

No Wrong Door- integrating S< into services for multiply vulnerable young people

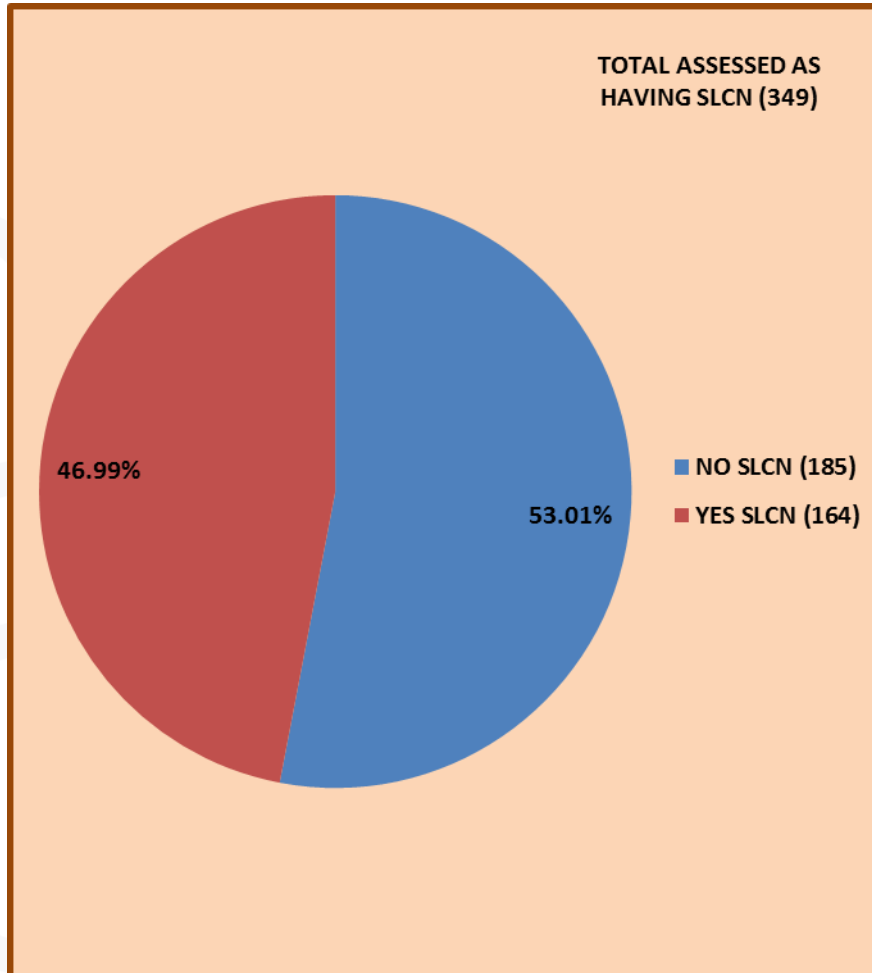
