



RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

CORPORATE PARENTING BOARD

1st DECEMBER 2020

MISKIN AND THE THERAPEUTIC FAMILIES TEAM ANNUAL REPORTS

REPORT OF THE GROUP DIRECTOR, COMMUNITY AND CHILDREN'S SERVICES IN DISCUSSION WITH THE RELEVANT PORTFOLIO HOLDER, COUNCILLOR C LEYSHON

Author(s): Matthew Free Service Manager, Sarah Longhurst and Jay Goulding, Team Managers.

1. PURPOSE OF THE REPORT

1.1 The purpose of the report is to update Corporate Parenting Board members on the work of the Miskin Teams and Therapeutic Families Team set out in the services' annual reports for 2019-2020.

2. RECOMMENDATIONS

It is recommended that Members:

2.1 Acknowledge the information contained within the report.

3. REASONS FOR RECOMMENDATIONS

3.1 This is an information report.

4. BACKGROUND

MISKIN

Miskin delivers intensive family focused evidence based interventions which aim to improve parenting capacity to enable families to care for their children with the minimum statutory intervention. Services are delivered through individual, family, group work and holiday programmes

In addition, the 'Positive Future Programme', which is an integral element of the service provides children with the skills needed for learning and future employment through the medium of outdoor adventurous activities.



Miskin comprises of four teams (1) Miskin Older Team - East (2) Miskin Older Team - West (3) Miskin Younger Team East (4) Miskin Younger Team West. Miskin is managed by a Team Development & Performance Manager, each Miskin team consists of a Consultant Social Worker, one Senior Social Work Practitioner, one Social Worker, Intervention Workers, Support Workers and apprentices each trained to deliver the prescribed interventions and provide practical support.

Service Focus Includes:

- High level of need, and if intensive supports are not provided the child/children are at risk of being accommodated.
- Family need an intensive period of support for child/children to return to their care.
- High level of assessed need for a child looked after, risk of placement breakdown without intensive support
- Child looked after requires support to return from an out of county placement to either home or a more local placement

Anonymised case examples are included within the annual report.

Headline outcomes 2019-20

95% of children remained at home living with either parents or extended family members at the end of the Miskin Intervention where the aim was to prevent children from coming into care.

71% of children 11-17 years of age remained living in the same foster care or residential children's home placement at the end of the Miskin Intervention where the aim was to prevent the placement from breaking down.

Additional Service Activity Includes:

- RCT Corporate Apprentice Scheme: Miskin were again successful in their bid through the councils Corporate Apprenticeship Scheme in 2019 for two apprentices for a two year duration.
- Facilitation of Training: examples, undertaking Direct Work with Children who are Sexually Exploited, Recognising and Responding to Child Sexual Exploitation, Internet Safety.
- Digital Marketing / Recruitment Campaigns for the wider Rhondda Cynon Taff County Borough Council: several Miskin staff members have been



involved e.g. a short film about apprenticeships, a film that celebrated learning and qualifications gained whilst in the work place, a film aimed at encourage males to enter the social care profession.

- Partnership Working with Cultural Services; on a range of activities, including artists from Craft of Hearts to jointly facilitate arts and crafts sessions (that offer therapeutic value) to Miskin Girls, Boys and Parents Group at their Glyncornel Centre base.

Demand

The demand for Miskin interventions and support has never been higher, the service is consistently working to full capacity and working creatively to enhance that capacity whenever possible. Referrals are prioritised within regular meetings with Intensive Intervention to ensure best use of resources available as demand exceeds capacity. However, the service continues to be effective with a high percentage of those children, young people and families that it does support.

THERAPEUTIC FAMILIES TEAM

The Therapeutic Families Team (TFT) is a multidisciplinary team, created to offer consultation, therapeutic assessments and interventions to children and families in Rhondda Cynon Taf.

This is the first annual report for the TFT, which outlines the rationale for creating the service; offers a brief overview of Systemic Family Therapy and Educational Psychology. It outlines how TFT is already making a real difference, to children, families, social workers and the wider professional system. The report also offers initial data on the work of the team.

The TFT consists of two Systemic Family Therapists and two Educational Psychologists. The team is managed by a Social Work Team Development & Performance Manager and works with:

- 1) Families assessed as high need where support from the Families Therapeutic Team would add value to the Resilient Families Service intervention.
- 2) Family receiving a service from statutory Children's Services and child/ren assessed as being at risk of becoming Children Looked After (CLA).
- 3) Children Looked After whose placement has been assessed as being at risk of breakdown where therapeutic support could promote placement stability.



- 4) Children Looked After who require therapeutic support to assist in a return home to live with parents/family/friends or live independently.
- 5) Children Looked After placed out of county who require therapeutic support to assist in moving to local placements.
- 6) Families assessed as high need where support from the Families Therapeutic Team would add value to the statutory Children's Services intervention.

TFT offer a range of services to individuals, families and professionals, which includes psychological assessments, individual therapy, family therapy, group work and consultation.

In addition, TFT work with RCT Children's Homes to promote placement stability for children looked after; particularly supporting the use of the Trauma Recovery Model. This is an intervention model for working with children who have experienced developmental trauma, which is used within the RCT Children's Homes.

Some basic data is provided within the annual report however the Team have identified this is as an area for future development. TFT have however contributed to improved resilience for 83% of Resilient Families Service families they worked with.

The TFT report highlights the progress made in the first year of operation. There have already been positive outcomes achieved, for example with children at risk of accommodation, who have remained with family where safe to do so; children supported to return home or to more appropriate placements, families assisted to improve relationships.

TFT have already recruited therapists and psychologists who bring a range of skills and experience, which provides opportunity for future skills development.

5. EQUALITY AND DIVERSITY IMPLICATIONS

5.1 This is an information report.

6. CONSULTATION

6.1 This is an information report.

7. FINANCIAL IMPLICATION(S)

7.1 There are no direct financial implications aligned to this report.



8. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED

8.1 The legal requirements for children and young people are set down within the Social Services and Well-being (Wales) Act 2014 and the Children Act 1989.

9. LINKS TO THE COUNCILS CORPORATE PLAN / OTHER CORPORATE PRIORITIES/ FUTURE GENERATIONS – SUSTAINABLE DEVELOPMENT

9.1 This consultation links to the corporate priority of promoting independence and positive lives for everyone by ensuring that the Council listens to the people it provides for.

9.2 It also contributes to the following well-being goals:

- A prosperous Wales
- A resilient Wales.
- A healthier Wales.
- A more equal Wales
- A Wales of cohesive communities
- A globally responsible Wales

10. CONCLUSION;

Miskin and TFT Annual reports demonstrate the strong commitment within RCT Children's Services to achieve positive outcomes for children and families delivered by these Teams through creative innovative practice and evidence based interventions.

The future development of both Miskin and the Therapeutic Families Team will be informed by the outcomes and recommendations of the work commissioned from Institute of Public Care (IPC) Oxford Brookes University Evaluation of the Children Looked After Strategy



RHONDDA CYNON TAF

LOCAL GOVERNMENT ACT 1972

AS AMENDED BY

THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

CORPORATE PARENTING BOARD

1st DECEMBER 2020

**REPORT OF THE GROUP DIRECTOR, COMMUNITY AND CHILDREN'S
SERVICES IN DISCUSSION WITH THE RELEVANT PORTFOLIO HOLDER,
COUNCILLOR C LEYSHON**

Officer to contact:

Matthew Free, Service Manager: Matthew.R.Free@rctcbc.gov.uk

Liz Pearce, Head of Service: Liz.Pearce@rctcbc.gov.uk

Rhondda Cynon Taf Children's Services



Report for Corporate Parenting Board

Miskin Report 2019-20

November 2020

Authors: **Matthew Free**
Service Manager

Sarah Longhurst
Team Development & Performance Manager (Miskin)

Miskin Report

Headlines

95% of children remained at home living with either parents or extended family members at the end of the Miskin Intervention where the aim was to prevent children from coming into care.

71% of children 11-17 years of age remained living in the same foster care or residential children's home placement at the end of the Miskin Intervention where the aim was to prevent the placement from breaking down.

1.0. BACKGROUND

The Miskin Project was originally set up in 1993 in response to the large number of young people being placed in secure accommodation or custodial remand facilities and to work to reduce the length of such placements.

Following the development of Youth Offending Teams and service demands, from 2002, Miskin Project evolved into a service that primarily worked to support placement stability for teenagers already in care and whose placements were at risk of breaking down e.g. foster care, children's homes.

In 2003, following an increase in the numbers of teenagers coming into care in RCT, Miskin Project received an injection of funding that allowed it to develop its Solutions Team. Miskin Solutions aimed to assist in preventing the inappropriate admission of young people into care and to return home those that were accommodated in an emergency.

In 2007, following a further injection of funding, an increase in its size and the closure of its premises Miskin Project moved its base to Glyncornel House that was being developed as a Young People's Centre. Glyncornel Centre, as it is now known, has become an established centre providing preventative intervention programmes for children, young people and their families needing support to improve their life-chances and well-being.

In 2013, RCT Children's Services developed its Rapid Intervention Response Team, a newly formed service emanating from its LAC Action Plan. The new service had similar aims and objectives to that of Miskin Project. However,

they targeted support primarily to families with younger children 0-11 years of age.

Both the **Miskin Project** and the **Rapid Intervention Response Teams** were integrated on the 1st April 2016 as part of Rhondda Cynon Taf Children's Services remodelling and restructuring to form a single provision renamed **Miskin**. Miskin continue to be based at the Glyncornel Centre.

2.0. INTRODUCTION/CONTEXT

Miskin aims to deliver intensive family focused evidence based interventions over a period of 12-16 weeks with the aim of helping parents/carers/children (0-17 years of age) to achieve the necessary behavioural changes that would improve parenting capacity and enable them to care for their children with the minimum statutory interventions.

The triggers for the service being:

- High level of need, and if intensive supports are not provided the child/children are at risk of being accommodated.
- Crisis within family that was not predicted that requires immediate support for child/children to remain in their care.
- Family need an intensive period of support for child/children to return to their care.
- High level of assessed need for a child looked after, and if supports are not provided the child is at risk of placement breakdown (11-17-year-old only /school year 7+).
- Child looked after requires support to return from an out of county placement to either home or a more local placement (11-17-year-old only /school year 7+).

Miskin also delivers its '**Positive Future Programme**', a legacy of ESF 'Building the Future Together' funding, that aims to assist in providing children with the skills needed for learning and future employment through the medium of outdoor adventurous activities.

Triggers for '**Positive Future Programme**':

- Meets one of the above triggers for the **Miskin** service, plus ***lack of education is a factor impacting on their placement stability*** aiming to engage children who are temporarily/permanently excluded or not engaging in current education provision or are engaging on a part-time basis only.
(11-17-year-old/statutory secondary school age only)

- Child's address is in Rhondda Cynon Taf.

Miskin's objectives are to:

- Deliver a county borough wide targeted and intensive family and parent support service that could respond to crises within 24hours.
- Deliver a service that addresses the needs of all family members.
- Act as a catalyst for change within families by providing a service model that delivers both intensive evidence-based interventions and practical support.
- Ensure that interventions are part of a coherent and consistent service delivery plan.

Miskin staff have had a range of training so that they can vary their approach to meet the needs of families. Staff use a strength-based Solution Focused Approach and Motivational Interviewing techniques as a starting point and to underpin its work. However, staff integrate a range of other evidence-based interventions into their work with families to adapt to range of issues presented.

The work is delivered through:

- Individual work directly with young people and their parents/carers/family members.
- Activities both within and outside the home, including, where appropriate, within a residential setting.
- Practical support.
- Group work and holiday programmes.
- Parenting programme.

3.0. STRUCTURE

Miskin comprises of four teams (1) Miskin Older Team - East (2) Miskin Older Team - West (3) Miskin Younger Team East (4) Miskin Younger Team West. Each team covers a specific geographical area within RCT and is made up of staff that can deliver the prescribed interventions and who can provide the practical support.

Miskin is managed by a Team Development & Performance Manager, and each Miskin team consists of a Consultant Social Worker, one Senior Social Work Practitioner, one Social Worker, Intervention Workers, Support Workers and apprentices.

Miskin previously comprised of 5 teams. However, during this period, the Miskin Positive Futures Team, whose work underpinned and supported the work of the other four Miskin teams, was integrated into the other existing Miskin teams allowing us to maximise this valuable resource and build capacity.

The overall day to day management and strategic direction of the service is undertaken by the Service Manager who also has responsibility for the Integrated Family Support Team (IFST), Therapeutic Families Team (TFT) and the Glyncomel Centre and who can ensure that all services are aligned. The Service Manager is a member of the Children's Services Management Team.

4.0. MISKIN ACTIVITY (1st April 2019 to 31st March 20):

Miskin contribute to the following Local Authority Performance Indicators.

- The percentage of children supported to remain living with their family.
- The percentage of Children Looked After returned home from care during this year.
- The percentage of Children Looked After on 31 March who have had 3 or more placements during the year.
- Number of children and young people requiring intervention from statutory services.
- Number of Children Looked After.
- The length of time that children and young people remain in the Looked After Children System.

