

Service Specification

Adolescents Collaborative

Summary

What are we proposing?

Adolescent Collaborative is a multidimensional model that combines seven day intensive family coaching, a menu of therapeutic support and an innovative digital app that enables young people and their families to plan, coordinate and accelerate progress towards their goals. The service aims to:

- Prevent young people from entering care and enable them to return home;
- Improve the long term outcomes for young people;
- Reduce the costs of care.

The Adolescents Collaborative Service

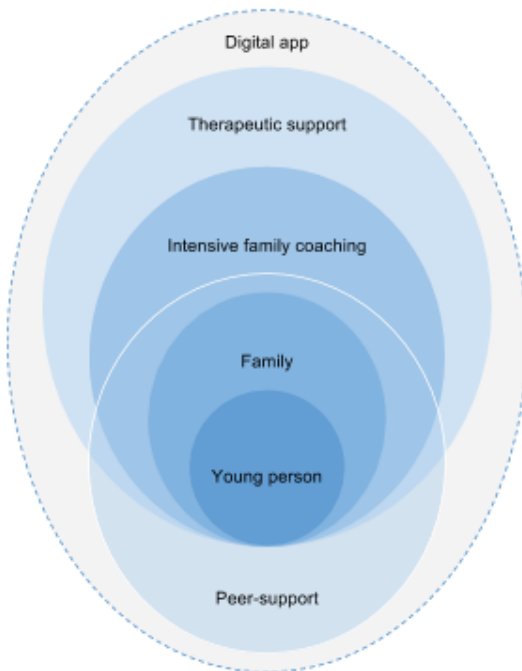


Figure 1

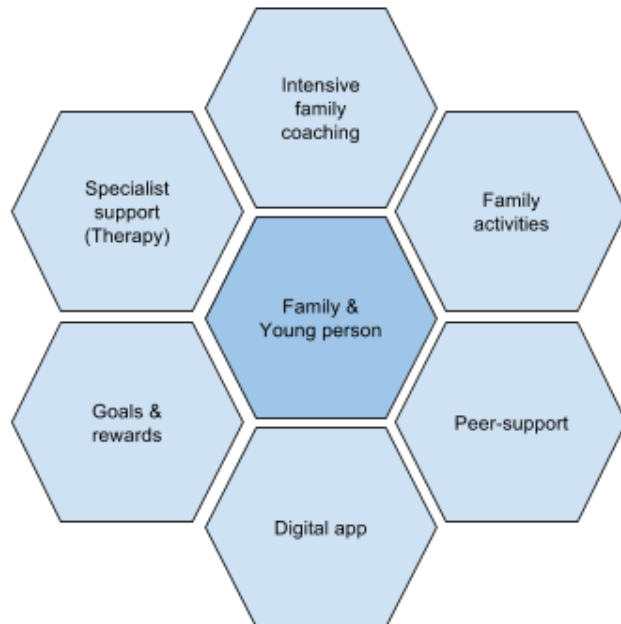


Figure 2

The core of the model can be understood in three strands:

Strand 1	Delivery of a mobile app for young people
Strand 2	Delivery of evidence based systemic specialist intervention for high risk young people
Strand 3	Family coaches providing intensive 'hands on' support

Why are we proposing this approach?

Our recent development work with Dudley, Wigan and Rochdale local authorities has demonstrated that adolescents at risk do not follow a homogenous pathway into, or possibly in and out of care. There are multiple care pathways in any borough, and our recent primary and secondary research in Harrow has demonstrated that this is the case here as well.

Practitioners in Harrow report a growing number of young people remaining in care for a longer period of time. Young people increasingly face the prospect of a lifelong care trajectory - transitioning from high cost residential to semi-independent. For some young people these can be successful pathways, however there is high risk of future institutional care and involvement with services such as adult social care, adult mental health and/or the criminal justice system.

Emerging primary pathway of care in Harrow (orange), as identified by Harrow's Data Intelligence Team.

