

Case Study

2. Intensive Support and Monitoring Service Multi-agency working in Glasgow

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Background

The Intensive Support and Monitoring Service (ISMS) represents an established and evidenced based community alternative to secure care for young people. The service is made up of statutory social work, NHS Forensic Child and Adolescent Mental Health Service (FCAMHS) and a bespoke Education base. It is the only service of its kind in Scotland that provides a fully integrated multi-agency model of care planning and risk management based upon a comprehensive assessment and formulation of risks and needs for those young people most at risk of serious harm both to themselves and others. This population are some of the most challenging and complex young people within Glasgow, and thus require the most structured and intensive service intervention available.

The service has developed a highly specialised multi-agency risk assessment process that brings together the statutory partners to develop a shared formulation of the young person's difficulties. Each formulation undertaken is unique to the young person and explores how difficulties arise and are maintained, as well as identifying protective factors. The formulation approach helps to develop a shared understanding between professionals, young people and their families. This provides a clear rationale for risk management and intervention approaches; it promotes collaborations and helps to ensure consistency. The multi-agency model allows for a consensus to develop in how services identify best practice, manage risk and progress treatment outcomes.

Example of Good Practice

The ISMS service will provide a range of supports to mitigate risk and build on strengths in the young person. ISMS will provide where appropriate:

Risk Assessment

Within ISMS the Structured Professional Judgement (SPJ) model of risk assessment is used; this model of risk assessment is recognised as best practice within the extant professional and academic literature (Risk Management Authority, Scotland; RMA, 2011). In utilising the SPJ approach the ISMS worker develops a comprehensive assessment which is anchored in research and professional literature.

The SAVRY is a risk assessment tool designed to assist professionals to evaluate and make judgements about a young person's risk of violence (Borum et al, 2006). The SAVRY requires an analysis of a set of risk factors associated with youth violence. Equally risk specific assessments will be carried out with young people dependent on the areas of vulnerability, risk and need identified either at the outset or during the course of ISMS involvement. Further risk assessments used to guide analysis is not limited to but may include, START, ERASOR, sexual exploitation tools and self-harm specific assessments.

Risk Formulation

The Forensic Child and Adolescent mental health team (F-CAMHS) will facilitate a formulation meeting alongside ISMS staff. A psychological formulation provides a summary of an individual's difficulties and how these are related. It aims to explain, on the basis of psychological theory, the development and maintenance of these difficulties that can inform subsequent intervention. Each formulation undertaken is unique to the young person and explores how difficulties arise and are maintained, as well as identifying protective factors. The formulation approach helps to develop a shared understanding between professionals, young people, and their families. This provides a clear rationale for risk management and intervention approaches; it promotes collaborations and helps to ensure consistency. The multi-agency models allows for a consensus to develop in how services identify best practice, manage risk and progress treatment outcomes.

Risk Management

From the outset ISMS aims to develop a shared risk management framework with the locality social work team and other involved partners. The consideration of risk management is vital as the service aims to give consideration to and effectively work towards preventing potentially harmful outcomes for the young people in the service. The ISMS review process has been devised to effectively respond to early warning signs and provide a clear rationale by developing an intervention strategy that mitigates against potential future harm to self or others. In doing so it

is anticipated that the service will target destabilising factors as a priority to ensure the safety of the young person and others.

Forensic CAMHS

The Forensic Child and Adolescent Mental Health Service (FCAMHS) is the only NHS based service of its kind in the country. They provide dedicated clinical forensic psychology input to the ISMS service in line with the protocol agreement between social work and health. The Clinical Psychologist undertakes an initial mental health assessment as part of the ISMS assessment process. Where additional mental health needs are identified (e.g. speech and language), they will link to other resources within CAMHS depending on the young person's presentation. F CAMHS staff work closely with the allocated ISMS worker; an important factor in this is co-location. FCAMHS staff within ISMS also provide evidence based psychological interventions and support the ISMS team to provide structured interventions based upon cognitive and behavioural principles. Ultimately, the multi-agency approach allows the ISMS service to adapt its approach to meet the best interests of the child and ensure that we are considering all aspects of their social and mental health needs.

