

## Case Study

# 5. Highland Youth Action Service

**Carrie McLaughlan (Highland Youth Action Service)**

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### **Background**

The Highland Youth Action Service (YAS) consists of two teams, each managed by a Practice Lead. Each team is made up of Social Workers, a Clinical Nurse Specialist and Youth Justice Practitioners. A Forensic Psychologist in Training (FPiT) is attached to the service and has a Highland wide post, supported through supervision from a Chartered Registered Forensic Psychologist. The decision to include such a post grew from an interest (c2007) in an employee's qualification (MSc Forensic Psychology) and how this could be better utilised to assist the service and its development. Over two years, proposals were put forward to the Local Authority's Director to consider funding an FPiT as a 'secondment'.

The inclusion of a FPiT in the Highland YAS staffing structure is not a first and other local authorities have invested in forensic psychology to varying degrees. However, there are a limited number of local authorities who do have forensic psychology staff as part of their teams. This case study explores the benefits of having forensic psychology staff employed directly by the council and the contribution to service provision that this can provide.

### **Example of Good Practice**

Highland YAS recognise the unique contribution that different professionals can bring to partnership working and have effectively included forensic psychology within the multi-disciplinary team.

In relation to psychology, the Health and Care Professions Council (HCPC) set the standards of proficiency that every Practitioner Psychologist must meet in order to become registered. In addition, once registered, Practitioner Psychologists must continue to meet the standards of proficiency that are relevant to their scope of practice. Whilst there are common standards of proficiency for all Practitioner Psychologists there are standards that are specific to particular psychology domains, including forensic. For Registered Forensic Psychologists these domain specific standards of proficiency include, but are not limited to, the:

- understanding of psychological theory and models on socially and individually damaging behaviours,
- application of these to effective assessment, formulation and intervention, and

- provision of research, consultancy and training in relation to this (HCPC, 2015).

In Highland, the Forensic Psychology Service (FPS) is accessible to all staff in the YAS and the knowledge and skills available have been utilised across a range of areas. The FPIt is employed full time and is co-located within one of the teams, with her Supervisor and Chartered Forensic Psychologist being available within the office fortnightly. Both posts have been able to travel to provide consultation across the Highlands.

Access to the service usually starts with consultation, either through meetings or telephone contact. There is no separate referral form to access the FPS within Children's Services; however, access to the Child's Plan is requested. The FPIt regularly attends the YAS team meetings and offers telephone consultations each week for social workers/practitioners to discuss cases.

The FPS has had a vital role in relation to improving risk practice and has played a part in the implementation and rolling out of Care and Risk Management practice as well as ongoing support to staff. In the first instance this is usually through consultation and advice/guidance to staff, however, it also includes joint work in undertaking risk assessments where this is beneficial. In addition, the FPS offers consultation to Care and Protection Teams and offers Criminal Justice Social Work clinics to teams who otherwise cannot directly access forensic psychology input.

Evaluation of the effectiveness of the FPS suggests that the input increases staff confidence and competence in risk assessment and risk management. The following quotes highlight staff views:

*"I felt we gained a more in depth understanding of the presenting behaviour and potential triggers. We were also given advice on how best to approach addressing these behaviours"*

*"It gave me confidence working in an unfamiliar and potentially dangerous situation"*

*"The service offers risk assessment information from a specialist discipline which benefits risk assessment, decision making and reduces the professional stress of making such decisions"*

*"In cases that were causing a high level of anxiety...it was extremely helpful to have this additional perspective. The guidance given shaped the plans that were subsequently put in place and because the families were fully involved this was acceptable to them"*

The FPS also plays a role in the development of training packages and the delivery of these to staff. This has included the provision of training in Formulation which has been rolled out to both youth justice services, including the voluntary sector and residential care staff. In addition, Safer Lives training and support has regularly been provided in response to local need as well as assistance in co-facilitating Risk Assessment (SAVRY) training.

**Benefits and Impact**

The work in Highland has demonstrated the benefits that the addition of the FPS can provide in terms of further developing staff knowledge, skills and confidence in working with children and young people involved in offending behaviour and other high risk behaviours.

For example, anecdotal information suggests it has facilitated joint training/and joint working (e.g. with CAMHS and Police Scotland) and improved staffs skill set in relation to harmful sexual behavior and how to manage/reduce it.