The following data are extracts from the Miskin Annual Report 1st April 2019 to 31st March 2020, which gives a flavour of the activity during any given year.

Miskin Reporting Period (1st April 2019 to 31st March 2020):

14/05/2020 09:26

Miskin Referral Summary

Open Cases at 31/03/2020

253

Referrals - 01/04/2019 to 31/03/2020

586

Interventions - 01/04/2019 to 31/03/2020

404

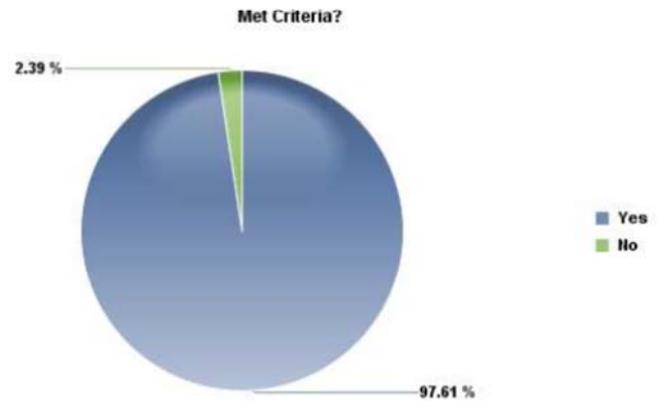
EOI Stats - 01/04/2019 to 31/03/2020

433

Total Miskin Referrals	<u>586</u>
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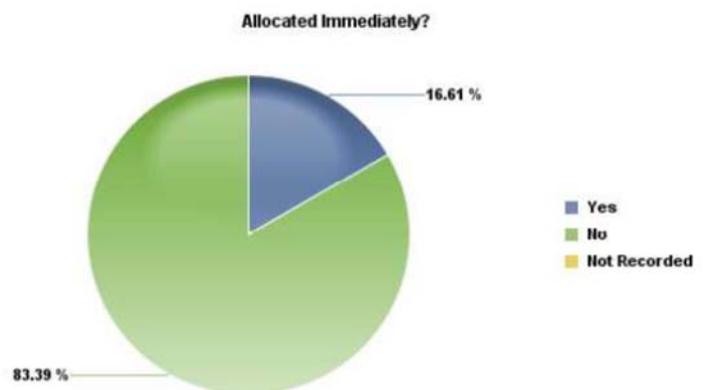
Total Children Referred	<u>543</u>
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Referrals where intervention was provided	572	97.61%
Referrals that did not meet the criteria	14	2.39%
Referrals where the criteria was not recorded	0	



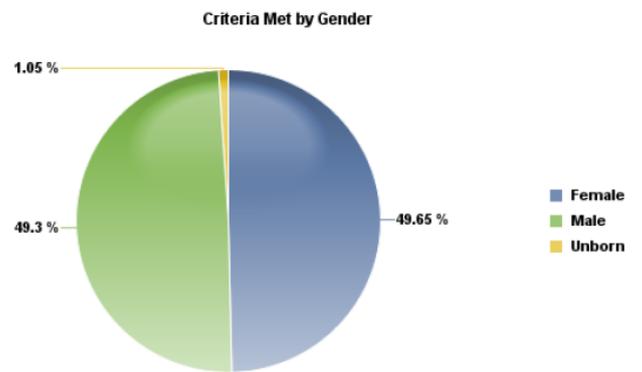
Total Miskin Referrals that were allocated immediately	<u>95</u>
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Allocated Immediately	Total	% of Total
Yes	95	16.61%
No	477	83.39%
Not Recorded	0	

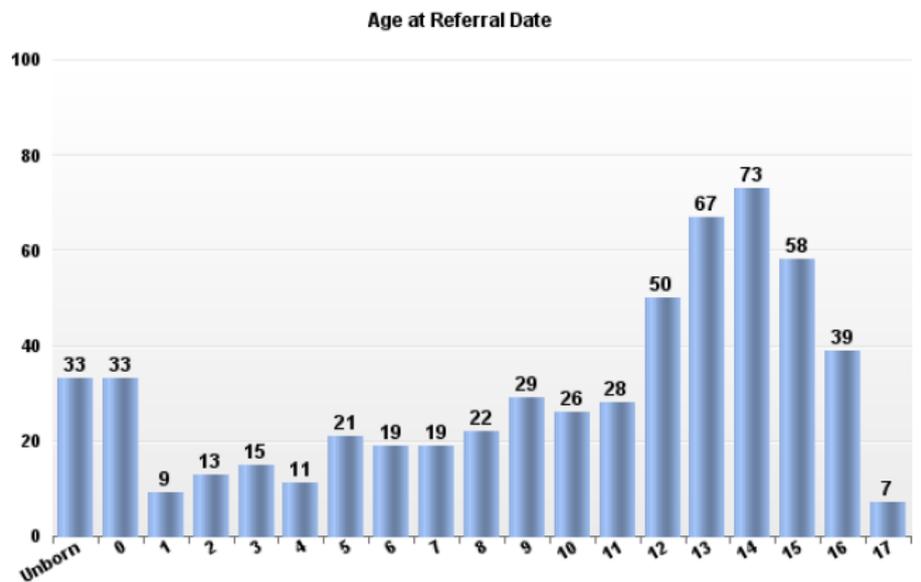


Referral Demographics

Gender	Total	% of Total
Female	284	49.65%
Male	282	49.30%
Unborn	6	1.05%



Age at Referral Date	Total	% of Total
Unborn	33	5.77%
0	33	5.77%
1	9	1.57%
2	13	2.27%
3	15	2.62%
4	11	1.92%
5	21	3.67%
6	19	3.32%
7	19	3.32%
8	22	3.85%
9	29	5.07%
10	26	4.55%
11	28	4.90%
12	50	8.74%
13	67	11.71%
14	73	12.76%
15	58	10.14%
16	39	6.82%
17	7	1.22%

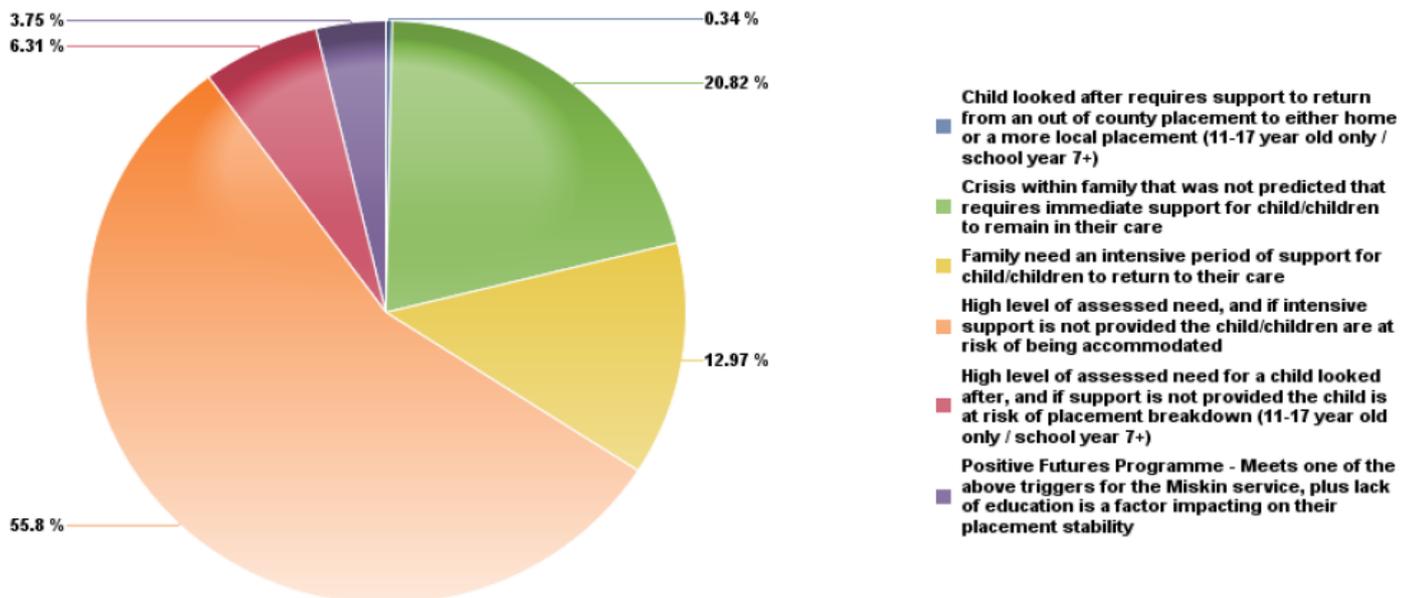


	Female	Male	Unborn	Total	% of Total
Unborn	9	17	7	33	5.77%
0	14	19	0	33	5.77%
1	3	6	0	9	1.57%
2	11	2	0	13	2.27%
3	4	11	0	15	2.62%
4	6	5	0	11	1.92%
5	9	12	0	21	3.67%
6	11	8	0	19	3.32%
7	9	10	0	19	3.32%
8	9	13	0	22	3.85%
9	13	16	0	29	5.07%
10	11	15	0	26	4.55%
11	13	15	0	28	4.90%
12	25	25	0	50	8.74%
13	33	34	0	67	11.71%
14	44	29	0	73	12.76%
15	34	24	0	58	10.14%
16	20	19	0	39	6.82%
17	5	2	0	7	1.22%
Total:	283	282	7	572	
% of Total	49.48%	49.30%	1.22%		

Miskin Criteria Referred Under - Overall

Miskin Criteria Referred Under	Total Referrals	% of Referrals	Met Criteria	% Met Criteria	Allocated Immediately	% Allocated Immediately (Of Met Criteria)
Child looked after requires support to return from an out of county placement to either home or a more local placement (11-17 year old only / school year 7+)	2	0.34%	2	100.00%	0	0.00%
Crisis within family that was not predicted that requires immediate support for child/children to remain in their care	122	20.82%	121	99.18%	16	13.22%
Family need an intensive period of support for child/children to return to their care	76	12.97%	75	98.68%	12	16.00%
High level of assessed need, and if intensive support is not provided the child/children are at risk of being accommodated	327	55.80%	320	97.86%	49	15.31%
High level of assessed need for a child looked after, and if support is not provided the child is at risk of placement breakdown (11-17 year old only / school year 7+)	37	6.31%	33	89.19%	11	33.33%
Positive Futures Programme - Meets one of the above triggers for the Miskin service, plus lack of education is a factor impacting on their placement stability	22	3.75%	21	95.45%	7	33.33%
	586	100.00%	572	97.61%	95	16.61%

Total Referrals by Miskin Criteria Referred Under



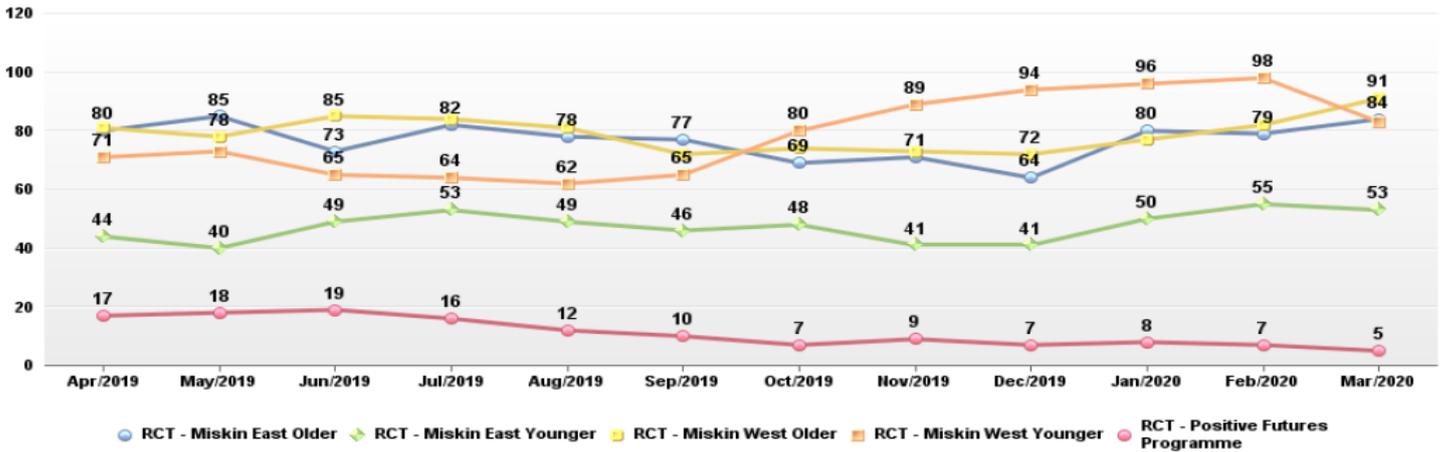
Referral Criteria Met per Age Group

	Apr / 2019	May / 2019	Jun / 2019	Jul / 2019	Aug / 2019	Sep / 2019	Oct / 2019	Nov / 2019	Dec / 2019	Jan / 2020	Feb / 2020	Mar / 2020	Total	% of Total
Unborn	0	0	2	7	2	3	0	2	4	7	4	2	33	5.77%
Under 1	8	4	1	1	1	2	6	3	2	1	4	0	33	5.77%
1-4	5	3	2	4	5	1	5	10	7	1	3	2	48	8.39%
5-10	11	11	9	13	8	3	13	33	6	9	12	8	136	23.78%
11-15	12	15	20	45	23	14	25	38	16	27	20	21	276	48.25%
16+	2	2	4	7	2	1	8	4	1	3	7	5	46	8.04%
Total:	38	35	38	77	41	24	57	90	36	48	50	38	572	
% of Total:	6.64%	6.12%	6.64%	13.46%	7.17%	4.20%	9.97%	15.73%	6.29%	8.39%	8.74%	6.64%		

