



RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

CORPORATE PARENTING BOARD

19TH MARCH 2018

MISKIN

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

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1. 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 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 Team** 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 Glyncofel Centre.

2. INTRODUCTION/CONTEXT

Miskin aims to deliver intensive family focused evidence based interventions over a period of up to 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+).

The 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, programs might also for example, include cognitive behavioural work and task centred work.

The work is delivered through:

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

3. STRUCTURE

Miskin comprises of five teams (1) Miskin Older Team - East (2) Miskin Older Team - West (3) Miskin Younger Team East (4) Miskin Younger Team West (5) Miskin Positive Futures Team. Each team 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, Senior Social Work Practitioner, Social Worker, Intervention Workers and Support Workers.

Miskin Positive Futures Team underpins and supports the work of the other four Miskin teams as well as wider Children's Services teams and consists of an Outdoor Adventure Activities Officer, Project Worker and an Apprentice Project Worker.

On the last occasion of reporting to the Corporate Parenting Board Miskin was in the process of implementing its new structure following the integration of Miskin Project and the Rapid Intervention Response Team. The structure is now embedded and fully operational.

The overall day to day management and strategic direction of the service is undertaken by the Service Manager who also has

responsibility for the Cwm Taf Integrated Family Support Team (IFST) and the Glyncofel Centre and who can ensure that all services are aligned. The Service Manager reports to the Children's Services Service Director and a member of the Children's Services Management Team.

4. MISKIN PROJECT ACTIVITY (April 2016 to end March 2017):

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 Project Annual Report & the Rapid Intervention Response (RIRT) Annual Report April 2016 to end March 2017, which gives a flavour of the activity during any given year. Reporting during this period continued under the old arrangements, even though both provisions had been integrated, operationally their use of the Integrated Children's System (ICS) was the final phase of integration and will result in one report for the service for the current reporting period April 2017 to end March 2018.

Miskin Project Reporting Period (April 2016 to end March 2017):

Number of Interventions:

Miskin Solutions received a total of **285** referrals during this year **55** referrals were received to maintain placement stability for Children

Looked After. Of these **32** were accepted. (These figures are not accounted for in the statistics below).

Referrals Received	Referrals / Criteria Not Met	Referrals / Criteria Met	Referrals Accepted	Male	Female	No. In LAC System Following Intervention	No. In Community Following Intervention	No. In LAC System before / during Intervention	No. Returned Home From LAC System
230	12	218	174	89	85	4	170	9	5

- Referrals where **criteria were not met** represent those where there was a very low or no risk of accommodation.
- Referrals that **met the criteria** represent those where the child was assessed as being at high risk of coming into the LAC System.
- All referrals accepted met the criteria.
- **19** Referrals out of the **174** - To undertake work with children at risk of sexual exploitation.
- In addition, Solutions worked with **83** children/parents referred during previous reporting period.

Age Profile of Children Referred:

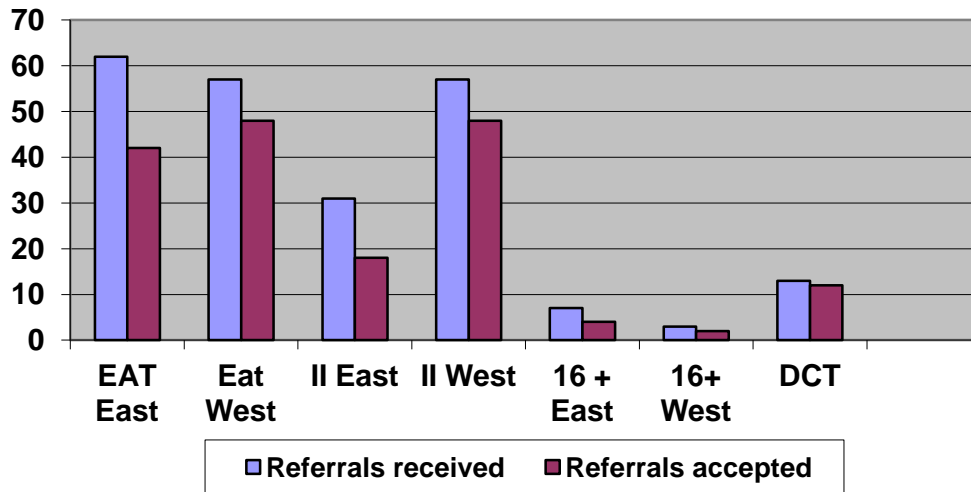
Age of young people referred	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	Total
No of males	1	2	10	19	26	8	18	5	0	89
No of females	0	0	4	14	19	15	18	14	1	85
Total	1	2	14	33	45	23	36	19	1	174

