New Models of Care

Transforming Care

A trauma informed women's service in Leeds

Who is this service for?

There are particular challenges for women in the transforming care pathway who have often experienced difficult and traumatic childhoods and chaotic adult relationships. Many have children who they are estranged from.

Women in this group typically present with a variety of diagnoses including learning disability, ADHD, autism, schizophrenia, Emotionally Unstable Personality Disorder, Disruptive Attachment, psychosis, PTSD and frequently have a forensic history.

Women with this complex presentation also experience compounding mental health issues. These can include significant self-harm and suicide attempts, reliance on alcohol or drug use, depression and anxiety, eating disorders and poor physical health.

Without suitable services in local communities, they often remain in locked mental health wards, privately run facilities far from home or are inadequately supported in the community. This can lead repeated placement failures, relapse and admission into institutional care.

Our Approach

We are uniquely placed to secure and develop property at scale and pace, offering lifetime homes. Support is psychologically and trauma informed.

We employ experts from psychology, occupational therapy, Positive Behavioural Support expertise and mental health nursing. A reablement and progression approach help to reduce dependence, real choice and control. We want everyone to be safe and happy, in lives designed by themselves. Everyone will enjoy their own home in the community, with friendships and meaningful activities.

The women's service will have a number of features:

- an integrated model that supports a highly skilled and supported team, working in a trauma informed and psychologically informed framework
- psychological framework informed by cognitive analytic therapy
- clinical colleagues will be embedded in the team enabling a swift response to escalation of risk and crisis
- integrated mental health nursing to manage complex medication, with support and understanding of complex mental health difficulties
- high quality care and support assessment and delivered through our LIFE support model, with person-centred planning, a strengths-based approach and psychologically informed practice
- Positive Behavioural Support from our central clinical team
- improved health outcomes, addressing inequalities and enabling customers to navigate and access to mainstream health services.

The benefits of our service will include:

A new home- long term or lifetime homes for people within their local community

Outcomes- improved outcomes, such as: recovery (wellbeing and personal development); improved physical health; reduction of behaviours that challenge; reduction in risk and crisis

Co-production- through peer support and co-delivery of the service, women will build confidence, a more positive self-concept and a network of support

Skills- improved skills development, improving levels of autonomy and independence and meaningful engagement in occupational tasks.

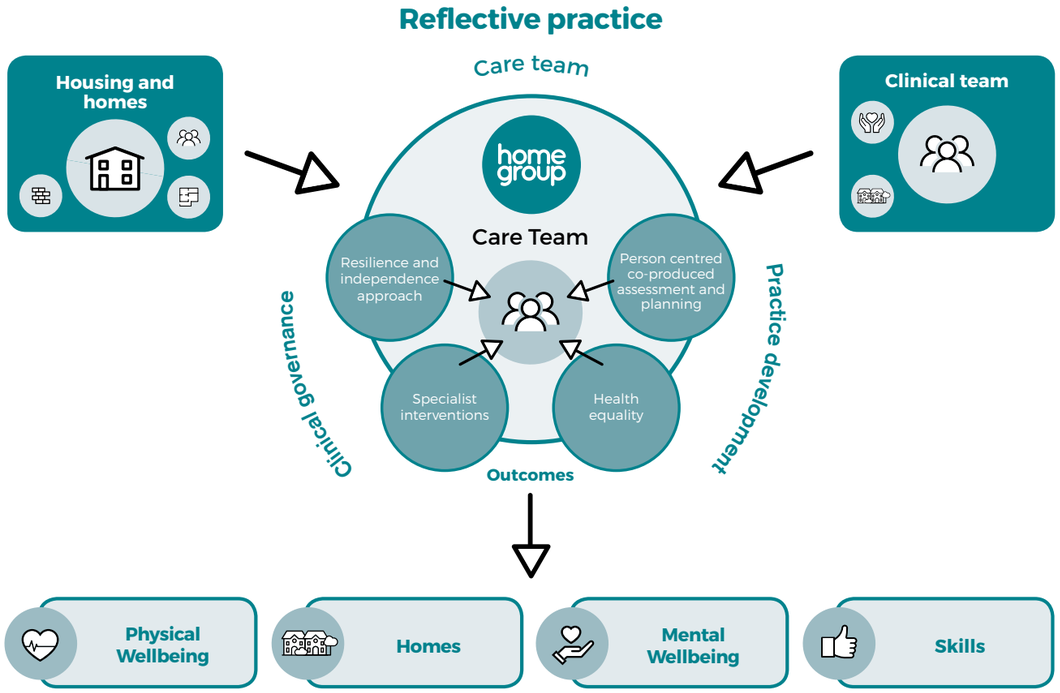
Cost savings- delivered in the long term as formal support needs decrease, with a reduction on in incidence of mental health crisis

Improved health- addressing inequalities and enabling women to access and navigate mainstream health services.