Intensive Multi-agency Supports

The ISMS service will match the amount of support and contacts with the young person dependent on the level of need and risk. If the young person needs a significant amount of structure and stability in their lives then the ISMS worker will develop a support package that will co-ordinate a range of partners including education (careers), mental health, third sector partners, housing and locality social work. The service is resilient and is used to working with the most difficult to reach young people and their families. The ISMS worker will act as a focal point as they strive to develop intensive weekly supports in order to develop a relationship with the young person and their family/carers. The ISMS worker will be able to deliver a wide ranging level of interventions that may include an individual focus on; emotional regulation, anger management, problem solving, consequential thinking, or motivational and strengths focused work. Moreover, the ISMS worker will also work alongside families to strengthen relationships, build resources and develop collaborative safety plans.

Education base

ISMS education has developed a truly individualised education package that is influenced by the principles and guidance of both GIRFEC and the Curriculum for Excellence. A range of teaching methods are used within the community and the classroom to harness the young person's interests and develop learning in the four core areas: Literacy, Numeracy, ICT and Health and Well-Being. The service

focuses on developing a sense of belonging and connection to the subject matter by focusing the work around the interests of the young people which in turn can stimulate motivation to engage. As a consequence, the education staff can then tailor a package of individualised education according to their assessment and in line with the multi-agency formulation.

The ISMS service throughout the year will also support the young people in the service to attend college and training as a way of gaining valuable experience of the workplace. ISMS has established close links with career providers to develop training/education pathways for the young people involved in the service.

Benefits and Impact

ISMS young people are typically involved in non-violent and violent offending. The young people we work with both male and female are predominantly disengaged from education services. They are likely to be absconding from the home (often for days at a time) and there may be concern around sexual exploitation. The young people often have significant mental health difficulties including, trauma-related difficulties, neurodevelopmental difficulties, mood disturbance, and self-harm. Ultimately, the behaviours and concerns that young people display or are subject to are incredibly serious and pose a real threat to their safety and often the safety of others. They are equally more likely to present with ongoing conflict or serious violence within the home and community, ongoing mental health difficulties, elevated risk of self-harm, ongoing offending issues and remain disengaged from services, therefore being opposed to treatment. Clearly the level of violence and 'cost' to society is significant and research has shown us that these young people are statistically more likely to continue to have poor life and social outcomes as they develop into adulthood.

Consequently, developing a multi-agency model that can begin to work on addressing the factors above is pivotal to responding to the 'risks' and the 'needs' of the young people. Initially ISMS seeks to manage the young people safely and to ensure timeous and accountable risk management. But ultimately by improving the aspirations, and social and mental health outcomes of young people and their families the ISMS services strives to re-integrate the young people back into society and to develop positive life opportunities that can make them safer and allow them to make valuable contributions to their communities.

In a recent review of the formulation process by FCAMHS they surveyed a host of participants in the formulation meetings, including ISMS staff, locality social workers and managers, health staff and teachers. Professionals reflected that formulation increased their awareness of challenging behaviour "In my experience, formulation has helped create meaning of what is often a complex and layered narrative for a young person. "Furthermore "By taking the facts of a case, I have

found formulation an arena where perhaps both mine and others' well-meaning but poorly judged ideas about clients (and therefore workers' current practice) can be challenged in a constructive and positive manner, ensuring the team perspective of the problems a young person is experiencing and how best to tackle these is a more singular and cohesive one." Professionals also reported that the multi-agency formulation process increased their confidence in working with young people and families. One staff member commented "In my experience, formulation has helped create meaning of what is often a complex and layered narrative for a young person... Given its fluidity, I have found formulation to be less restrictive to change and can incorporate the emergence of new information as I continue to work with a client. In doing so, it offers a shift in perspective to one of hope, agency and change for clients and workers." The most positive impact of the formulation process appeared to be on staff confidence in the risk assessment and management of young people particularly in relation to a multi-agency response. Staff reported "it enabled the multi-agency team to develop a fuller understanding of risk, and ways of managing risk, taking in to consideration the social background of the individual concerned, whilst recognising the adversity and potential harm embedded in the professional network of care and support. The agreed formulation came at a critical point for both the young person and the multi-agency team..." Another professional reported "...the depth of understanding that formulation offers allows for a focused, robust risk management and care plan that identifies and addresses the factors that both manifest in the presenting problem and we have the potential to influence. Given that it pulls together everything we know about a young person: the issues, their inter-relatedness, the most likely risk they present and how best to affect change and manage risk, I have found the process of formulation can often pinpoint with much greater accuracy as to where the risk actually sits versus pre- formulation."