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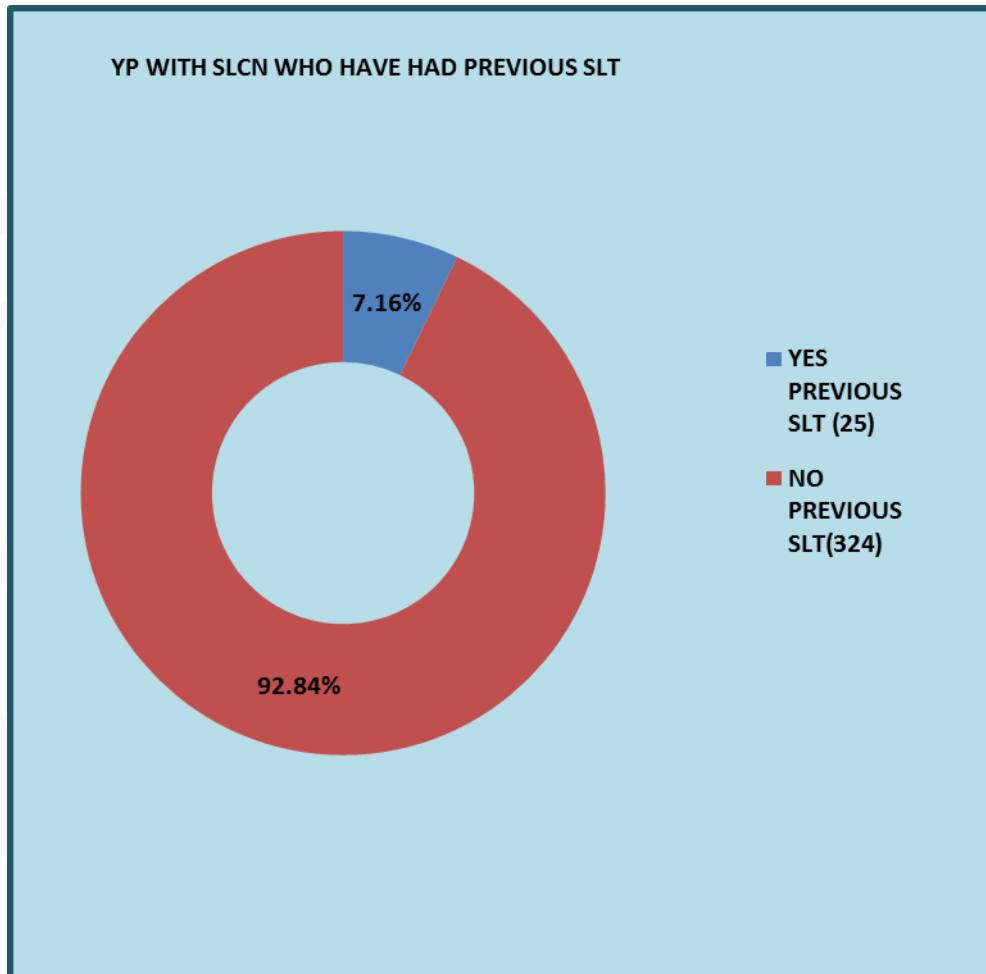
Finding our way in...