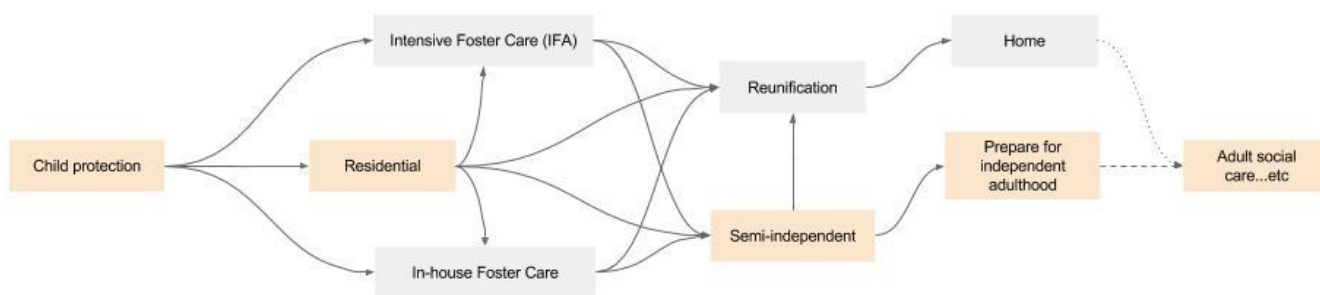


Figure 3: shows the complex pathways and destinations for young people in care

The Adolescent Collaborative model will target three distinctive groups of young people in care and on the edge of care:

1. Those who are at imminent risk of becoming looked after, supporting them to remain at home;
2. Those who are in care, supporting reunification home or step down to foster care;
3. Those who are in semi-independent care, supporting reunification home or transition to live independently.

There is the opportunity to support young people through critical transitions from adolescence to adulthood, improving their life chances and preventing high risk, high cost longitudinal care journeys.

Given this context, the new model to be piloted will need to be flexible in order to adapt to multiple needs and to achieve sustained outcomes. In the proposed pilot model this can be seen through a range of new elements including:

- extended 7 days per week 8am-8pm service;
- recruitment of a multi-disciplinary team and individual multi-disciplinary workers ;
- access to a flexible budget;
- inclusion of a menu of options for models of therapeutic support;
- a mobile app to increase and sustain youth and family engagement.

Why are we confident it can work?

Based on the evidence available locally and elsewhere, an adaptable and tailored solution for young people on the edge of, or in, care in the borough is the right approach to develop positive and sustainable outcomes for young people.

A social investment-backed model needs to be operationally and financially feasible, with a sound investment case that is bought into from private investors, local commissioners, providers, families, and young people. The proposed model includes a set of unique selling points that we anticipate would be attractive to investors, over and above a strong likely return on investment. These include:

- a model built on, and continuously improved by direct engagement with young people and families;
- a new digital solution that can expand engagement within the service offer;
- a menu of options for therapeutic support that matches the right model at the right point for individual young people and families.

This evidence-based, adaptable, tailored, and innovative approach should be a key selling point when attracting private investment.

What makes it innovative?

The model's combination of therapeutic support and intensive family life coaching is underpinned by an innovative digital app. This empowers young people and their families to:

- access modular content on keeping safe;
- set key goals;
- coordinate with their support team, to monitor progress, to realise rewards (e.g. family activities), and to access peer-support from successful graduates of the programme.

The app also has raised the possibility of building a rich and unique data set, tracing young people's journey through the service (and across the broader care system). Examples include the potential to:

- pioneer research into the importance of relationships between young people and their support teams (gathering feedback directly from the app);
- gather real-time, actionable insight into young people's state of mind – enabling the team to identify early warning signs of problems before they manifest themselves.

The service design approach that we are applying to the model is well suited to ensuring that these innovations are grounded in user insight and experience. We propose that a user-centred approach continues to be applied during service implementation.

Service Headlines

Overview

Using a multi-pronged approach targeting young people 10-18 who are at risk of NEET, at risk of offending, coming into care and experiencing poor school attendance and exclusions. This programme seeks to combine innovative digitalised technology and direct intervention to create an Integrated Intensive Multifaceted Programme to intervene early in the lives of young people and produce outcomes with a lasting impact.

