Family Adversity: children, young people and the next generation

Children in trouble

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www.includem.org
Who we work with – their experiences

- Overcrowded housing
- Teenage mother
- Physical disability
- Excessive alcohol intake
- Worklessness
- Low basic skills
- Parental depression
- Substance misuse
- Emotional abuse
- Domestic violence
- Lack of positive adult relationships
- Physical abuse
- Early exclusion from education
- Sexual abuse
- Overcrowded housing
- Multiple moves
- Support to deal with trauma
- Physical abuse
- Lack of positive adult relationships
- Multiple moves
- Support to deal with trauma
- Family experiencing financial stress
- Overall poor physical health
- Mental health issues
How services see young people: hard to reach.

Unpredictable aggression and low self control
Unable to deal with officials and won’t attend appointments
Disruptive in group settings
Abscond and truant
Carry a weapon
Sexually harmful and/or risky behaviour – self harm
Impulsive and no self-esteem – careless with self
Offending, gang violence

How young people see services: hard to reach.

9 to 5. Monday to Friday.
Out of hours – skeleton service with inexperienced staff
Put with young people with same problems
Don’t drink or take drugs or you’re out
Regular and reliable attendance or you’re out.
Pretend that chaotic families aren’t part of your life.
No relapse, or you’re out.

Setting young people up to fail?

We set young people up to succeed.
We like young people

We go to them and work with them wherever they want/ need/ are

Services are planned and tailored to each young person

We build one-to-one relationships

We can respond to referrals immediately

We build trust through persistence, stickability and intensity

Staff work over 7 days; there is no ‘out-of-hours’ concept

24 hour helpline

We respond in person to deal with or avert crisis

We work with families
How

staff selection, attitudes and values, resilience, analysis.
Head, heart and hands.

How

Resourcing & deployment

How

Management, leadership and training

How do we know?

Accountability, transparency, monitoring, analysis, understanding, improvement

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Includem services are reducing risk, addressing immediate and underlying support needs, and reducing the potential cost to society.

Increasing complexity of risks and needs. Increasing cost to society of unmet needs.

GIRFEC STAGED MODEL OF SERVICE PROVISION

CRISIS RESPONSE AND PREVENTION OF IMMEDIATE HARM

COMMUNITY ALTERNATIVE TO RESIDENTIAL CARE, SECURE CARE OR CUSTODY

PREVENTING FAMILY BREAKDOWN OR COMMUNITY PLACEMENT BREAKDOWN

TRANSITIONAL SUPPORT

INCLUDEM SPECTRUM OF SERVICES
Case study: Beth – initial needs

• **At referral** – Non-attendance and increased exclusions when attending school. Recent charge in the community.

• **At assessment** – Parent’s chronic mental health concerns identified, previously unknown by education. Parent trying to cope with these health issues at same time as being sole carer.
Case study: Beth – what we did

• Intensive initial engagement and assessment phase with parents on their own and with young person (One parent session per week and 4 sessions per week with young person)

• With parent - parent signposted to access health services and supported to attend appointments to stabilise her medication.

• With young person - Intensive support to offer guidance and motivation to re-engage with education
Case study: Beth – outcomes

• Improved ability to parent effectively

• Re-engaged with education

• Sat exams and gained 3 National 5s and the remainder of National 4 qualifications

• Attended college interview
Case study: Robbie

- When Robbie, 18, began working with Includem, he was a chaotic, vulnerable young man with numerous charges.

- Involved in gang violence, Robbie was causing harm to his community and creating victims. His offending behaviour was underpinned by alcohol misuse, and he was easily led and negatively influenced by his peers.

- Homeless and with no structure or routine to his life, Robbie was not co-operating with his probation appointments or unpaid work and frequently had his benefits sanctioned.
Case study: Robbie - what we did

• 3 contacts per week (unplanned) focused on diversion from negative peer group and towards pro-social activities

• Focused work around taking responsibility for past behaviours and considering his impact on the community

• Support to reduce harmful drug and alcohol intake
Case study: Robbie - outcomes

- Full employment, reducing his active risks
- No recent charges
- Residing with family in settled accommodation
- No A&E admissions
- Robbie dramatically reduced his overall drinking and stopped drinking in the streets altogether
Reducing offending – the health benefit

• From independent research, number of lifetime hospital admissions for young people involved with IMPACT programme range from 3 to 84, with an average of 13

• Total number of A&E injuries decreased from 16 prior to involvement with Includem to 8

• Total number of drug and/or intoxication admissions to A&E fell from 4 to 3
There for young people 24/7

Includem

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CIPFA Governance Mark of Excellence 2015, Care Accolade Awards – Chairs Award 2014
Herald Society Awards 2014, Care Accolade awards SSSC/Scot Gov. 2013
Strathclyde Chief Constables Award 2013
One of Britain’s 50 New Radicals NESTA and The Observer 2012