Our LIFE support practice model

LIFE Model (Living Independently and Feeling Enabled)

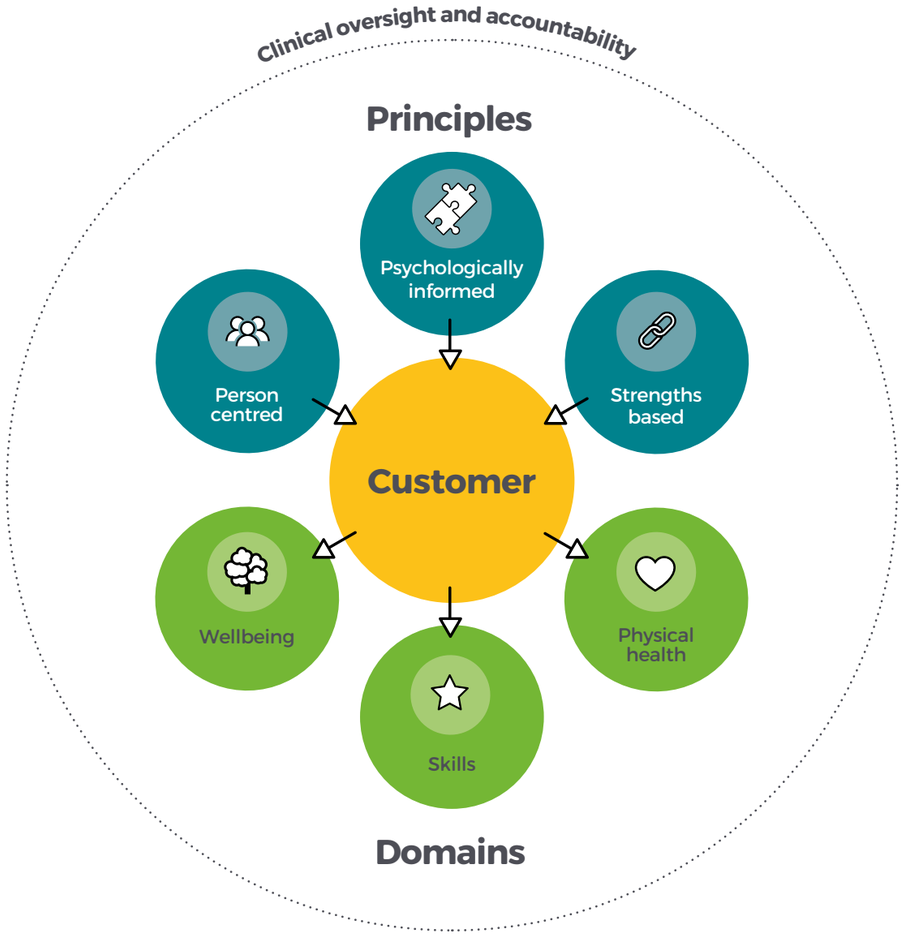
Our LIFE support practice model is the basis of everything we do. It has a psychologically and trauma informed foundation. It integrates psychological, social and health interventions, enabling a meaningful and individualised recovery in the fullest meaning of the term.



We want everyone to have the same opportunities as anyone else to live satisfying and valued lives. The LIFE model is based on three principles:

- Psychologically informed
- Person centred
- Strengths based.

These principles provide the values framework for our practice to reduce behaviours that challenge and increase quality of life.



Psychologically Informed

We will prioritise and seek to understand the emotional and mental health needs of each woman; this is the foundation of good support. The relationships we will build with women are crucial to enabling them to thrive and lead their best life. We will respond with empathy not judgement and understand behaviours that may challenge us as a form of communication.