Building on the insights generated from Keeping Families Together, the Evidence Review and User Research, we recommend a service which combines therapeutic support with intensive life coaching – delivered by a multidisciplinary team.

This draws on lessons from initiatives such as the Key Team Wolverhampton and Wraparound Milwaukee. It is also aligned to the call from young people that underlying issues should be addressed - for both parents and children - via therapy and counselling, whilst recognising practical challenges may require immediate 'hands on' support.

We propose a two tiered service, enabling a flexible response to young people's needs and context.

	Support type	Support intensity	Support duration
High tier support	Therapeutic support	Twice weekly	12-16 weeks
	Intensive family coaching	7 days per week	Up to 12 months
Low tier support	Therapeutic support	Twice weekly	12-16 weeks
	Intensive family coaching	7 day per week	Up to 4 months

Therapeutic support

The therapeutic approach of the team is an integral part of our wrap around service model. We propose to build on the learning from the evidence-based multi-systemic therapy (MST) and combine its ecological multi-dimensional approach with evidence based behavioural, cognitive behavioural and family therapeutic interventions.

Systemic therapists will address all environmental systems that impact on the young person and their family and will jointly explore with them strengths and weaknesses in each system as well as agreeing goals on what to work on.

1. The family system (parents/step-parent/absent parent, young person at risk to be taken into care, sibling(s), grand-parents, uncles/aunties/cousins)
2. The peer group/friendship/neighbourhood systems of the parent(s), young person and siblings
3. The educational system (school, college)
4. Work/employment/unemployment
5. Social Care, i.e. children in need, child protection, youth justice, Adult Social Care
6. The health support system, i.e. physical health/primary care and/or mental health systems, such as CAMHS and AMH

The systemic therapist recognises that each of the above systems play a critical role in a young person's world and that each system may require attention to achieve effective change and reduce stressors for the young person and his/her family.

The systemic therapist and coaches will go where the young person is, if needed seven days per week. They will work collaboratively and intensively with parent(s) to put them (back) in control. Work will also be done with parent(s) on how they can encourage their child to keep the focus on school/college or gain life and job skills. They will also introduce the young person to sports and recreational activities as an alternative to 'hanging out'

We recognise there are advantages of fidelity to a particular model (such as MST). MST is a preventive programme aimed at 11-17 year olds with severe behavioural and frequently also emotional or emerging mental health problems who are at risk of being taken into care. Multi-systemic Therapy for Child Abuse and Neglect (MST-CAN) is an adaptation of MST that was developed to treat families who have a child at risk of physical abuse or neglect. Two to three systemically trained therapists work intensively with families in the community for 3-5 months (6-9 months for MST-CAN services) utilising a range of individual and family therapeutic interventions. They work in close co-operation with one or more key workers of the team to ensure that the therapeutic help is combined with practical hands-on support for the young person and family.

Systemic therapy will underpin the work of the team, however our research suggests that practitioners will require flexibility to work responsively with families. The user research also flagged up that young people demanded some level of control over the support they received, including the timing and intensity.

We therefore propose that each young person and family is offered a combination of evidence based individual behavioural or cognitive behavioural therapy and family therapy, or an integrative approach where the therapists deem appropriate.