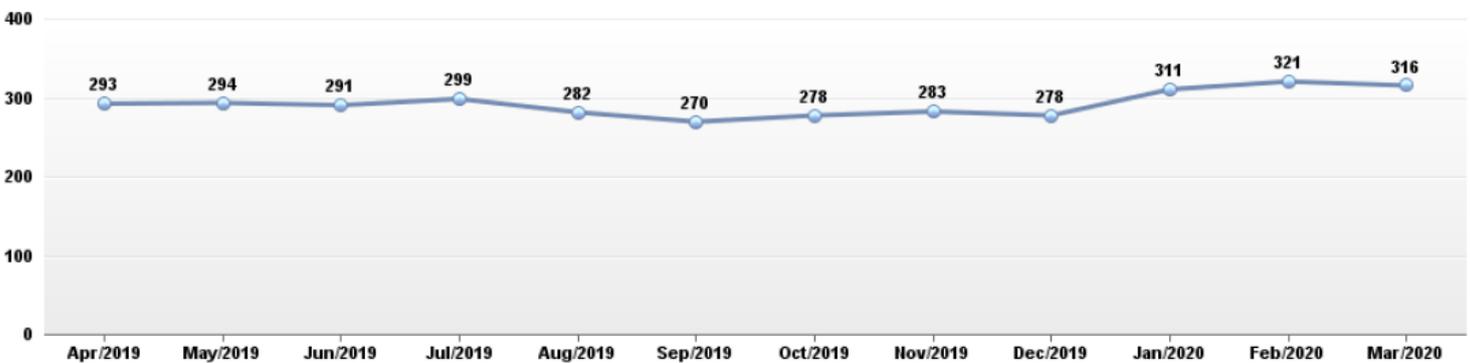
Open Cases during Month per Team

	Apr / 2019	May / 2019	Jun / 2019	Jul / 2019	Aug / 2019	Sep / 2019	Oct / 2019	Nov / 2019	Dec / 2019	Jan / 2020	Feb / 2020	Mar / 2020
RCT - Miskin East Older	80	85	73	82	78	77	69	71	64	80	79	84
RCT - Miskin East Younger	44	40	49	53	49	46	48	41	41	50	55	53
RCT - Miskin West Older	71	73	65	64	62	65	80	89	94	96	98	83
RCT - Miskin West Younger	81	78	85	84	81	72	74	73	72	77	82	91
RCT - Positive Futures Programme	17	18	19	16	12	10	7	9	7	8	7	5
Total:	293	294	291	299	282	270	278	283	278	311	321	316

Open Cases during Month per Team



Total Open Cases per Month

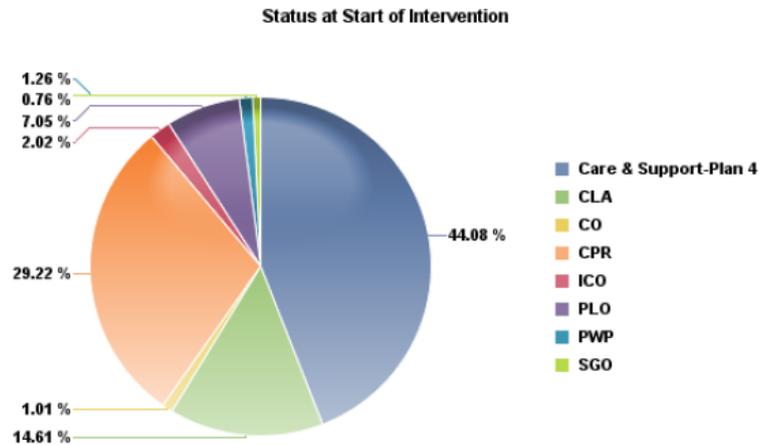


EOI Phases Summary

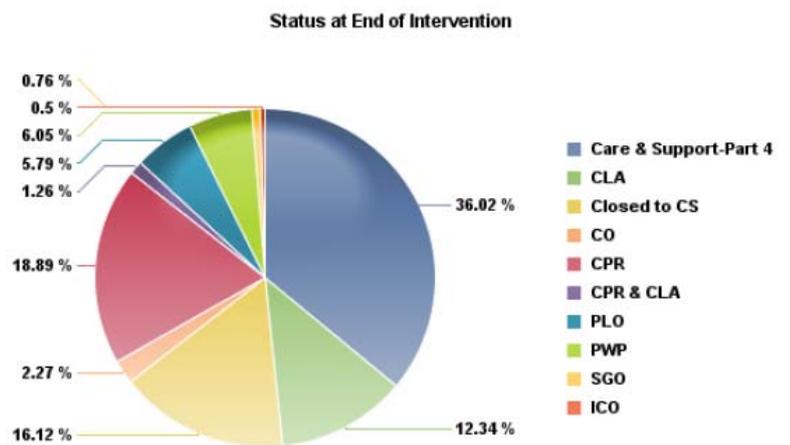
Total End of Intensive Phase Statistics Forms completed	<u>433</u>
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Proceeded to Intervention	<u>397</u>
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Status at Start of Intervention	Total	% of Total
Care & Support-Plan 4	175	44.08%
CLA	58	14.61%
CO	4	1.01%
CPR	116	29.22%
ICO	8	2.02%
PLO	28	7.05%
PWP	5	1.26%
SGO	3	0.76%



Status at End of Intervention	Total	% of Total
Care & Support-Part 4	143	36.02%
CLA	49	12.34%
Closed to CS	64	16.12%
CO	9	2.27%
CPR	75	18.89%
CPR & CLA	5	1.26%
PLO	23	5.79%
PWP	24	6.05%
SGO	3	0.76%
ICO	2	0.50%



Accommodation Status at End of Intervention

14/05/2020 09:26

*High level of assessed need for child looked after and if support not provided, child is at risk of placement breakdown (11-17) have been removed from the results

*Referrals that did not proceed to intervention have been removed from the results

Key Team	At home with parents	% with parents	Extended family	% extended family	Local Authority	% local authority	Not Recorded	% not recorded
RCT - Miskin East Older	71	80.86%	13	14.77%	4	4.55%	0	
RCT - Miskin East Younger	67	73.83%	11	12.09%	13	14.29%	0	
RCT - Miskin West Older	59	73.75%	12	15.00%	9	11.25%	0	
RCT - Miskin West Younger	58	75.32%	14	18.18%	5	6.49%	0	
RCT - Positive Futures Programme	16	61.54%	2	7.69%	8	30.77%	0	
	<u>271</u>	74.86%	<u>52</u>	14.36%	<u>39</u>	10.77%	<u>0</u>	

Referral Criteria + Outcome - Overall

****Referrals that did not proceed to intervention have been removed from the results****

**All results are based on the Accommodation Status at the Start and End of Intervention (any totals not adding up will be a result of incorrect accommodation status for that referral criteria - (see Miskin Project Exception Report))*

Referral Criteria	Total EOI Forms	Came into Care	Remained at Home	Incorrect Accom Status
High level of assessed need, and if intensive support is not provided the child/children are at risk of being accommodated	<u>219</u>	10	209	0
		<u>4.57%</u>	<u>95.43%</u>	

^Of the 219 children that were referred under criteria 1, 10 children came into care

^Of the 219 children that were referred under criteria 1, 209 children remained at home

Referral Criteria	Total EOI Forms	Came into Care	Remained at Home	Incorrect Accom Status
Crisis within family that was not predicted that requires immediate support for child/children to remain in their care	<u>65</u>	3	62	0
		<u>4.62%</u>	<u>95.38%</u>	

^Of the 65 children that were referred under criteria 2, 3 children came into care

^Of the 65 children that were referred under criteria 2, 62 children remained at home

Referral Criteria	Total EOI Forms	Returned Home to Parents	Returned Home to Extended Family	Remained in Care	Returned Home from Extended Family	Remained with Extended Family	Incorrect Accom Status
Family need an intensive period of support for child/children to return to their care	<u>47</u>	11	1	16	16	3	0
		<u>23.40%</u>	<u>2.13%</u>	<u>34.04%</u>	<u>34.04%</u>	<u>6.38%</u>	

^Of the 47 children that were referred under criteria 3, 11 children returned home to parents

^Of the 47 children that were referred under criteria 3, 1 children returned home to extended family

^Of the 47 children that were referred under criteria 3, 16 children remained in care

^Of the 47 children that were referred under criteria 3, 16 children returned home to parents from extended family

^Of the 47 children that were referred under criteria 3, 3 remained with extended family

Referral Criteria	Total EOI Forms	Same Placement	Different Placement
High level of assessed need for a child looked after, and if support is not provided the child is at risk of placement breakdown (11-17 year old only / school year 7+)	<u>35</u>	25	10
		<u>71.43%</u>	<u>28.57%</u>

^Of the 35 children that were referred under criteria 4, 25 children remained in the same placement

^Of the 35 children that were referred under criteria 4, 10 children moved to a different placement

Referral Criteria	Total EOI Forms	Returned Home to Parents	Returned Home to Extended Family	Returned to RCT Placement	Remained in Care	Incorrect Accom Status
Child looked after requires support to return from an out of county placement to either home or a more local placement (11-17 year old only / school year 7+)	<u>2</u>	0	0	0	2	0
					<u>100.00%</u>	

^Of the 2 children that were referred under criteria 5, children returned home to parents from an out of county placement

^Of the 2 children that were referred under criteria 5, children returned home to extended family from an out of county placement

^Of the 2 children that were referred under criteria 5, children returned to a RCT Placement

^Of the 2 children that were referred under criteria 5, 2 children remained in care

Analysis

- It is worth mentioning that this is the second Miskin annual report which covers the work of the integrated Miskin Project and Rapid Intervention Response Teams and any comparison with information in reports of these services prior to integration should be undertaken with this in mind. For example, if comparisons are to be made then the statistics with regards to the Miskin Younger Teams might be better compared with previous Rapid Intervention Response Teams and Miskin Older Teams with the old Miskin Project. Where possible I have attempted to make some comparisons with previous year's data.
- Miskin monitor and evaluate their performance on an ongoing basis through service user and referrer evaluation forms, collation of statistical information, all of which is compiled, monitored and analysed in reports on a quarterly/annual basis. A flavour of the feedback from service user evaluation forms can be seen in Appendix 3 at the end of this report, along with some case studies in Appendix 2 that help illustrate the varied and complex nature of the work that Miskin encounter and which requires a well-trained, multi-skilled and industrious workforce.
- WCCIS was implemented in Rhondda Cynon Taff County Borough Council on 23 May 2018. Therefore, the statistics contained in this report now reflect a full year's data (i.e. 01/04/2019 to 31/03/2020) providing a more accurate benchmark than the previous year's annual

report. The previous annual report collated information from WCCIS from 23/05/2018 to 31/03/2019 omitting the initial 7-8 weeks of that year, information that was recorded on the previous ICS.

- It is first worth noting that there continues to be a year on year rise in the numbers of referrals that have met Miskin criteria and which have been accepted and worked with. However, as can be seen in the table below the rise during this reporting period has been more significant than in the previous three reporting periods.

Year	No. Referrals Worked
2016-17	346
2017-18	402
2018-19	441
2019-20	572

- One of Miskin’s objectives is to provide a response to family crises within 24 hours, which has become increasingly difficult to achieve with the increasing numbers of referrals and increasing complexity of work. All Miskin teams now have ongoing waiting lists. Consequently, Miskin older teams for example continue to work to capacity on most weeks and are no longer able to allocate referrals immediately as they had done up until January 2017. During this reporting period Miskin were only able to allocate 16.61% (95 of 572) referrals immediately, an 11.28% drop in comparison to the previous year. The drop might be attributed to the additional pressures that Miskin have absorbed e.g. in the increase in number of referrals and which they have received support. Any that are unable to be allocated immediately are then taken to weekly Children’s Services Interface Meetings where they are prioritised as and when capacity becomes available. Inevitably, this will have an impact on outcomes achieved as our own experience since 2003 suggests that positive outcomes are more likely to be achieved if families receive a service at the earliest opportunity and that it is more difficult to return children home from care than it is to help them remain with parents/family members in the first instance.
- Although more difficult to evidence, the message from Miskin staff on the ground endorsed by their Team Development & Performance Manager, as well as experienced Consultant Social Workers, is that the referrals received in more recent years and the work associated with these referrals that Miskin are asked to deliver is becoming increasingly more complex. We could however partly endorse this view when we consider that during this reporting period Miskin received 46 (increase from 70 to 116) more referrals of children that were on the child protection register compared to that of the previous year and received 19 (increase from 9 to 28) more referrals of children subject to PLO (Public Law Outline) compared to the previous year. However, we should acknowledge that just because they might be Care and

Support part 4 (CASP) and do not have Child Protection status does not necessarily equate to less complexity, as in the case of referrals of teenagers.

