is a complex and transformational process and local authorities are central to such practice. They must implement innovations mandated top-down by UK government policy but on other occasions, will develop and lead on innovative solutions responding to challenges in their locality. Local authorities may also work closely with the Voluntary and Community sector, commissioning their innovative programmes. Innovation is always a collaborative process.

At the forefront of collaboration is the UK Government's vision for Integrated Care Systems, which sets out to bring together NHS and local government within localities to join up health and social care at all levels across the system. Central to the success of this vision will be innovation and new ways of working that assemble organisations, directorates, professional groups and practitioners around citizens and service users' needs.

A key example is when young people leave behind statutory children's services, for example residential care, and transition into adulthood. For young people, transitioning from children's services can be a cliff-edge – services suddenly cease, and they have limited or no access to ongoing support. Innovation can help here, when local authorities, community services and health collaborate to extend additional, often non-statutory support to empower young people. Innovation like this lies at the heart of corporate parenting and early intervention and prevention strategies that build resilient and vibrant local communities.

Putting innovative ideas into practice is one of the hardest stages for innovation. Sustainability beyond pilot funding also relies on successful implementation and getting it right first-time round. That's why it is essential that we learn from social care innovation so that innovations can be set up to have greater chances for success. Learning lessons from innovation as we set out to do in the national EXIT study, will help ensure efforts are directed to making the most impact on improving people's lives, improving services, and developing best practice for the future.

This report presents several considered lessons and applications developed from investigating the process, practices, and experiences of those involved with social care innovation for transitions, in this case, Preparation for Adulthood. As one of six other innovations chosen for the EXIT study there are lessons to be learned locally contained in this report that can help with future innovation in your locality. However, our aim in 2023 is to combine evidence and learning across all EXIT case studies so there can be wider impact for social care innovation around the UK.

We hope the insights shared in this case report will help you set-up and prepare future innovations for success, but also build deeper understanding of the innovation journey and how it can be managed so innovation can be embedded as transformed services going forward.

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## Methods

This study used a case-study approach to identify core ingredients of successful innovations. This report summarises findings from interviews and observations taken during the EXIT study, data was collected between December 2021 and February 2023.

The national EXIT study followed a targeted case-based methodology that identified Leeds City Council as a strong example of implementing innovation to support transitions from care to adulthood. The case has provided insight into some of the enablers and challenges of implementing innovation within the context of a LA setting.

Within our study, we characterise innovation broadly as transformation of services, systems, or outcomes beyond 'business as usual' (Harris and Albury, 2009); it constitutes discontinuous change, rather than mere incremental change that constitutes service improvement (Brown, 2010).

## Case description

### **Archway:**

The Leeds care leavers hub is designed to maximise the support network available to care leavers leaving care through the offer of a safe social space for them to develop their skills, confidence, and readiness for living independently. The hub model aims to reduce the cliff edge from care to leaving care by reducing social isolation, minimising barriers for care leavers accessing services and community support.

Alongside personal advisors, the hub will be staffed with Staying close personal advisors, Hub outreach personal advisors, a specialist housing and accommodation worker, housing support worker, EET workers, participation and activity workers, mediation services, welfare and benefit advice support workers, counselling support and a dedicated therapeutic social worker. The hub is being delivered in partnership with Leeds based 16-25 accommodation provider Our Way Leeds (OWL) and a growing number of partner community services providing direct access to universal and partner services on site such as health and therapeutic services, housing and accommodation support and employment, education, and training services. Partner agencies have committed to the hub and include, health and wellbeing, education, financial services training, housing and the DWP.

The service hub and Staying Close service will be managed by a dedicated manager and Local offer coordinator with a remit of developing involvement of community services in providing the care leaver local offer and direct services delivered at the hub. The hub team will also provide targeted independence development group work to support young people to learn essential skills such as cooking, budgeting, financial management alongside a timetable of regular social activities, support groups and peer mentoring.

We aim to be able to demonstrate that young people have a better experience of leaving care and are better prepared for leaving care. We aim to demonstrate that young people have increased practical skills and independent living skills through engagement in the passport to independence training programme and better knowledge of and connections to community support. Success will be measured by progress on outcomes achieved in the pathway plan, progress made on completion of independence training modules, engagement in care leaver hub support and groups, EET attainment levels and qualitative interviews with young people and staff.