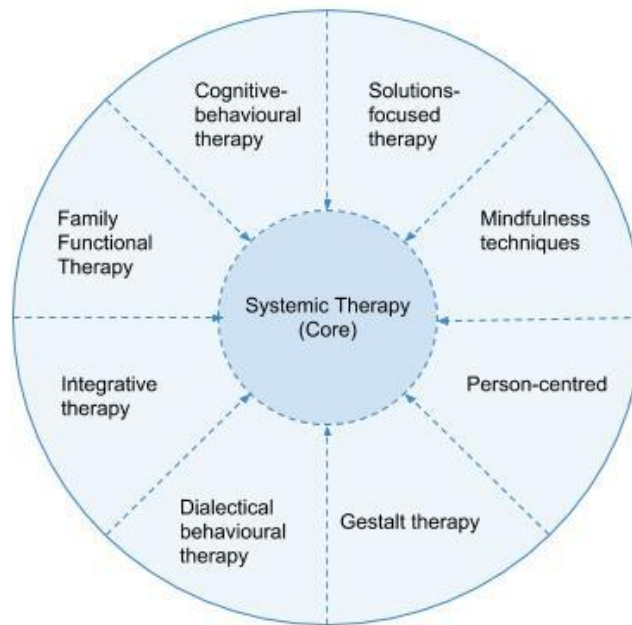


Figure 4: illustrative menu of therapeutic options, with systemic therapy at the core.

Should the council opt for a licenced model, such as MST/MST-CAN, additional costs (e.g. a 24/7 on call therapeutic service) would need to be considered.

Intensive Family Coaching:

Whilst therapeutic interventions based on systemic therapy will be core to achieving successful outcomes, we have learnt from consultations with young people practitioners that they also want hands-on practical help with a range of daily challenges and support in crisis situations.

Consequently, we have developed an integrated service model consisting of day to day family coaching (face to face, telephone and app) alongside the systemic and (cognitive) behavioural interventions.

The intensive family coach's role will be to:

- Provide tailored and personalised coaching interventions and intensive support in helping young people and their families, including co-producing the family plan.
- Support to access educational/work opportunities, practical and emotional support as well as conflict resolution etc.
- Facilitate family bonding activities and access to natural community support networks.

- Operate within a whole family systems approach – in working collaboratively with parents and siblings to improve family functioning and achieve whole scale outcomes.

The wrap-around care package to help stabilise the family system. This includes:

- ‘Hands on’ support to help the family address immediate challenges, including a flexible budget practitioners are able to use with families.
- Peer-support is provided via a ‘Youth Innovation Hub’ (where young people currently being supported by AC, and young people who have graduated from the service are invited to co-design service improvements) and via the smartphone app Harrow are developing.
- Mobile app support - an innovative mobile app will help families direct and plan their care, including helpful information, a messaging platform, reminders of meetings and events, an emotion tracker, and the ability to track goals and rewards.
- Goals and rewards - building on emerging lessons from Harrow’s Keeping Families Together programme, families will have the opportunity to realise rewards such as family activities, when key goals are met and positive routines are established.
- Family-led activities are used to promote bonding and introduce positive routines into the young person’s days.

Staffing structure and deployment

To test the feasibility of the model, we have made conservative assumptions regarding the numbers of family coaches required to run the service successfully. In practice, it may be possible to reduce costs by reducing the number of family coaches during low-demand periods, and redirecting a portion of the money to facilitate purchase of flexible specialist support when required.

The model currently assumes:

- A dedicated Area Manager
- Two senior Family Coaches.
- Three FTE Therapists (one senior therapist), in order to provide effective support for both children and adults
- Sixteen FTE Family Coaches - this is based on 12 hour active days (8am-8pm) 84 hours per week. This requires 2.27 staff to provide full coverage, however as we are delivering seven days per week in order to cover absence throughout the year we need to provide 3.84FTE.

In order to provide full coverage and allow handovers etc. we would split the day in to 2 shifts (8am-4pm and 1pm-8pm) based on a caseload of 6.

In order to successfully deliver the model, and to respond to a diverse set of family needs, we recommend a multidisciplinary team of family coaches, drawing on skills from youth work, family support, behavioural analysis, education/special education, youth justice and social work.

Relational capability (including in a culturally diverse context), and desire to work with – and learn from – a multidisciplinary team will be essential characteristics for both the family coaches and therapists.

Appendix 1 - Theory of Change

Appendix 2 - Evidence Review

Appendix 3 - Design process and User Research findings

Appendix 4 - Visual service blueprint

Appendix 5 - Family experience: reunification

Appendix 6 - User case: 7 days

Appendix 7 - Potential referral pathways