

Response to the Productivity Commission Consultation Paper

What is known about systems that enable the ‘public health approach’ to protecting children

Relationships Australia National

The work of Relationships Australia

This submission is written on behalf of Relationships Australia’s eight member organisations.

We are a community-based, not-for-profit Australian organisation with no religious affiliations. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances.

Relationships Australia provides a range of support services to Australian families, including counselling, dispute resolution, mental health services, family violence, children’s services and relationship and professional education. We aim to support all people in Australia to achieve positive and respectful relationships. We also believe that people have the capacity to change their behaviour and how they relate to others.

Relationships Australia has been a provider of family relationship support services to adults and children for more than 70 years. Relationships Australia State and Territory organisations, along with our consortium partners, operate one third of the 65 Family Relationship Centres across the country and the Family Relationships Advice Line. Relationships Australia also provides clinical supervision and training to improve the skills and support of people working to protect children, while specialised support services are provided to people whose lives have been, or are being, affected by change, challenge, crisis, abuse and/or trauma. This includes supporting people who were affected by investigations undertaken by the Royal Commission into Child Sexual Abuse, and who may now seek redress, and clients who have experienced Out of Home Care (OOHC).

Our comments are informed through listening to the experiences of clients, discussions with practitioners and service providers, research and reports. We commend the Productivity Commission for acknowledging the need for improved responses to protecting children and for recognising that system-wide changes are needed. We overwhelmingly support a public health approach that directs resources to early intervention and prevention.

In this submission we seek to promote a public health approach that is having widespread success in the United Kingdom, New Zealand and Canada, called restorative practice. Restorative practice is also gaining interest in Australia, including through a trial that is being undertaken by Relationships Australia South Australia in partnership with the South Australian Government. In the Australian Capital Territory, the Law Reform Council

recently reported on their reference ‘Canberra - becoming a restorative city’¹, and the city of Newcastle is also on a journey to become a restorative city².

Introduction

Our services have a long history of working with traumatised, abused and neglected children and their families. Clients come to our services from many and varied sources, including juvenile justice, child protection agencies, education settings or other community based support services with a range of issues and co-morbidities. In our family law services, for example, up to 70-80% of families who have problems relating to their relationship separation have also been impacted by violence.

We have observed very little change in the levels of child abuse in the time we have been providing support services to children and adults, and there has been very little progress in terms of improving outcomes for children. The pathways out of the child protection system are disturbingly predictable, with children transitioning from OOHC to drugs, prostitution, teenage parenthood, unemployment and homelessness. We see children whose parents and grandparents were in OOHC, continuing a cycle of ongoing vulnerability and intergenerational disadvantage.

Whether children spend a little or a long time in OOHC, the experience is generally traumatic due to the loss, interruption or absence of secure caregiver relationships. The intensive level of distress and symptoms of trauma we see in our clients highlights the negative impact that OOHC care can have. At best it provides experiences of protection and nurturing that support children to overcome the traumas that precipitated placement out of their home. At worst, OOHC amplifies or continues children’s prior experiences of trauma and abuse.

For biological families left behind after the system removes their children, trajectories are equally devastating. At best, after lengthy periods involving expensive, punitive and bewildering court processes, and shame and stigmatisation, few families are able to navigate the countless regulatory hurdles to bring their children back home. More commonly these families are further traumatised by the removal of their children, deepening their vulnerability and increasing the factors that led to their notification to child protection authorities in the first place.

The simple answer is that prevention services would avoid the need for most children to enter the child protection system in the first place. More difficult is how to design an integrated system or prevention framework that has real and measurable positive outcomes for high-risk families.

Relationships Australia has been looking for new models of service to improve our own approaches, and have recently begun to direct our energies towards increasing our understanding of restorative practice.

¹ <http://www.canberra/restorativecommunity.space/blog/2018/1/5/act-law-reform-advisory-council-progress-report-canberra-becoming-a-restorative-city-released>

² <https://www.newcastle.edu.au/about-uon/governance-and-leadership/faculties-and-schools/faculty-of-business-and-law/conferences/newcastle-as-a-restorative-city-symposium>

What is Restorative Practice?

Restorative practice is a model that ties together a common set of values and principles across a range of disciplines including human resources, education, social services and justice. The fundamental unifying hypothesis of restorative practice is that “human beings are happier, more cooperative and productive, and more likely to make positive changes in their behaviour when those in positions of authority do things with them, rather than to them or for them” (Watchel, 2005).

In the Australian context, restorative practice has been most commonly applied in the field of restorative justice relating to juvenile and sexual offending, and in Indigenous focussed circle sentencing courts (for example see the Galambany circle sentencing court in the ACT)³. Restorative justice is an ideology that recognises the fact that when harm is done, it affects not only the individual victim and offender, but also impacts upon relationships and the wider community. Restorative justice (and practice) aims to repair harm and heal and restore relationships, encapsulating the values of equity, inclusion, respect, healing, accountability, mutual understanding and social harmony.

According to Braithwaite (2005), restorative justice is:

...a process where all stakeholders affected by an injustice have an opportunity to discuss how they have been affected by the injustice and to decide what should be done to repair the harm.