## **Futures:**

Futures is an intensive outreach service for young parents under the age of 25 who have experienced care proceedings and the subsequent removal of an infant (under 12 months).

Futures is a small multi-disciplinary intensive outreach team consisting of 5.5 full-time posts. Practitioners hold small caseloads of no more than eight cases, enabling intensive contact with parents. It operates within the auspices of the Leeds Practice Model.

Futures offers a range of interventions and activities, from very practical support to direct therapeutic work, depending on identified goals and individual needs

It was set up in December 2017 with a defined remit of:

- > Preventing repeat proceedings.
- > Improving life circumstances of young parents who have experienced the loss of a child through care proceedings.
- > Improving physical, emotional, and mental health of young parents who have experienced, or are experiencing, care proceedings.

## **Case study data**

We purposively sampled interviewees that had been substantively involved with or were knowledgeable about the development and implementation of innovation, but with care to ensure a representative vertical (from senior management to frontline practitioners) and horizontal (different occupations and including service user representatives) slices of the focal case were encompassed.

Staff directly involved in delivering interventions as part of Archway and Futures and key stakeholders took part in semi-structured interviews. The interviews were audio recorded and transcribed verbatim. Transcriptions were analysed using thematic analysis capturing a wide range of themes including. Interviews were conducted with 25 key stakeholders, ranging from senior strategic managers to frontline, client facing practitioners.

Overall, the findings highlight that innovation involves many different parts, but these overlap and combine with each other. Much like the ingredients of a recipe, all parts contribute to the whole. Highlighted in this report are those ingredients that support and build innovation. We present findings as five discrete areas, which innovation leaders and manager may want to consider individually and as a whole. These are:

- Organisational culture
- Dynamic leadership
- Collaboration and partnership working
- Collecting and using data
- Developing an identity and sustainability

Case study sites focused upon some ingredients to sustain innovation more than others, and further, there was not a consistent configuration of these across our case study sites. For Leeds, the most prominent themes were culture and receptivity for innovation, dynamic leadership, and collaboration, however, all five themes were discussed, and they are presented in the remainder of the report.

## Culture and receptivity for innovation

Child Friendly Leeds and the restorative practice model were mentioned by every participant, in the majority of cases without being prompted highlighting how important the collective culture established across the city was to individual participants. Leeds has invested in and developed an underlying values system and a way of working, which promotes working restoratively and relationally. The culture was described as encouraging professionals to 'work with' rather than 'doing to or for' by listening to and being respectful and responsive to children and families.

*"That idea that cultures in the air, it's the way we do things, that sort of sense of culture is something nebulous definitely applies quite well to either being child friendly and the idea of restorative practice in Leeds, it's quite a good way of describing something which actually is quite hard to pin down but is very much in the air" (Senior Level leader/manager)*

It was clearly communicated that the ethos behind being child friendly was to promote, protect and prioritise children and young people, not just within the council but across the whole city. Being child friendly was described as a 'strapline' that everybody has bought into and continues to buy into.

*"I do think that that is probably instrumental, that culture, because you kind of take it for granted because it's been there for so long. But I'm just reflecting, when you're actually on the corporate parenting board, the council is there, the Chair, they're so child focussed that it's ingrained I think to a degree within that group" (Mid-level manager)*

Having a supportive culture in place, one that is underpinned by being receptive to serving children and their families was described as being in the "DNA" of the organisation. Analogies such as employees 'living and breathing' restorative practice and a belief that professionals within Leeds wouldn't work in any other way due to the approach being their 'bread and butter' were portrayed. Data suggested that new staff are absorbed or subsumed into that manner of working due to it being so embedded within the council.

Senior leaders were able to cultivate a receptive innovation culture, it was reported that this was recognised by external inspectors. Overwhelmingly, there was a belief that if the organisation manages to have the stability of retaining most of their staff AND have an embedded culture, it provides an environment that can sustain the culture and be receptive to change despite experiencing turnover at the top.

