Centre for Mental Health

MAC uk

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Meeting us where we're at

Learning from INTEGRATE's work with excluded young people

Introduction

The MAC-UK INTEGRATE model was first developed in Camden, 2008, from the founding principle that services need to meet young people where they are at. The lessons learned at that project, Music & Change, have since been replicated and built upon at three subsequent projects, Positive Punch in Camden, RO|OЯ in Southwark and a fourth site (Project Future) in Haringey. The Haringey site is ongoing and this report describes the three completed projects in brief and the lessons and outcomes from their independent evaluations by Centre for Mental Health.

Excluded and vulnerable young people, including those in contact with the criminal justice system, often experience multiple risk factors for poor mental health, exacerbated by services that are experienced as 'hard-to-reach', leading to wide health inequalities.

Research consistently demonstrates how people experiencing material, racial and social disadvantage and discrimination face poorer life chances including risks to their mental health and becoming caught in cycles of offending (Pickett & Wilkinson, 2010; Sheppard 2002; Viner, 2012). Limited opportunities and exposure to crime take their toll. Young people who are in contact with the justice system are three times more likely than other young people to have an unmet mental health need (Hagell, 2002), and yet they are less likely to access the right support.

The MAC-UK INTEGRATE approach harnesses the power of young people themselves to be part of the solution. INTEGRATE seeks to wrap holistic and responsive support, including mental health and emotional wellbeing provision, around excluded young people.

The INTEGRATE approach centres around the needs of excluded young people who have co-designed and co-delivered projects with mental health professionals in their local communities, in line with the National Institute for Health and Care Excellence (NICE) Community Engagement Guidelines (NICE, 2013). Co-producing the projects has led to innovative service features, including:

- A 'peer referral' system and no professional referrals which leads to working with the whole peer group;
- Young people known to the group being employed in projects as peer supporters;
- An explicit focus on building trusted relationships between young people and the staff team, with time proactively given to just 'hanging out' together;

- A range of roles for the multidisciplinary staff team – from therapist, advocate, employment and benefits advisor to community development worker;
- A focus on what young people can do, rather than what they can't;
- An easily accessible staff team - with staff 'going to' young people, whether in the streets or safe community spaces, and flexible and responsive staff who aren't bound by formal appointment systems;
- A focus on creating wider social change such as transforming services, preventing other young people from offending and creating films or music to express experiences to the wider community.

A summary of the three projects

The INTEGRATE model was developed at the very first MAC-UK project, Music & Change, in Camden. This project launched in 2008 and closed towards the end of 2015. From the very outset Music & Change incorporated co-production with young people and this is a key feature of all projects. Positive Punch opened in 2011, also in Camden but focusing on a different peer group in and around a different estate. Positive Punch was funded through Camden Community Safety Board and ran for 3 years, closing in late 2014. The third INTEGRATE project, RO|OЯ, launched in Southwark in 2012 with funding from the Guy's and St Thomas' Charity, and completed in 2015.

Whilst the Music & Change project worked in partnership with both statutory sector and voluntary sector partners in the borough, both Positive Punch and RO|OЯ were established, co-commissioned and staffed by both NHS and local authority staff as well as MAC-UK.

The evaluations

Centre for Mental Health provided evaluations for all three completed INTEGRATE projects and are currently evaluating Project Future in Haringey. The aim of each evaluation was to:

- Establish the impact on young people in terms of:
  - Improving mental wellbeing;
  - Increasing social integration and help seeking;
  - Reducing risk of offending and antisocial behaviour.
- Establish whether the project had a wider impact on the community and the services within it, and whether it helps to achieve wider social change.

Additionally the evaluation aimed to describe and understand the intervention provided by INTEGRATE.