- The average Miskin Intervention in 2019-20 was 147 days (approx. 21 weeks) similar to the previous year but an increase in relation to previous years.

Year	Length of Intervention
2012-13	119 days
2013-14	112 days
2014-15	104 days
2015-16	107 days
2016-17	98 days
2018-19	149 days
2019-20	147 days

Feedback from Miskin staff suggests that the pressure to keep cases open for longer periods of time comes from the referring social work teams, independent reviewing officers/CP conference chairs and that this is usually as a result of the highly complex nature of the work required. However, Miskin operate robust Supervision practices that aim to ensure that work with children & families is co-productive, solution focused, time-limited and reviewed to avoid drift.

- The demographics of referrals does not appear to change significantly year on year with number of male/female children referred on average being fairly even.
- Work with 12-15-year olds and their parent's/carers continues to account for 77% of the Miskin Older Teams work. Worth noting is the significant increase in referrals of 16-year olds to the Miskin older teams i.e. 39 referrals in 2019-20 accounting for 6.82% of total Miskin referrals that year compared with 22 referrals in 2018-19 accounting for 2.95% of total Miskin referrals in that year. Miskin will continue to monitor the trend on referrals for the 16-year-old age group into 2020-21.
- Referrals for 5-10-year olds and their parents/carers accounts for 54% of Miskin Younger Teams work. 30% of the Younger Teams work is also with parents of children under 2 years of age, an increase of 7% compared to the previous year. During this reporting period a significant increase for the younger teams has been referrals of unborn babies, from 13 referrals in 2018-19 to 33 referrals in 2019-20, as well as, under 1-year olds, from 23 in 2018-19 to 33 in 2019-20. Miskin interventions with this age group often entail rehabilitation of children from care or hospital to parent's care which can be most intensive, time consuming and often complex.

- Approximately 77% of Miskin's capacity is working with children and families to prevent children from coming into care, 13% supporting children's return home from care and 5.76% supporting children in care to prevent breakdown of foster care or residential placements for children 11-17 years old. These percentages are almost identical to previous year; however, they should be considered against the backdrop of increased demand for Miskin support during this reporting period which as reported earlier increased significantly from 441 referrals in 2018-19 to 572 during this reporting period.
- Of the 397 completed Miskin Interventions during this reporting period, the number of children that received a Miskin Intervention based on their recorded status as of 19/05/2020 (date that Miskin statistical report was run from WCCIS) **43.32% (172) were closed to statutory Children's Services.**
- **95% of children remained at home living with either parents or extended family members at the end of the Miskin Intervention where the aim was to prevent children from coming into care.** A positive outcome that has been maintained at above 89% for a number of years even in the face of increasing referral numbers year on year.
- **71% of children 11-17 years of age remained living in the same foster care or residential children's home placement at the end of the Miskin Intervention where the aim was to prevent the placement from breaking down.** Although again a very positive outcome we question whether this could be further improved if Miskin had staff resources that would enable them to engage with children in care at a much earlier stage when behaviours are beginning to manifest and become less manageable, as opposed to when their placement is assessed at high risk of breakdown/on the verge of breakdown. Miskin workers feedback that such a change in service criteria affords opportunity to further improve outcomes. However, currently any such referrals made at an earlier stage would be unlikely to be allocated given cases on waiting lists that might be a higher priority for the Children's Services Department.
- **Where children were referred for intensive support required for the child to return home from care 66% lived with either their parent/s or extended family at the end of the Miskin Intervention.** Miskin workers feedback that they find it easier to maintain children living at home (where assessed as appropriate to do so), as opposed to returning children home once they have come into care. Evidence of this is in the above where 95% of children remained at home living with either parents or extended family members at the end of the Miskin Intervention where the aim was to prevent children from coming into care.

5.0. Programs of Work

Programs of work with children, young people, parents and carers have ranged from 4 weeks to 28 weeks in length. Although a few interventions have extended to well beyond this as they are re-referrals to the team and have ongoing complex issues.

Programs of work this year have addressed a range of issues that include the following: -

- Parenting Strategies
- Boundaries
- Five to Thrive
- Parenting Puzzle
- Anger management
- Appropriate behaviour
- Family Contracts.
- Appropriate relationships.
- Family relationship work
- Positive use of leisure time
- Parental Support
- Risk-taking behaviour
- Understanding Risk
- Consequences of behaviour.
- Building self –esteem and self-confidence.
- Support networks/activities within the community.
- Joint sessions between Young person and Parents
- Life Journey Work
- Safe Use of the Internet
- Relationship Building
- Keep Safe Work
- Sexual Exploitation
- Inappropriate sexual behaviour.
- CEOP Training
- Use of Reality Baby

The Team refer on to other agencies (where appropriate) to offer ongoing support to the young person and family when the Miskin have ceased involvement.

Agencies / Support services referred to this year include: -

- Miskin Positive Futures Program (Outdoor Learning Group)
- Careers Service
- Housing Department
- YOS Outreach Course
- Prince's Trust, Cardiff
- Turnaround

- Amber Project
- Voluntary Work in a Charity Shop
- TEDS

Young people and families are encouraged to use community resources such as local leisure centres. Young people have been introduced to community resources such as football clubs, leisure centres, and libraries.

In addition, to the above Miskin facilitate a range of groups through the year, the following are examples;

- Parenting Group
- Girls Group (teenagers)
- Boys Group (teenagers)
- Younger Children's Group
- Music Therapy Group
- Art Therapy Group
- Family Activity Sessions
- Evening Activity Sessions
- School Holiday Activity Programmes
- Outdoor Activity Programmes delivered jointly in partnership with EBD Schools

6.0. Other Developments/Activity

- **Quality Assurance Framework**

Miskin developed and started implementing its Quality Assurance Framework and associated Implementation Plan in line with the overall Childrens Services Quality Assurance Framework. The Miskin framework and plan includes monitoring and evaluating service user feedback, staff supervision, case file audits, and observed practice, all of which aims to enhance and improve practice.

- **Miskin Team Plan**

Miskin have developed and begun to implement a Team Plan. The aim of the plan sets out Miskin's currently known priorities for the next two years. The plan is available to all Miskin team members and creates a clear vision for all team members to embrace and understand. The Plan is a working document and is reviewed and amended on a regular basis.

- **Life Journey Work Task and Finish Group**

Representatives from Miskin participated in the Children's Services Life Journey work Task and Finish group. This followed on from the success of the Miskin Life Journey Work pilot two years prior. Both members of staff have also supported the delivery of Life Journey work workshops with staff and kinship carers to share direct work materials they themselves sourced, develop and use. In addition, they had input into the design of a Life

Journey Work toolkit for use by the wider Children's Services social care workforce.

- **Secondment onto the Social Work Degree**

One of Miskin's experienced Intervention workers was successful in applying to be seconded onto the Open University Social work degree in September 2018. A further Miskin Intervention Worker was again successful in a secondment onto the same degree in September 2019. Both will complete their degree after 3 years study and will contribute to wider Children's Services workforce development where they will practice as qualified social workers in other services.

- **RCT Corporate Apprenticeship Scheme**

Miskin were again successful in their bid through the councils Corporate Apprenticeship Scheme in 2019 for two apprentices. The apprenticeships are for a two year duration.

The apprenticeships increase the capacity of Miskin to assist in meeting the demand for its service, develops experienced, skilled and qualified home grown social care practitioners that can apply to become permanent members of the workforce as vacancies arise.

The apprenticeships have proved to be a valuable resource to Miskin and enabled us to enhance the programs of support offered to children, young people and parents.

The following are examples of feedback from different current Miskin Apprentices;

I have thoroughly enjoyed supporting the Outdoor Leaders to deliver a variety of outdoor pursuit activities to support young people and their families. I have gained lots of knowledge and experience from this and feel a lot more confident to deliver some of these activities myself. I hope that I can complete further training and qualification to enable to deliver a wider range of activities.

I have benefitted greatly from the range of social care experiences I have had over the past 6 months, shadowing 1:1 direct work sessions and meetings within the Older and Younger teams, helping out on various different groups, Parent group, Girls group, Boys group, Younger group. The support I have received from my social care mentor has been brilliant and she has guided me every step of the way from arranging the initial intervention meeting up until I feel comfortable to run the sessions by myself.

I am looking forward to continuing my journey and gaining further knowledge and experience."

"An apprenticeship with Miskin has been extremely beneficial for me in pointing me down a career path I had never thought of. I always knew I wanted to work with young people and the apprenticeship provided me with the experience, qualifications and clarity in which way I enjoy

working with young people. During my apprenticeship I was able to learn from the best and most supportive practitioners in both Social Care and Outdoor Education. The support and encouragement from my supervisors has given me the courage and confidence to advance in my career and secure a permanent job with Miskin before the end of my apprenticeship. “

To date Miskin have supported seven completed apprenticeships all of whom have successfully gained employment, some have remained at Miskin in support worker roles and this year for the first time we have seen our first apprentices seven years on gaining promotion as Miskin Intervention Workers. Others have gained employment in other social care settings or gone on to study for a Social Work degree in the University of South Wales. The apprenticeships complement our current Miskin staff structure that encourages career progression and maintains excellent staff retention which benefits our service.

One of our Apprentices wrote a case study which Corporate Human Resources have used to inform and recruit other apprentices. The case study can be viewed in the Appendices later in this report.

- **Social Work Students**

Miskin has developed and maintains a positive learning culture. Each Miskin team is encouraged to provide practice learning opportunities to students undertaking social work qualifications. Miskin has provided 6 practice learning opportunities over the past year to social work students. Four students were undertaking their Masters in Social Work, two of which undertook their 80 day placements with the team, and two completed their 20 day placement within the team. One student was being sponsored by Rhondda Cynon Taff to undertake the social work degree with the Open University and completed their second year placement. The other student was undertaking the social work degree, and completed the 80 day placement with the team. All of the students successfully completed their placements.

- **Creative Therapeutic Arts Student**

Miskin has forged direct links with the University of South Wales and provided a work placement for a student undertaking a degree in Creative Therapeutic Arts. The student was mentored by a Senior Social Work Practitioner, who over a 6 month period, provided creative therapeutic arts to children, young people and families complementing support packages delivered by Miskin, as well as adding value to the existing Miskin Boys and Miskin Girls groups.

- **Official Visit from Social Care Wales**

Miskin hosted an official visit from the Head of Regulatory Services Social Care Wales at the Glyncornel Centre. He met with a group of qualified staff and social work students. The aim of the meeting was to evaluate the role of Social Care Wales and to look at the different roles of social work

qualified staff. The visit went very well and he was able to compliment the Miskin team on how passionate and interesting they were.

- **Rhondda Cynon Taf Staff Panel**

A representative from Miskin joined the RCT Staff Panel. The Senior Social Work Practitioner contributes to the panels' agenda also shares key messages from the panel to the wider service.

- **Digital Marketing / Recruitment Campaigns**

Several Miskin staff members have been involved in Digital marketing campaigns for the wider Rhondda Cynon Taff County Borough Council.

A Miskin Apprentice Project Worker featured in a short film about how she applied for the apprenticeship and was now going on to study for the social work degree.

A Miskin Support Worker featured in a film that was shown at the Annual Social Care Awards ceremony. The film celebrated learning and qualifications gained whilst in the work place.

One of our male Miskin Intervention Workers featured in a film with a young person and his Grandfather who he had supported. The film was used to celebrate social care work and its aim was to encourage males to enter the social care profession.

All these short films were used to raise the profile of social care and were shown on the internet on various social media platforms linked with different recruitment campaigns that ran throughout the year.

- **Facilitation of Training**

Experienced Miskin Consultant Social Workers and a Senior Practitioner have facilitated several training courses to multi agency staff (including RCT Children's Services staff and foster carers). For example, undertaking Direct Work with Children who are Sexually Exploited, Recognising and Responding to Child Sexual Exploitation, Internet Safety and Safeguarding Level 3 training. Courses delivered are popular and the experience of staff delivering in these subjects is well established through their core work in Miskin, which has led to bespoke requests for the training.

- **Chairing CSE Strategy Meetings**

An experienced Miskin Consultant Social Workers is part of the pool of workers in Children's Services who chair the Child Sexual Exploitation strategy meetings. The consultant social work specialises in CSE work and uses this expertise when chairing the strategy meetings.