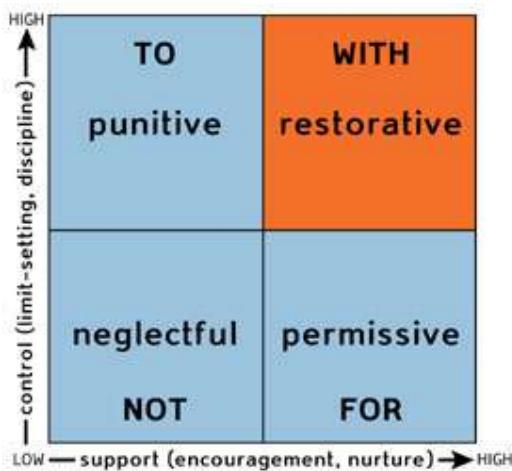
There can be many different expressions of restorative processes, including victim-offender mediation, conferencing (such as Family Group Conferencing) and restorative circles. Principles of restorative practice can also be used to embed respectful values in an organisation and improve organisational culture. When applied to social issues, restorative practice provides the scaffolding to teach people to resolve conflict in ways that maintain and improve relationships. A restorative approach can assist families to make arrangements for children who are affected by a range of social issues including separation, violence and abuse, and help regulators and services to work with people and families by increasing their engagement and supporting them to build their skills and capacity.

Restorative practice offers an approach that brings together individual people, families, communities, services and government through both informal and formal processes. When employing restorative circles, for example, it does this by sitting stakeholders in a circle to ask the questions: What happened? How were people affected?

³ See also other work of Dr John Braithwaite, Australian National University who has published widely on restorative justice, restorative practice and responsive regulation, for example
<https://www.ncjrs.gov/App/publications/Abstract.aspx?id=179192>
<https://www.youtube.com/watch?v=aEtb7IX2wD4>

What needs to be done to make things right? It is based on the principle that people, families and communities will be more receptive to change if things are done *with* them, as opposed to being done *to*, or *for* them, or not being done at all.

Figure 1. Social discipline window



Reference: Watchel, 2005

Everyone with an authority role in society faces choices in deciding how to maintain social discipline: parents raising children, teachers in classrooms, employers supervising employees, child protection workers regulating parents, and judges making orders. Until recently, Western societies have relied on punishment—smacking, negative reinforcement, fines, sacking, removal of children, imprisonment—usually perceived as the only effective way to discipline those who misbehave.

The Social Discipline Window is created by combining two continuums: “control,” exercising restraint or directing influence over others, and “support,” nurturing, encouraging or assisting others (Watchel, 2005). Clear limit-setting and diligent enforcement of behavioural standards characterise high social control. Vague or weak behavioural standards and lax or non-existent regulation of behaviour characterise low social control. Active assistance and concern for well-being characterise high social support. Lack of encouragement and minimal provision for physical and emotional needs characterise low social support. By combining a high or low level of control with a high or low level of support the Social Discipline Window defines four approaches to the regulation of behaviour: punitive, permissive, neglectful and restorative.

The punitive approach, with high control and low support, is also called “retributive.” It tends to stigmatise people, indelibly marking them with a negative label. The permissive approach, with low control and high support, is also called “rehabilitative” and tends to protect people from experiencing the consequences of their

wrongdoing. Low control and low support are simply neglectful, an approach characterized by indifference and passivity.

The restorative approach, with high control and high support, confronts and disapproves of wrongdoing while affirming the intrinsic worth of an individual. The essence of restorative practice is collaborative problem-solving. In a justice context, restorative practices provide an opportunity for those who have been most affected by an incident to come together to share their feelings, describe how they were affected and develop a plan to repair the harm done or prevent a reoccurrence. The restorative approach is re-integrative, allowing the offender to make amends and shed the “offender” label. While a victim is often incidental to the prosecution of a crime (as a crime is an offence against the state), restorative approaches help victims to have a voice, to communicate how they were affected, and to have input into plans and processes that help them to recover from the personal impacts of the offence (such as apologies, compensation and/or changes to policy).

Four words serve as a shorthand to distinguish the four approaches: NOT, FOR, TO and WITH. If neglectful, one would NOT do anything in response to offending behaviour. If permissive, one would do everything FOR the offender, asking little in return and often making excuses for the wrongdoing. If punitive, one would respond by doing things TO the offender, admonishing and punishing, but asking little thoughtful or active involvement of the offender, and with no opportunity for re-integration of the offender. If restorative, one engages WITH the offender and others, encouraging active and thoughtful involvement from the offender and inviting all others affected by the offense to participate directly in the process of healing and accountability.

As a truly relational approach to problem-solving in social and mental healthcare, education and justice, restorative practice empowers people to be mutually accountable for their behaviour and share responsibility to work together to build and repair relationships. It is a collaborative, strengths-based and child/family centred model. Restorative models can be used with families who have complex problems by providing a ‘high support with high challenge’ environment. It can significantly reduce the exclusion of children from schools, family violence and conflict, custodial sentencing, recidivism rates, numbers of children in care and numbers of families at risk, as well as achieve cost savings (see Leeds model below). It can break cycles of intergenerational disadvantage.

Restorative Practice in a Family Law Context

The Australian Law Reform Issues Paper on the Review of the Family Law System asked whether family inclusive decision-making processes should be incorporated into the family law system and also about the ways in which non-adjudicative or ‘problem-solving’ dispute resolution processes can better support the management of risk to children. We suggested that, while our current mainstream alternative dispute resolution models can be restorative, in most cases they are focussed on agreement making, rather than the relationships that need to endure to provide the best possible outcomes for individuals and children. These dispute resolution processes often do not see people in the context of their family and community and miss opportunities (or lack appropriate funding) to identify and respond to risk.