*"I think one thing that came across quite clearly in the OFSTED report is that they talked about things like restorative practice and the Leeds model being very- I think they described as authentically embedded, because leaders have obviously moved on.... but I think if you've got a really strong culture as an organisation, it can sustain changes in leadership" (Senior level leader/manager)*

Similarly for Futures, the Leeds Practice model was also identified as a core element of their work, however, the challenge of fully embedding the approach across different disciplines was acknowledged.

*"Bringing practitioners together, from different schools of thought, different theoretical approaches. It's been really difficult to get them aligned in their thinking, really, around the Leeds Practice Model" (Senior level leader/manager)*

As with Archway, the use of restorative practice approaches in Futures enabled the service to concentrate on engagement with young people and *'going to where the service user is'* as opposed to imposing their agenda and expectations upon a young person. The restorative approach also introduced the concept of 'high support and high challenge' environments, and this was discussed from multiple perspectives. The high support, high challenge was discussed in relation to strategic managers, middle managers, and frontline practitioners. However, it was also spoken about directly when considering young people accessing the service.

*"When people talk about restorative practice, high support, high challenge, I think what I see in Futures is that we really try and get that relationship. Because nobody will accept the challenge without the high support underneath it. And if we don't give that high support, how can we challenge social care concerns with a young parent, we'll never get there"* (Mid- level manager)

The approach taken in Leeds which was explicitly stated within Futures and alluded to for Archway was to challenge the way that professionals think about retention and dropout rates. The language used, placed the ownership on the professional to engage the young person, rather than attendance being only the young person's responsibility.

*"Your measure is to how many clients you actually engage, and for everyone that you don't, can you evidence what efforts you've made to engage them and why you weren't accessible? What might you need to change in your service, in order to be accessible?"* (Mid- level manager)

Finally, within Futures the Rethink formulation model and the 6 Ps of Precipitating (what triggers things); Predisposing (Family history, challenges, and vulnerabilities); Protective (what positives and strengths are there); Presenting issues (what is happening right now that is causing concern); Predicting (what could happen if things don't change) and Perpetuating (what's keeping the issues going) strongly influenced their work. The relational practice model provided a template of what was expected and how support was provided across the two services (Archway and Futures).

### **Key considerations**

The multiple layers of culture embedded in Leeds enable such a co-ordinated approach to take place, it is important to ensure that the culture remains embedded despite the move to hybrid and working from home practices.

It is important to continually reiterate the approaches and ethos that underpin the work taking place across Leeds city through induction programmes for new employees to enable the culture to remain embedded even if significant changes in the workforce take place.



## Leadership

Leaders are responsible for either initiating innovation and/or providing an environment conducive to enabling innovation as well as supporting implementation efforts. Leaders must create a dynamic space in which innovative ideas, interventions, and practices can emerge. They also need to have the ability to translate new ideas into actions. Within the Leeds case study site, strategic leaders were instrumental in both Archway and Futures, they introduced a clear vision regarding the initial set up of new innovations.

*"I think you've got to have real commitment from senior leadership, and all leadership, but it comes from there. Because I think you can have all the enthusiasm in the world, but if you've not got that support from above, I don't think it'll happen"* (Frontline practitioner)

Leadership that was shared, rather than concentrated on one single individual champion, appeared to be advantageous, since it mediates the risk (as identified above) that when that individual departs, the impetus for innovation does not depart with them.

*"There's been a number of changes in the personnel involved. So, it's hard to identify individuals as being a sort of core driver for it, I have to say, and I think in some ways that's quite interesting because often these projects are associated with a personality who makes it happen. I think it's really interesting that this project, because it's one of the more complex delivery ones, is not associated with a personality and I think that's relatively unusual"* (Senior Level leader/manager)

Initially it was identified that the leader had to have a clear vision and must exert enough power to command authority and get their area of interest prioritised above other competing priorities.

*"Key areas of development require strategic management support, and there are too many areas for everybody to support. I'm not an advocate of go to the highest person and shout the loudest, but sometimes that's required"* (Mid-level manager)

However, within the implementation phase of the Archway innovation, the leadership style was described as adapted and the focus shifted towards ensuring middle managers had 'protected time' and were empowered to make decision which would ultimately enable the innovation vision to progress from an idea to a reality. Senior managers described their role in terms of providing the permission and resources (financial, personnel and/or goodwill) necessary to enable decisions and changes to be made.

