Leeds Community Mission Challenge

Test, Learn and Grow: Transforming Ways of Working to Give Every Child the Best Start

- 100 days
- 70+ practitioners
- 3 families

TEAM LEEDS

Introduction

The Leeds Community Mission Challenge (CMC) was a 100-day place-based programme, delivered in partnership between Leeds and the Cabinet Office, through the Government's ongoing Places for Growth agenda. The CMCs were designed to rapidly try new approaches, learn what works, and create real-world evidence. This evidence can then shape national policy and be scaled across the country.

Leeds has a long history of health and care innovation, and is host to the Department of Health and Social Care, as well as the Health and Social Care Hub, bringing together national government and local delivery partners since 2022. The city was therefore well placed to be the testbed for a new health approach. Between November 2025-March 2026, the Leeds CMC explored this critical question:

> **Can better integration across health, social care, early years and wider public services help prevent children entering care by intervening earlier and working differently with families?**

The CMC focused on children aged 0-2 and their families in a part of Inner East Leeds, an area experiencing some of the city's highest levels of deprivation, health inequalities and statutory children's social care involvement. The CMC used the Cabinet Office's Test, Learn, Grow methodology to work directly with families, practitioners and system leaders to design and test new approaches in live operational settings.

The learning generated through the CMC is relevant not only to Leeds, but to wider national reform agendas including Neighbourhood Health, the Families First Partnership Programme, Best Start Family Hubs and broader public service reform.

"We are all wanting to put early interventionsin place. It is about sharing the information as early as possiblebefore things fall apart for these families." – Huddle Practitioner

Why was the CMC needed?

The national picture

Across England, children and families' services are facing growing pressures.

The number of children looked after has increased steadily over the past two decades, reaching more than 83,000 children nationally. At the same time, local authorities are facing growing costs, increasing complexity of need and rising demand for statutory interventions.

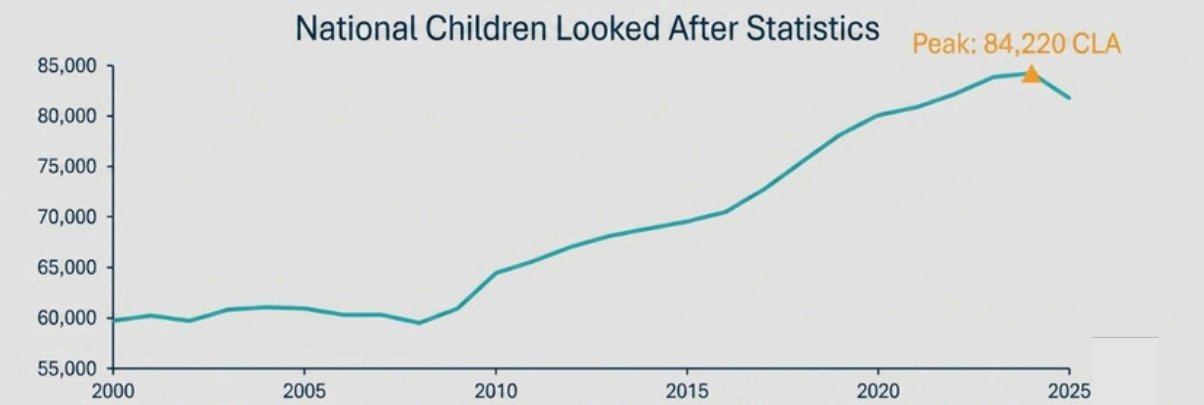


Figure 1 : National Children Looked After Statistics recorded on 31st March each year (Data Source: Department for Education Children Looked After in England including adoption)

Evidence shows that children entering care experience significantly poorer outcomes than their peers, including:

- Lower educational attainment
- Higher rates of mental ill health
- Greater prevalence of special educational needs
- Increased likelihood of disadvantage continuing into adulthood

The factors most associated with children entering care rarely occur in isolation. Poverty, poor housing, domestic abuse, parental mental ill health, substance misuse and social exclusion frequently combine to create complex family circumstances that can overwhelm existing support systems.

Yet despite clear policy ambitions around prevention and early intervention, public services continue to intervene too late, often responding once problems have reached statutory thresholds or crisis point.

