

9 March , 2020

6.

Adolescent Support Service – Turning point overview

Ward(s): All

Portfolios: Councillor Tim Wilson, Children's Services

1. Aim

Our WR4C transformation is a Children's Services cross directorate change programme. It aims to support the right children, in the right place, with the right support for as long as is needed and reduce the circumstances that lead to children requiring a statutory intervention, whether this is related to keeping children safe with families, getting a child back into full time education or preventing a child from re-offending.

The Adolescent Support Service, named 'Turning Point' by young people, was developed to support young people aged 10 + who are at risk of coming into the care of the local authority. The service is focussed on working with young people and their families to secure improved outcomes and prepare them for adulthood by supporting family strengths and relationships, challenging and disrupting harm to young people in and outside the family home.

2. Recommendations

For members to note the progress made in developing an effective response to meeting the needs of young people at risk of coming into care.

3. Report detail – know

3.1 The forensic needs assessment undertaken at the start of our transformation programme in December 2017 identified the need to develop an effective service to respond to adolescents who are identified as vulnerable and are at risk of /or are experiencing the impacts on their development of harmful relationships and contexts both contextual and intra familial. These concerns may result in instability in their living arrangements.

3.2 The development of the service was informed through a review of existing services supporting adolescents, learning from audits of case files of young people who entered into care and a literature review of national and international best practice in supporting this cohort of young people.

In order to meet the needs of the young people Turning Point is delivered by a multi-disciplinary team including adolescent support workers, a mental health practitioner, a substance misuse practitioner, a speech and language therapist and Family Group Conference coordinator.

The team is using a unified evidence based practice model called - Ambit (Adaptive Mentalisation Based Integrative Treatment Fugle P & Bevington D, Fonagy P). This is an approach particular developed to work with complex young people who are often hard to engage with service.

The practice model focusses on three key elements when developing a relationship and offering help to adolescents:

- the need for the young person to be understood and
- the need for the young person to feel trust in the caring adult.
- develop the capacity to imagining what is in the mind of others and being able to see the world from the perspective of others as well as one's own.

Turning Point has a service model (see appendix 1) based on a 20 week programme of intervention driven by comprehensive assessment of the young person's needs.



5. Respond

Following recruitment and training of the team, Turning Point launched in November 2019.

Since the launch, Turning Point has worked with 37 children and currently has 34 young people open to the service.

Of these, only one has come into care. The service has supported two young people to return home after a brief period into care. A further three children who were on edge of care, have been stabilised thus far, and remain within their family homes. Unfortunately two children are awaiting criminal trials, may be at risk of custodial sentences, both have been open to the Youth Justice Service for some time.

The service has received a number of comments and positive feedback from children and their family and other professionals:

Case study 1 in Appendix 2.

Housing officer

'since TP involvement there has been no further complaints about ASB ' .

Outcome

The eviction notice is withdrawn. This has secured and stabilised housing for Nan, who is the main carer for the children and this has significantly helped to reduce the risk of the children coming into care.

Case study 2

I can't thank my worker enough, without TP I don't know where I would be now I have a future to look forward to.'

Mom *' my child has become more confident, he is communicating more and excited about the future and he looks forward to seeing his TP worker week by week'*

Outcome

Young person is now engaged in education; he is undertaking his FA qualifications. He is open to Black Country Impact. Relationships have improved with family and he has a plan which he is fully engaged with. Young person has applied for several jobs and had interviews and is completing an employability course to help him to improve his interview skills.

Please appendix 2 for fuller case studies of young people who have been supported by the service evidencing on how the service works and the early impact it is securing.

6. Review

Turning Point is committed to a process of continuous evaluation of its effectiveness to inform its continual development. There are three aspects to the evaluation framework put in place:

- Measure the actual impact of the work of the service on the young people and their families we are working with. This is largely focussed on emotional and psychological measurements of wellbeing, tested at 3 intervention points of the programme.
- Service user satisfaction by systematically collecting at the end of involvement anonymously the experiences of carers, young people and professionals, using a standardised tool.
- Measuring the sustainable outcomes by tracking post Turning Point intervention and its effect. How long does the break into a trajectory to care or family breakdown last? How many potential admissions have been avoided? In addition, working with colleagues in finance to establish the cost of care savings based upon that effect up to a 12-month point.