*"The role of senior members is essentially to be a greenhouse for tending plants. You create a space in which things can grow, and you protect things from some of the more bonkers sort of aspects of your organisation's thoughts or from the financial pressures, be it in that you protect it so that actually people like (middle manager) have the space to do the things they need to do"* (Senior Level leader/manager)

An increasingly 'collective leadership' style was described, enabling responsibility to be shared between key individuals all working towards achieving the same goal of implementing and sustaining the innovative services. Developing an environment with leaders at multiple levels, helped build a strong network around the innovation, contributing to its success even if disruptions or changes in leaders occurs. The collective leadership approach provided a supportive environment to empower the practitioners on the frontline to be receptive to the services and the service user's needs.

*"There is buy in from senior leadership, so I think that really does help.... I think it is maybe a joint effort and the practitioners they do the work, day to day, so without them it would be impossible" (Mid- level manager)*

It was also identified that if senior managers were personable and could engage effectively with team members in more junior roles, this impacted positively on implementation efforts. The leadership style was portrayed as important to ensure the team was fully onboard and supportive of the progress being made.

*"He's seen to support, he wants to support, and he wants to make things happen, and he doesn't come across as, 'look at me, I'm in a high position. I'm strategic,'. He comes in at more of a chalkface level and goes, 'This is what we need to do, don't we? I'm one of you. Let's get on with it'" (Mid- level manager)*

Individuals articulated that knowing leaders were on board was important, it helped to promote a feeling that there was a genuine investment in the work that was being completed with care experienced young people and enabled practitioners to do very complex and emotionally challenging work.

Of equal importance having senior leadership commitment that spanned much wider than the children's social care team and encompassing locally elected political members, proved important in implementing innovation and securing political support.

*"In terms of politically, our corporate parenting board is the key mechanism for political backing" (Senior level leader/manager)*

The investment to innovations was seen across Leeds and multiple 'champions' across different teams and organisations were working together, which helped to build a network around the innovation. Champions were described as having 'a real passion' and being 'absolutely committed', this was seen as pivotal to contributing to successful implementation efforts.

#### **Key considerations:**

Identify non-formal leaders and empower them to lead by building leadership knowledge and capability.

Ensure that distributed leadership occurs to enable constant promotion of the innovations across multiple platforms and networks.

Secure support from elected political members to facilitate promotion of innovations across different directorates.

## Collaboration

Innovation relies on effective collaboration between individuals, services, and organisations relevant to the innovation. Collaboration across Leeds was seen by participants as a vehicle that facilitated the delivery of statutory services whilst also representing a conduit for services delivered by the voluntary sector to become embedded in the social care system.

The workforce of professionals expected to collaborate within the two case study examples included but was not limited to; children's social care, housing, healthcare (inclusive of GP's, Mid-level managers, Sexual Health clinics), education and employment to name a few. The innovation brought together individuals from diverse professional environments who were encouraged to collaborate across professional boundaries.

*"I think there's a real partnership commitment from third sector partners services across the council; housing, all different services to want to support and make this model work" (Mid-level manager)*

There was recognition that it was integral to incorporate the 'people's voice' in the process. However, it was also acknowledged that this was multifaceted, and collaboration comprising of including the voice of the care experienced individuals accessing the services and the voice of the professionals delivering the services were equally important. Authentic co-production that centres key stakeholder as experts was also described, co-production in terms of professionals establishing how they would like the hub to function, developing working relationships and establishing how to 'make the building work'

*"Co-design is about not just the lived experience people and the people using the service, but the people who actually provide the services, as well" (Frontline practitioner)*

For Archway, the intersection with lots of professional groups and services was paramount due to the 'hub' model being developed. There was a belief, sometimes overtly stated at other times more implied that the hub, organically enabled a cross-pollination of work and ideas to take place due to presenting workers with a natural opportunity to observe different practices, converse on an ongoing basis and witness outcomes for young people first-hand.

*"The intention behind the Archway is that through co-locations through good building design, you get an environment which actually solves some of those problems organically for you. So, you bring those services together and you get better outcomes, and I guess that's what we are seeking to achieve with it" (Senior Level leader/manager)*

Core to collaboration was the alignment of priorities and the collective vision regarding Archway and Futures being the 'right thing to do', which links back to the Child Friendly Leeds and restorative and relational practice culture identified in the previous section.