This service will be based on around Cognitive Analytic Therapy (CAT); it features in NICE guidelines for borderline personality disorder and eating disorders. This is a collaborative process, looking at the way each woman feels and acts, and the events and relationships that underlie their experiences. CAT is tailored to a woman's individual needs and to her own manageable goals for change. It is based around an empathic and trusting relationship between each woman and colleagues. This relational framework provides an excellent way of colleagues exploring their relationships with women within a reflective practice forum. The model will enable the development of psychologically informed formulations, which will be used to develop support plans and relationships with each woman.

Person Centred

Every woman will be at the centre of support with families, advocates and professionals, a key component of person centred planning. Through tailored approaches we enable each woman to have a voice, helping us to understand her past and present and define her goals and outcomes.

Personalised planning and support will:

- maximise ability to live an ordinary life
- focus on aspirations and what matters to each woman
- deliver progression
- contribute to the successful achievement of outcomes.

Each woman's talents, history, motivation and interests will help us to shape their support; we call this 'tailoring'. Working together, we will identify goals and outcomes. Interventions will be matched to these. All achievements, no matter how small, will be celebrated.

Person centred planning tools, selected by each woman, will create imaginative and flexible support plans. Choice and control is central. All decisions made about support are made in partnership with each woman and their families where appropriate.

Strengths Based

We look for what is strong and not wrong, helping each woman to build their skills. Graded support helps people to develop and take positive risks. We call this 'scaffolding', this can fall away as people grow and develop or be built quickly when needed. Every moment is an opportunity to increase someone's skills or confidence.

Active support will be central delivering:

- greater independence
- aspiration, choice and control
- an asset focussed approach
- community connection.

The LIFE model has three domains:

Wellbeing: Important to me and for me

We want everyone to enjoy meaningful activities, chosen by them that makes them happy and contented. Our focus is on what is important to each woman and what they value. Improving quality of life is the best way for us to reduce the risk, severity and frequency of behaviours that challenge,decrease distress and self-harm. We recognise that the experience of trauma for the women accessing this service will be common. Our approach will be gender-responsive, acknowledging the unique experiences of the women we support and building this understanding into our approach to the care we provide.

As well as supporting people to be in the community or to enjoy activities, we will help them build positive relationships. Rather than simply heading for community facilities, we will use our local knowledge of Leeds and what it can offer. Colleagues will spend time with each woman, getting to know her, the places and activities she enjoys.

Structure and routine are important, helping to reduce anxiety. Each woman will identify their aspirations; support plans will include employment, training, education as well as activities that are based around individual interests. This does not mean people are not exposed to a wide range of experiences, but that this is done in a planned and sensitive way. Supportive rehearsal reduces levels of anxiety, helps each woman to learn to accept new experiences and develop new skills. Delivered by staff, under the guidance of their clinical colleagues, there will be orientation into the local community. Technology can help, with pictures, photos and videos of locations and facilities, progressing to short trips. A gradual increase in social interaction, going to places that each woman enjoys and meeting people with similar interests will support this.

Wellbeing: Important to me and for me

Having a normal life includes making choices about intimate relationships and the bonds with friends and families. Supporting families to interact positively with their loved ones, providing opportunities for new friendships to develop and understanding the sexual needs of each woman is crucial. Tools such as 'Relationship Circle', help us understand who is important to them and how to build on these networks.

We use the Positive Behavioural Support (PBS) framework to reduce the likelihood of behaviours that challenge. New Behaviour Support Plans, prepared as part of the transition, will include input from each woman, professionals and families. We will gather relevant data around each woman's behaviour, with observation and discussion with current staff teams, to support a functional assessment. Baseline measures of quality of life and restrictive practice will be assessed. Plans will be reviewed regularly, initially fortnightly, moving to monthly. New assessments will follow any changes in needs/risk or presentation or behaviour change. This will identify trends and patterns that can support further insights. Behaviours that challenge and restrictive interventions are recorded and monitored using the Ulysses risk/incident management system.

Everyone will be encouraged to think about positive risk taking in their lives, considering what may go wrong, making informed choices and how to manage risk. We want every person to learn from their mistakes, including the right to make unwise decisions as long as they are not harmful to themselves or others. The management of risk will be person-centred and proportionate to individual circumstances. Capacity can change over time, so everyone will have an individualised approach.