Although each project was different (reflecting lessons learned from previous projects and particular local needs) the evaluation methodology across all three was very similar and utilised both quantitative and qualitative methods. In summary the projects each collected data via:

- Seeking fully informed consent from a sample of young people engaged by the projects;
- Conducting in-depth interviews with these young people and also staff, community and systems stakeholders;
- Asking the young people to complete self-report questionnaires assessing wellbeing, engagement, social inclusion and work and training;
- Observing what went on at the project;
- Collecting clinician-rated mental health needs measures;
- Collecting third party data (e.g. data on offending) where possible;
- Collecting contact data (length and type) and activity data for each young person.

What needs to change

Excluded young people affected by gangs and antisocial behaviour are among the 5% who commit 50% of youth crime. In London, those who are considered 'gang members' by the authorities are involved in 22% of all serious violence (H.M. Government, 2011), and serious youth violence costs society £4 billion a year. However, the young people behind these statistics are often the poorest and most excluded in our society, dealing with poverty, racism, deprived communities, domestic violence, abuse, neglect, leaving care and homelessness (H.M. Government, 2013; Youth Justice Work Group, 2012).

These are all risk factors for poor mental health and their impact is clear; evidence suggests that young male offenders have much higher rates of a broad range of mental health problems than young men in the general population (Coid *et al.*, 2013; Madden *et al.*, 2013; Corcoran, Washington and Meyers 2015; House of Commons Home Affairs Committee, 2015). They are also more likely to have learning difficulties, communication problems and other complex and multiple needs (Hughes *et al.*, 2012) yet they are less likely to have their needs met than other young people (Chitsabesan *et al.*, 2006). Often, this leads to a cycle of re-offending and a sense of alienation from wider society.

Multi-systemic risk factors, from community and societal factors through to individual and family factors, require multi-agency interventions. Comprehensive but targeted interventions have been reported as having the best available evidence of effectiveness to date (Project Oracle, 2013). However, mental health and emotional wellbeing provision is often missing from interventions or not accessed by young people, and lacks an emphasis on wider social change (Zlotowitz *et al.*, 2016).

Young people find much about traditional health services challenging and are often regarded by health professionals as a difficult group (MacDonald, 2006). Child and Adolescent Mental Health Services (CAMHS) are not well designed for this group (e.g. they have limited ability to 'reach out') and have lacked adequate resources to meet the needs of the excluded young people (DH, 2016). Barriers to this group accessing traditional mental health services are geographical (such as clinics located in unsafe areas), structural (such as services that do not have capacity and training to 'reach out'), and psychological (such as the mistrust of professionals by young people) (Flanagan and Hancock, 2010; Lemma, 2010; Kintrea *et al.*, 2008). Young people often struggle to engage with and navigate the many professional relationships required of them in the current service provision (Bevington *et al.*, 2012).

When young people do attend, psychological interventions for young offenders are short term, and the evidence base for these interventions for young people involved in gangs is inconclusive (Fisher, Montgomery and Gardner, 2008). Multisystemic therapy, the recommended intervention in the NICE guidelines for young people with a conduct disorder diagnosis (NICE, 2013), shows less positive outcomes for young people associated with negative peer groups (Boxer, 2011).

A new approach to interventions for excluded young people is urgently required to better meet their needs. MAC-UK has therefore developed an alternative approach, co-produced with young people, to deliver services for them (Zlotowitz, *et al.*, 2016). This became the INTEGRATE model; its key features are outlined in the next section. The core INTEGRATE principles are also described as it is these that MAC-UK advocates to implement in the design of new services for excluded young people.

Key features and principles of the INTEGRATE approach

Here we present the key features of the INTEGRATE projects that were evaluated by Centre for Mental Health. These features build on each other over the course of an INTEGRATE project lifecycle – but are by no means as straightforwardly linear as this description may infer.

Phase 1: Reaching young people, engaging and peer referral

Within the INTEGRATE approach, engagement and relationship-building with excluded young people are put front and centre; to build trust is the only agenda and if young people ask for support later that is then responded to. No professional referrals are taken, although partners, such as the local authority, help identify which young people would benefit from an INTEGRATE designed service.

