

Innovation and Impact in Residential Services

Janice Nicholson

Abstract

North Yorkshire County Council's residential service had a good reputation for its service delivery but required a step change to provide more effective support to those troubled teenagers who are difficult to engage and who have low levels of resilience. By rethinking care for adolescents it has supported innovative approaches to preventing entry to care and where it is necessary to enter care, ensure services are wrapped around young people to prevent placement disruption. This service is called No Wrong Door (NWD).

Keywords

Residential child care, North Yorkshire County Council, innovation, adolescents

Corresponding author:

Janice Nicholson, North Yorkshire County Council's Residential and Edge of Care Services Manager and the No Wrong Door project lead

Background

It provides that essential consistency: a trusting relationship that sticks with them no matter how they move through care

(Pete Dwyer, corporate director of children and young people's service, North Yorkshire County Council [NYCC]).

Despite reduced funding to the public sector, NYCC's residential service had seen a groundswell of resolve to deliver creative, flexible and bespoke services to meet the multiple needs of adolescents. Service direction was clarified with a 'theory of change' and underpinned by Mark Moore's 'strategic triangle' which set out the public value proposition, authorising environment and operating capacity requirements¹. The purpose was to improve outcomes in the long term, not cut costs in the short term. This meant looking differently at resources and assets, and building an evidence base that represented the value in investing intensive time, money and expertise in approaches that will make a genuine difference to

¹ https://www.hks.harvard.edu/m-rcbg/CSRI/publications/workingpaper_3_moore_khagram.pdf, P2

the lives of young people. One NWD young person endorses the programme, saying: 'It's much better than I thought it would be. I have a key-worker. I can't think of anything they could do better'.

The DfE's (UK Government, Department for Education) Innovation Programme² was a supportive catalyst to this process with the NWD receiving £2.12M in funding in 2015/16 (Spring Consortium). Its focussed timescales gave the impetus to bring together key elements of the model which included:

- No Wrong Door (NWD) service model;
- Young people's views on how the service should look;
- Experience and skills of the residential team;
- Wider range of placement options (service flex);
- Emphasis on edge of care work (support transitions in/out of the model);
- Explicit culture and practice model;
- NYCC fully behind the direction of travel.

This meant that the service had moved on from 'unit costs' (heads on residential beds) to permanence, meaning not to remain in residential care but to build the relationships to move into family based placements, or independence – with a key worker alongside, up to age 25 if needed.

Matthew Horne (Head Innovation Programme Coach) stated:

NWD is a thoughtfully designed, carefully planned, sensitively managed and skilfully implemented whole system innovation, designed to meet the needs of young people, reduce their level of risk and raise their aspirations, and the early data is showing evidence of a positive impact.

How the model works

The model commenced in April 2015 with two hubs, each based around a residential home and included a unique mix of accommodation options, services and support under one management umbrella. Its 'core offer' to young people is supported by embedded specialist roles. The integrated service comes to young people and ensures they have access to the accommodation options (including residential care beds, emergency residential beds, hub community family placements, supported accommodation, supported lodgings, and bespoke placements). Young people are placed in a hub, not in a type of residential home or care placement.

A NWD young person made the following comment to their birth parent stating why they were comfortable going into a NWD Hub community family when they

² <http://springconsortium.com/>. NWD received £2.12M funding from the Innovation Programme in 2015/16

had previously been resistant to foster care: 'It's ok mum, it's different to normal fostering because it's [name] and I know him already so I am happy'. Having a relationship with the carer prior to placement really made the difference.

NWD creates a breathing space for young people to make mistakes without hitting crisis. Together, the young person and their key worker develop a timeline and a plan of action that is reviewed regularly and which enables the young person to see and acknowledge the progress he or she has made. The service is smoothing transitions for young people, who said they were often moved too quickly, resulting in them struggling to adapt to new placements. The model provides the stability, skills and support when needed, to successfully manage difficult points of transition; and, more broadly, the transition from adolescence to adulthood. This includes practical support for young people unprepared for life outside residential care, who struggle to access education, training and employment: 'Knowing that the staff will be there after I have turned 18 makes a big difference and I know they will be because I have seen it happen with others' (NWD young person).