The different voices and perspectives were acknowledged as having validity and meaning even if they don't necessarily always see things exactly the same way. Service user co-production is important to assure end-user commitment to any innovation in service. Collaboration with young people began early in Archway, to ensure innovation has a meaningful impact for care leavers.

*"We have the opportunity to ask young people, meaningfully, 'what do you want a service to look like? And let's develop it from the ground up.'.....If it's not co-produced, it's not going to be relevant for young people, they're not going to use it" (Senior level leader/manager)*

There was a recognition that professionals had to be creative when seeking the opinions of young people, to include different voices, outside of those young people routinely attending forums such as children in care councils. This was obtained by providing opportunities for practitioners to use an assertive outreach method and go out to young people rather than expecting young people to attend established groups and/or unfamiliar environments. Direct reference was made to the fact that OFSTED had recognised the impact of including the young person's voice in decision making across the city.

*"It was in our Ofsted report that the voice of the children was really strong. When the inspectors met with children that are look-after children and care leavers, they said they felt they could really make a difference and that their voices were heard"* (Senior level leader/manager).

The collaboration process of involving young people in the initial design of Futures was less clear. However, futures did describe involving young people on their interview panels, this provided an opportunity for young people to influence the recruitment process and provided an opportunity to observe how individuals interacted and responded to the young people they would be supporting.

*"We did an interview panel- So, the young people on the panel was key, I felt. We asked the candidates to do a ten-minute presentation and then, we divided it into a formal interview, the young people interviewed as well but then, we came together. So, it was a long, arduous process but it was so worth it, having the young people on the panel as well"* (Mid- level manager)

The support provided to young people was also discussed from a collaborative perspective. The Futures team described building relationships, recognising the young people as experts by experience and formulating collaboratively WITH young people rather than imposing decision on them.

*"It's about having the young person or the family at the heart of things. Because they're the experts, really, aren't they, and it's about being alongside them"* (Frontline practitioner)

As with Archway above, the co-operation between professionals within other parts of the system resulted in a service that could be considerate of the trauma, care experienced young people had faced and could respond appropriately due to close partnerships working that had been established.

*"We've built really good links with Leeds Sexual Health Service so that we can almost fast-track young people to be able to be seen so that they see a nurse that is sensitive to information"* (Frontline practitioner)

There were ongoing opportunities for young people to provide feedback and potentially influence the service from a retrospective view by providing qualitative feedback on their experiences of the services they had received.

### **Key considerations**

Identify, map, and regularly review who the core collaborators and stakeholders are to ensure relevance and to keep the innovation on people's agenda.

Identify and highlight how the innovation directly benefits other services, while building system capacity for excellent services.

Embrace stakeholder diversity and specialist expertise through focusing on shared values, goals, and objectives regularly throughout the implementation and engagement in innovative activity.

Nurture collaboration by establishing both informal (networking) and formal practices.

## Data and outcomes

Collecting and being able to access the right data is helpful in all aspects of the innovation journey and is central to aid decision making. The outcome focus within Leeds again linked back to the restorative and relational practice.

*"In terms of Leeds, that culture of we were really keen to focus on outcomes for children, on doing things in the right way. That is working with rather than doing to or for. Working with families, working with partners, working with one another. Using what we call high support and high challenge" (Senior level leader/manager).*

Once implemented, outcome and performance data are vital to show funders 'the worth' of the innovation and to support the sustainability and potential diffusion and/or scale up of the service. Whilst data was recognised as valuable, it was also identified that putting data into practice can be challenging, especially when trying to support the utilisation of 'soft' outcomes that fall outside of the OFSTED framework.

*"When you are in a busy, statutory service, the focus is on key performance indicators, that's what you're asked about" (Senior level leader/manager)*

A conflict was at times articulated as the focus of the performance dashboard was statistical, however, alongside statutory outcomes there was an understanding that a focus upon psychological outcomes for care leavers, 'softer outcomes', qualitative data and learning from an individual's experiences are all equally important.