The Leeds context

Leeds has a strong history of partnership working through the Team Leeds approach, which brings together local government, NHS organisations, voluntary sector partners, universities, schools, businesses and communities around four shared ambitions:

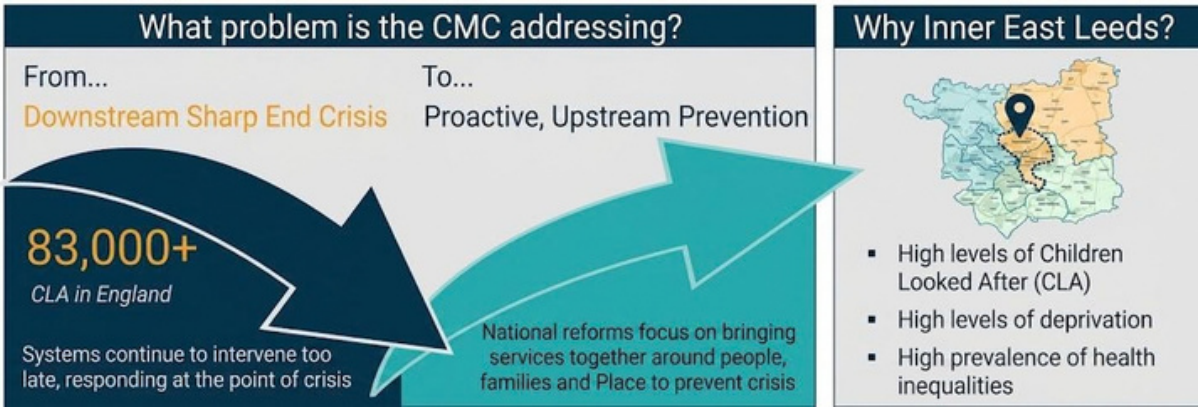
- Health and wellbeing
- Inclusive economic growth
- Strong communities
- A sustainable city

Leeds has also invested significantly in preventative, early-intervention and family-focused models such as:

- Early Help
- Family Hubs
- Children's Centres
- Thnk Family
- Child Friendly Leeds
- The Leeds Practice Model
- Marmot City

However, while these foundations are well established, Leeds continues to see high levels of health inequalities, rising demand for children's services, increasing rates of children entering care, and significant concentrations of deprivation within parts of the city.

The challenge is particularly pronounced in Inner East Leeds, where children and families face multiple interacting disadvantages, and where rates of involvement with statutory children's services are disproportionately high.



Who was involved?

The CMC engaged practitioners, managers and leaders across health, social care, public health, early years, housing, voluntary sector organisations and wider public services, both in Leeds, regionally and nationally.

More than 70 frontline practitioners and managers participated in engagement activity and testing, working with three families.

Organisational partners included:

- Leeds City Council
- The Leeds Health and Social Care Hub
- Leeds Teaching Hospitals NHS Trust
- Leeds Community Healthcare
- Leeds and York Partnership Foundation Trust
- General Practice
- West Yorkshire Integrated Care Board
- Department of Health and Social Care
- Department for Work and Pensions
- Cabinet Office
- West Yorkshire Police
- VCSE organisations
- Leeds Housing Options
- Early Help services
- Family Hubs and Children's Centres

The CMC demonstrated the value of local and national partners working side by side to generate practical learning for reform.

The Test, Learn, Grow approach

The CMC was delivered using Test, Learn, Grow (TLG), a delivery-led methodology designed to test change in real-world conditions.

Rather than designing large-scale transformation programmes upfront, or working on fixed- term pilots, TLG focuses on:

> **Test >** Trialling new approaches on a smaller scale with real people and live cases.
> **Learn >** Gathering evidence quickly and adapting approaches based on what works.
> **Grow >** Scaling approaches that demonstrate impact and identifying the conditions required for wider implementation.

What were the key challenges in Leeds?

While Leeds has a strong partnerships approach and a shared commitment to helping families earlier, three clear themes emerged:

Theme	Context
Early help exists, but support is not consistently joined up	Leeds has a broad range of support services for families. However, services often operate independently, each with different thresholds, referral routes and processes. Practitioners reported that multiple agencies frequently work with the same families at the same time, but without clear coordination or sequencing of support. This can result in duplication, inefficiency and missed opportunities for prevention.
Families experience a fragmented system	Families described feeling overwhelmed by the number of professionals involved in their lives. Many reported repeatedly telling their story to different services, and being unclear about who was coordinating support, how decisions were being made, why different services were involved, and what would happen next.
The system struggles to act on emerging risk	Practitioners often identified concerns long before statutory thresholds were reached. However, there were several barriers to acting. Information sat across multiple systems, services had different risk frameworks, there was no shared view, and decision making was often based on incomplete information. The result was a system that frequently intervened at crisis point rather than acting earlier.

What did the CMC test?

The programme tested three connected innovations:

Integrated huddle

A weekly multi-agency forum bringing together practitioners around families with emerging or complex needs.

The purpose was to create:

> "a small, trusted space where practitioners can work collaboratively to make collective, timely and proportionate decisions for families at the earliest possible point."