The power of community gatekeepers to help broker relationships with young people is essential, so identifying and actively seeking key trusted workers in the community (e.g. detached youth workers) and local peer leaders to work in partnership with the INTEGRATE team is crucial. Relationship-building with young people is a combination of drawing on these community gatekeepers, plus the peer-to-peer referral system and staff 'hanging out' in key locations where young people are known to be. Examples include spending time in and around housing estates, supported accommodation hostels and youth centres.

For young people affected by gangs it is essential that activities happen in places they perceive to be safe spaces and territories, and only young people from the community can identify these places accurately. INTEGRATE staff are trained in evidence-based approaches to effective relationship-building, such as Adolescent Mentalization-Based Integrative Treatment (AMBIT, Bevington *et al.*, 2012), adapted from mental health practice. Daily assertive outreach through youth-friendly technology, such as texting or social media, is used to build relationships and maintain contact with the team.

Key principles at this stage:

- Map and harness the power of local community networks, knowledge, resources, people and assets that exist to reach excluded young people (see Foot, 2012);
- Build meaningful partnerships with other agencies and services in the local community, including local mental health services, the police, local authorities and the voluntary sector and co-produce the projects with them;
- 'Go to' and 'hang out' where young people are in their communities to actively focus on building trusted relationships.

Phase 2: Co-producing activities and relationship-building

As relationships build, it becomes possible to actively ask for help from young people to design a project that they want with the resources the INTEGRATE team brings. The INTEGRATE team explain that the project is about doing 'with' young people, not 'for' them. Young people choose, design and run a range of activities from music or sport to drama based on their passions and interests. Their help is actively requested in all aspects of the activities and young people can take up explicit leadership roles such as 'Head of Music' or 'Gym Project Lead', promoting a sense of ownership and responsibility. Young people can be employed on an ad hoc and part time basis to carry out some of the project work. Employed or voluntary, INTEGRATE project activities provide opportunities for young people to develop professional skills, gain relevant work experience and earn a live employer's reference. It also means almost daily contact between staff and young people, who are all part of the same team. Young people are encouraged to support each other.

The INTEGRATE team 'scaffold' the roles young people take on, supporting young people to plan, organise and reflect on their experiences. Activities may vary from week to week, or fail to get off the ground, or the young people may

change their minds – these are all appropriate within this approach. What matters is that the team follows the young people's lead, continues to build trusted relationships and promote reflective thinking at all opportunities. When asked for their help, young people often want to prevent other younger people going along offending paths, and so often they start projects to try and reach out to younger groups.

Key principles at this stage:

- Map and harness the power of young people's passions, interests, skills, networks, knowledge, resources and assets to co-produce project activities;
- Flexibility and responsiveness to young people is crucial at this stage, responding to their ideas, availability and the level of support required;
- Intervening at multiple levels: this stage begins to engage young people in creating wider social change.

Phase 3: Streetherapy and psychologically-informed environments

INTEGRATE projects have mental health and wellbeing support built in by supporting a psychologically-informed environment and a 'Streetherapy' approach. INTEGRATE teams are led by mental health professionals and made up of workers with lived experience and other professional staff, such as youth workers, all of whom are trained in mental health. The teams apply evidence-based psychological theory to their everyday practice with young people; this includes attachment theory, lifespan developmental theory and community psychology theory, as well as systemic practice, including narrative therapy. The teams regularly draw on the Adolescent Mentalization-Based Integrative Treatment (AMBIT) (Bevington *et al.*, 2012) framework for their clinical practice.

Consequently, the INTEGRATE team work hard to create safe and psychologically thoughtful environments. Practitioners formulate a clinical understanding of each young person and this informs how best to work alongside them and provide for their needs. Very often, the priority for the young person is to sort out basic needs and link them up with essential services such as housing and social security (see below). But practitioners will often identify mental health and wellbeing needs.