Appendix 2 sets out the short and long-term outcomes we will be measuring for the service.

Background papers

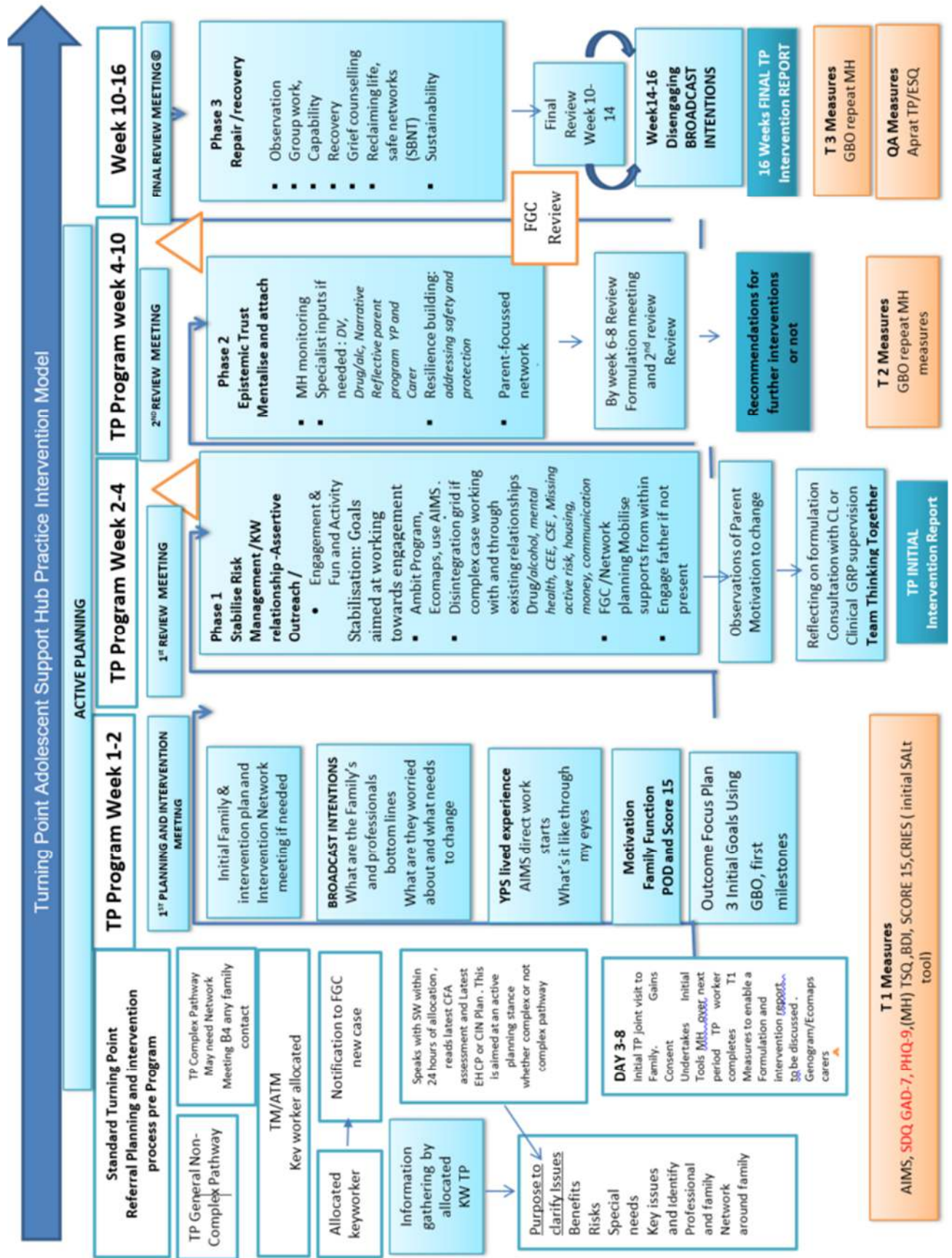
Appendix 1 Transformation journey overview