An array of appropriate therapeutic dispute resolution services that provide differentiated pathways to meet the diverse needs of contemporary families should make up a pillar of the family relationships system, along with recourse to traditional legal services. Restorative practice has the potential to meet a broad range of needs and deliver better outcomes for children and families as a ‘front-loaded’ investment in family support services. The restorative practice model is inherently ‘child-centred’ and ‘place-based’. It keeps individual and family voices central to decision-making by allowing parties to tailor their own solutions that are sustainable, and in a way that preserves meaningful relationships; relationships that need to endure for the wellbeing of children. Restorative practice can support families to focus on the needs of the children, establish safe and healthy parenting relationships, improve communication and prevent conflict.

The family group conference (FGC) is one restorative tool that offers an avenue for families to resolve disputes without the ongoing involvement of a court. In a FGC convened to discuss the parenting and care needs of a child, for example, all members of the family network (including, where appropriate, extended family) are afforded the opportunity to be present and provide input and perspective on the particular issues at hand. Children also have a voice in decisions. Families are enabled to participate in creating their own solutions and can support the other parties to keep the agreements that are developed. This process harnesses family support and resources to break down barriers, and enable better communication and dialogue that is focused on the child’s best interest and in keeping them safe. Specialists and support people can also contribute to the conference, including mental health support workers and cultural advisors. Further conferences can be convened where necessary, but at each stage families learn how to positively resolve conflict and build their own skills, reducing the need for ongoing intervention from the system. By working restoratively, services can increase the engagement of families and connect them with support services that address other family needs (such as gambling, drug and alcohol, family violence and parenting services).

On their own, FGCs can achieve positive outcomes, but FGCs should sit at the centre of an integrated system where support services assist families to implement their agreements. Unlike the Leeds model, some of the limited successes of FGC models in Australia are due to failure to include children in conferences, failure to support the family in context, and failure to support families to implement plans (Huntsman, 2006).

Much can be learned from the use of FGCs in the child protection system, where they have contributed to a reduction in child removals, and have facilitated more children being placed within their extended family or in kinship placements as an alternative to going into the formal care system. FGC have been found to resolve family disputes more quickly and simply, and with less expense and conflict (Huntsman, 2006), but for maximum effectiveness need to be embedded in a system that truly embraces a restorative philosophy.

More information about the Leeds restorative practice approach which offers a FGC to every family it works with, and an extract from academics involved with the ACT restorative practice network are provided at the appendices below.

Thank you for the opportunity to provide our views on this important consultation. Should you require any clarification of any aspect of this submission, or would like more information on the services that Relationships Australia provides, please contact Paula Mance, National Policy Manager on 6162 9303, pmance@relationships.org.au, or myself on the contact details below.

We hope that the consultation captures the very best innovative and evidence based approaches for protecting Australia's children.

Regards



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20 March 2019

Appendices

Case Study: Leeds, UK

In 2009, an OFSTED⁴ audit inspection of the safety of Leeds' children found that the city was failing to safeguard its children and young people. Since then, the city of Leeds has undergone a complete systems transformation to spread a restorative practice model across its social work, education, health, justice and other civic and regulatory systems. Leeds now finds safer and more appropriate family-centred alternatives to taking children in to care; working with the wider family to find a supportive solution. An outcomes based accountability (OBA) model was developed as the means through which Leeds City Council manages and evaluates the effect of the changes.

'Family Valued' is the name of the Leeds City Council cross-agency program which aims to embed a restorative approach as the default theory of practice for all work with children and families. In this approach, state-funded services, not for profit services, volunteers and the wider community work in a coordinated way to identify families at risk, bring isolated families into the mainstream and work on building stronger relationships within the community using a restorative model. A significant investment in skills development and training has enabled people to become skilled in restorative resolution of problems.

Leeds City Council identified where pockets of restorative practice were already taking place and built on those. One key element of the Leeds program has been to expand the family group conference service now commonly applied to children at risk and to families experiencing domestic violence so that a safe and appropriate family-centred solution becomes the first consideration. With well-trained family group conferencing specialists, these conferences are properly resourced and convened using restorative principles with open and transparent commitment to families.

Findings from an evaluation of the program suggested that best practice in system change requires a shared vision and culture with a multi-agency approach, a supportive infrastructure, and an outcomes-based accountability framework (OBA). Funding community-level outcomes through an OBA framework meant that requirements for the delivery of services were less prescriptive about how to deliver a service, and the system supported families to manage the risk. Scorecards were developed on each of Leeds three 'obsessions':

1. safely and appropriately reducing the need for children to be looked after in OOHC;
2. reducing the number of young people who are not in education, employment or training; and

⁴ Ofsted is the Office for Standards in Education, Children's Services and Skills that inspects and regulates services that care for children and young people, and services providing education and skills for learners of all ages.

3. improving school attendance)

to regularly report progress and track the effectiveness of new initiatives (attached). Data is published weekly on their progress in these areas.