- **Partnership Working**

Miskin continues to work in partnership with RCT Cultural Services who have funded a range of activities, including artists from Craft of Hearts to

jointly facilitate arts and crafts sessions (that offer therapeutic value) to Miskin Girls, Boys and Parents Group at their Glyncornel Centre base.

- **Participation Groups**

Miskin have organised and jointly facilitated, with Sue Phillips (Children's Participation Officer), several consultation groups. The feedback from these groups has been used to inform service delivery and evaluation.

7.0. Conclusion

During the year of this reporting period, Miskin has begun to benefit from the changes and developments of the previous year and has had of a consolidation period. For example, Miskin staff have now fully implemented and embedded the WCCIS management information system and now has a full year of baseline data to benchmark against going forwards. The system assists Miskin to evaluate and monitor whether desired outcomes are being achieved in supporting and safeguarding children and families, as well as, gives direction and support to practice and service developments.

Miskin's staff structure is also fully embedded and is proving to be robust and resilient. It provides clear lines of accountability, offers a progressive structure and career progression that supports recruitment and retention of staff. Miskin's has a very experienced leadership team, i.e. service manager/team manager/consultant social workers that has been stable with no movement, providing a positive culture and stable platform from which the rest of its workforce massively benefit. Miskin successfully grow and develop its own workforce and are also successful in recruitment of staff externally, including qualified social work practitioners. Careful and considered ongoing workforce succession planning, as well a positive and supportive learning culture assists Miskin in continually meeting its aims and delivering desired outcomes.

Miskin already had a range of quality assurance measures in place that have evolved and been developed historically. However, these have now been consolidated and further developed in to a Quality Assurance Framework. A Quality Assurance Framework Implementation Plan has also been developed and will be implemented over a two year period between 2019 and April 2021.

Miskin has developed a two year Team Plan that sets out its known priorities over a two year period. The plan sets out key priorities that's focus' the manager and wider staff group to ensure it continues to deliver expected positive outcomes. The plan includes areas such as quality assurance, performance, workforce etc.

The demand for Miskin interventions and support has never been higher and the service is consistently working to full capacity and working creatively to enhance that capacity whenever possible, waiting lists have become the norm instead of the exception. However, the service continues to be effective with a high percentage of those children, young people and families that it does support.

8.0. APPENDICIES

8.1. APPENDIX 1 – Apprentice Case Study

Name: N. J.

Year Started (Apprenticeship): 2017

Current Position: Intervention Support Worker Apprentice within the Miskin Project.

What did you do before starting the apprenticeship?

Before starting my apprenticeship I had been working full time as an administrative assistant within RCT CBC's Finance Department for 2 years. I finished sixth form and knew I wasn't ready for University; I wanted to plunge into the working world and learn while earning. I always knew finance wasn't my passion however I learnt many valuable lessons while working in a wonderful team of people.

Why did you apply for the scheme?

I had interviewed a handful of times for jobs within the social care department and although my feedback was always positive, my lack of experience let me down. I knew that RCT CBC look after their staff and when I saw the adverts go out for apprenticeships I knew it was right for me, the opportunity to learn while on the job and gain a qualification at the same time made complete sense. I knew my long-term goal was to become a social worker and the apprenticeship would provide me the experience and mentorship I needed to be able to apply for the degree course.

What development have you had since being with RCT?

At the start of my apprenticeship I was assigned to a Senior Practitioner Social Worker who was my mentor throughout. I am within the most supportive and nurturing team, the advice and knowledge they have shared with me has shaped me into the worker I am today. As part of my apprenticeship I have completed:

- Level 2 Award in Social Care Induction – Children and Young People (Wales)
- Level 3 Diploma in Health and Social Care (Children and Young People) for Wales and Northern Ireland

Both of these awards were achieved with the support of Cwm Taf Social Care Workforce Development Service. Within my role I have also had the opportunity to attend multiple training courses, too many to list, however some of my favourites have been:

- Solution Focused Brief Therapy Training by Eileen Murphy
- Autism: Understanding children with ASD by Tony Walters
- Vulnerability, trauma and recovery by Kate Cairns

The Miskin Project uses adventurous outdoor activities to engage children and young people, as part of my apprenticeship I have had the opportunity to achieve outdoor qualifications:

- Archery Leader Award
- Level 1 Bike Leader Award
- Stand-up paddle board bolt on award

I'm also on track to achieve my Lowland Leader Award by the end of May 2019.

I have had professional supervision supporting me to apply theory to practice and continuous encouragement to further my learning. My apprenticeship has put me in a place where I could apply for a support worker role and have the confidence and experience to succeed at interview.

What were the highlights?

A big highlight of my apprenticeship has been job satisfaction; I go home every day having achieved something. Even on difficult days I can still find a lesson learnt and be proud to work for a service supporting the most vulnerable within our community.

Another highlight is the incredible individuals I have had the privilege to work alongside. Every worker within my team has taken time to support my development, from answering my endless questions to explaining processes and procedures over and over, each has given their own time to ensure I am providing best practice to the individuals I work with. Working with people who truly want me to succeed has made me believe in myself, I have definitely made some friends for life during my apprenticeship.

The main highlight has been successfully applying to study social work at University. I would not have been able to apply and succeed at interview if it wasn't for the qualifications and experience gained from my apprenticeship. The continuous support I have received from my mentor and colleagues put me in a position where I believed I was ready to embark on the next step of my life.

Recommendations to Applicants:

Show your passion! An apprenticeship supports you to learn, remember you don't need to know it all before you apply.

Be enthusiastic! A career in social care is not easy, show you have the drive to support individuals who are facing the most difficult times in their lives.

Examples, examples, examples! RCT CBC's applications are competency based, make sure you use the STAR format when answering questions: Situation, Task, Action and Result.

8.2. APPENDIX 2 – Family Case Studies

The following are examples of case studies of work undertaken by the Miskin Team during the reporting period 2019-2020 . All names have been changed to maintain confidentiality.

Example Case Study 1 – Miskin Younger Team

Aim

Family need an intensive period of support for child/children to return to their care.

Background

The service received a referral for Baby O on 17/5/19 shortly after birth. His mother had previously had a number of children removed from her care due to significant neglect and had a history of misusing both alcohol and drugs, alongside episodes of poor mental health. All the children were placed with various family members and there was some level of contact with them, although this had not been taking place regularly, further adding to the concerns.

Baby O's mother had experienced significant trauma herself as a child and young person and there was little in the way of family support available to her. At the time of referral, she was in a stable relationship but this person was not the biological father of the child

In addition to the historical concerns, it was also felt that the mother lacked confidence in her own ability and there was a thought that she may struggle to sustain her motivation to effect change.

As a consequence of all of the above, a decision had been made to place Baby O's name on the Child Protection register at birth and also in foster care, with a high level of supervised contact with his mother. The Local Authority was also in the early stages of legal proceedings with a view to assessments being completed and a programme of work undertaken to facilitate baby's return back home under a care order, if the assessments were positive and the evidence suggested that his mother would be able to meet his needs.

Intervention

Three initial visits were undertaken to get to know the mother and her partner and to talk about the proposed areas of work. A number of social work theories were drawn upon during these visits and a Strengths Based Approach was adopted, to try and encourage Baby O's mother, to think about her own strengths and her hopes and wishes for the future. There were many strengths to consider alongside the risks that had been identified in the referral. Baby O's mother had a strong desire to parent him herself and it was clear from discussion with her, that she had made many changes to her lifestyle prior to the pregnancy.

These first sessions are designed to enable a parent to talk about their experiences and to contribute to the planning stage, by identifying areas of work that may be important to them. Baby O's mother felt that her low self-esteem had contributed to many of the decisions she had taken and recognised that she had previously used alcohol and drugs as a coping strategy when things had been difficult for her. Unresolved conflict from her past had continued to plague her from time to time and she wanted support to help her deal with these strong and sometimes, overwhelming feelings she had.

The resulting plan therefore included work around self-esteem and promoting confidence, alongside the parenting work requested by the referring worker. Mother's partner was present for some of the earlier sessions but as time went on, it became apparent that he was becoming more distant and living his own life.

The Programme of Work:

- Work was completed in relation to a number of key areas, supporting Baby O's mother to have a clearer understanding of the importance of her responses in promoting baby brain development, using the Five to Thrive Parenting Programme and materials from Parent Puzzle, both drawing heavily on attachment based theories of parent and child interaction.
- Observations of contact between Baby O and his mother was used to evidence the learning being put into practice.
- Direct work was completed in relation to Baby O's mother's perception of an abusive relationship and also on the impact of domestic abuse on children and young people.
- Direct work was completed around the impact of parental substance misuse on children and young people.
- Time was spent exploring the impact of previous experiences on choices made and therapeutic sessions enabled Baby O's mother to 'let go' of her past.
- Sessions to promote self-esteem and confidence took place in the community, walking, enjoying time outdoors and supporting attendance at a mother and baby group.
- Miskin intervention supported the rehabilitation back home offering drop in sessions, both announced and unannounced, early mornings, evenings and weekends and regular telephone contact.

Conclusion

In total, the intervention lasted for 10 months, during which time the keyworker's assessments were favourable and a decision was made to seek a supervision order from the court, rather than a full care order. This was granted at the end of November 2019 and will last for a year. If after that time, there are no concerns, children's services involvement will cease. Around the same time as the court proceedings were concluded, DNA tests were able to establish the identity of the biological father of Baby O. Following

assessments of him and his extended family, contact sessions were able to take place and these were positive.

Baby O's mother and her partner eventually ended their relationship and she has remained the sole carer for Baby O. Miskin involvement was therefore ended in February 2020.

Example Case Study 2 – Miskin Older Team

Aim

Family need an intensive period of support for child/children to return to their care.

Background

Young person (Sophie) is 12 years old. Before the intervention began Sophie was a child looked after residing with her father's ex-partner, Rebecca who is mother to Mia, Sophie's half- sister. Sophie also lives with her younger Brother, Callum.

Rebecca had expressed to the Social Worker that she was finding it difficult to manage caring for three children all with their own needs and did not feel she is able to continue looking after Sophie and Callum on a long term basis. The SW began looking at different living arrangements for Sophie and Callum. Their paternal father showed interest for them to move back with him. A Parenting Assessment was carried out and he was able to take on the care of Sophie and Callum. Initially this transition was going to take place over a number of weeks, however it all happened in a short period of time. Sophie was finding it difficult to understand why she had to have a social worker and wouldn't engage with her. She had also become quite withdrawn and wasn't able to express her thoughts and feelings to Rebecca. When the transition process started Sophie found it very difficult and couldn't understand why she had to move from Rebecca's and why it all happened so quickly.

Sophie enjoyed school and was doing well academically. She also participated in various extra-curricular activities within the community which she enjoyed.

Intervention

Before working with Sophie it was important to build a positive relationship with her so that she felt comfortable and was able to start expressing herself positively.

Work initially focused on supporting Sophie during the transition period from foster care to living with her Father. Providing Sophie with a safe and comfortable environment where she was able to discuss her thoughts and feelings.

Support was also provided for Chris (Father) during the transition period and for a number of weeks after the children were back in his care. One to one sessions were undertaken with Sophie addressing family relationships, Sophie's self-identity, self-esteem and confidence. Family support sessions were completed with both Sophie and Chris regarding internet safety and age appropriate rules and boundaries.

Group activities were put in place for Sophie to boost her confidence and self-esteem.

Family activity session was provided to help promote a positive relationship between Sophie and her brother Callum.

Support was provided with transporting Sophie to and from school as she was not entitled to school transport as she had moved out of the catchment area and she was very nervous and apprehensive with regards traveling alone on public transport.

Support was provided to obtain a school placement in a local school and further support was provided during the transition period for both Sophie and her father.

Parents had engaged positively since I first met them at a Core Group and all subsequent visits/contacts to the present day, (8 months later). They met all professional appointments. Initial visits were at least twice daily for 3 weeks. Neither parent complained about this and were always polite and pleasant when I called, even when obviously very tired.

Intervention entailed -

- Several weeks of daily visits to the home to check for signs of life, baby's health/appearance, check and record feeding charts/nappies, feeding hygiene, home conditions
- Checking for the presence of other people in the home, in particular the 3 sex offenders
- Checking general levels of care from both parents and observing their relationship for signs of duress, control, good support of each other
- Weekly reviews with other agencies to check levels of monitoring
- Delivery of the full Cairns' Five to Thrive programme. This forms the basis for good care of babies in relation to safe responses, identifying and fulfilling baby's needs, helping baby to develop and thrive.
- Work around the Child Protection Process so that parents understood what meetings were needed and why.
- Work around CSE/grooming. One particular session focussed on what sexual abuse was and this was very difficult for the birth mother as she was suddenly in a position where she needed to look at offences similar to those of the male offenders in her life.
- Supporting both parents in becoming effective, confident parents, this particularly in relation to Birth mum.