*"The objective of working with care leavers is that they're successful adults. You can argue how you define success; you can argue about all sorts of narratives about what success actually means and value judgment's implicit in that. But fundamentally, what we mean is people having happy lives.... The difficulty is, is quantifying it" (Senior level leader/manager)*

There was a distinct belief that outcomes should have more focus on the bigger metric of the difference services were making to an individual's life and a focus upon measuring outcomes to benefit care leavers over the longer-term. This was termed, outcomes-based accountability, and one individual stated:

*"The initial director really drove that, which has got a language of 'how much are you doing? How well are you doing it? Is anyone better off?' (Mid- level manager)*

To evidence the impact, it is important to build a base line, which involves setting out numerically who the innovation users are and what needs they have that will be addressed by the innovation. For both examples in Leeds, this was made increasingly more complex due to working across multiple services and organisations as the different specialisms all report to different systems each of which served a different purpose.

*"For indicators that come out of our case management system, which include care leavers, we have lots of indicators and we can match them to national data sets.... but that only gives the information that's recorded in our case management system. So, if you want a broader, nuanced view of what's going on in the child or the young person's life, then you're going to need to bring in information from health, and you're going to bring in information from other places, and you're going to have to get into conversations about, we don't think this information is being effectively collected by anybody" (Mid- level manager)*

A distinct difference was articulated when considering information and metrics required to generate a 'business case' to gain initial funding and data required to sustain funding. Language identified that services are bound by financial constraints especially in times of continued austerity. Therefore, regardless of the focus on longer term outcomes and quality of life for care leavers, an invest to save ethos was still present.

*"You have to do it in a cost-effective manner because, you know, it's the bottom line. Well, the top line is quality, patient quality and reduction of health inequalities, but it's got to be done within financial constraints"* (Mid-level manager).

Whilst the exact outcome measure to be collated for Archway were in development due to it only recently being implemented, Futures clearly articulated that 'goals-based outcomes' were used within which routine outcome measures were taken regularly to map progress and keep the work focused. The focus on goal-based outcomes was perceived to be fundamentally important to professionals and young people as it helped create a clear understanding of the purpose of the work being undertaken by Futures.

It was consistently communicated that staying focused on what the service is trying to achieve really did matter and the outcome framework provided a focus and clarity regarding which measures to consider and provided a mechanism for progress to be mapped onto. The overarching aim of Futures was described as;

*"We're there to prevent repeat proceedings, improve mental health outcomes and improve circumstances"* (Mid-level leader)

Whilst ensuring a focused approach was taken to the support delivered, the outcomes framework also enabled the team to capture the how the holistic needs of the young person had been met. It also providing a tool to increase transparency with young people regarding whether goals had been met or not. Being able to stay focused on what the support is trying to achieve was seen as vitally important.

*"The outcomes framework's been really helpful. We have things like increases in the number registered with the dentist, increased registration with a GP, increased contraception, housing, stable housing"* (Mid-level leader)

However, this professional continued to say that the service was hoping to start capturing the longer-term impact and trajectory of young people who had accessed the service.

*"We're three and a half years down the line. We want to start looking at the trajectory that happened after Futures had finished and how many have gone onto care proceedings again and how many haven't? Or how many have gone on to parent a child and have a child?"* (Mid-level leader)

Despite Futures sitting within Children's services, there was a still a desire to understand some of the wider implications and impact of their work across the wider system. This could be considered through a public health lens and considering how the intensive work undertaken with care experienced young people impacted on the number of times an individual presented to their GP practice or to an A&E department. Engaging in public health discourse for this population of young people would help to get an understanding of what other services young people were accessing.

**Key considerations**

For Archway to consider collecting baseline data about their user population to enable progress and impact to be identified as it currently is within Futures.

To reflect on a range of outcomes relevant to different audiences and innovation stakeholders.

Understand the data being collecting during implementation, why it is being collecting and how it can be best used for governance and improvement of services.

Consider how information from different data sources and systems could be brought together to provide an increasingly holistic view capturing the health and wellbeing outcomes of care experienced young people in both the short and long term.



## Identity and sustainability

When considering innovation, identity is important. It enables a clear mission statement to be developed, identifying what the innovation does, who it is for and how it dovetails into the existing services and system in the environment. The innovation must be 'fit for purpose' and both Archway and Futures were adapted from best practice happening elsewhere to ensure it met frontline professionals demands and that it complemented existing service provision.