The aim of 'Streetherapy' is to alleviate distress and promote positive mental health, with the ultimate aim to bridge young people into existing services if needed. Therapeutic approaches which increase emotional literacy and reflective functioning can be wrapped around any of the everyday interactions in the projects. Clinicians look for opportunities to make mental health relevant to young people's goals, but also look for signs of distress in everyday life. If a young person seems more withdrawn, more aggressive or comments that their future is hopeless, clinicians can start to informally assess their mood. If a young person can't focus whilst in a meeting about a project, clinicians can take the opportunity to discuss strategies to manage a different attention span. Or if a young person is ambivalent about change, motivational interviewing techniques from the field of addiction can be employed to explore and enhance their motivation. Young people can move into more formal, pre-arranged 'Streetherapy' at their own pace, wherever and whenever they feel comfortable. The approach takes effective elements from the mental health field and delivers it in a highly adaptive and flexible way.

Key principles at this stage:

- Intervening at multiple levels: this stage engages young people and partner agencies in creating wider social and systems change;
- Create psychologically-informed environments and systems that apply evidence-based clinical practice in innovative ways;
- Flexibility and responsiveness to meeting young people's holistic needs;
- Building meaningful partnerships with local agencies and services to better meet the needs of young people.

Phase 4: Building Bridges

Young people can quite quickly start to ask for help with a range of needs, whilst continuing to also co-produce the project. This can include

housing support, benefits applications, applying for passports and bank accounts. Again at the young person's pace, staff may offer or be asked to support with CV writing, job applications or support and advocacy during their contact with the justice system. As part of meeting these needs, the team will draw on the project's wider partners and relationships, building bridges between these resources and the young people. All of this helps to prepare young people to 'bridge out' of the project, becoming more stable, independent and able to access and use other services. Co-producing the project can often provide them with enough experience to gain entry level employment.

Building bridges in the other direction is also key. The INTEGRATE team support community services and agencies to adapt to meet the needs of young people more effectively, for example encouraging them to come to the project to hold appointments or initially meeting the young people with project staff to broker trust. This could be physical health services, such as sexual health or dentistry, through to housing advice and job centre staff. This is part of the 'systems change' component of INTEGRATE projects and ideas for it are often generated directly by young people.

Key principles at this stage:

- Create psychologically-informed environments and systems that apply evidence-based clinical practice in innovative ways;
- Flexibility and responsiveness to meeting young people's holistic needs;
- Building meaningful partnerships with local agencies and services to better meet the needs of young people and co-produce INTEGRATE projects with them.

Phase 5: Creating systems and social change

Often young people find they can trust their relationships with the INTEGRATE team enough to express their frustrations with their social worlds. This is encouraged and facilitated by the team, understanding that community and social context factors contribute vastly to young people's mental health. Through dialogue with young people, INTEGRATE teams can find ways to work in partnership with young people to create social change. This may involve young people co-producing training, campaigns and lobbying activities with INTEGRATE staff to effect change in the wider systems around young people. Films, music and other arts are often created to express their experiences and the INTEGRATE team find opportunities for these to be shown to the appropriate audiences, such as local policy makers or employers.

Young people have joined INTEGRATE staff to train other agencies on the impact of health and social inequalities on their lives. Young people have visited the Home Office to argue the point there; they have taught on doctoral level courses at universities about the inaccessibility of services and living in poverty and violent communities, trained agencies such as the police on the importance of trust, and joined staff to influence housing policy at a local authority level. Many young people become champions of change within their peer group and become leaders in their local communities. Through these activities, INTEGRATE projects work to prevent young people becoming involved in gangs and the youth justice system by changing the wider community and social factors. They also aim to empower young people to become social change agents.

Key principles at this stage:

- Intervening at multiple levels: this stage engages young people and partner agencies in creating wider social and systems change;
- Harness the resources, resilience and strengths of young people and local agencies to create wider social change;
- Flexibility and being responsive to local context and young people's ideas;
- Building meaningful partnerships with local agencies and services to better meet the needs of young people.

The impact of INTEGRATE

Engagement

All three projects were incredibly successful in engaging groups of young people who were marginalised, and who were involved in offending or at risk of offending. Over the period Centre for Mental Health conducted the evaluations, the projects worked with approximately 360 young people in total. These young people were typically facing multiple and complex challenges in their lives, such as housing, education, employment, offending and poor mental health.