Risk assessment is a dynamic process, taking into account each woman's history, behaviours that challenge and protective factors. We will assess how each woman is feeling, thinking and perceiving others, not just how they are behaving, with direct observation and monitoring. A modified version of FACE risk profiles, is part of a wider assessment using 5P formulation. This comprehensive risk formulation will be prepared with multi-disciplinary support. It will help us to understand the nature of risk and management plans, to reduce the likelihood of occurrence, respond to crisis and take positive steps to enable progress.

We are committed to the 'Restraint Reduction Network' strategy; we always use the least restrictive option to maintain safety. The use of restrictive interventions is monitored; we reflect on each incident and use this to drive improved understanding, greater safety and more effective support.

Progression will be monitored for each woman and service level, assessing:

- reductions in crisis including self-harm
- acquisition of new skills
- participation in the community
- decrease in the use of restrictive practices.

Happiness is a key indicator; we'll measure positive impact using LIFE tools, and the Warwick Edinburgh Mental Wellbeing Scale. We have worked with our Customer Insight team and Revealing Reality to create a tool to capture each woman's experience. Observation and interviews with people and their families will tell us to what extent we are enabling them to have good quality of life, connecting with friends and spending time doing the things that matter to them.

We are committed to the Driving Up Quality Initiative, Restraint Reduction Network, 'STOMP' campaign, Health Charter and 'REACH' principles. These are embedded into our practice, with a systematic approach to recording, monitoring and reporting progress against the standards.

Skills

The skills domain focuses on enabling women to reach their potential, build skills for independence and find out what they like to do. We use the 'Model of Human Occupation' to analyse core skills and build on these to maximise participation in activities of daily living. This will provide us with a baseline of ability, helping us agree support and interventions that will help improve quality of life and increase independence. Co-produced skills development plans will detail activities of daily living (personal, domestic and leisure) and we will support for each woman to build her skills in each area, tailored to her interests.

Home Achievement Programme (HAP)

The HAP is our One Awards accredited learning and development programme. It promotes opportunities to boost skills, confidence and employability while increasing resilience and promoting independence. The programme offers a wide range of modules and activities to embed new skills and promote personal development. HAP promotes mental and physical health and supports people to sustain their own tenancy.

Modules are grouped under four themes:

- Health and wellbeing
- Promoting independence
- Social responsibility
- Employability.

Physical Health

Women with complex needs often experience poorer health outcomes. Physical Health is the bedrock of wellbeing, helping people to live longer, healthier lives. The Health Equality Framework and the Health Charter for Social Care will be used to assess the quality of our approach.

We will:

- provide accessible information on health
- provide support for women when they attend health care meetings
- promote access to health screening
- promote access to well women checks, sexual health and screening appointments
- support for women with addiction issues, linking with statutory services
- co-produce hospital passports and health action plans.

In practice this can include support when women attend appointments, such as:

- liaising with health professionals and services to agree reasonable adjustments
- taking symptom diaries
- practicing the questions each woman wants to ask
- checking understanding during the meeting and summarising at the end
- extended appointments
- appointments at home during transition.

Colleagues will work with local GP practices, such as the Church View, Austhorpe View and Halton Medical Practice during the transition.

STOMP is integrated into the LIFE model. In line with 'Making Every Contact Count' and the Health Charter. PBS workers, trained in health coaching, will monitor BMI and other basic health information where appropriate.

Prevention of hospital admission will form part of transition planning and ongoing support. An admission prevention strategy, with agreed roles and responsibilities, will be co-produced with each individual, her family and MDT. Colleagues will work with hospital staff, sharing behaviour support plans, sensory needs, triggers and other relevant information. Having a consistent team, working alongside hospital staff, will help avoid the recurrence of trauma and triggers that may lead to behaviour that prolongs hospital stay.

Our team

The team in Leeds will be managed by a mental health nurse. The nurse manager will have responsibility for formulating and managing clinical risk for each woman, provide direction on multi-layered risk management plans and help manage complex medication.

An occupational therapist (OT) will develop a bespoke skills development strategy with each woman. Colleagues will deliver a co-ordinated approach with practice leadership from the OT. They will also work to build and maintain excellent working relationships with internal and external clinicians, colleagues and families to ensure brilliant outcomes for each woman. This will include developing relationships with local statutory services including, Leeds community learning disability services and Leeds Personality Disorder Network.