Source of Referrals:

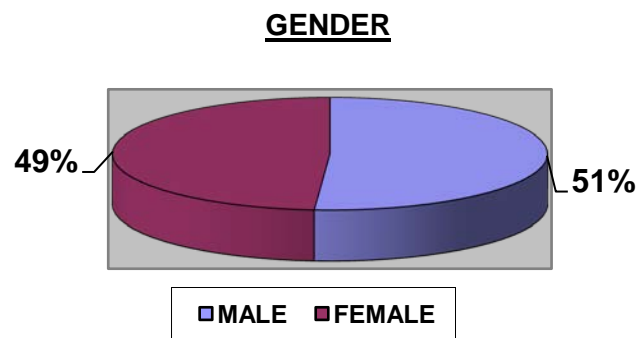
	EAT EAST	EAT WEST	II EAST	II WEST	16+ EAST	16+ WEST	DCT	TOTAL
Referrals Received	62	57	31	57	7	3	13	230
Referrals Accepted	42	48	18	48	4	2	12	174

KEY

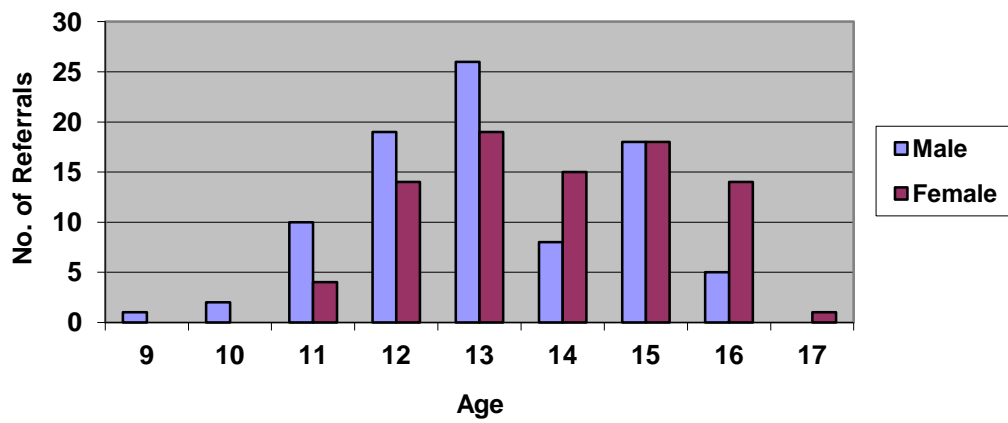
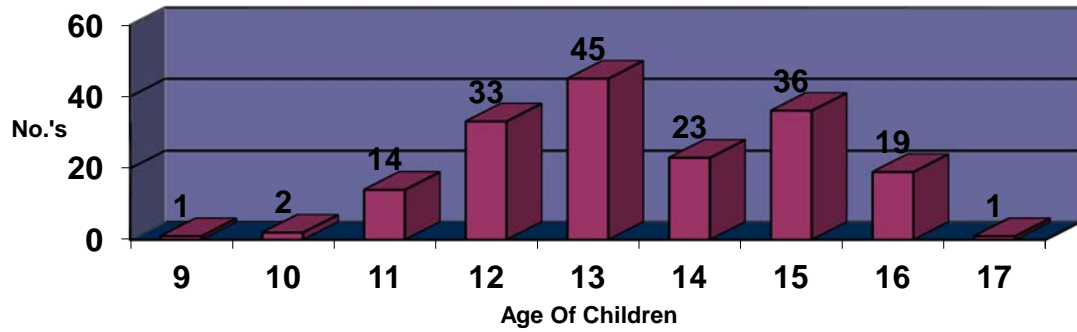
EAT East	Enquiry & Assessment Team East
EAT West	Enquiry & Assessment Team West
II East	Intensive Intervention East Teams
II West	Intensive Intervention West Teams
16+ East	16 + East Team
16+ West	16 + West Team
DCT	Disabled Children's Team