*"A lot of innovation is.... it's very rare you get something that's brand-new. So, we looked, and we adapted. A lot of the work that we did was looking around at best practice and saying, "How do we then apply it for the context in Leeds?""* (Senior level leader/manager)

Across both Archway and Future there was a clear recognition that innovations cannot 'stand still' and that adaptations would be constantly occurring even if it was on a small scale.

For Archway, adaptations were described in terms of having satellite centres and using 'hub and spoke' models to enhance accessibility to support for young people due to the large geographical area covered across Leeds. There was an appreciation that across the city there may be 'territories' and some young people will be less likely to access services due to underlying tensions between different groups and or sub-populations.

*"We're also really, really aware that some young people don't really travel out of their area or don't want to go into particular areas, that having one base is always going to have its limitations... so we have talked about having one main base and also have satellites elsewhere"* (Senior level leader/manager)

This was important as the ethos behind the hub was that it encouraged a space within which young people could not only access support but become part of a wider community.

*"The idea of the community hub is the premise that young people feel more involved and connected with the communities. Having a hub in one area in one ward of Leeds is never going to fully achieve that. So, there are plans to extend the hub offer"* (Mid-level manager)

There was a desire to make sure that the services being provided are going to fulfil unmet needs. Once the offer was right, it was explained that the services can easily be transposed to other venues. However, there was still an acknowledgement that OFSTED was a driving force that would constitute a recognition of success and impact on sustainability.

*"I think if it (Archway) gets a chance to show its value, if it gets looked at by Ofsted, and if it starts to become part of the components of Leeds being outstanding, it gets into that corner, it will be okay because it will be seen as absolutely something we get right and something we're proud of. I think that's the challenge for the leadership of it, is to show that"* (Senior level leader/manager)

When considering Futures, the requirement for an innovative approach to be taken was to address the high level of need identified across the city.

*"So, we knew, in Leeds, we had really high rates of recurrent care proceedings and so, we did a little bit of research, inhouse, around what that looked like. The predominant age group was under 25s. We were seeing a lot of repeats in 18- to 25-year-olds, which consistent with the national picture"* (Mid- level manager)

The aim of the service was clearly articulated, as one aiming to reduce the risk of recurrent care proceedings and improving the life circumstances of young people. As with Archway, despite other models being available, the identify of Futures was based on restorative practice and providing young people with choice regarding the support they received. Therefore, adaptations had to take place from alternative treatment offers that were on offer. When making specific reference to Pause, it was stated;

*“Well people, have to use long-acting contraception. We’re a restorative organisation and that just didn’t feel okay, really, for us, to insist on that”* (Mid- level manager)

Although heavily encouraged, Futures did not want to make it mandatory that someone is committed to long-term contraception to be able to receive the necessary support. The sustainability of Future was discussed in terms of cost savings, both in terms of economic cost savings for the council but also the cost savings for the young people accessing the service if recurrent care proceeding could be prevented.

*“So, Futures is a really expensive service in that it involves very intensive intervention, but we believe the outcomes it delivers and the cost-savings in terms of human cost, but also economic cost are massive.... So, it’s about getting in there early when there’s been one removed and then working intensively to prevent further removals”* (Senior level leader/manager)

As with Archway, there was a recognition that it is important to return to and remember the identity of the service to ensure it does not drift. This was important for both the internal team, but also to keep the innovation on other professionals’ agenda, especially if new staff joined the organisation.

*“I think what’s really key is having a shared team ethos and aspirations. And just to keep revisiting them, because otherwise I think things can just get forgotten, can’t they?”* (Frontline practitioner)

The need to revisit the purpose of the service was important internally but also for external partners and organisations. There is a recognition that if a clear identity does not exist, referrals into the service may be inaccurate, which could be detrimental for the service but also for the young people, who get referred incorrectly.

*“In terms of milestones, we’d have to be careful and be mindful that it doesn’t become diluted and just seen as another council building rather than a specific hub”* (Mid- level manager)

A final point was the acknowledgement that innovations and services need to be review regularly to establish who the service is and is not working for and whether further adaptation need to take place to make it more accessible for individuals in need of support.