On all three sites, key local individuals supported the initial contact with young people. In each case these were local people with credibility amongst the young people who endorsed the project. At RO|OЯ and Music & Change in particular this engagement was via 'peer workers' who were part of the peer group and known and respected by it.

> *" ...it was [a peer worker] who met me on the street, told me about the music studio stuff and introduced the team....they couldn't have done it without him ..."*

> *"... [a peer worker] told me to come...I had nowhere to live...so I came in and asked them if them could help..."*.

> *"...you've got some of the known local guys, like [peer worker], he's very local, he's known, and having someone like that, that's respected...in such a local place willing to help..."*

Also crucial to engagement of these young people was peer referral, where friends engaged in the project recommended it to their peers and came together.

> *"...I mean I have heard of the [project], everyone has... but I didn't know what went on...My mate's been coming here for ages and he got into work...so that's why I came... there is a course I need to do and I asked if they could help me with that..."*

Co-production was at the very heart of everything that the INTEGRATE projects took part in, and each of the projects started with activities that were wanted by the young people and co-produced with them. These included music projects, sports projects, cookery projects and others. Through co-production, the projects positioned young people as experts in their own lives and sought to build a service that would be accessible and relevant to them. Co-production was key in building firm relationships between the INTEGRATE staff and young people.

Across the sites young people referred to the relationships and trust that they built with staff as being key to engagement. Staff were described as non-judgemental and accepting, marking the projects as different from their experience of other services.

> *"They came here and not judged no one. They don't ask your history, or what you look like, or how you dress, they came with open arms and gave you a fresh start. They put people first and they always stand for us, even though we cause headaches."*

Young people described how INTEGRATE staff "checked in" on them, maintaining engagement with young people not only directly at the projects and their activities but also through regular phone calls, texts and emails. This meant for some young people, who had not attended the project for a period, that they always felt there was an open door for them when they had need of support in the future.

> *"...I know I can always come back...like this time I need help with my accommodation and I can come back...no fuss..."*

> *"...I don't come very often now...but [INTEGRATE worker] is always in touch...so I feel okay and it doesn't feel weird coming back in..."*

Mental wellbeing

The young people engaged in the project had high levels of need relating to mental health and wellbeing. Self-rated data on mental wellbeing at Music & Change and RO|OЯ

established that around one third of the young people in the samples reported a level of wellbeing that would warrant referral to a mental health service.

> *"They break it down different what mental health is, different from what others say. Stress is mental health, depression is mental health. I would say 90% of people round here are depressed."*

A consistent finding across all sites was that mental health awareness increased in young people and that stigma around it reduced during their involvement with the projects.

> *"...it would just freak me out [the topic of mental health]...I'd run a mile...but I now know lots of people can get stressed out... it's about doing positive things so you have good mental health..."*

Young people and staff across all three projects reported that young people's mental wellbeing improved through contact with them.

> *"...I used to get angry...that's how I did stress...I would kick off...I've had chats here about this and now I've got some of the mentalising tricks...I can see what's happening now and sometimes I can change it..."*

Clinician-rated measures of mental wellbeing confirmed young people's reports, showing significant improvements in needs associated with mental wellbeing across all three projects, over the course of young people's engagement. At all three projects the initial mean rating on a measure called the Threshold of Assessment Grid (TAG - often used to establish whether a case is referred to specialist mental healthcare, but in the evaluations it was used as a proxy for the young people's needs) at the outset was well above that which would warrant referral to a mental health service. By the end of the project, this had reduced to below the threshold. For example at RO|OЯ the mean TAG scores for the young people reduced from 9.7 at initial engagement to 4.6 towards the end of the project. (A score of 5 or over usually indicates a need to refer to specialist mental health care.) In other words, engagement with these projects was associated with a significant reduction in the severity of need associated with mental wellbeing.