The huddle created a shared understanding of need and enabled faster decision-making, allowing practitioners to make the fewest and best interventions – in the right sequence.

Single Lead Practitioner

The Single Lead Practitioner (SLP) was an existing practitioner, identified through the huddle, to coordinate support around a family. In this case, the SLP was a Children's Social Work practitioner, but the SLP can be whichever practitioner has the strongest relationship with the family.

The SLP focused on:

- Sequencing support
- Reducing duplication
- Building trusted relationships
- Providing continuity for families
- Coordinating action across agencies

Importantly, the SLP was not a new role, but a different way of working.

Data sharing

The third test explored how services could develop a more joined-up understanding of family need, through improved information sharing. The programme generated important learning about the scale of data-sharing barriers and the changes required to enable place-based prevention.

The families

Three families participated in the CMC and in testing this new approach. Each of the families was dealing with multiple challenges, including disability, mental health concerns and safeguarding concerns – and were often working with several different practitioners. While each family's circumstances were different, all demonstrated a common challenge:

> **Support existed, but it was not always connected, coordinated or sequenced effectively.**

In practice: how it worked

The integrated huddle enabled practitioners from multiple organisations to come together weekly to discuss cases, share information and agree coordinated responses.

Instead of each service working independently, practitioners jointly considered:

- What support was already in place
- What support was genuinely needed
- Who should lead engagement
- What should happen first
- Which interventions could wait
- Which interventions might not be needed at all

This shifted practice away from a model where multiple services acted simultaneously, and towards one where support was intentionally sequenced around families.

"We should not all jump on this at once, let's think about who is best to communicate with the family moving forward." – Huddle Practitioner

The impact

What impact did the CMC have for families?

Family 1

The huddle identified that the mother had been waiting since 2024 for a learning and development assessment.

Within four weeks the assessment had been completed, enabling support to be refocused around her needs. Professional judgement indicated a likely de-escalation from Parent and Baby Child Looked After arrangements to a Child Protection Plan.

Family 2

Prior to entering the huddle, an expectant teenage mother had no antenatal support in place.

Within three weeks, a Health Visitor was allocated, support services were engaged, including from the specialist teenage pregnancy midwifery team, a scan had taken place, and a support plan had been agreed.

Professional judgement indicated a de-escalation from Child Protection Plan to Child in Need status.

"The support for my daughter feels different. It feels like we are not doing this alone as a family." – Grandmother, Family 2

Family 3

The huddle enabled Adult and Children's Services to undertake a coordinated assessment where previous attempts had failed. Both parents were dealing with physical disabilities impacting on their ability to care for their baby, but prior to the huddle, both services had been operating separately.

The coordinated approach reduced duplication, improved the family's engagement with services, and created a shared understanding of family need.

What impact did the CMC have for practitioners and the health and care system?

Practitioners reported improvements across every area measured.

Survey results showed improvements in:

Importantly, the programme demonstrated that professionals did not need new services or new organisational structures to improve outcomes.

They needed permission to work differently, time to collaborate, shared understanding, joint ownership of decisions, and better sequencing of support.

Cost savings

The CMC also generated evidence of potential financial benefit.

Family 1 - Potential costs reduced from approximately

£100,000-£115,000 to **£10,000-£15,000**.

Family 2 - Potential costs reduced from approximately

£10,000-£15,000 to **£3,500-£4,500**.

Family 3 - Estimated annual support costs reduced from approximately

£219,000 to **£165,000**.

These figures should be viewed as indicative, but they demonstrate how earlier intervention and better coordination have the potential to improve outcomes while reducing demand on high-cost services.

Learning and policy recommendations

Throughout the project, practitioners and leaders took part in one-to-one conversations, focus groups, and innovation labs. This helped build a detailed understanding of how the system operates, and where change would have the greatest impact. Our learning is split into themes:

Integrated working happens through shared decision making
True integrated working was only achieved when practitioners were able to bring the right people together, at the right time, with the right information, to make the right decision for families.

Whole-family working has the greatest potential at the point where adults and children's services meet
Differences in thresholds, accountability and priorities between adults and children's services can make integration challenging. However, when the huddle brought these together to look at the whole-family need, positive change was able to happen for families.

Sequencing support matters more than the volume of support
Empowering the Single Lead Practitioner to act on behalf of the system improved coordination, reduced duplication, and enabled earlier, more effective intervention.

Behavioural change drives the biggest impact
The most significant impact came from shifts in mindset, not by creating new roles or structures. The huddle and Single Lead Practitioner worked because they created the conditions for shared responsibility, collective risk holding and shared value of this way of working.

Data sharing remains a critical system constraint
Shared intent is not the constraint. The real opportunity lies in aligning ownership, clarifying information governance interpretations, and enabling confident early action. The CMC invested around 1,000 hours in data-sharing discussions and activity.