In a recent education evaluation we highlighted a significant increase in engagement with learning due to our new multi-agency individualised/formulation informed approach. Prior to our model beginning in 2012 attendance rates at our base stood at 40%. In the year 2017/18 our attendance was at 73% which is striking as the young people are so disengaged from education. Education attainment levels dramatically increased over the period. In a sample of 24 young people taken in the last education session, 16 were receiving support from positive destinations including training, mainstream supports and further ISMS education support.

As a result of the ISMS multi-agency intervention the use of secure care in Glasgow has significantly decreased as the service manages to support young people within their community.

The young people in ISMS all have the opportunity to receive a mental health assessment. Results taken over a recent evaluation found that 88% of the young

people took up the mental health assessment option. Fifty percent of the young people received further ongoing FCAMHS support as a consequence of the multi-agency formulation. Of those, 32% received a cognitive assessment, 37% ongoing risk management formulation, 21% individual psychological work and 10% ASD assessment. These figures all highlight the importance of the mental health work within the ISMS population and the important impact of the multi-agency working.

What makes this work?

There appears to be pockets of multi-agency working nationally in relation to young people at serious risk to both themselves and others. However, ISMS is the only service of its kind nationally that has developed a fully integrated model between the three main statutory services. We have also benefitted from integration with One Glasgow and Police Scotland which ensures communication and actions is shared locally. In effect, this has enabled us to work collaboratively with our colleagues in the Police to find an agreed strategy for supporting young people and families locally.

Developing agreed risk management and treatment priorities that are shared and agreed by the partners significantly improves the joint working and our ability to make decisions that improve the safety of the young people, family and the community both in the immediate and long-term. There is a shared responsibility for the care of the young person and integrating the agencies has meant that no agency is working in isolation, and everyone takes an active responsibility in the multi-agency decision making. Risk management and treatment will have a greater likelihood of success if there is a clear rationale and expectations for agencies. By working together the ISMS service has shown that by developing a single plan for risk management and intervention, we can react more effectively to the risks and needs of the young people and their families we work with. Each agency is clear on its role and responsibility and has a common vision that works toward improving safety and outcomes for the young person, family and community. This approach ensures that communication is at its core which we know is central to making agreed, effective and transparent decisions.

The delivery of the ISMS service adapts to meet the 'needs' of each individual young person. The young people are all unique; therefore the service needs to adapt and be sensitive to these differences. From the outset we understood that we needed to develop a service which worked with the young people to engage them at a level that recognised their strengths and challenges as individuals. We understood that the traditional delivery of services did not necessarily provide us with best practice. Consequently, we came together to develop a bespoke mental health service that could meet the challenges of assessing the complexity of the young people we work with and not solely observe the young people through the prism of mental illness/ disorders. Their role in facilitating our formulation

approach has supported the pivotal role multi-agency assessments play in getting the most comprehensive formulation of young people to ensure that we are meeting their best interests. Equally, their role recognised the essential requirement of practitioners with differing skills sets coming together to ensure that we consider all aspects of assessment for our young people. Most important was the development of formulation to produce a consensus in our risk formulation, risk management and treatment approaches across all agencies. With consensus comes transparency and crucially clarity in the provision of valuable resources. In effect, this is about giving the young people the best possible service available.

We also recognised that education provision based around group models for challenging and the hardest to reach young people was presenting us with significant challenges to promoting best outcomes. Consequently, we continued our approach and developed an individualised education package to better meet the needs of our young people. Not only did it allow for better assessment to feed into our shared formulation but it worked to inspire and motivate young people to better engage with the education system. Consequently, our multi-agency approach guided the development of a new model of education that would better serve the young people.