*“Across the equalities characteristics, is there any groups of young people that who it's more attractive to, less attractive to? Are there any key groups we're concerned about that aren't using it?”* (Mid- level manager)

### **Key considerations:**

Map how the innovation fits into the wider service and identify point of difference/complimentary provision.

Formulate a mission statement that accommodates the core values of collaborators

Ensure that the mission statement of the innovation acts as a guiding principle for innovation activity and processes (on a daily basis and when informing adaptation, scale up of the innovation)

Find out what funders and key stakeholders would need to see in order for them to keep supporting the innovation

To promote sustainability of services, there needs to be a dissemination plan in place to consider how to share their learning with other organisations, commissioners, and policy makers to continually grow the evidence base and promote the added benefit of the innovation.

## Conclusion

The embedded nature of the Leeds practice model, which involves the use of Rethink Formulation, outcome focused supervision and the observance to restorative and relational practice was strongly identified. This clearly facilitated a receptive environment for innovation to take place, this aligns with previous research and evidence, which confirms the particular importance of the receptiveness of context, within which organisational culture is a significant dimension (Brown, 2007; Brown, 2010; Lefevre *et al.*, 2022).

Strong leaders and managers were identified across all transitional domains as essential to keeping innovations on the agenda, whilst collaborative working across multidisciplinary teams and organisations were highlighted as necessary to enable the development and delivery of the innovation. Innovation requires a variety of leaders and leadership styles at different times over the innovation journey (Currie and Spyridonidis, 2019). This case study shows that leadership styles need to be dynamic and flexible to accommodate the needs of the team involved in the innovation efforts. This study confirms the importance of leadership from the top to support innovation (Munro, 2019; Lefevre *et al.*, 2022). However, data shows that leadership is a collective responsibility, there needs to be flexibility within the hierarchical structure to enable leaders at different levels of accountability to recognise when change is required. Findings also provides insight that leadership needs to extend beyond senior management, and it was clear that senior managers need to engage elected political leaders in innovation, to ensure that innovations remain on the agenda and sustain.

Innovation relies on effective collaboration between individuals, services and organisations relevant to the innovation (Torring, 2016) and this was clearly identified and supported within the case study. The innovations acted as a conduit to bring partners together efficiently and effectively, the partnership working element was important as they were all integral to helping them deliver what they had to deliver. Service user co-production is important to assure end-user commitment to any innovation in service, for moral and democratic reasons, and to access experiential knowledge (Croft, 2016).

The importance of participatory approaches that facilitated the voice of care leavers themselves was acknowledged and innovations reported incorporating the young person's voice in some way. Whilst it was more transparent to see how the co-production journey had influenced development in relation to Archway, the collaboration efforts were articulated for Futures, through retrospective feedback and involvement in interview panels. The co-design process should ensure access for all individuals who would like to participate, acknowledging the importance of including diverse groups. The development and outcomes of a co-designed process cannot be predetermined and must be subject to ongoing discussion with participating groups, utilising an individual's experiential knowledge

Within the Leeds case study site, it was clear that the initial funding allocated to both innovations enabled innovations to be developed and implemented, but it was not always clear if fundings was available to enable the innovations to be rigorously evaluated. In addition, it was acknowledged that innovations require a lengthy period of time to embed in a new environment and often require adaptation before reaching their optimum level of effectiveness. Whilst Archway is still in the implementation stage, plans were already articulated regarding the need to 'review' and respond to needs of the diverse population across Leeds and discussions of how to adapt and spread the service across the city are already taking place. In addition, Futures has further adapted in response to identified needs and the team are embarking on a further layer of innovation by implementing pre-birth assessments into their service offer as well as post proceeding support.

Finally, this review identified that many innovations to support care leavers as they transition out of care into independence have inconclusive impact upon their long-term needs. Current data use seems to be focused upon measurement of outcomes, due to obligations imposed by OFSTED and commissioners. However, it is important to ensure that the statutory data is supplemented by context specific knowledge of frontline practitioners. Available systems need to consider the most effective and efficient way of combining data sets to enable a joint social care and public health focus to be taken regarding outcome for young people and to map the long-term trajectory of outcomes for young people with care experience.

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