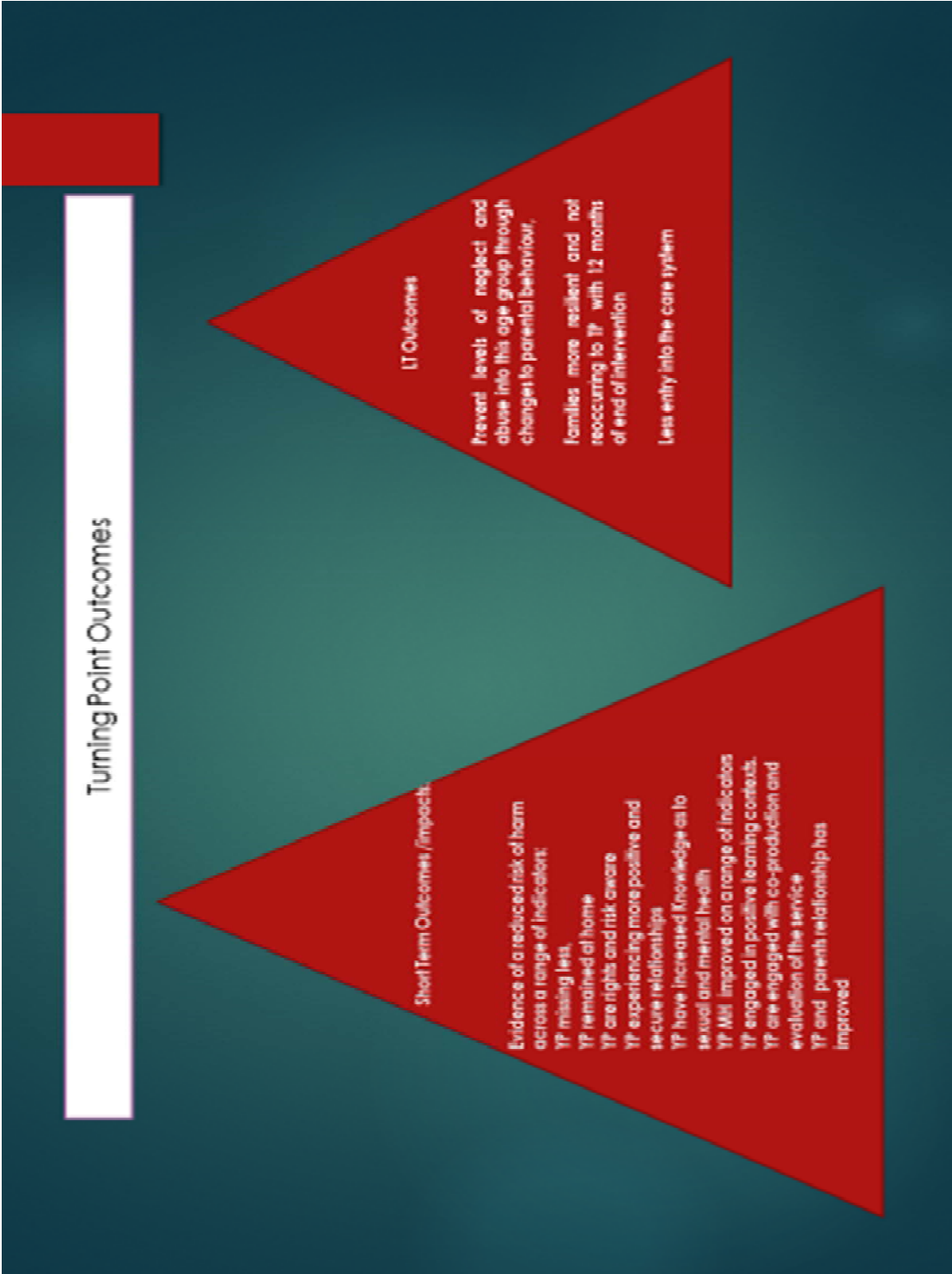
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Appendix 3

CASE STUDY 1 The right intervention at the right time using the helpful tools.

The presenting issues were:

Young person (YP) was hospitalised following self-harm, family reportedly refusing to have young person returned home. Family open to children's social care CIN, complex case.

Turning Point : Assessment is Intervention (reflective Note T.P Support worker)

The AIMS assessment with YP on our third contact, this was our first appointment without parents being present.