The service will have oversight from a psychologist, who will provide practice leadership and guidance to the team. This will include the provision of specialist psychological assessments, formulations and interventions. Working alongside the multi-disciplinary team, the psychologist will offer leadership, training and consultation, focusing on psychological care and wellbeing, embedding a trauma informed approach from the outset.

Everyone will need staff who know them well. If the team around each woman keeps changing, they are always having to 'start again'. A team of PBS workers will support each woman, led by a PBS team leader. Staff will be introduced gradually, spending time with them and where appropriate their families, at different times and locations. Over a period of time, in reach support will help us build trusting relationships.

We will do our best to enable people to be matched with the workers of their choice, maintaining this link wherever possible. Needs and risk can change; periods of behaviours that challenge may require a staff member to transfer to alternative duties on a temporary/permanent basis, to avoid burnout. Any changes will be planned and discussed with each woman, families and stakeholders, taking into account the difficulties they may have with trust and building up new relationships.

PBS workers will have a Level 2 Diploma in Care or equivalent experience. PBS team leaders will have a Level 3 Diploma in Adult Health & Social Care, or equivalent and managerial experience working in health or social care.

Continuity of Care and Crisis Planning

Individual contingency plans for planned and unplanned staff absence, with access to additional colleagues to support escalation in challenging behaviour will be agreed. There will be a mix of full and part time contracts, with additional flexi hours that can be used at short notice. Shifts will be used flexibly, ranging from 1-8 hours. We have modelled the service, with homes located in a cluster; colleagues will be able to support women in different locations if needed. Teams working with each woman will flex, so if someone wanted to take part in an activity that was late in the evening or early in the morning, we will be able to meet her needs.

Managers will monitor rotas, staff hours, sickness, turnover, annual leave entitlement, training and workload. Colleagues will be encouraged to tell us when they are struggling and can step back on a temporary/ permanent basis if required. As well as formal supervision every four weeks, managers make time for 'Brilliant Conversations', good quality discussions with colleagues, to see how things are going.

Emergency cover

Individual crisis and contingency plans will detail the additional resources we will need. Rotas will be agreed in advance; we will map which colleagues are available and their response times.

On call

The nurse manager, team leaders and clinical colleagues will provide on call support. There will be an escalation process, so colleagues can access the right level of expertise. The local operations manager and head of service delivery will also be included to provide support in the event of any major incident that impacts on the provision of housing.

Learning and development

A culture of reflection and continuous learning will be embedded within practice; colleagues will be encouraged to reflect on their own thoughts, feelings and behaviours as well as those of each woman.

The learning pathway for each colleague will also include training specific to LIFE – our support practice model.

This will include:

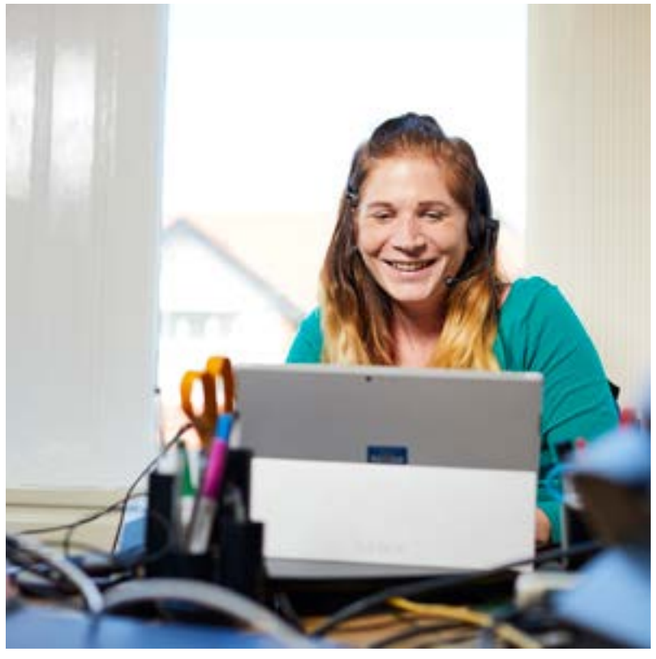
Introduction to LIFE – giving an overview of the three principles (Psychologically informed; Person-centred and Strength based) and how and why we structure our support into the three domains (Wellbeing; Skills; Physical health). There is an initial e-learning module (based around the care certificate). This is followed by a face-to-face workshop covering working in a person-centred way using five tools: Relationship Circle; The Poster; Important To/ Important For; Good Day/Bad Day and Shoe Box.