The Leeds approach has resulted in significant benefits to the community in terms of school participation, reductions in numbers of children in out of home care (OOHC), children at risk of removal and other targeted areas for improvement. Following the adoption of restorative practices, Leeds City Council reported a significant improvement in an array of social statistics including:

- A safe reduction in 'looked after' children with a decrease of 155 (10.7%) from March 2011 to January 2015.
- Fewer referrals to children's social work services, a decrease of 1,600 or 12% between 2011-12 and 2013-14. The number of referrals resulting in no further action reduced from 21% in 2011-12 to 9.8% in 2013-14.
- A significant increase in school attendance with around 400,000 extra days in school for Leeds students in 2013-14 compared to 2010-11.
- The number of young people not in education employment or training reduced from 2,099 to 1,449 between June 2011 and December 2014, a reduction of 650 or 31%.
- A reduction in numbers of children on child protection plans with 642 children on plan at the end of December 2014, a reduction of 419 (39.5%) since June 2011. The number of children subject to a plan for two years or more reduced to 8 (1.2%) in December 2014 from 38 (6.8%) in March 2011.

Recent unpublished data shows even more significant results.

Case study - restorative practice

George, 14, lives with his four siblings and parents in public housing and is at risk of removal. The school suspects there is family violence in the home and has made a notification to child protection services. George chronically misbehaves, causes severe disruption at school, is aggressive towards his peers and often is truant. His mother, Eve, suffers from depression and wants to separate from his father John who had been in and out of gaol for a number of offences. She is fearful of John who has his own childhood history of out of home care and is in turn fearful of child protection services removing his children.

Social worker Jackie first approached the family in their home in 2015, where she knew that most of George's family would be able to participate. On the first visit Eve refused to answer the door.

A few days later, Jackie again visited the family at their home. After Jackie convinced Eve that she wasn't visiting to remove the children, Eve let her in the house. Upon her entry, George threw a bicycle down the stairway from the top floor in Jackie's direction. Jackie noticed damaged walls and doors that Eve later admitted were as a result of George's temper tantrums. Jackie stood her ground and suggested that the family come together and talk (in a restorative circle), which George refused to join, instead staying upstairs in the house.

Jackie continued to visit the family each subsequent day and hold circle meetings with the family. During these circles, Jackie asked the other children and their mother what they thought about their family and what needed to be done. Madeleine, 9, disclosed that she could not remember a day when she had been happy. Sam, 13, told Jackie that he wished that his parents would take more of an interest in him and his siblings. The children, who had never been asked to talk about their family life, were encouraged by Jackie to communicate with one another and with their mother.

Eventually John joined the circles. Eve and John were able to see the impact of their behaviour on their children. With each meeting, as Jackie facilitated discussions between George's siblings and his parents, and between Eve and John, George drew closer and closer to the family room where the circles were taking place, and eventually joined the circle himself. With George finally participating in the circle, one of his siblings, Sam, told George that it would be George's fault if their youngest sibling, Tom, was removed from the family by social services because of George's behaviour. This was a breakthrough moment for George and his family, as they were able to recognise that underneath their daily conflict, there was love between the siblings.

Over a period of time Jackie taught the family how to talk to each other and resolve conflict in non-violent ways and the family's trust of Jackie increased. Eve's sister joined the circle to support Eve and agreed to take the children when Eve felt overwhelmed. John admitted he was afraid that his violent behaviour would lead to the removal of his children and agreed to participate in behavioural change program. Eve joined a group that

supported women to manage adolescent behaviour. A family wellbeing volunteer attended the house each day and helped Eve get the children ready for school. George returned to school and was supported in a separate classroom that focussed on respectful behaviour and the teacher helped him to catch up academically with his peers, eventually transitioning back to the mainstream classroom.

The restorative approach had a transformational effect on the family. John and George were able to identify the impact of their behaviour on the rest of his family and see the potential consequences. With increased stability in the home, George had less reason to ‘act-out’. It also had an effect on the wider community, in which restorative principles were also being embedded. George’s parents started to volunteer at their children’s school, taking an active interest in their children’s lives. George’s school, which itself went through a transformation after embedding restorative practice, employs emotional wellbeing officers, who check on at-risk children to look for signs of abuse, building trusting relationships with students. Parents are enabled to identify when conflict arises in their families and to seek help from the school who supports them in holding restorative circles.

Working restoratively with George and his family exemplifies the benefits of restorative practice’s ‘whole of family’ approach to conflict resolution that built this family’s capacity.

“The traditional approach to domestic violence in child welfare cases was to intervene with the mother and children, perhaps finding them a place in a refuge, but most often working with them, and not the perpetrator, in the home “(Maynard, 1985). More recently, it has been recognised that simply expecting women to keep themselves and their children safe while doing nothing to make perpetrators accountable, and then, at worst, removing children into care because of their mother’s ‘failure to protect’ is wrong (Featherstone et al, 2010). Three key shifts have occurred in understandings of what constitutes best practice in responding to family violence. Firstly, responses need to be planned and delivered on a multi-agency basis and robustly coordinated. Secondly, understandings of the profound effects of domestic violence on children have increased dramatically and it is now firmly established in guidance and training as a child protection issue (Laing et al, 2013). Thirdly, a shift in knowledge: recognition that working with perpetrators has to be central to service responses. Concepts like ‘coercive control’ (Stark, 2007) and the pioneering Duluth Power and Control Wheel (Pence & Shepard, 1999) have advanced understandings of the centrality of power to how and why men are violent; and the manipulation of, and desire for control over, their partners and children that is at the core of their abuse.