However, across all three sites there remained a reluctance to use mainstream mental health services:

> *"...I've needed help for a long, long time... and the guys here help me now...I can come and have a word with [INTEGRATE team member] and it helps me... But I can't tell that stuff to people I don't trust....I'm not sure who I will go to [after the project closes]..."*

Employment, education and service use

Most young people who engaged with the three projects wanted support in entering or re-entering education, employment and training (EET). The INTEGRATE projects were very successful in bridging young people into these. For example, at Music & Change between 2013 and 2014, the proportion of young people accessing EET increased, from 43% to 74%. At RO|OЯ, access to employment increased from 23% to 54% over the first two years.

> *"... They work at your pace...build you up... and you can practice...and they arrange to come with you..."*

At the outset a young person might be shown opportunities and given all the support necessary in taking their first steps towards these, from support in writing a CV to accompanying a young person to interview. The aim was that the young person would be able to do this more independently over time.

> *"... I found it very difficult to do anything that I wasn't used to, going for a job interview or anything like that was very difficult and just wouldn't do it... [an INTEGRATE staff member] let me go at my own speed...she mentioned the XXXXXX course and I was interested but too scared to go...[she] talked me into going for an interview, but came with me, I don't think I'd have gone on my own...The guy was nice...I was really chuffed to get offered a place...I still needed a lot persuading to go... The experience was brilliant, it's one of the best things I've done..."*

In terms of improving help-seeking amongst young people, EET was an area that they reported they were more likely to seek help for.

> *"...if you want to have a positive life you have to have work...that's why we come here..."*

However, because of the nature of employment contracts (often temporary and/or zero hour contracts), especially for young people seeking unskilled jobs, there was both a flow in and out of employment.

Offending

Hard data on re-offending was hard to obtain and though it was provided by both the Ministry of Justice and locally on all three sites, the data remained inconclusive. Local data in Camden for a small sample of those considered to pose the greatest risk suggested a reduction in risk. Local stakeholders including police reported that they perceived reduced offending in the young people the projects had engaged with, and also that they had fewer concerns for these young people.

Most of the young people Centre for Mental Health spoke to stated that they had been in trouble with the police and that their involvement in their INTEGRATE project was having a significant role in keeping them "away from trouble".

> *"...Thinking about working and getting on courses...sure it's about getting money and that, but it also moves me away from getting into trouble..."*

> *"...They [the project] have helped me realise that if I keep hanging with the same folk and in the same way, the temptation is there..."*

Young people described how the support regarding offending at INTEGRATE enabled them to think about the choices in their life, opening up different options.

> *"You could end up in prison from one moment, say you hit someone and they end up dying. I have seen and thought about life in a more open-minded way, do I want to end up in prison and not enjoying my life?"*

Young people also reported that the INTEGRATE projects had had a significant influence on decisions made about them both by the police and by sentencers.

> *"...it really makes a difference...I was sure I was going down [to prison]...but [the INTEGRATE worker] got up there and said about me and told them what about my goals and what I was trying to do...and he [the judge] actually praised me for trying to change..."*

INTEGRATE workers provided a very flexible service and would attend court to support the young person and provide evidence and statements on the positive changes young people were trying to make.

Some young people engaged with the project did receive prison sentences during their period at the project (sometimes for offences committed prior to their engagement with INTEGRATE) and the projects continued to support them whilst in prison.

The young people Centre for Mental Health spoke with reported just how stressful contact with the criminal justice system could be and were very appreciative of the support provided by INTEGRATE.

> *"...It's like having your own friendly translator...they talk to your solicitor...they talk to probation and the judge..."*

Social change

The aim of INTEGRATE is not simply to provide a project, time limited or otherwise, but to influence wider social change that addresses the social determinants of mental health and wellbeing, as well as a wider understanding of young people's needs (Viner, 2012). This included working to ensure there are more community resources, and more accessible resources, improving young people's social capital and cohesion with the local community, reducing racial inequalities and involving young people in policy development. This was achieved in different ways, but most notably through influencing how other local services relate to, address and engage young people,

and crucially, how they consider the mental wellbeing of young people. All three projects did have a wider social influence and left a legacy in the boroughs in which they were placed.