LIFE Conversations – how to work with women, building positive relationships. The role of good conversation to implement and ensure consistent person-centred approach.

Wellbeing Important for me: Introduction to Clinical Risk, which covers:

- what a clinical risk is
- understanding context, risk factors and dynamic nature of risk
- our process for managing clinical risk in Home Group
- the roles and responsibilities for key members of the team.

Wellbeing: Important To Me – this introduces our LIFE planning tools, enabling customers to lead the process and maximise their choice and control.



Wellbeing: Important For Me: Risk and Needs Screening;

- teaching team leaders how to use our initial screening tool to identify and prioritise individual risks and needs
- how to include each woman, other professionals and their family.

Wellbeing: Important For Me: Risk assessment, formulation and management.

PBS team leaders and clinicians are taught to:

- gather information pertinent to risk
- use this information to formulate risk using the 5P methodology
- develop risk management plans, contingency plans, crisis plans and positive risk plans.

Prevention and Management of Violence and Aggression, with:

- one day face-to-face understanding behaviour and an introduction to PBS
- one day face to face de-escalation, distraction and diffusion
- one day physical intervention (delivered to teams who are working with people who need physical restraint to remain safe).

This course is currently delivered by Sherwood Training Ltd and is compliant with the Restraint Reduction Network Training Standards (2019). Specific additional training will be delivered through tailored workshops to deliver competencies that the team will need to work with each woman. Competence assessment and regular supervision will be an integral part of the development of these skills in practice.

Frontline staff training also includes Home Group's core and specialist training packages.

STOMP	Psychologically informed environments	Introduction to clinical risk	Introduction to Cognitive Analytic Therapy
Equality, diversity and inclusion	Working in a person-centred way	Person centred planning	Trauma informed care
Cultural and gender related responses to trauma	Vicarious trauma	Working with personality disorder	Record keeping
Autism	Safe handling of medication	Care programme approach	Mental Capacity Act/ DoLS
Mental Health First Aid	The United Kingdom General Data Protection regulation	Safeguarding adults	Health action plans/ hospital passports
Care Certificate assessor	Personal safety	Understanding stress	Community Treatment Order
Assistive technology	Emotional resilience	Management/ minimisation of risk	Fluids and nutrition

Reflective Practice

Reflective practice will help colleagues to learn from their experiences, encouraging skills such as problem solving and critical thinking. Working with women who have experienced complex trauma can be difficult and exhausting. A reflective approach can help colleagues to improve the way they respond. Led by regional clinical colleagues, psychologists or occupational therapists, this will offer opportunities to discuss what is going well, what is difficult, how they are feeling, and the relationships they have with each woman. Colleagues will be more able to cope with behaviour that can lead to low morale and burn-out, reducing absence. Further support is provided through weekly case discussion meetings, debrief and handover sessions and peer support. Turnover will be addressed, with changes to staffing models, shift patterns and enhanced training.

Our home design philosophy

We will acquire and redevelop high quality, bespoke homes, working with each woman, her family, carers and health and social care professionals. We don't replicate institutional or clinical environments; we create joyful and lively places where people want to live.

Each home will be high quality, fit for purpose and robust, with an emphasis on a safe environment for each woman and support teams.

More work is needed to agree the final specification for each, but design features could include:

- sound insulation
- toughened glazing
- recessed light fittings and switch plates
- floor finish to include non-slip vinyl floor with rolled up edges
- under floor heating or thermoskirt systems
- double action internal opening doors
- matt finish/low reflective surfaces
- touch safe integrated hob
- integrated appliances
- soft close doors/drawers
- concealed or boxed in pipework.

We will apply Psychologically Informed Environments (PIE) principles, creating welcoming and reablement focused spaces, considering noise, light, comfort and colour. Each woman and their family will have choice and control about the décor, lighting and use of colour in their homes.

The gardens will be inviting places, with areas for quiet reflection. Design features will include robust materials, low arousal areas, and a logical layout with clear paths and vistas. Each woman will be encouraged to shape the outdoor area to meet their wishes; for example, they may wish to grow fruit and vegetables.