There is mixed literature about the use of FGCs in domestic violence in the UK. Although there is some international material, there is not widespread practice of this type. In part, this is due to the view of many women’s and victim’s groups of victim-offender mediation as dangerous (Liebmann & Wootton 2010). Much of the literature on restorative approaches is concerned with this kind of mediation practice, rather than the wider networks involved in an FGC. Examples of effective use of FGCs in this context are provided by Pennell and

Burford (2000) and Morris (2002). They highlight how the involvement of the wider family exposes the violence so that it is no longer hidden, and increases the opportunity for the perpetrator to be held to account. The principles of effective FGCs remain: in particular, the need for wider services to be aware of, and support, the family plan. Effective, restorative perpetrator services are part of this required network." (Mason et. al. 2017).



Leeds City Council



Family Valued

Taking a restorative practice approach to put the family back at the heart of children's social care

Challenge

Leeds has a clear aim: to safely and appropriately reduce the number of children unnecessarily coming into care. Our challenge is to create safe high-quality packages of support to extended family and kinship carers, working alongside families to prevent children being taken into care. A key part of this goal is changing services' response to domestic violence adopting restorative ways of working with the whole family.

Innovation

Family Valued is embedding restorative practice across all council services, offering a common theory of practice for the whole workforce, at the same time as developing Family Group Conferencing as a core offer to families in a wide range of circumstances. Our aim is to create the conditions in which families can make decisions, repair relationships and make change for themselves.

Partners involved

Family Valued is a cross-agency partnership led by Leeds City Council and including:

- Children's services
- West Yorkshire Police
- NHS Leeds; Leeds Community Healthcare; and public health teams
- Adult mental health
- Local schools
- Drug and alcohol services
- Leeds Safeguarding Children's Board
- Domestic violence services
- Housing
- Probation
- Family Judge for West Yorkshire
- The Leeds Health and Wellbeing Board
- Leeds Community Safety Partnership
- Third sector providers
- Leeds Children's Trust Board

November 2016

A new social contract: restorative practice as the default setting for all work with children and families



Leeds is using Family Group Conferencing (FGC) at scale, including exploring ways of extending the offer to families affected by domestic violence and commissioning additional support services according to what families say they need. All families who are subject to an Initial Child Protection Conference are now offered an FGC.

Targeted whole-family support

A daily multi-agency meeting now takes place at the 'front door' to provide a more co-ordinated response, both in actions and approach, for families experiencing domestic violence.

Family Group Conferences

Family Group Conferences are offered to more families, earlier in the lifetime of the issues they are experiencing. In the case of domestic violence, FGCs are conducted in a way that guards against re-victimising the victim. No arrangement is made without their consent, especially including who is invited to attend. The purpose is not necessarily to keep the family together, but to use the wider family to identify conditions of support. The perpetrator is only physically present at the request of the victim if he or she acknowledges the abuse and is willing to address it.

A Family Group Conference acts against the secrecy of the abuse by enhancing knowledge and the number of people who know what has been happening. It draws on the strength of the extended family and friendship network for support, information and resources. It brings together, at one place and at one time, agencies who can offer professional resources.

A working culture of high support and high challenge, facilitated by action learning



Leeds has a 75,000 strong workforce involved in lives of children in some way. The new approach to working with families is reflected in new ways of working with one another. Through large-scale training programmes, restorative practice is being embedded as the core ethos of working in Leeds.

A common theory of practice across the whole workforce

Since April 2015 the restorative practice training team and expert partners have delivered training to over 5,000 people. We are spreading restorative practice across the children's workforce and beyond, including frontline professionals across the NHS, police, schools, youth offending teams, housing, social work and voluntary and community organisations. This ensures a common theory of practice across multiple agencies.

Cascading learning

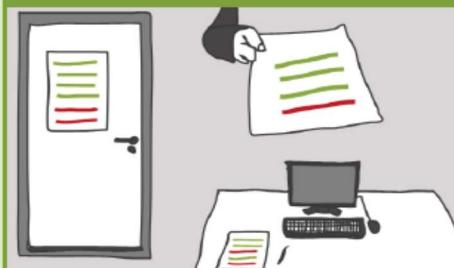
Making sure learning is sustainable means not just looking at training but how it's then embedded as a practice. A network of 'restorative champions' is in place and a comprehensive train the trainer programme is currently being rolled out.

Better decision-making between teams

Four FGC teams are linked to their local social work teams, the 'front door' and locality-based early help provision through clusters. This ensures the FGC service is both able to accept referrals and support partners' development and engagement with Family Group Conference.

Our Innovation

An 'obsessive' focus on the things that matter



Leeds began by setting one clear aim: safely and appropriately reducing the number of children unnecessarily coming into care. Everything stems from this. We use Outcomes Based Accountability to track our progress towards our goals for children and families, and make this data visible to everyone.

A clear focus on the outcomes that matter

We want Leeds to be the best city in the UK to be a child. Our five outcomes for children are for them to:

- Be safe from harm
- Do well at all levels of learning and have the skills for life
- Choose healthy lifestyles
- Have fun growing up
- Be active citizens who feel they have voice and influence

These are measured through 14 priorities and 20 indicators, of which three are 'obsessions':

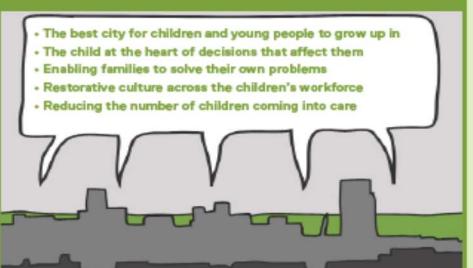
1. The number of looked after children
2. School attendance
3. 16-18 NEET rate

Our Outcomes Based Accountability approach gives us a focus on:

- How much are we doing?
- How well are we doing it?
- Is anyone better off?