The model is predicated on the building of positive relationships, highly valued by young people, as workers are 'sticking with' them as they move on from placements. This gives other young people the reassurance that they will receive the same support as they move on. The NWD team includes specialist roles i.e. Life Coach (Clinical Psychologist), Communications Support (Speech Therapist), Family Circles Worker, Police roles, Education Training and Employment Support, Placement Support and Homelessness Support. But, crucially these are all trained and managed within the same common approach with Signs of Safety³ being the 'glue' and the core method used in assessment and planning, across the children and family service.

The NWD Life Coach (Clinical Psychologist) said:

The clinic approach doesn't work for our young people.... providing a narrative that you are 'mentally unwell' and there must be something 'wrong' with you. Many of the vulnerable young people I have worked with are actually experiencing very normal emotional and cognitive reactions to some very abusive and traumatic experienceswe need to deliver services in a way that will not further reinforce their perceptions of themselves as being a 'problem'.... This, I believe, fits with the approach of NWD specialist roles being embedded in the home and this has proven to be the most effective way to reach these vulnerable young people.

Staff culture and practice is based on restorative and solution focussed approaches and ensures the teams can deliver a range of evidence based

³ <http://www.signsofsafety.net/trainers/dr-andrew-turnell/>

interventions including Therapeutic Crisis Intervention (TCI) and Restorative Practice (RP), which, in turn, underpin staff recruitment, supervision, training and appraisal. This common framework enables staff to talk in the same language and has been supported by the NWD training programme. Training in TCI and RP has also been shared with housing pathway colleagues, meaning young people receive a more seamless journey into independence⁴. This 'learning community' has included action learning sets, shadowing, mentoring, individual training plans, and 'surgeries', with specialists providing additional support if needed. A recent NWD training survey highlighted that in house training from NWD specialist roles had the most benefit and impact on improving outcomes for young people.

These include:

- Improve young people's safety and stability;
- Reduce vulnerabilities;
- Engage in education, training and work readiness;
- Improve emotional wellbeing;
- Reduce criminal activity;
- Raise levels of engagement;
- Reduce costs to the local authority, the NHS (National Health Service) and the criminal justice system.

The model is being evaluated over two years by Loughborough University's CCFR (Centre for Child and Family Research). NWD has developed rigorous systems to track, capture and collate the data needed to demonstrate the future value of this way of working. There will be a final report but evidence of impact is being seen through on-going and co-produced thematic reports. The emerging evidence and data presented in a recent report indicates that many of the young people referred to, and supported by the NWD model are safer now than prior to implementation. This is evidenced by the following:

- Reductions in arrests;
- Reductions in charges;
- Reductions in the severity of offences;
- Less incidences of young people going missing from home;
- Reductions in the length of incidences of going missing from home.

As there has been a corresponding reduction on the demand for policing services, North Yorkshire Police have now committed to permanently fund the two NWD police officer roles, alongside a central data intelligence role.

⁴ A full independent evaluation of the impact of TCIF on housing pathway outcomes has been produced by Cornell University. For further information please contact nowrongdoor@northyorks.gov.uk

Early outcomes

Emerging findings from the CCFR evaluation highlight benefits for children on the edge of care. Staff overall have been positive about NWD and confident in its ability to improve outcomes for looked after children and those on the edge of care or edging to care. Emerging findings suggest that even at this early stage in its implementation, NWD is having an impact on the lives of young people (looked after children and those on the edge of care or edging to care), particularly in respect of their developing relationships with key and outreach workers, and in relation to their experiences of education. The majority of young people described their relationship with their key/outreach worker in positive terms. Young people appeared happy with their level of contact with workers and valued their flexibility (with workers being available when needed and not just by appointment).

NWD is also supporting the downward trajectory of NYCC's looked after children population, which has reduced by almost 20% over recent years. Other impacts include reducing the need for external residential beds, reductions in remands to custody, and prevention of placement breakdown and crisis presentations to the NHS and other services.

This year an Ofsted inspection of a NWD hub resulted in an 'outstanding' grading across all areas. The ensuing report was an excellent indictment of the NWD model and included that young people receive innovative, flexible care underpinned by evidence based research and practice:

There are team solution focussed approaches to resolving young people's needs and attachment theory inform the ethos and approach of staff who are united by a positive attitude. This is most powerfully communicated by the abundant pride staff take in working with young people. This key relational way of working grows young people's confidence and helps them feel a sense of belonging and take ownership of their lives and over their home. A senior member of staff said, 'I am massively proud of what we do and I know the team are'.