The FPS has developed a direct link with CAMHS which allows for a collaborative and trusting working relationship between the two services. This is facilitated by frequent and dedicated time for case discussion and has allowed for more collaborative approaches as cases/services develop. Joint consultations are offered when there is an overlapping of cases and these have helped with resolving confusion/concern and increased understanding of what each service can offer.

Both CAMHS and the FPS feel the opportunity to merge clinical and forensic formulations has been valuable - allowing services to see that these are often complimentary, while respecting the expertise and difference in each other's training.

Whilst the relationship between the individual workers in CAMHS and FPS is important (e.g. both are willing to seek opportunities to work together on cases, often within a consultation model) this is only possible because the roles and services allow them the autonomy and flexibility to do so.

Although there has been limited evaluation of the impact the FPS has provided, the evaluations that have taken place suggest it has supported staff in their understanding and analysis of offending and successful interventions. For example feedback from an evaluation of the service included:

*"The input into case conferences through formulation became invaluable and I could have used them more - hindsight is a wonderful thing"*

*"Being introduced to formulation through the Forensic Psychology Service was a real eye opener and helped me take a more in depth look as to why certain people would keep repeating the same mistakes"*

*"The work helped the young person to understand why certain things were happening and how they could respond in a more positive way"*

One of the clear advantages of this model of working is that it helps to fill a skills/service gap that has been identified nationally in relation to those children who do not meet the criteria for CAMHS because their behaviour is deemed to be

behavioural rather than as a result of mental disorder (Murphy, 2018; Scottish Government, 2018). Forensic psychology services have a valid contribution to make in relation to those children and young people whose needs require psychological support and intervention that is additional to what Social Work provide. Having Forensic Psychology embedded within the Social Work team enables this service to be provided flexibly, either through direct work with the child, through consultation with individual staff members/staff teams or through training, without the delays that referrals to other services can result in.

#### **What makes this work?**

Positive relationships with partner agencies have been key to successful utilisation of the FPS. These relationships have developed over time and there is a respect for the different roles and acknowledgment of what can feel like competing and conflicting pressures.

It is perhaps a significant benefit that the FPiT spent four years working in a youth justice service as a practitioner before starting on the chartered route as a FP. This has allowed the FPS to develop out of an understanding of the pressures and complexities of a youth justice service.

Another factor that has contributed to the success was senior management supporting the FPiT to work flexibly and with autonomy. This has included allowing the FPiT to spend periods of time 'on placement' working in different environments and alongside different services (e.g. Criminal Justice Social Work, Scottish Prison Service, CAMHS).

#### **Challenges and Barriers**

The embedding of the FPS was not without its challenges. One such challenge is accessing adequate peer support to the FPiT as a lone worker. In addition, there are pressures associated with offering a service to Social Work across a whole local authority with limited resource (1 x FPiT and 1 x part-time Chartered Psychologist). This is especially so given the geography of the Highlands and the desire to provide an equitable service.

A further challenge was developing a robust referral process within a youth justice social work service that is fit for purpose, but in line with psychological practice guidance. For example, there continues to be difficulties around recording systems and who can access them/what they should contain due to both Psychology and Social Work recording on the same system.

#### **How could this be improved further?**

The FPS could be improved further through ensuring strategic plans consider how to offer a robust service across all agencies as well as continuing to build on links to other psychological services (e.g. CAMHS, Secure Units with psychology services).

Ongoing evaluation of the FPS and the impact it has would assist in shaping the service provided as we move forward. To date one of the improvements highlighted through evaluation is the need to provide better/clearer information for new staff during their induction on how and when to access the FPS.

**What has been learnt?**

In terms of learning from Highland's experience it would be beneficial to have systems set up prior to the FPiT starting in post. This would include:

- A referral process where there was agreement as to when FPS should be consulted and a process in which to do this that does not create unnecessary barriers, yet ensures appropriate gate keeping from a specialist service.
- Recording systems and agreement at senior management level of what and where FPS should record within a Social Work service.

**Further Information**

HCPC (2015). Standards of proficiency: Practitioner psychologists. Health and Care Professions Council.

Murphy (2018). Balancing rights and risk: How do we get it right for children involved in violent behavior? Centre for Youth & Criminal Justice.

Scottish Government. (2018). Rejected Referrals Child and Adolescent Mental Health Services (CAMHS): A qualitative and quantitative audit Edinburgh: Scottish Government.