> *"...I hadn't realised just how vulnerable these young people are and I really hope that other services start to think more about young people's mental wellbeing...it's quite difficult with all the cuts and without a RO|OЯ about..." (Local authority stakeholder)*

Stakeholders from a range of services, including youth and justice services, found the lessons around mental wellbeing to be a revelation and reported being very influenced by this. In Southwark this resulted in the appointment of a mental health practitioner to the Community Safety Panel. MAC-UK continue to work with partners in Southwark on its strategy for engaging young people.

Understandably, given the length of time MAC-UK had worked in Camden, the INTEGRATE legacy was easier to gauge there and this included:

- The Minding the Gap strategy (a joint clinical commissioning group and council strategy supporting transition from young people's mental health services to those for adults)
- The Hive (a one-stop shop for young people and designed with young people)
- AXIS (a service to support young people with a range of needs, based at The Hive and run by Catch 22).

National policy was also influenced by MAC-UK and these projects, as evidenced by the Home Office Ending Gang and Youth Violence reports (2011, 2015), that specifically noted the gap and importance of addressing mental health and wellbeing for this group.

Policy and practice implications

INTEGRATE's approach would enable other services to engage and support marginalised groups more effectively. Specifically, positioning young people as experts in their life and co-producing a project with them results in a service which is accessible, relevant and in line with young people's needs. Taking a strengths-based approach (one which builds on young people's strengths and interests) empowers young people to make sustainable changes in their lives. Services underpinned by therapeutic principles of unconditional positive regard, acceptance and non-judgement support young people to build trust and repair relationships with professionals.

Services should adopt a holistic approach which supports young people where they are at and with whatever need or problem they bring, underpinned by evidence based psychological approaches. The combination of clinical psychologists, mental health staff and staff with shared lived experience contributes to creating this holistic approach.

The ongoing partnership across NHS, local authority, the third sector and local community appears to be essential in embedding an effective and sustainable model.

Recommendations for practice: meeting us where we're at

- Services for young people should be **flexible, responsive, non-judgemental and accepting** and should take account of the needs, culture and social conditions of the young people served.
- **Services should have peer members in the team.** At one project, these were a slightly older group of young people perceived by other young people to be credible. These peers are from the community surrounding the project, arguably a critical factor in their being able to engage local young people.
- Services working with young people who are involved in or at risk of serious youth violence and gang involvement **need to place a young person's safety at the heart of the project**. Young people repeatedly report that if they do not feel safe then they cannot engage. Peer referral can enhance a young person's engagement, as the service comes 'endorsed' by their friends.
- Services for young people should place **an emphasis on co-production** with young people in the design and everyday running of the service. Co-production and a sense of ownership have been key to the success of the INTEGRATE projects. Co-production can also play a part in creating wider social change.
- Services working with marginalised young people need to have **a knowledge and focus on the mental health and general wellbeing of the young people** they work with. Ideally this should include ready access to practitioners who can deliver wellbeing interventions in a way that is acceptable to young people.
- Services for marginalised young people should be **holistic and meet multiple needs which contribute to good mental health,** including providing advocacy and practical support to give young people the help they need, e.g. in accessing Jobcentre Plus.
- Services working to support the social inclusion of young people should have **ready access to skills in helping young people access education, training and employment and housing support**. Services themselves can also help young people develop these skills by employing them directly.
- The projects demonstrated the benefits of an **operational management group** with representatives from lead agencies (e.g. the NHS, local authority) which met regularly to ensure a more immediate response to crises and risk incidents, and promoted a sense of joint ownership and meaningful partnerships. It also demonstrated the benefits of a strategic multi-agency board that governs and steers the service.

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MAC-UK

MAC-UK's vision is to transform mental health services for excluded young people. They do this by taking mental health to the streets to meet young people where they're at.

The full set of INTEGRATE service design principles is available on request.

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