Weekly data on how we're progressing is displayed visibly across the council to inspire and motivate staff (not to create performance anxiety).

A clear vision from a cross-agency leadership team



The Leeds leadership team has set a clear and strong vision that means everyone understands what we are trying to achieve together. This extends across the cross-agency partnership and includes managers at the most senior level in addition to our elected members.

Making leadership visible

Senior level engagement and visible, committed leadership have been a critical factor in gaining engagement from staff across the workforce. Our leadership has set a clear vision for children's services, backed up by a theory of practice and a strong project management capability.

Training for leadership

A wide range of senior leaders have had in-depth training in restorative practice, ensuring that this is not just seen as a practitioners' approach but is valued by and embedded through all levels of the organisation.

Training focuses not just on how we work with children and families but also how we work together. There is intensive restorative training in teams, with homework and robust challenge of colleagues regardless of hierarchy. This gives everyone a mandate to make change happen. When you look at the organisation, if what you find is not restorative then change it.

The way we work

Making connections

Developing quality connections, conversations and relationships with children, families and other professionals is the most important part of everybody's work in children's services.



Valuing families

Children live in families
 Families create communities
 Communities create cities



Three mind-sets

Always remember...
 Do the simple things better
 The child is the client
 Safeguard and promote the welfare of children



Three behaviours

Listening to the voice of the child
 Working restoratively: doing things with families instead of to them, for them or doing nothing
 Using outcomes based accountability to measure our progress and challenge whether anyone is better off



And a relentless focus on the question...

What is it like to be a child or young person growing up in Leeds and how do we make it better?



Our city

About Leeds

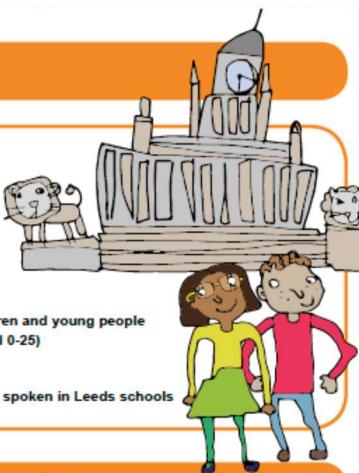
The second largest local authority in the country outside London

Total population:
 756,000

Including 183,000 children and young people aged 0-19 (253,000 aged 0-25)

272 schools

185 different languages spoken in Leeds schools



Working together

We want Leeds to be the best city in the UK for children and young people to grow up in. The Child Friendly Leeds initiative is for everyone who shares this ambition, whether you are an enthusiastic individual or a large organisation, every contribution counts and we all have a part to play in making a difference.

To help us make this happen we have a Children and Families Trust Board and a Leeds Safeguarding Children Board (LSCB). They bring senior people together from the main organisations working with children and young people to make sure we are doing what we should to follow our Children and Young People's Plan and keep children safe.

We also have 25 clusters in Leeds, usually organised around schools in a local area. These bring services together to focus on local issues and challenges, and support for the most vulnerable families in their area. Clusters include children's social work service, schools, governors, police, Leeds City Council youth service, Youth Offending Service, children's centres, housing services, third sector, health, and local elected members.



Find out more

To find out more about our work and lots of helpful information for children, young people and families including the Family Information Service, Youth Information Hub, Leeds Pathways and Breeze visit www.childfriendlyleeds.co.uk and follow us on Twitter @Child_Leeds

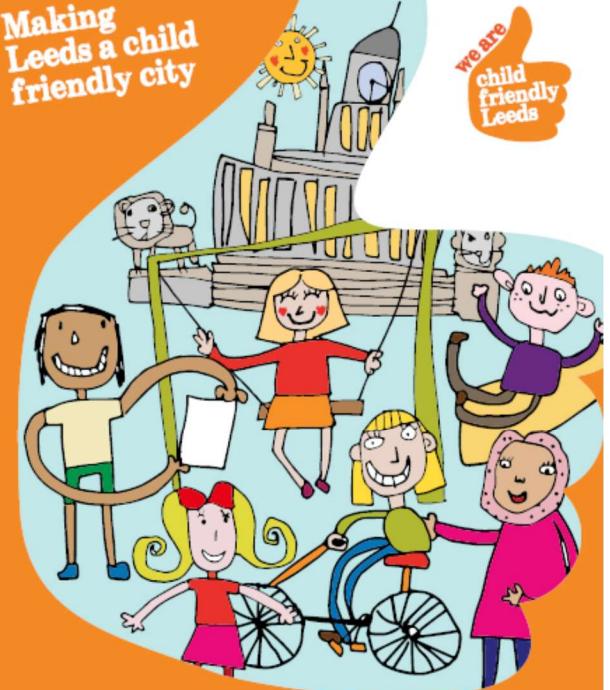
For information about how we work together to keep children and young people safe, visit the Leeds Safeguarding Children website: www.leedsiscb.org.uk

To see our One Minute Guides on all aspects of children's services, please visit www.leeds.gov.uk and search for One Minute Guides.

If you would like to help by being a Child friendly Leeds supporter, ambassador or partner, please email childfriendlyleeds@leeds.gov.uk for more information.