We have two bungalows in Leeds, located near Temple Newsam. Both have been reviewed by our occupational therapists and property colleagues to assess the work needed. They have good transport links, to Leeds city centre is approximately five miles away. Local facilities are located nearby on Selby Road, with open space at Temple Newsam Park. Local resources include the Leeds Women and Girls Hub and the Temple Newsam Community Partnership with volunteering programmes and adult learning opportunities.

We have identified two additional properties in the same area. In the coming weeks, working with commissioners, other stakeholders, women and families, we will identify and secure another two properties. We anticipate the remaining homes will be within a two to four-mile radius.

Transition planning

We remain committed to supporting people during this difficult period, so momentum is not lost.

Our approach to transition work during the coronavirus pandemic will ensure we:

- continue to identify and purchase wherever possible
- maintain contact virtually with women and their circle of support (family and professionals) to update them
- attend virtual meetings to continue to assess women and progress their transition
- keep in touch with hospitals and other services
- are sensitive to staff shortages and shifting priorities due to the pandemic, as well as local visiting restrictions that might be in place.

Moving into a service that is person centred and encourages growth of independence can be a very unsettling time. We'll start by thinking about each woman's strengths, what they are good at, the things they care about and their aspirations. We want each woman to create a picture of the life they would like to have. It will be clear, easily understood and specific to them. A variety of formats will be available, such as graphics, pictures, video or audio clips.

This can include:

- their life story
- personal characteristics
- relationships
- what a new home means to them.

It will take time and commitment to develop this picture; everyone will work at their own pace.

Planning – transition planning for each woman will be led by our nurse manager, with the support of a PBS team leader initially. A nominated point of contact will engage with each woman, their family and multi-disciplinary team (MDT). Transition timescales will be flexible, usually lasting between three and six months. As each woman progresses, we will recruit the full staff team around them; we would anticipate all colleagues would be in place in the final month prior to move in. We aim to start in reach and transition support in July. Each woman will have a dedicated point of contact; a team leader will co-ordinate the transition, with management supervision and support from clinical colleagues.

The process will include:

- in-reach visits
- shadowing existing staff in their current location
- a new Positive Behavioural Support assessment

A PBS plan will detail behaviours in particular scenarios and proactive approaches to support the process. This might include changes to the environment, nuanced support strategies or agreed protocols. A skills development plan will identify the skills the person might need for a successful transition and support each young person to develop these during in-reach. This might include travel training, using stairs, or any other skills needed in the new environment etc.

A comprehensive risk formulation will detail the nature and degree of the risks. Scenario planning will help anticipate potential triggers and our response, allowing us to prepare mitigation and prevention strategies. The role each professional plays in supporting each young person will be identified. We will map functions and responsibilities and ensure a multidisciplinary team is in place.

Involvement – we will learn from everyone's experience, especially those that know each woman best. We are mindful of the impact the health and care system has had on each woman's life, and the role we are playing in their future. It may be difficult for them to think about what might be possible. Every aspect of each woman's move will be explored, so that decisions and choices about everything from outcomes to décor can be discussed. The value and contribution of families and carers will be recognised, with visits to new homes during the development, meeting the staff team. We'll broker peer support and specific training, and take into account their willingness and ability to provide support.

Communication – a co-produced communication passport, information sharing protocols and joint working agreements, means that every woman is at the centre of decision making. At each stage every woman and their families will have access to as much information as possible about the move. For example, we will use easy read formats or bring pictures and videos of each new home as it develops, reducing anxieties and increasing trust.

Flexibility – change will be introduced gradually, with visits to properties; short stays may be appropriate. Each woman will be encouraged to spend more time engaging in the community, with staff observing them, helping us to understand their needs. The transition process will be phased. We'll monitor each woman's progression during in reach, as well as taking a broader view of risks associated with six women moving into their new homes.

Each woman will take time to settle and this will impact on the time needed to transition everyone. We'll also consider the order for women to move and which home they will live in; this may change as we progress. Their new homes will be ready, with features and décor they have chosen and familiar things around them.

Get in touch

Doug Dawson
Lead Business Development Manager
doug.dawson@homegroup.org.uk
T: 0845 155 1234
M: 07468 477769

www.homegroup.org.uk/newmodelsofcare

8332