- Assessing how the couple parent together and function with each other.

Sophie and her father both engaged very well and took on all the support they were offered. They were open and honest throughout the intervention. This meant that the transition for Sophie and Callum from foster care to living back with their father was as smooth as possible.

Sophie did have a lot of questions and did get overwhelmed by her emotions from time to time but her father was able to support her through this and spent time explaining the situation to her. This helped to reassure Sophie and she soon settled into her new life at her father's.

The one to one sessions with Sophie gave her the opportunity to discuss her thoughts and feelings in a safe and comfortable environment, over the weeks Sophie began to open up more and was happy to discuss her thoughts and feelings. She enjoyed completing direct work activities and was happy to discuss her work. Sophie completed several pieces of work around family relationships, these gave Sophie the opportunity to discuss her relationship with her mother and her half siblings and she expressed how she wanted more contact with them. This was then passed on to the social worker and after careful consideration it was arranged for Sophie's contact with her mother and half siblings would be extended.

Working with both Sophie and her father to discuss age appropriate rules and boundaries was very beneficial. They jointly came up with an agreement regarding Sophie's phone usage. Sophie thought this agreement was fair as she had had input into it. Sophie stuck to this agreement. Similar agreements were put in place with regards bed time and homework. Sophie and her father work very well together and respected each other's views and took these on board.

Providing extra support with transporting Sophie to and from school enabled her to access education in the interim period before a new school placement was sorted. This benefited Sophie's well-being as she was getting very anxious and worried about missing school and not being able to see her friends. This was also putting a lot of pressure on Chris as he didn't know how he could transport both Sophie and Callum to school in a timely manner using public transport.

Sophie participated fully and enjoyed the various group activities that she took part in. She engaged well with the other young people and seemed confident in within the groups. She also engaged well in the family climbing session with her brother Callum. They worked really well together and encouraged and praised each other.

Support was provided to Chris to help him make an informed decision about the school he wanted Sophie to attend. Due to Chris' literacy skills, support was offered to fill in application forms and send these back to the school. The

process wasn't straight forward and it took several weeks to secure a school placement. This was a stressful time for Sophie and her father but lots of support was offered, arranging meetings with the new school and transitions days for Sophie to help ease her anxiety and worries. Sophie was extremely worried at first regarding moving school but after all the support given she seemed happy and confident during her first week at her new school. Sophie continued to settle in well and made lots of new friends.

Conclusion

Sophie still has regular contact with her father's ex-partner, Rebecca which she enjoys. Also Mia has regular contact at her father's house. Sophie and Callum have both settled well, they are enjoying school life and have both made lots of new friends. Sophie appears to be a lot more confident and is happy discussing her thoughts and feelings with her father.

8.3. APPENDIX 3 – Service User Feedback

Service user evaluation forms are sent out to young people, parents and referring social workers following Miskin interventions. Evaluation questionnaires were sent out to 100% of cases that the Miskin teams supported. The following are a selection of comments made about the service provided by Miskin:

Young Person's Questionnaires

What do you remember most about the work you did with Miskin?

- Being able to sit with CB and talk about different topics (Female 13 years)
- Strength cards. Sleeping Chart. Safe Ways of getting angry. (Male 8 years)
- Rock climbing, bush craft, McDonalds, (Female 10 years)
- Learning my confidence (Male 12 years)

What was the best thing about Miskin?

- The best thing about Miskin is where I sat with CB and I could open up to her without her judging me. (Female 13 years)
- Going out and having lots of fun. (Male 8 years)
- KM was very kind and listened to my feelings (Female 10 years)
- The activitys (Male 12 years)

Was there anything you did not like?

- I like everything at Miskin. (Female 13 years)
- No I liked it all it was fun. (Female 10 years)
- I liked everything. (Male 8 years)
- There was nothing bad about Miskin (Male 12 years)

Did your Miskin worker help you with any of the following difficulties you were having at the time? (Please circle)

- Family. Drugs. Alcohol. Safety. Personal Issues.(Female 13 years)
- Confidence. School. Self-Esteem. Motivation. Anger. Personal Issues. (Male 8 years)
- Family. Confidence. Self Esteem. Anger. (Female 10 years).
- Family. Confidence. Safety. Anger. Personal Issues. (Male 12 years)

How did you feel before Miskin?

- Unhappy (Female 13 years)
- Unhappy (Male 8 years)
- Ok. (Female 10 years)
- Fantastic (Male 12 years)

How did you feel after Miskin?

- Happy (Female 13 years)
- O.K. (Male 8 years)
- Fantastic. (Female 10 years)
- Unhappy (Male 12 years)

Circle any words you would use to best describe Miskin?

- Fun. Helpful. Safe. Good Activities. Great. Interesting. Just what I need. Understanding. (Female 13 years)
- Fun. Good Activities. Great Interesting. (Male 8 years)
- Fun. Helpful. Safe. Good Activities. Relaxed. Great. Interesting. Just what I need. Understanding. (Female 10 years)
- Fun. Helpful. Safe. Good activities. Relaxed. Great. Interesting. Just what I need. Understanding. (Male 12 years)

Any other comments you would like to add?

- I'm glad that Miskin got involved because me and my Mother wouldn't of got our bond back and they helped me because I was really confused. (Female 13 years)
- KM was lovely, nice, and helpful, she helped me if I was stuck. She was lovely. (Female 10 years)

Parents Questionnaires

Did the work carried out by the Miskin staff address the issues outlined in the intervention plan?

- Yes – very good and when an issue arose I would contact TB and he dealt with it ASAP. (Parent)
- Yes it helped T*** socialise (Carer)
- Yes addressed the issues worked on his thoughts and feelings and building his self- esteem (Parent).
- CT was exceptional. Addressed the issues with first class supervision. (Parent)

Did the service provided by Miskin staff help prevent the need for the young person coming into the care of the local authority? If not, what were the reasons?

- Yes – We were at rock bottom if we did not have TB then L*** would of ended up in care. We are grateful TB was there for us all. (Parent)

- Yes very helpful F*** enjoyed every moment and was always eager to go on different activities. (Parent)
- I believe the fact that B**** was fortunate to have CT prevented her going into care. (Parent)

Did the service provided by Miskin staff help with Rehabilitation home/ support the return home?

- CT definitely helped the situation. Made B*** see the advantages she had living at home with me. (Parent)

Did the Miskin worker keep you informed about the work they were undertaking?

- Yes – TB was very good he kept me up to date with everything. (Parent).
- Yes ME and ECW where very helpful with the passing of information. (Carer).
- Yes was kept informed at all times about the work they were undertaking (Parent).
- CT kept myself and B**** up to date with everything and was hands on if I or B**** needed any further advise. She is truly missed. (Parent)

We have delivered a Miskin Service for you. Do you think we could have done this differently?

- No – Everything was very good. (Parent)
- No very happy with the service was sad for T**** that it ended. (Carer)
- No I am completely satisfied with how things went. (Parent)
- As far as the Miskin Service is concerned I honestly can't think of anything wrong with the service you provide. (Except it could have been a bit longer) (Parent)

Are there any comments you would like to add?

- I would like to thank TB who was a god send for ourselves and L***. (Parent)

- Just a huge thank you to the staff especially ME and ECW for going over and above their jobs to support T****. (Carer)
- F**** enjoyed every activity with MisKin. Really liked all the workers he worked with and helped him to interact with other young people. (Parent)
- I cannot praise CT or thank her enough for the help and care we had from her. She listened to us and gave very good advice where and when it was needed. (Parent)

Referring Social Workers Questionnaires

Did the work carried out by the MisKin staff address the issues outlined in the intervention plan?

- Yes the work carried out by TB addressed all the issues in the intervention plan and made a significant improvement. L*** was removed off the Child Protection register due to this improvement in his behaviour and him no longer putting himself at risk. (SW II East Team)
- Yes it did. A**** is able to manage her emotions and build a good relationship with her mother. (S.W. II East Team).
- Yes (S.W. II West Team).
- Yes S** engaged with the work and he found the support beneficial. (S.W. II West Team)

Did the service provided by MisKin staff help prevent the need for the young person coming into care of local authority? If not, what were the reasons?

- When MisKin became involved L***'s placement was at risk of breakdown due to his behaviour and the risks he was putting himself under. Since MisKin and Childrens Services involvement L***'s placement is no longer at risk and he is no longer engaging in criminal activity. There have been significant improvements at home and L***'s home life is now settled. (S.W. II East team)
- The service provided by MisKin staff helped the family to understand how to manage relationships, improve on their communication skills and support mother with useful tools in managing A****'s outburst of anger. (S.W. II East Team)
- Yes (S.W. II West Team)
- Yes this prevented S** from coming into Local Authority care and he was able to remain with his mother. S****'s mother was able to make considerable changes. (S.W. II West Team).

Did the service provided by Miskin staff help with rehabilitation home?

- N/A. however A**** was with maternal grandmother for a few weeks just to help calm her down. A*** is back in mother's care. (S.W. II East)
- Yes LW made herself available as we had to carry out daily visits including weekends. (S.W. II West Team)
- Yes initially S** was living with his maternal aunt and when he returned home he was concerned that this would breakdown. However due to support being in place his mother was able to make changes and S** and his mother's relationship has developed positively since this point. (S.W. II West Team).

Did the Miskin worker keep you informed about the work they were undertaking?

- Yes TB kept me informed regarding the work that was being completed and the work completed was discussed in multi-agency meetings. (S.W. II East Team).
- Yes there was constant updates (S.W. II East Team).
- Yes there was a lot of communication. (S.W. II West Team)
- Yes I have been updated regularly. (S.W. II West Team).

We have delivered a Miskin Service for you. Do you think we could have done this differently?

- No, the work that was carried out was of a high standard that allowed the family to achieve the positive outcomes that they did. (S.W. II West Team).
- No (S.W. II West Team)

Are there any comments you would like to add?

- TB worked well with L*** and the Miskin intervention completed with L*** really made a difference and improved the situation at home which L***'s family were really appreciative of. (S.W... II East Team)
- The worker LW was very professional and knowledgeable. She was reliable and very accommodating. The family spoke very highly of LW and due to the interventions the family are no longer open to services. (S.W. II West Team)

Rhondda Cynon Taf Children's Services



Report for Corporate Parenting Board

Therapeutic Families Team Annual Report 2019-20

November 2020

Authors: Matthew Free
Service Manager

Jay Goulding
Team Development & Performance Manager (IFST/TFT)

Therapeutic Families Team Annual Report

(1st April 2019 – 31st March 2020)

“One of the biggest things I have learned so far from (the TFT Family Therapist) is that in order to be able to manage my son, I need to be able to manage myself first. The biggest improvements in our situation have come from changes I have made in how I react to my son and not from changes we have worked on for himself”.
(Parent, April 2020).

Summary

This is the first annual report for the Rhondda Cynon Taf (RCT) Therapeutic Families Team (TFT), which will; outline the rationale for creating the service; offer a brief overview of Systemic Family Therapy and Educational Psychology; and outline how we are already making a real difference, offering value to children, families, social workers and the wider professional system. The report will offer initial data on the work of the team, including referrals and outcomes for those families where performance data is available to us.

What is TFT?

TFT is a multidisciplinary team, created to offer consultation, therapeutic assessments and interventions to children and families in RCT.

There was a recognition that the families with the most need for therapeutic support often had difficulties accessing services. TFT seeks to address this, by offering a range of assessments and interventions to those families prioritised by RCT Children Services.

Referral Criteria and service priorities

The priorities for TFT set out by the Children Services Management Team (CSMT) are as follows;

- 1) Families assessed as high need where support from the Families Therapeutic Team would add value to the Resilient Families Service intervention.
- 2) Family receiving a service from statutory Children's Services and child/ren assessed as being at risk of becoming Children Looked After (CLA).
- 3) Children Looked After whose placement has been assessed as being at risk of breakdown where therapeutic support could promote placement stability.
- 4) Children Looked After who require therapeutic support to assist in a return home to live with parents/family/friends or live independently.
- 5) Children Looked After placed out of county who require therapeutic support to assist in moving to local placements.
- 6) Families assessed as high need where support from the Families Therapeutic Team would add value to the statutory Children's Services intervention.

Team Structure and Governance

The TFT consists of two full time Systemic Family Therapists and two Educational Psychologists (1 full time and 1 part time). There is one vacancy for a part time Educational Psychologist. The team, managed by a Social Work Team Development & Performance Manager, sits within the Early Intervention Service and is based in the Glyncornel Centre with the Integrated Family Support Team and Miskin. The Team Development & Performance Manager provides day-to-day management and supervision of the team. The Education Psychologists receive clinical supervision from the Children Looked After Education Psychology Service. Group and individual supervision for the Systemic Family Therapists, is provided by external accredited supervisors. Below are some descriptions of family therapy and educational psychology.

What is Systemic Family Therapy?

Systemic Family Therapy refers to a range of theories, beliefs and models of practice which seek to bring about new information to a system, by exploring different views to generate new perspectives. One of the strengths of systemic family therapy and systemic consultation is that it pays attention to the wider context.

