

Edge of Care / No Wrong Door

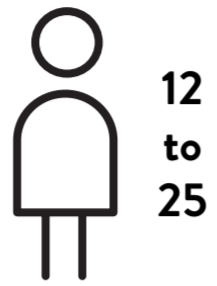
What it is:

No Wrong Door is an integrated service for adolescents with complex needs that brings together a team of specialists working together through a shared practice framework. The keyworker's relationship with the young person is at the heart of the approach and, with the support of the multi-disciplinary team, they are able to draw on a range of accommodation options, services and outreach support to meet the young person's needs and support them to achieve their goals. The service works with young people to prevent them coming into care, and to support them to move back with their families.

No Wrong Door, originally developed by North Yorkshire County Council, has already been adopted in a number of local areas including Wigan, Bradford and with work underway in Sheffield. Wigan adapted the No Wrong Door model to create an approach called ATOM (a name selected by the young people involved in the design). This service was adapted based on the Wigan Deal and Wigan's existing SHARE innovation, which addressed acute adolescent mental health problems through a new specialist multi-professional team based in a repurposed residential children's home.

80% of cases are outreach cases in the community.

Who it's for:



For young people aged 12 to 25 on the edge of care, edging to care and in care.

Edge of Care - those children and young people who are in imminent risk of becoming looked after.

Edging to Care - without an intervention package being put in place there is a strong likelihood of the case progressing to Edge of Care.

The difference it makes:



Features of Practice:

These 7 Features of Practice are based on findings drawn from the evaluation of round one of the DfE's Children's Social Care Innovation Programme. The model below highlights the features of practice that are most critical to No Wrong Door.

Key:
★★★ critical ★★ important ★ present



The hub team is integrated and multi-disciplinary, including clinical psychologists, police, speech & language therapists as well as education, employment and homelessness support. Practitioners work together in a single space with a common theory of practice based on restorative practice and signs of safety.

Each young person has a keyworker and this relationship is at the core of the approach. Together, the young person and their keyworker develop a timeline and a plan of action that is reviewed regularly and which enables the young person to see and acknowledge the progress they have made.

RAISE (Risk Analysis and Intervention Solution Evaluation) meetings bring together a multi-agency group. This is a structured approach to identifying and collectively managing potential and current risks that are impacting on young people.

Core Components:

No Wrong Door is a residential and edge of care service based in 2 hubs (formerly residential children's homes).

The hub team are based in the hub and operate under one management structure:

- Key-workers (residential children's home workers)
- Portfolio leads (keyworkers with additional levels of responsibility relating to the core offer including: education and training, rebuilding relationships, accommodation and transitions)
- Speech and language therapist
- Police officer
- Life coach (clinical psychologist)
- Hub foster carers
- Manager (registered children's home manager) and deputies
- Other local services are drawn in
- An intelligence (data) analyst supports the whole service

Placement options within the hubs:

- Support to remain with family and friends
- Emergency, short & medium term residential beds (in 6-bed children's homes)
- Bespoke created placements
- Specialist foster homes linked to each hub
- High needs supported lodgings
- Semi-independent and supported accommodation
- Young person's own accommodation

Ways of working:

- Flexible working hours/ contracts for staff
- Staying connected with young people even after leaving the service e.g. on creative sessional contract
- Shared practice framework built around signs of safety and restorative practice
- Regular 'culture and practice days'

No Wrong Door's running costs per hub:

- Keyworkers/residential and edge of care workers (8.5x FTE)
- Portfolio leads (6x FTE)
- Speech and language therapist (0.5x FTE)
- Police officer (1x FTE)
- Clinical psychologist (1x FTE)
- Deputy manager (2x FTE) 1 portfolio for residential and 1 portfolio for alternative provisions/edge of care (SW qualified)
- Registered manager (1x FTE)

NB: other roles connected with the running of the children's home are not included here.

From young people and professionals:

"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." - Young person

"Staff go looking for you if you go missing." - Young person

"The best thing they do here is leave me alone for five minutes when I get wound up. Then they come and talk, they definitely help you." - Young person

"I have to admit that initially being embedded in the home felt out of my comfort zone and made me a little uneasy, but actually has proven to be the most effective way to reach these vulnerable young people." - Life coach/ clinical psychologist

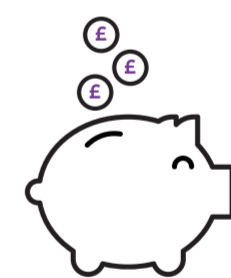
From the evaluation:



One in four NEET young people entering No Wrong Door went on to engage in education, employment or training.



Time in care: our young people in No Wrong Door also spent 55% less time in care that those who weren't referred to No Wrong Door.



No Wrong Door has demonstrated savings in the first 12 months:

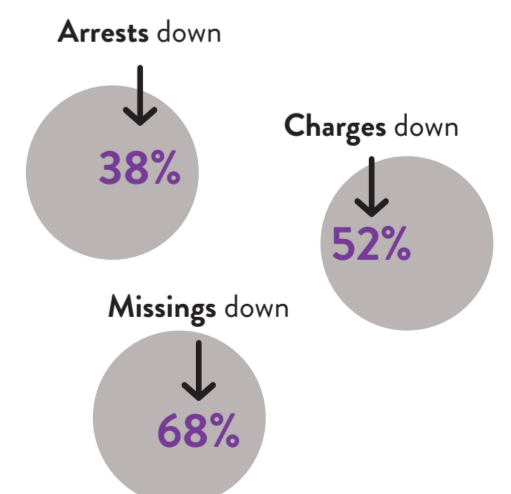
£160k savings to CAMHS

£300k savings to speech and language services

£200k savings to police



86% of young people referred to No Wrong Door remained out of care and were supported in their own families.



Only consider adopting NWD if you are prepared for:

A belief that no young person is unfosterable

A commitment to no longer use out of area placements and do what it takes to support young people within the local area

Striving towards a children's home that doesn't have any children in it, so residential care becomes a stepping stone to permanence and never a long term solution

Employing an unconventional and flexible workforce, such as foster carers who are attached to the residential home or using creative sessional contracts to be able to respond quickly

The multi-disciplinary team physically based in the hub, and managed by the hub manager