Making Leeds a child friendly city

we are
 child
 friendly
 Leeds



Leeds Children and Young People's Plan 2015-2019

Our plan brings together the outcomes and priorities that will guide our work, the way we will measure our progress and how we will work to realise our ambitions. It is based on data, evidence and consultation across the city, including the views of children and young people.

Leeds Children and Young People's Plan 2015-2019



What we'll do

1

One vision

Our vision is for Leeds to be the best city in the UK and the best city for children and young people to grow up in. We want Leeds to be a child friendly city. Through our vision and obsessions we invest in children and young people to help build a compassionate city with a strong economy.

5

Five outcomes

Conditions of well-being we want for all our children and young people

- All children and young people are safe from harm
- All children and young people do well at all levels of learning and have skills for life
- All children and young people enjoy healthy lifestyles
- All children and young people have fun growing up
- All children and young people are active citizens who feel they have a voice and influence

14

Fourteen priorities

1. Help children to live in safe and supportive families
2. Ensure that the most vulnerable are protected
3. Improve achievement and close achievement gaps
4. Increase numbers participating and engaging
5. Improve outcomes for children and young people with special educational needs and/or disability
6. Support children to have the best start in life and be ready for learning
7. Support schools and settings to improve attendance and develop positive behaviour
8. Encourage physical activity and healthy eating
9. Promote sexual health
10. Minimise the misuse of drugs, alcohol and tobacco
11. Provide play, leisure, culture and sporting opportunities
12. Improve social, emotional and mental health and well being
13. Reduce crime and anti-social behaviour
14. Increase participation, voice and influence

3

Three obsessions

1. Safely and appropriately reduce the number of children who are looked after
2. Reduce the number of young people not in education, employment and training
3. Improve school attendance

Plan on a page

How we'll do it

A city-wide breakthrough on tackling domestic violence
Leeds will not tolerate domestic violence and will work restoratively with victims, perpetrators and family relations to address the causes and consequences.

Outstanding social work and support for vulnerable children and young people
Building on the Ofsted inspection, our Families First programme and our investment in social work, we will ensure consistent quality across all our work with vulnerable children and young people.

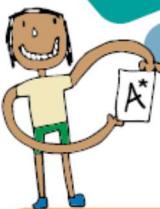
The best start in life for all children and babies
Before and after birth we will support parents stress is reduced, positive bonds and attachments can form and language skills develop.

A life ready for learning
We will place a disproportionate focus on learning and readiness for learning so we narrow the gap between the wealthiest and more deprived parts of the city and enable all children and young people to realise their ambitions.

Think Family Work Family
When working with a child or young person we will consider their family relationships, the role of adult behaviour and the wider context such as their friends and the local community.

Early help, located in clusters – the right conversations in the right place at the right time
Building on what works well and reorganising more of our services around a locality-based, restorative approach so we can focus help to where earlier.

A stronger offer to improve social, emotional and mental health (SEMH) and well-being
We will redesign the whole system of SEMH support and create simple pathways with clear points of entry to an integrated offer from education, health and social care services which is personalised to individual needs.



A clear budget strategy that prioritises spending public money wisely and becoming smaller in size, bigger in influence

Three behaviours that underpin everything

Listening and responding to the voice of the child

Restorative Practice: doing with, not for or to

Outcomes based accountability: is anyone better off?



How we'll know if we've made a difference

1. Number of children who need to be looked after
2. Number of children and young people with child protection plans
3. Percentage with good achievement at the end of primary school
4. Percentage gaining 5 good GCSEs including English and maths
5. Level 3 qualifications at 19
6. Achievement gaps at 5, 11, 16 and 19
7. Primary and secondary school attendance
8. Percentage of young people NEET/not known
9. Percentage of new school places in good and outstanding schools
10. Destinations of children and young people with special education needs and disabilities
11. Percentage with good level of development in Early Years
12. Number of exclusions from school
13. Obesity levels at age 11
14. Free school meal uptake in primary/secondary
15. Teenage pregnancy rates
16. Rates of under 18s alcohol related hospital admissions
17. Surveys of children and young people's views: are they having fun growing up?
18. Children and young people and parent satisfaction with mental health services
19. Proportion of 10-17 year olds offending
20. Percentage of children and young people who report positive influence in
 - a) school
 - b) the community



Extract from Out-of-Home Care (OOHC) Standards Submission, no. 81, attachment 9, Mary Ivec and Valerie Braithwaite, Australian National University

Section 3: A responsive regulatory approach to implementation

Regulators share the objective of wanting to change the way things are done so that they conform with a conception of best possible outcomes. Regulators who have the backing of government often have coercive powers to force change upon a population or community, in this case, out-of-home care providers. For this reason, even the mention of regulators is threatening to the public. Yet, if compliance with standards is voluntary and is not backed by the government's capacity to coerce, it is often the case that nothing much changes and standards in out-of-home care will not improve. This does not mean that the coercive powers of government need to be always in use however. Nor does it prevent government from formally introducing a regime of positive sanctions, a regulatory model that is strengths-based to accompany the more commonly encountered enforcement (negative sanction) model. An approach that allows regulators to have a number of regulatory options at their disposal but that at the same time regulates regulators to not over-use powers of intervention and coercion is responsive regulation.