Involvement of young people and consultation

Engagement with young people and positive partnership working are at the heart of the model. There has been participation from young people throughout the design and delivery of NWD. Regular focus groups, with input from the National Youth Advocacy Service (NYAS), are held and young people with experience of care ensure that all aspects of the model are influenced by them. This includes team training, language and recording, systems and supervision of staff members. It should be noted that the NYAS lead said: 'these were not the usual young people taking part in participation groups'. When the Office of the

Children's Commissioner for England visited the NWD focus groups and fed their views into the forthcoming review of residential care, the young people were 'blown away' that their input could affect national policy and decision making.

NWD means that young people should not hear 'that's not our role – we will have to refer you to...' Instead there is a single entry to the range of services that young people need. This means a genuine commitment to co-producing provision at every level with the whole team working together to make things happen in new ways. Changing practice, culture and relationships is hard. Actively involving everyone (especially young people) in the design and continued development of NWD is essential.

I am treated as an individual – not a problem
(NWD young person).

In addition, there was initial consultation with key stakeholders and partners including the police, NHS commissioners, healthcare providers, the Supporting People commissioning body, seven district councils and nine housing providers prior to setting up the hubs. This included strong governance arrangements to promote and authorise an innovative environment to mitigate risks and keep each individual organisation informed of progress and key messages.

NWD is influencing policy and thinking – away from separate policies, regulations, standards and inspections of functional services and institutionalised care towards a whole system approach that integrates these in ways that demonstrably benefit young people and make them safer in both the short term and the long term. It is the combination of evidence based practices and new ideas that provide the innovation.

Key learning from the development of the model has included the time investment in ensuring other agencies/partners understand the balance between innovation and 'risk avoidance'. This has included work with legal, procurement, finance, Ofsted (Office for Standards in Education, Children's Services and Skills for England) and keeping partners involved and informed of progress. The work is time consuming but worth the investment. In addition, balancing the project design, development and management with 'business as usual' is crucial to success, and project management needs to be closely aligned to the model. Finally, the 'feeding of the beast' has meant that the right systems and data capture are needed in order to evidence changes in outcomes. This work is feeding into the development and co-production (with CCFR) of an Edge of Care Cost Calculator tool which (along with the model) is gaining both national and international interest.

Conclusion

NWD is proving it works by being there for the most complex adolescents, as they move through and on from care. Its integrated management and multi-agency team approach means that the relationship based 'wrap-around' service comes to young people, at the right time for them. The voice of young people is embedded throughout service design, delivery, training and evaluation.

The model is evidence based but also built on the experience, skills, knowledge, and high aspirations of residential workers, who work with and support the most troubled adolescents. It is felt that this model is emblematic of the 'pendulum' swing in residential care. This model makes real the passion and will to make a difference – to 'care'. It allows residential workers to reclaim their professional expertise and pride in their work. They are valued within the wider children and families service and see the impact of their interventions on young people's (and families') lives.

About the author

Janice is North Yorkshire County Council's Residential and Edge of Care Services Manager and is the No Wrong Door project lead. She has extensive experience across youth, community and residential provision which has led to the development of award winning services. This includes several 'Outstanding' Ofsted judgements within the residential sector.

Janice has been instrumental in developing edge of care services within North Yorkshire and has been a committed advocate for joined up services around adolescents with complex needs. Working closely with Martin Kelly and building on established residential and edge of care services, a model was developed with funding sought from the DfE's Innovation Programme.

'No Wrong Door' was the first submission under the strand of 'Rethinking Care for Adolescents' to successfully gain the significant funding required to bring the model to life. Its unique approach to working with complex young people will be evaluated and used to drive improved practice within the sector.

Janice is passionate about providing young people with improved opportunities to develop their life chances and believes that relationships are at the heart of practice both with young people, staff teams and key partners. She believes that a 'learning community' is vital and that skills, experience and resources can be shared and pooled, which not only benefits young people but delivers more cost effective services.

This work is licensed under a [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License](https://creativecommons.org/licenses/by-nc-nd/4.0/)