Family Therapists can work as individual therapists, co-therapists (two therapists working with one family), with a small therapeutic team and sometimes group work. Family Therapists can work with individuals, couples and whole families often including the wider family and the professional system.

Therapy sessions are typically an hour, they will tend to be on a fortnightly basis. We review interventions on an ongoing basis, to see whether therapy is helpful and generally offer up to 12 sessions.

Family Therapists also offer Systemic Consultations to referring social workers and the professionals working with the family. Consultations can be an intervention in their own right, building on the knowledge of those working with a family, whilst bringing about new information.

What is Educational Psychology (EP)?

Educational Psychologists usually work with young people aged 0-25 years old, their families, school staff and other professionals. Traditionally, EP's would mostly work in schools to support adults understand and support children and young people (CYP) to feel safe, happy and able to succeed in their education.

Within the TFT, EPs use consultation skills, psychology knowledge and therapeutic tools to support children and young people directly and/or to enable adults around those CYP to better support and understand them. Work tends to focus on placement/family stability but can include school and home contexts if identified as significantly stressful or protective factors.

Referral Process

Children Services teams make referrals through WCCIS. The team review referrals during a weekly allocations meeting. Area interface meetings help prioritise children and families.

What services do we offer?

TFT offer a range of services to individuals, families and professionals, which include;

- Consultation: systemic (described below) and psychological to referrers, wider professionals, children and their families/carers.
- Individual therapy.
- Family therapy with the whole family, or parts of a family and wider family network.
- Family Consultation/Choice appointments.
- Staff group supervision.
- Psychological Assessments.
- Trauma Recovery Model and TRM Panel.
- Group work.
- Non Violent Resistance for individual families.
- Staff training and skills workshops.

What is Consultation?

Consultation is a meeting with individuals or groups of professionals with one or more therapist, designed to think about stuck cases, work processes or aspects of practice. The sessions can take approx. 1-2 hours.

Consultation aims to:

- Help workers seeking consultation to think systemically and less individually about practice, encouraging people to think across at least three generations of a family, including professional networks where appropriate.
- Enable people to consider multiple meanings and explanations and to question their own assumptions.
- Help creativity and encourage the generation of new ideas.
- Shift into new patterns of interaction and working which suits them.
- Offer space to reflect and to think in detail about a particular piece or aspect of work.

What is a Choice Appointment?

Choice appointments are consultations to families, sometimes with the other involved professionals present, sometimes just the family or one particular member. When beginning any piece of work, we prefer to meet with as many family members as possible.

Choice appointments can take the form of a therapeutic assessment, to determine what the referred family would like help with, whether we are the best people to provide this support, and how this might look. We give families information on what therapy is, what it can be, and ways in which it might be useful for them.

If they decide to engage in ongoing therapy, client families can decide who they would like to be present during therapy, where it will take place and what the focus of therapy will be, we often refer to this as the therapeutic agenda.

Performance data

Referrals arrive through WCCIS. We are working with the Information Management team to develop ways of capturing progress across the wide range of outcomes. This can include where children return home, gain placement stability and close to children services.

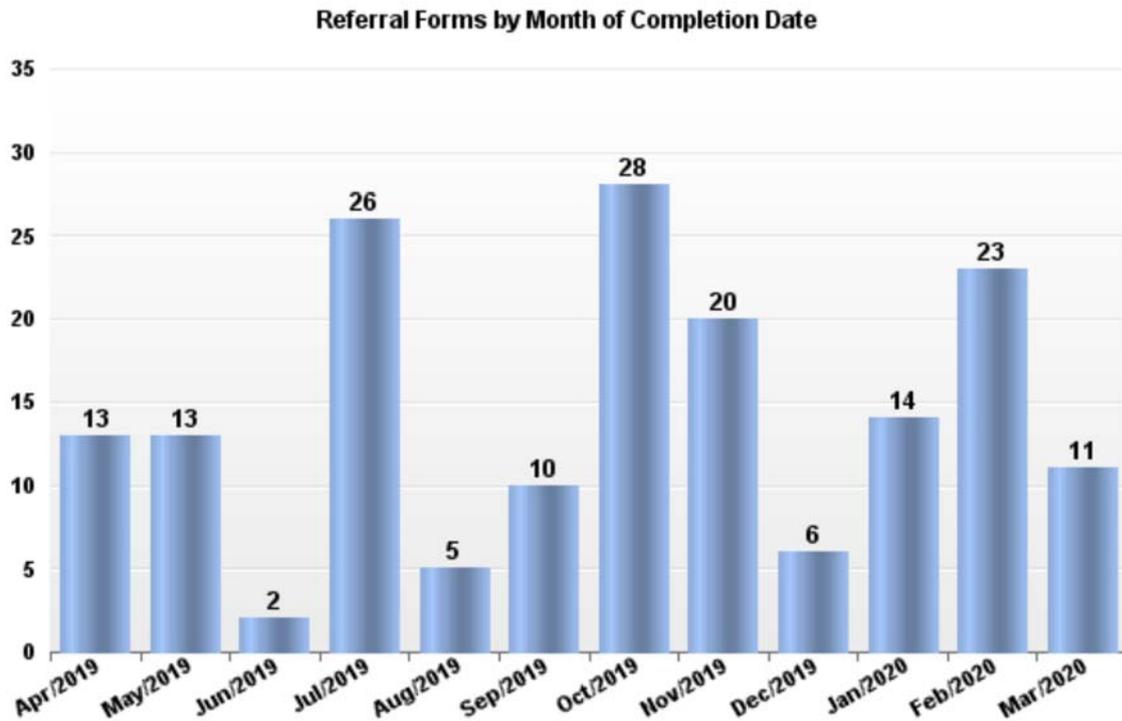
The data contained in this report is a mixture of referral data gleaned through WCCIS and outcomes data gained through Resilient Families, which has recently become available.

By the next report, we will be able to provide data on whether we achieved the intended goals; i.e. placement stability; return home.

Referrals

Therapeutic Families Referrals by month.

Table 1 shows the number of referrals made to the TFT between April 2019 and March 2020. From April to September, the team employed only the two family therapists, after which the educational psychologists joined the team.



As can be seen in table 1, referral trends fluctuated throughout the period shown. Peak periods for referrals were July, October and February.

Table 2.

Referrals Accepted by Referral Type

	Yes	No	Not Recorded	Total	% of Total
Ed Psych	34	0	0	34	19.88%
Ed Psych & Family Therapy	11	0	2	13	7.60%
Family Therapy	112	0	0	112	65.50%
Not Recorded	1	3	8	12	7.02%
Total:	158	3	10	171	
% of Total:	92.40%	1.75%	5.85%		

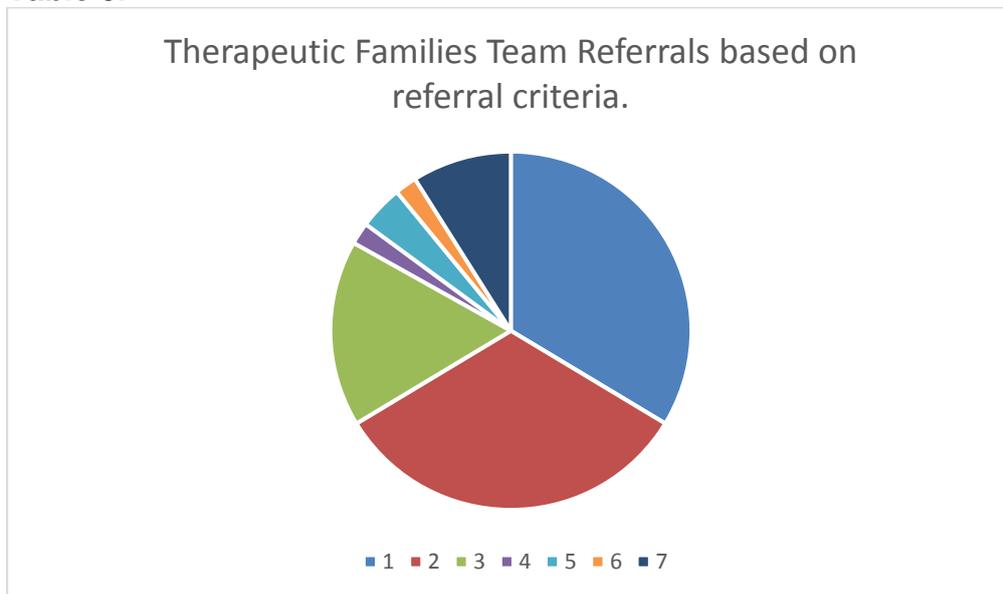
As can be seen in table 2, we received referrals for 171 children. The majority of referrals were allocated to the family therapists, for whom we have a full year of data.

In this section, where information is “not recorded”, this is because the referral is awaiting a decision.

Table 3 highlights the number of referrals received based on referral criteria set out by CSMT and seen as the priority areas for the local authority to address. They are numbered for ease of reference and not in priority order. Referrals are prioritised

through interface meetings and allocated in weekly allocations meetings, where caseloads and capacity are reviewed.

Table 3.



Initial Referral Criteria	
1 Families assessed as high need where support from the Families Therapeutic Team would add value to the Resilient Families Service intervention.	34
2 Families assessed as high need where support from the Families Therapeutic Team would add value to the statutory Children's Services intervention.	33
3 Children Looked After whose placement has been assessed as being at risk of breakdown where therapeutic support could promote placement stability.	17
4 Family receiving a service from statutory Children's Services and child/ren assessed as being at risk of becoming Children Looked After (CLA).	2
5 Children Looked After who require therapeutic support to assist in a return home to live with parents/family/friends or live independently.	4
6 Children Looked After out of county who require therapeutic support to assist in moving to local placements.	2
7 Not recorded	9

The referral criteria identified here, are those selected by the referrer at the point of referral. Criteria 1 and 2 (adding value to either RF or Children's services) appear to be used as a catch-all criteria, where the direction of the work is yet to be defined and it is hoped that TFT can be useful.

Consultations

Consultation's form an important aspect of the work of TFT. They offer a great way of offering support, without always needing to intervene with the family directly. In this year, the team offered consultations to professionals relating to 77 families.

As described earlier in this report, consultations can be an intervention in their own right, enabling practitioners to build on their own areas of expertise; explore new ways of thinking about children, families and systems. Feedback from consultations has been positive.

Initial assessments.

In the first year, TFT undertook 101 Initial assessments, the majority of which were completed by family therapists for whom we have a full year of data. Initial assessments identify, with children, families and carers, whether TFT can be helpful, highlighting areas of work, further assessment or therapy.

For some children and families, the right support systems are already in place and the assessment and consultation seek to engender hope and confidence in practitioners and families.

Outcomes for children and families supported by TFT.

I am pleased to report that we have undertaken some excellent work in our first year contributing to increased placement stability for children looked after, supporting children to remain at home, and some to return home. At the time of writing this report, we are working to devise ways to offer comprehensive data on outcomes.

In order to capture some outcome data, we asked the team to consult with referrers and families and code, based on their experience, whether the work was successful.

As can be seen, of those referrals where the work was complete, 75% were deemed either successful or partly successful.

On referrals closed between April 19 and March 20, Was the work of TFT successful?	
Yes	30
No	16
Partly	17



Some of the areas of work, that we feel we can confidently demonstrate positive outcome include;

Improvement of family relationships families 8,

Stabilizing educational placements 1,

Stabilizing home or care placements 15,

Improvement of parental wellbeing or empowerment 10,

Supporting school transitions, reunification to families, contributing to care, and education placement decisions 3.

In addition, we have supported children and staff in residential placements to maintain placement stability and promote positive placement moves. The work with the residential homes is highlighted later.

Resilient Families Referrals

The Resilient Families' Service uses the CAPITA system to record their work with families. The service has access to referral and outcome data for the families they referred to TFT. Their data reflects the number of families referred, rather than the number of children as counted on WCCIS. This difference adds to the challenge of providing accurate, comparable data across the service.

Table 6.

Number of families receiving TFT support	30
Number of families where support has ended	30
Number of actions held by TFT as part of family plan	18
Number of actions successfully achieved	8
Outcomes following interventions:	
% of families recording improved resilience, where TFT have contributed	25 (83%)
% of families stepping up to Children's Services	3 (10%)
% of families disengaging from support	2 (7%)

As can be seen in the table above, where data from RFS is available, we contributed to families reporting improved resilience with 83% of families. In this data, only a small number were stepped up to children services.

Range of issues covered by TFT

In the last year, the range of issues the team has worked with have included;

Emotional regulation;

Child to parent violence;
Placement stability (education and care settings);
Re-unification plans;
Disabled children (parental grief);
Teenage self-harm;
Intimacy and sex;
Intimate partner/domestic violence;
Parental drug and alcohol misuse;
Mother and daughter relationships;
Family communication;
Separation and divorce;
Grief and suicide.

We have also had a significant number of referrals for adoptive families seeking support or requesting children be accommodated, often as a result of them not coping with children who have experienced significant trauma.