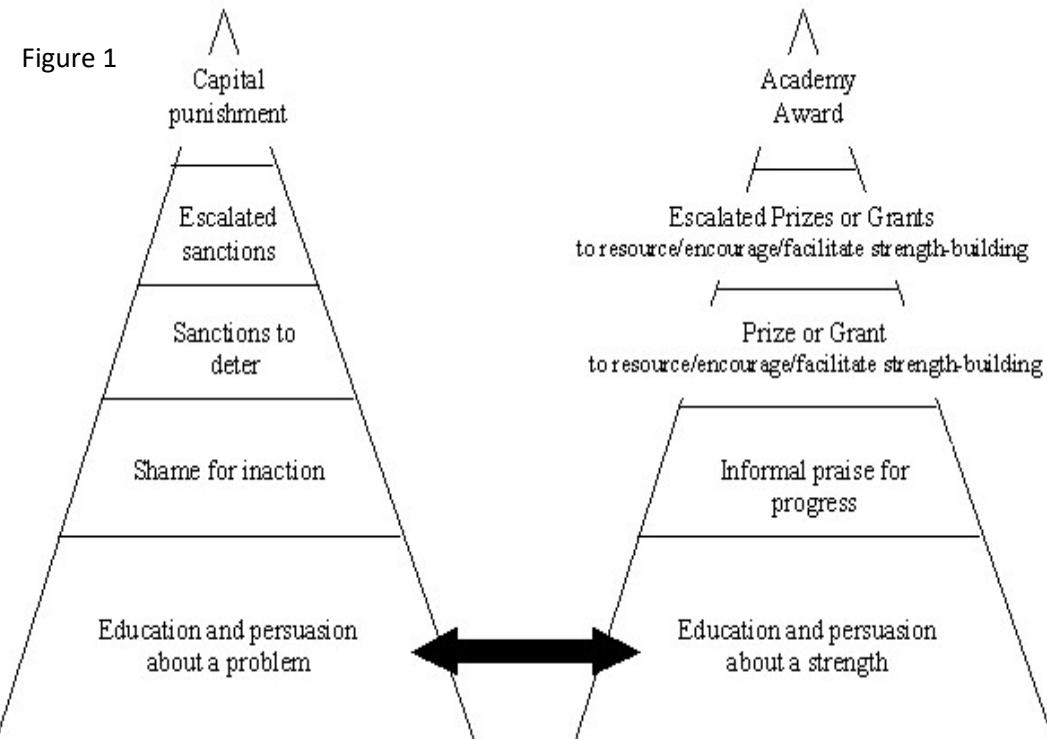
Responsive regulation means that a regulator must use the enforcement pyramid in the following manner:

- Be responsive to the conduct of those being regulated in deciding whether a more or less intrusive intervention should be used to gain compliance
- Use only as much force as is required to elicit the desired outcome
- Set out a series of options that might be used to win compliance sequenced from the least intrusive at the bottom to the most intrusive at the top (for example withdrawal of financial capital or de-registration)

- Make people aware that coercion will be used, but that most are expected to comply with education and persuasion because the regulatory system has the support of the democracy/community
- Be prepared to escalate the level of intrusiveness up the pyramid until the intervention elicits the desired response
- Be prepared to de-escalate down the pyramid once cooperation is forthcoming

In practice this plays out as follows. A carer may not be allowing a child in care to see his/her natural parents for fear that the child will slip backwards and become anxious and depressed. The child and the caseworker may not believe the fear is well grounded. If an inspector concluded the care provider was in breach of the standard, the first step would involve discussion, reading up on the evidence, perhaps even seeking expert opinion. If the carer was resistant, the inspector might escalate things to the next level of intervention. Others might be brought into the discussion in a restorative justice style conference. At the minimum, the child's care circle would be involved with the child. Through deliberation and perhaps several meetings the hope would be that the carer and the child in care would find a way of resolving their differences and engagement with the natural parents would be possible. If resolution did not occur at this level, however, the inspector would not give up. A higher level of intervention would be put into effect. This might mean that the natural parents were invited to be part of the circle of care and at this level some agreement could be reached that was acceptable to all parties. Hopefully sanctions would not be necessary, particularly when it became clear that the person most likely to be hurt by escalation was the child.

While the enforcement pyramid represents a suite of options that the regulator will use to force compliance, equally visible is a suite of options associated with a strengths-based pyramid (Figure1).



An enforcement pyramid and a strengths-based pyramid can be used in conjunction with each other. For instance, in the case of the child in care who was being denied opportunity to engage with his/her natural parents, the enforcement pyramid was used by the regulator to increase the carer's willingness to respond to the needs of the child. At the same time, the carer may have done a superb job in building a circle of care around the child. A strengths-based pyramid would enable the regulator to acknowledge how good a job the carer had done in this respect, through informal praise or even nominating the carer for commendation at a ceremony dedicated to acknowledging the contribution of out-of-home carers. A regulatory system that enables the official acknowledgement of strengths as well as of weaknesses provides the right mix of incentives to ensure that negativity does not demoralize carers and drive them out of the system. Furthermore, a strengths based pyramid provides a basis for continuous improvement in standards, raising the bar for everyone through pointing to outstanding achievement and showcasing successful models that others can follow.

Responsive regulation is therefore a practice that allows for the enforcement of a new set of outcome standards with sensitivity to the complexity that their introduction will bring to the child protection system. It welcomes the voice of dissidents and allows for deliberation on whether or not the standards address shared community goals. At the same time, responsive regulation offers a way of making progress in enforcing and lifting those standards on which there is agreement.

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