

Case Study

7. The IVY Project

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Background

The Interventions for Vulnerable Youth (IVY) Project is a highly specialist service for children in Scotland aged 12-18 who present a high risk of harm to others. The project has been running for five years, funded by the Scottish Government. It provides a tiered approach to risk assessment, formulation, support and risk management for children who, in addition to high risk behaviour, often have complex individual experiences of trauma, neglect, instability, neurodevelopment needs, mental health needs, placement breakdown, school exclusion, lack of social support, poverty and marginalisation. These children constitute a population whose distress is frequently unanswered; their needs, whilst recognised at national policy level, continue to fall outwith service thresholds and funding priorities. Accessing support from statutory services/resources is frequently difficult or impossible.

Children are referred to the IVY Project by a range of agencies. When a referral is received by the service, an initial two hour multi-professional consultation is offered in order to assess the needs and risks present, both for the child referred and with respect to their family and the professionals who seek to support them. A detailed report with an analysis of the risk and risk management needs documents the discussion and what is needed to optimise the child's outcomes. IVY works in close collaboration with referring agencies to develop a formulation and support and risk management plan that is attuned to the individual needs of each child and their team. IVY also works directly with children and their families to provide highly specialist assessment and similarly specialist psychological therapies when this is unavailable to them within the child's local authority or health board. Support offered indirectly includes ongoing consultation, reflective practice, supervision and training to teams, liaison with children's lawyers and reports to assist with key decision making, such as placement planning, funding applications, and SCRA or court processes.

The IVY Project is a blended service. IVY consists of social workers, and specially trained clinical and forensic psychologists who work in partnership to understand and respond to individuals and systems in a holistic and a multi-theoretical formulation-led way, informed by, for example, developmental, attachment, phase-based trauma, social materialist, mental health and offending trajectory models.

What works and why

The IVY Project is unique in placing joint working between the professionals as the foundation or 'secure base' of its approach. This partnership between social work and clinical and forensic psychology offers a specialist level of knowledge and skill in the area of youth justice, child development, mental health and risk. Advice is both theoretically grounded and practical. It is equipped to respond to need at individual, systemic, local and national levels. For example, distressing situations such as abuse can be responded to by drawing on social work expertise of child protection, legal proceedings and working with families, alongside clinical psychology knowledge about working with trauma and supervising staff. It appears, from the experience of IVY, that clinical psychologists employed in social work teams and social workers embedded within specialist psychology services would offer significant benefit to service users and the wider workforce. Time and cost savings alone are huge. More importantly, the experience of service users is less fragmented, less confusing and inclusive of the wide ranging needs and risks present.

Further good practice available to IVY has been in providing support to children across local authority and health board boundaries. Given that many of the children who present high risk behaviour have experienced multiple placement moves outwith their control, being able to continue to work with them as they move residence and teams is essential in providing relationship based support, consistency with respect to risk management and monitoring, and supports the provision of long term therapeutic support. Having a constant therapeutic journey and a consistent professional team is a critical factor in supporting other transitions and maintaining stability.

Having the time and space to respond comprehensively and assertively to children, families and their teams, is another strength of IVY. At the consultation level, more time is available for listening, with each discussion lasting a minimum of two hours. This may not be possible in many other services. IVY staff also hold significantly smaller caseloads than other frontline workers in mainstream services, affording workers the time and flexibility required to offer an assertive outreach approach, such as going to children where they need us, rather than expecting children to fit our requirement. This allows IVY to really get to know children, their families and corporate parents across settings, enabling the establishment of safety that is the essential starting point for intervention of any type. Radical change has been possible in the lives of children because of the time afforded to IVY to build secure foundations with service users and work therapeutically over long periods. Frightened, frozen, rejecting systems have become nurturing and claiming; frightened, frightening and isolated children have experienced peace and achieved personal goals, such as being in a loving relationship, going to college, learning to drive, avoiding offending and staying out of prison.

The ultimate aim of IVY is to become obsolete. As such, staff in the IVY Project do not replace teams that are already present in children's lives. Rather, IVY becomes an additional team member in the child's multi-disciplinary team, to learn from

those who already know the child, to support risk assessment and management, and work with staff to develop or enhance their roles as secure attachment figures. The project therefore contributes significantly to workforce planning and capacity to deal with this high risk group.

The usefulness of IVY to children and their support networks is measured by routinely gathering feedback from referring agencies via questionnaires. The effectiveness of individual support and risk management plans is measured via regular monitoring at established forums such as looked after young person reviews, and monitoring change via structured professional judgement risk assessment tools, and formulation and reformulation letters which are used in a therapeutic manner.

What doesn't always work: challenges and barriers

Like all human beings working in 'helping' services, IVY staff are not insulated from the wider system in which they operate, and they too can be vulnerable to mirroring or repeating unhelpful systemic responses to trauma such as risk averse or risky responses, impulsive or reactive decision making, inconsistency, avoidance, numbing or fragmentation. Furthermore, the harrowing nature of the risks and histories that characterise the cases seen pose considerable risk of vicarious trauma. In order to attend to support staff well-being and to ensure these potential process issues and bias are managed, reflective practice, team meetings and supervision are embedded into team practice as a matter of routine. IVY staff are therefore able to reflect on their own practice regularly, to monitor and attend to challenges to helpful responding that may arise and are encouraged and supported to maintain their own well-being. Formalised and protected space for staff and teams to reflect on their own thinking and their work with service users is vital, and from our experience should be an essential component of how all services operate. In order to function as a secure attachment figure or even a good risk assessor for others, workers must first be able to maintain a reflective capacity, which is no easy task amidst the pressures, threats, content and volume of work required of those who work at the frontline of services.

What has been learned?

Whilst IVY operates at national level, taking some of the strengths of IVY and applying them in local contexts would appear in many ways to be straightforward and inexpensive. For example, the addition of a clinical psychologist to a social work team (or vice versa) is a simple idea, but one which would allow the type of joint working that has been successful at IVY, and which would enable children who require highly specialist psychological interventions to benefit from specialist assessment and therapeutic intervention. The time saved on gatekeeping between services would surely also be staggering and the policy aims for children and young people to see the right person, at the right time and in the right place could be achieved. This would also therefore reduce waste and increase efficiencies. Similarly, embedding protected time for reflective practice into a service's operational policy is a simple step, yet one that could improve worker's wellbeing and capacity, improving both the service they are able to offer vulnerable children and families and ensuring service sustainability.

It is important to emphasise that just because IVY strongly adheres to the principle of treating children as children, this does not equate to taking risk less seriously. Instead, it means that risk formulation and management plans are truly developmentally informed, child centred, context relevant and some of those offered to the youngest children have been the most attuned and specific risk management plans, and sometimes the most structured or highly supervised of plans. It is developmentally informed practice that offers the greatest likelihood of reducing risk in the highest of high risk scenarios. Equipping all staff working in youth justice and looked after settings with knowledge and skill in the areas of child development, structured professional judgement risk assessment for children, and formulation would appear to be essential and manageable ways to provide better services.

Another less practical reflection from IVY would be noticing that sometimes a conclusion can be reached that something isn't working, when in fact, the something hasn't been given a fair chance to work. Case level evidence from IVY demonstrates that when sufficient time and nurturing is offered to children over a long period in a safe environment, radical change is possible. It is pertinent that systems are mindful of knowing the difference between something that is failing because it's the wrong thing, and something that simply needs more time and resource to succeed.