Length of intervention

For referrals through RFS, the maximum length of intervention is 12 weeks. With Care and Support Plans (CASP), Child Protection (CP) and CLA, our interventions can be longer and tailored to the needs and timescales of families. For therapy, we usually offer up to 12 sessions at 2-3 weeks intervals.

Some interventions are one off consultations to the professional system and/or the family. The families that have been open the longest have been for those experiencing a potential adoption breakdown.

The average length of an intervention in TFT is 6.01 sessions for family therapy and 7.08 for Educational psychology. In addition, family therapists provided 44 consultations to professionals and EPs provided 33. Those sessions have been counted by one worker, usually involve more members of the team.

Work with RCT Children's residential homes

One of the priorities for TFT is to promote placement stability for children looked after, particularly for those in residential settings. Priorities include bringing children closer to home where they are placed out of county and assessing the needs of children in Carn Ingli Children's Home to help identify the most appropriate, where possible permanent placement, including supporting children to return home. There is also a role for TFT to support the development and use of the Trauma Recovery Model (TRM). TRM is an intervention model for working with children who have experienced developmental trauma, and for whom parents and professionals are concerned. The TRM is used within the RCT residential homes and TFT staff trained in the TRM alongside residential staff and the Children Looked After EP team.

Although still in the early stages of our work with the residential homes, we have already undertaken assessments of young people to support decisions about onward placements, we have supported staff to understand young people's developmental

needs, and contributed greatly to maintaining placements stability, where there have been concerns about children and young people.

Carn Ingli Children's Home

TFT has a specific remit to support children and staff in Carn Ingli. Since Carn Ingli opened, TFT have been in close communication with the staff there. Children placed in Carn Ingli, are discussed at a placement meeting prior to moving in. A representative of TFT attends those meetings to discuss the need for specific psychological assessments and/or interventions. If appropriate, referrals to TFT can be made and actioned immediately. Where this is not necessary, staff have access to group supervision through the TFT. Feedback from staff has been excellent and is included at the end of this report.

In our efforts to embed TRM within the residential homes, we have undertaken an Enhanced Case Management (ECM) Meeting for a child in Carn Ingli, using the TRM with the CLA EP's, residential staff, social workers and other relevant professionals.

Bryndar Children's Home

Although not originally a priority, our links with Bryndar have developed through specific requests for work, including training for residential staff in Non Violent Resistance (NVR). We began with systemic consultations and group supervision, facilitated by the Family Therapist, Team Performance and Development Manager and more recently the Educational Psychologists. During sessions, we promoted collaborative enquiry, acknowledging the wealth of experience in the staff team, whilst creating a safe space to talk about the strengths and challenges.

Our relationship with colleagues in all the children's homes has grown, and we have undertaken assessments and work with children placed in Beddau and Bryndar, particularly where there is a risk of placement breakdown. All our assessment work is enhanced through consultation and group supervision, facilitated, by the Educational Psychologists, Family Therapists and Team Performance and Development Manager. Some of the feedback from staff is included in appendix 1 at the end of this report.

Training and Development.

The full remit and potential for TFT is still in development. One possible area for development could be extending the training role of the team, as it offers us an opportunity to build practice confidence in new models. As a team, we have already received several requests to deliver training for colleagues, carers and parents.

Within the first year we have delivered training and workshops in Non Violence Resistance and sleep hygiene, in addition to supporting the development of the TRM in the residential homes.

Summary of team SWOT analysis.

As a new service, we are alert to the challenges of providing the services children, families and professionals say they need. In order to help evaluate our own position, we undertook a basic analysis of where we feel we are. Below is a summary of these thoughts.

Strengths/ Highlights/Successes

We have recruited the team, created a therapy room, created referral systems and begun to work with children, families, carers and professionals.

We are developing strong relationships with referring teams, receiving Referrals for the whole range of issues we were set up to work with.

We attend weekly Interface meetings to enable managers to prioritise referrals.

We undertake joint work with colleagues within TFT and wider services. Joint working allows work to transfer between workers when there is a need to do so.

We have developed flexible assessments and intervention timescales on Care and Support, Child protection and Children Looked After cases; this flexibility facilitates assessment and information gathering processes and ethical decision making around best practice.

We have promoted and helped develop the use of the Trauma Recovery Model (TRM) across the service. We attended TRM training with colleagues from the residential homes and allied services, forming a shared approach to working with children who have experienced trauma and providing consultation to staff.

We have built good relationships with education and schools, who are supportive and create space for us to undertake assessments and direct work with children in schools.

We have built excellent relationships with CLA EP's and main grade EP's, sharing work across the children's homes and strengthening relationships between services. We have attended joint training and planned further training between services. A CLA EP provides clinical supervision of TFT EPs.

Weekly allocations meetings enable us to discuss and allocate new referrals, as well as manage internal transfers and share knowledge with each other. Weekly allocations also enable us to review individual practitioners' capacity and allows reflection to take place each week.

We have responded and adapted well to the challenges of delivering a service during Covid-19, and have continued to take on new referrals, engage families and affect changes.

Potential service developments

As a team, we are eager to make the biggest impact to the most children and families that we can, without compromising on the quality of our interventions. We would welcome an opportunity to review methods of service delivery; including ensuring we offer the full range of consultation, supervision, training, assessment, direct work and therapy.

We have many requests to work with families where there has been direction from court to provide specific interventions including DDP and Thera play. We would like the team to undertake training to meet these requests.

We can also see great value in using Video Interactive Guidance (VIG), a way of filming and then intervening with families to improve the quality of parent child interactions.

Conclusion

This report highlights the progress that the TFT has made in its first year. I am pleased to report that as a team we are fully operational, working with children, families and colleagues. We have already achieved excellent outcomes, with children at risk of accommodation, who have remained with family where safe to do so; we have supported children to return home or going to more appropriate placements. We have helped families develop closer, more hopeful relationships, and reduced child to parent violence.

We have recruited excellent therapists and psychologists who bring a range of skills and experience, which is growing and developing.

In recent months, we have responded to the Covid-19 crisis, using technology to continue to provide most aspects of our work remotely, including direct work, therapy, consultation, supervision and training.

Jay Goulding

Team Performance and Development Manager

Integrated Family Support Team and Therapeutic Families Team

Appendix 1.

Service user and professionals' feedback.

We have put service user involvement and feedback at the centre of service development and reviewing progress. We ask every family, regardless of outcome or engagement for feedback.

Where appropriate we ask both children and parents for feedback.

We have grouped together a range of responses, which illustrate the themes.

How useful was the TFT Intervention?

100% of service users who responded said that they found the intervention either useful or very useful. We asked open questions to give families the opportunity to describe what they found most useful. Below is a summary of some of the themes that emerged.

Being heard

One of the most important pieces of feedback we received was how families appreciated the experience of being-heard. Feeling heard is a fundamental aspect of therapy but is also one of the foundations of the social services and well-being (Wales) Act 2014.

'I'm feeling so very relieved to know that you are listening to me as I feel that people discard what I say has no importance as to how my family is being affected' (parent feedback).

(Family therapists name) *"has listened to everything I've had to say and asked probing questions which clearly indicated she was really listening to me. This is extremely important in terms of really being able to understand the fluctuating dynamics here"* (parent feedback)

I can open up to her (feedback from parent).

Family cohesion

Some families told us that they feel TFT helped them improve how they got on as a family.

'[TFT worker] united us as a family' [From case report from foster carers]

The family are much closer and the children are happier. Their mother is continuing to engage with counselling and the risks to the children have reduced. (social worker feedback)

The worker completed number of sessions with the children and the mother. The family found this support nurturing and it has supported and strengthened the relationships within the family. (social worker feedback)

"The bond between me and the children has been built back up". The work has "brought us closer together. The kids would not share their worries with me, they would hold it all in. Now they know Mammy is getting better, they are not so worried. K wouldn't go out at all, but now she's going out and she's less worried about me" (feedback from mother).

Improvement in wellbeing

If we can help children, parents and carers feel better about themselves and more able to manage difficult thoughts and emotions, then the outcomes for all will

improve. Some parents explained how important it was for them to feel safe and be the parent they want to be.

"I still have anxiety, but I am able to understand and not feel as guilty for being upset and tired all the time. You have helped me through rough times and you're very calming and easy to talk to, you never pushed me into doing anything I didn't want to". [Parent feedback]

"I'm starting to feel myself; I am happy little bubbly me again I'm getting up in the mornings and staying up all day; I used to go back to bed and sleep all day. Things are better now than before I got ill. I've come really far, and I'm going to keep on going"

(feedback from parent)

Openness to challenge

One potential misconception about therapy is that it does not challenge families directly. The comments below demonstrate some of the many ways the team bring challenge to conversations with families, without being confrontational. We create the context for the challenge to come from within.

There was a good 'fit' – Both (therapists names) are intelligent, insightful and observant; able to provide robust and appropriate challenge for my wife and myself. This is in sharp contrast to some people we have encountered over the years whom, while well meaning, lacked the experience, mental agility and intellectual capacity to diagnose/understand the issues we face/faced and provide informed and actionable guidance (Parent feedback)

Showed me a different way of thinking. Ways of coping and understanding teenagers a bit better (feedback from parent).

Getting to talk to my son in a more positive way and to deal with rivalry between the children (feedback from parent).

One of the biggest things I have learned so far from (workers name) is that in order to be able to manage my son I need to be able to manage myself first. The biggest improvements in our situation have come from changes I have made in how I react to my son and not from changes we have worked on for himself. (workers name) has helped me separate my emotions and reactions that are generated from my son from those that are associated with my husband when my son displays identical behaviour. If (workers name) did not have such a good understanding of my situation then the techniques she is teaching me would not have the same level of impact. She is able to adjust the NVR according to the changing situation at home, which has enabled my son and I to make the great strides that we have so far.

I can categorically state that of all the personnel and services that have been involved in my son's case it is (workers name) input that has generated the most positive changes. I honestly do not think I could have come this far without her help and guidance.

What could we improve?

The only real area for improvement that families identified related to the length and intensity of therapy. This was mainly, but not exclusively related to Resilient Families Service time constraints.

'It would have been useful 'to spend more time together' (feedback from parent).

But I do miss you and would've liked longer therapy, but I know it's only for a short period and you did extend it. (parent feedback)

Could have had more time instead of the allocated 12 weeks... I just wish they was longer sessions (parent feedback).

More time (parent feedback).

Can be rather intense fitting into 12 weeks but understand the timescales the service works to (parent feedback)

Feedback from residential staff

Below is some feedback from residential staff, about their experience of working with TFT. We are pleased with the encouraging start we have made, and hopeful that these relationships will develop further.

"I have liaised with the staff who work at Bryndar or as we like to say Bryndar family as colleagues are more like family members. The whole staff team have nothing but admiration and praise for the support you provide not just to the children but to us as a staff team".

"Each time we have met, you have been open and honest in your approach, explaining you may not have the answer but will listen to the staff team current experiences, with children who have been displaying extreme challenging behaviour. On the many occasion you arrived at the home, you and your team do not present as Community & Children's Services staff but part of Bryndar team. As a senior with in the home it has been reassuring to see how the staff have responded to your support, guidance and cathartic approach. One member of staff commented. "This has been a mass debrief, like clinical supervision". This had been at time when JE behaviour had been extremely challenging with his constant level of abuse and physical aggression/assaults".

As a team we seen your input has been "a breath of fresh air", putting certain aspects of children's behaviour into perspective. This has allowed Bryndar staff team and with your teams direction to find different solution or approach or to pro-actively support children behaviour which at time we as a team have been entrenched in managing children with ACEs or extreme past traumas. The suggestion of a safe room for JE has really assisted and aid not just Bryndar staff but also allowed JE to slowly build his confidence by having the safety of staff being near. This has evidently reassured a child who is hyper vigilant and scanning for risk. JE has

recognise he is safe with in his home environment and of late JE has started to question the reasons why he is in care and possibly ready for life story work.

The dedication of your team is evident to see with (psychologists name) consistently liaising with the home on a weekly basis for updates on the children and staff wellbeing, is testament to the commitment of support in these unprecedented and trying times.

We look forward to continuing to work alongside you and your team.

The manager of one home wrote;

As you know, residential childcare is a challenging and rewarding environment. Over the years, I have worked with many support agencies to which has been successful to a certain degree.

Your Family therapy team has not only supported children to manage the chaos in their lives, but from a professional viewpoint, the support you have given to my staff and myself has been invaluable over the previous year.

The best example I could give you is our 11 year old. This little man managed his emotions through violence and aggression; he had been physically and emotionally abused by his Grandparents and trusted no one. With the support from Psychologists name undertaking an assessment of need, yourself and therapists name attending team meetings to support the team, we turned things around resulting in a positive outcome.

We now have a cheeky chappy of a 12 year, old who is just beginning to identify his emotions positively. It has been a real challenge and no doubt will continue to be, but without your support I honestly feel we would have failed him.

Thank you.