- 2 year pilot project to determine prevalence of SLCN in youth offending population
- This had a clear comms plan

Data set



Data set to June 2017



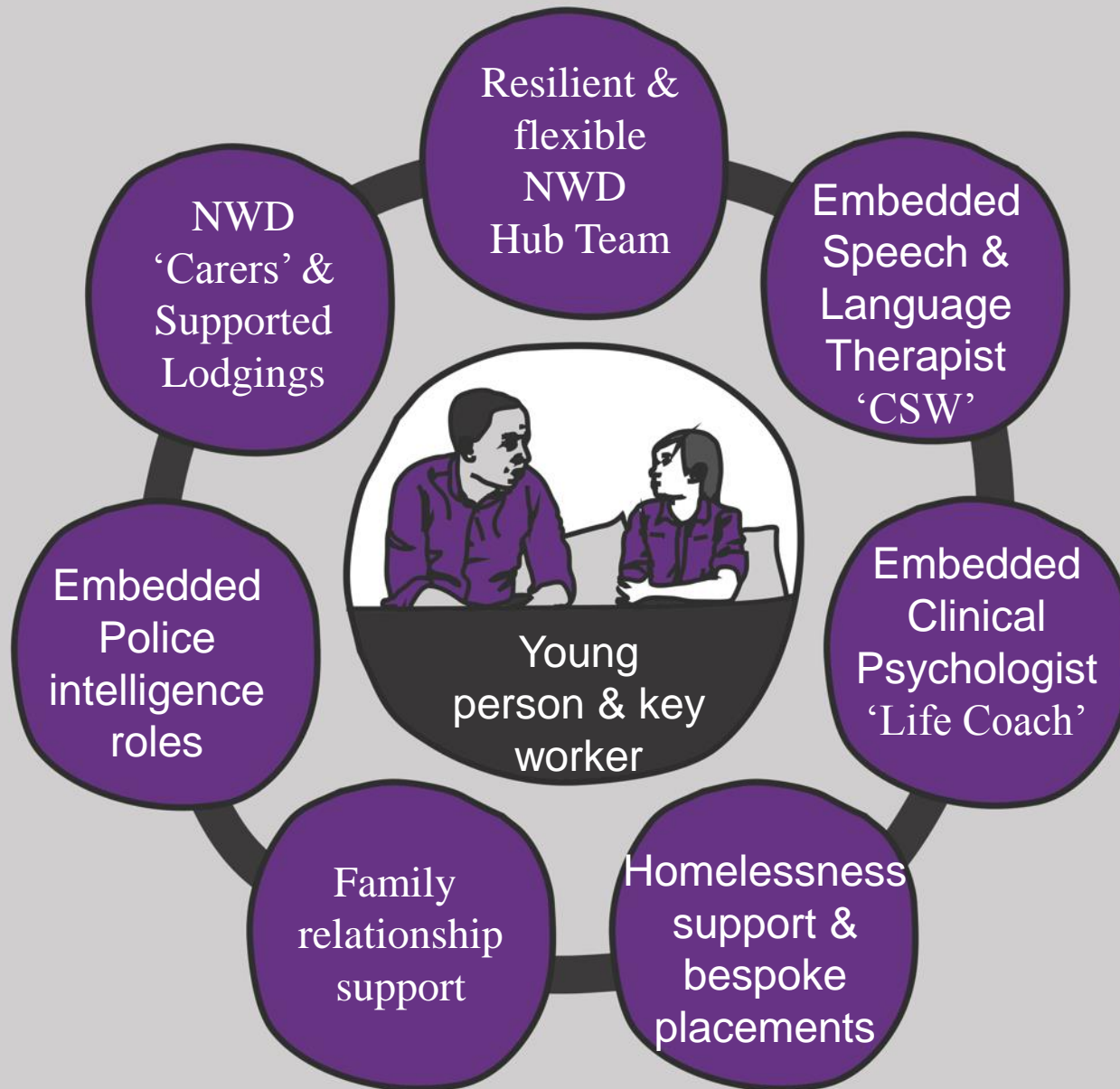
Clear
evidence
of need



Desire to
reshape
and
redesign



S<
within
NWD



10 distinguishers of NWD

- always progressing to permanence within a family or community
- high stickability of the key worker
- **fewer referrals, less stigma “CSW”**
- robust training strategy same/or similar to restorative practice and therapeutic support
- no heads on beds culture
- **no appointment assessments**
- a core offer to all young people
- **multi-agency, intelligence-led approach to reduce risk**
- **close partnership working**
- young people’s aspirations drive practice

Issues addressed

- Direct strategies- managing vocab diffs etc
- Support on other areas eg autism
- Referrals on
- Direct adaptations to interventions/differentiation of sentences/restorative practice advocates

Key advantages of the embedded service

- Easy access for young people to SLT and vice versa - no formal appointments;
- No discharges for 'failing to attend';
- Building meaningful relationships with young people in a home environment;
- Access to other embedded on site clinical roles