YP is diagnosed with autism, depression, anxiety and gender dysphoria, and at times has difficulties articulating his wishes, feelings and emotions. YP and I completed the AIMS cards, and he was able to identify a number of areas in his life which he was experiencing difficulties, and to rate them into areas of priority. YP identified "obsessive thinking", "problems with sleep" and "looking after myself". From here, YP stated that he has been experiencing flashbacks on a regular basis for 3 years; this was related to an alcohol related trauma with his parents that he witnessed 3 years ago. YP had never shared these flashbacks to his social worker or multiple CAMHS workers. He advised that these occur worse at night, and make him feel distressed and unsafe. These flashbacks, memories, nightmares and obsessive thoughts regarding feeling unsafe, feeling worthless, feeling ashamed, and feeling suicidal make it difficult for YP to sleep. The flashbacks are exacerbated when his parents argue or are drinking alcohol, which increase YP's feeling of being unsafe at home. YP is often only getting 1-2 hours of sleep a night, meaning that in the day he feels too tired to engage in self-care or hygiene routines. YP shared that he had not washed his hair in a month, and does not wash his body and often does not eat more than one small meal a day. YP was able to link his self-neglect back to the obsessive thoughts – he shared hearing voices telling him to starve himself and that if he does not he will have a more feminine body and he would be disgusting. YP also advised that he does not feel he deserves to feel or look good.

I found this session beneficial in order to mentalize YP's current situation, as well as his life story and the barriers he faces to recovery on a daily basis. YP informed me that he found this session helpful, he informed me that he had never told his parents, social worker of CAMHS about the flashbacks or his difficulties with washing and eating. He advised that no-one had ever directly asked him about these, therefore he had never told anyone. The points YP identified have become a key part of the focus for the work completed by Turning Point, but have also been shared with CAMHS in order for his psychologist and support worker to tailor their work to include eating disorders and trauma focussed therapy.

Outcome

YP is now be referred by CAMHS for EMDR (an effective Trauma intervention) therapy. It is my professional judgement that without the use of the AIMS assessment tool and cards, it would have been difficult for YP to identify his concerns and areas of priority with a professional, as he had previously been unable to be open with his extensive professional support network prior to this appointment. ‘

The above case example is a good illustration of seeking to connect with young people to enable helping adults to understand their lived experience. The use of an evidenced

based intervention tool enabled a young person to find an object as a way of expressing difficult thought and feelings facilitated by the workers sensitivity in exploring with the child his experiences in a very complex context of parental alcohol misuse and emotional neglect

Case Study 2: The value of whole family and whole network working . young person referral was made through a meeting with the group managers SFS. YP was the main child on the referral.

The presenting issues were:

- Risk of family breakdown
- Sibling conflict
- Missing episodes
- Long-term school exclusion
- Verbal and physical aggression
- Taking a weapon into school

Both young person and his brother were open to social care on a CIN plan following concerns raised by Nan. Nan has a Special Guardianship Order (SGO) on both children. She has been the sole carer for a number of years. Their mother is in and out of custody and a historic substance user. Both boys have seen and experienced DV and neglect in their early years.

It quickly became apparent that there were a number of complex issues and that young person needed support alongside his brother so we assigned a further TP worker so that the family now had two TP workers. Nan's physical and emotional health was poor and there were little or no boundaries in place for the children. The family's housing was at risk due to ASB and complaints.

The TP team worked hard to build trust with both boys and Nan. Both workers have developed timetables for Nan and the boys as Nan was struggling to keep on top of appointments and commitments, as she was overwhelmed. The timetables have a plan for the weeks ahead for the family.

The workers have given Nan some much needed respite time and taken the boys to do sessions and activities at My Place. The team have supported with school uniform and leisure passes for swimming.

TP has supported Nan to put boundaries in place and Nan was taught de-escalation techniques with the boys when they are fighting. There has resulted in a reduction in the frequency of outburst between the boys and conflict with Nan.

Since coming on board to the TP offer young person, who had been out of school for four months, is now back in education and both boys are attending daily with TP supporting Nan to make this happen.

The AMBIT network meeting that was held brought together all professionals and gave a real picture of the complexities of the case and the issues the family were facing. As a result of this the eviction notice that was due to take place against the family in regards to their housing was withdrawn.

Outcome

The case is still ongoing but we plan a Family Group Conference (FGC) as part of our exit plan as the family do have a good network and we want the network to support the family with the progress they have made.

The housing providers have contacted the team to praise the TP work and share that there has been no recent complaints in regards to ASB.