"True holistic assessment requires humility and curiosity, acknowledging that no single agency ever holds the full picture and that essential information often sits on the edge of services. The huddles help practitioners integrate these insights and reshape their understanding in real time." - Yasmin Johnson, Single Lead Practitioner

Policy recommendations

The learning produced four key recommendations.

1 Establish early help structures around whole-family risk

Locally

- Shift from child-only thresholds to whole-family risk being the trigger for early help and prevention, making sure this is translated into frontline delivery.
- Move away from parallel adult and children's pathways/assessments and towards joined-up early help spanning health, children's services, adult services and wider public services.
- Enable single, coordinated assessments that reflect the needs of the whole family.

Nationally

- National policy frameworks should clearly state that whole-family risk is a legitimate basis for early intervention – even where no individual meets a threshold.
- National guidance and new reforms should explicitly support integrated, all-age early help models.

2 Build integration into everyday practice

Locally

- Embed multi-agency forums (e.g. huddles) as core infrastructure for integrated working with frontline practitioners, and ensure teams have access to shared information and collective ownership of decisions.
- Move beyond structural definitions of integrations (i.e. co-location, governance) and instead prioritise operational, decision-making capability.

Nationally

- Define 'integration' in policy and public sector reform guidance as bringing together the right people, at the right time, with the right information, to make the right decision.
- Embed operational, multi-agency forums as core to integrated working into standard delivery models and expectations.
- Enable national colleagues to work with local teams to understand frontline realities.
- Ensure workforce development and leadership programmes build in integrated ways of working in practice.

3 Make sequencing a core principle of prevention

Locally

- Embed sequencing of support as a core consideration within multi-agency decision-making (e.g. huddles), with a coordination role (e.g. Single Lead Practitioner) to manage the order and timing of support).
- Review and cease interventions and approaches (e.g. multiple parallel processes) that are not adding value or delivering measurable impact for families.

Nationally

- Embed sequencing within assessment frameworks, operational guidance, and workforce development, making sure public sector reform guidance prioritises effective decision-making capability.
- Incentivise effective coordination and sequencing, not just activity levels.

4 Enable prevention through data sharing

Locally

- Agree cross-partnership local guidance on what data can be shared, when and for what purposes.
- Build confidence among professionals to share information proportionately and appropriately.
- Publish local protocols, guidance and examples on publicly available websites and local organisations' intranets.

Nationally

- Clarify and broaden the definition of “direct care” to explicitly include preventative, multi-agency coordination and decision-making.
- Provide clear, consistent national guidance to reduce variation and uncertainty in interpretation across local systems.
- Explore legislative and policy mechanisms to support earlier, cross-sector data sharing.

Conclusion and next steps

The Leeds Community Mission Challenge has shown that improving outcomes for children and families does not necessarily require new services, major organisational restructuring or significant new investment.

Instead, it demonstrated the power of:

- Shared purpose
- Whole-family thinking
- Integrated decision-making
- Sequenced support
- Frontline innovation
- National, regional and local collaboration

Most importantly, it demonstrated that when the right professionals come together around families, share responsibility and information and act earlier, better outcomes are possible for children, families and the public sector alike. The challenge now is to sustain, expand and scale this learning so that integrated, preventative working becomes the norm rather than the exception.

The Grow phase focuses on how the learning can be sustained, adapted, and built upon over time. It emphasises iterative development, cross-system collaboration, and embedding effective ways of working into practice. This approach recognises that some elements are ready to be embedded within existing delivery, while others require further testing or system- level change to enable wider implementation.

In Leeds, 'Grow' is framed through three complementary dimensions: sustain, spread, and scale:

> **Sustain** - embedding ways of working as the foundation for growth: embed CMC-tested behaviours into everyday delivery, making structured collaboration, clear ownership and proactive decision-making part of core practice.
>
> **Spread** - extending learning across teams, services and settings: apply CMC learning in new contexts, adapting approaches such as integrated huddles and the single lead practitioner model while retaining core principles.
>
> **Scale** - enabling system-wide adoption, consistency and impact: create the conditions for new ways of working to become the system default through aligned leadership, governance, workforce development and data sharing.

> *"We should not underestimate the impact the CMC way of working has had on our families. Given the starting point and prognosis for these families, the outcomes achieved through the CMC were above what would normally be expected and showed what could be done when services become better integrated, are better led and better sequenced.*
>
> *"[This] shows how changes in service delivery can make areal change for families."*
>
> *-Ben Finley, Chief Officer Corporate Parenting & Reunification, Leeds City Council*

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Leeds CITY COUNCIL

TEAM LEEDS

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