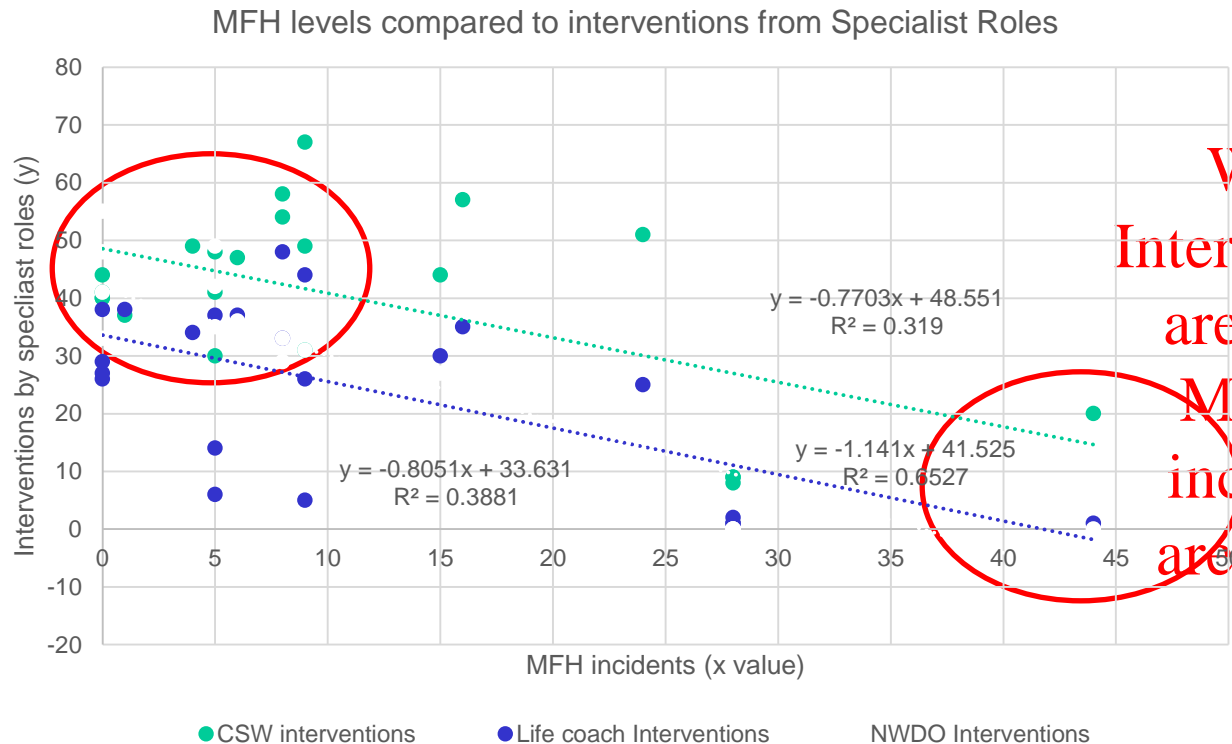
Impact of S< role

- Evidence of impact shown faster than was hoped for
- 80% of girls had SLCN at one point
- Less direct work than planned- more upskilling others, arranging learning support etc.
- When the CSW or life coach involved- SDQ scores reduced as intervention increased
- Incidents of missing from home halved- impact of S< named in this



ANALYSIS – MISSINGS FROM HOMES

When
Interventions
are HIGH
Missing
incidents
are LOW



When
Interventions
are LOW
Missing
incidents
are HIGH

Linear correlation work – impact of roles ‘not by chance’

Wider impact

- Reduction in arrests of 38%
- 32% of CYP reduced their substance use
- Reduction in hospital admissions
- Evaluation - Loughborough Uni (Lushey et al 2017) DfE Innovation Programme
- Extension of the scope and staffing up to 4.0 WTE

Recommendation for national policy

Integrated specialist roles leads to:

- Access to advice for carers
- Development of positive relationships with CYP

Contribution to APPG to that effect







Safety
<ul style="list-style-type: none"> • No longer running away from home • Not using cannabis. • Attending school and is therefore not out in the community during school time.
Stability
<ul style="list-style-type: none"> • Now in much smaller school which offers more vocation based learning in addition to academic. • M is planning to complete his education.
Emotional & Physical Wellbeing
<ul style="list-style-type: none"> • No use of drugs. • Reduced risk taking behaviour • More positive towards siblings
Reduced Criminal Activity
<ul style="list-style-type: none"> • M has only had a warning. He is not with the YJS and the police have not been involved in the past three months.
Engagement
<ul style="list-style-type: none"> • Trusted relationship with keyworker and ongoing engagement in all proposed activities. • Attending school full time. • Improved education outlook – feels his difficulties are now being noticed but he isn't 'different' because several students in the new school receive additional support.
Reduced Costs to Society
<ul style="list-style-type: none"> • Reduction in criminal activity. • Safe reduction in LAC status. • Reduced crisis presentations. • Potential employment aspirations.

Key learning points

Look for potential commissioners' priorities

- Within Local Area inspections?
- Social care OFSTED focus?

Integrated and flexible service delivery- transdisciplinary working

Gather evidence of impact- soundbites and case studies
Promote promote promote!