Gender of Referrals Accepted:

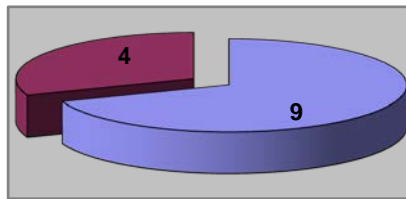


Age Profile of Referrals Accepted:



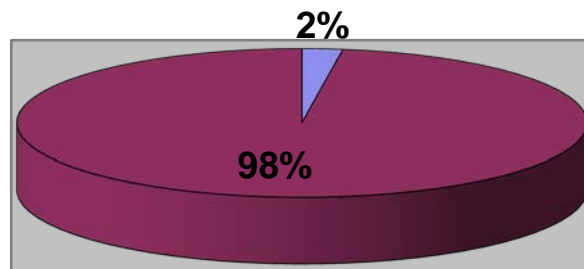
Children Returned Home/Accommodated:

- The following chart illustrates the number of children that were accommodated before or during the team’s intervention and the number of those that were returned home by the end of the intervention period.
- The maximum period of involvement with a family is 28 weeks duration.



■ No. Of Young People In LAC System Before / During Intervention
■ No. Of Young People In LAC System Following Intervention

Outcome Following Intervention:



■ % Of Young People In LAC System Following Intervention
■ % Of Young People In Community Following Intervention

- The above chart illustrates the overall outcome for accepted referrals by the Solutions Team.

Children in CLA System Following Intervention.

- Child accommodated and placed in an emergency foster placement following assaulting his Mum. Child then moved to an out of county residential placement; where he is currently settled. No further involvement from Miskin Solutions.
- Child accommodated and placed in a foster placement following breakdown at home with family. Child had taken an overdose and was hospitalised. Miskin Solutions offered support to return home – however young person was threatening suicide if returned home to Mum. It was assessed as appropriate for child to remain in foster care.
- Child was accommodated following breakdown of placement with his Parent. Parent has mental health issues and struggling to cope with child. Child went to stay with Paternal Grandmother; Grandmother struggled to cope. Child placed in foster care. Miskin Solutions provided support to return home; however due to Dad's mental health issues it was assessed as appropriate to remain in foster care.
- Child was accommodated in a planned way. Child had been living with Grandparents on a residence order – Grandparents were struggling to cope with the child's behaviour, and their health was deteriorating. The decision was made to accommodate the child in a community home.

Analysis

Miskin Solutions monitor and evaluate their performance on an ongoing basis through service user and referrer evaluation forms, collation of statistical information, which is monitored, analysed and compiled in reports on a quarterly/annual basis.

In addition, Miskin Solutions have been able to seek independent verification of statistics through ICS information provided by the Children's Services Management Information Manager.

Miskin Solutions have received a high number of referrals this year, especially during the January – March quarter where referral numbers rose to 91, the highest number of referrals that have been received in any quarter. The rise in referrals meant that Miskin Solutions reached capacity, the first time throughout its existence.

Consequently, **30%** of the referrals received in the January – March quarter could not be offered immediate support due to Miskin Solutions being at capacity i.e. **10%** of total referrals received over the year that met the criteria.

It is believed a number of reasons contributed, namely a spike in referrals during the quarter, the team experiencing staff shortages due to sickness, maternity leave and the transition process linked to the integration of Miskin and RIRT. All factors combined would have affected capacity.

Consequently, referrals were taken to Interface for Childrens Services Managers to prioritise. The referrals were eventually allocated and Solutions are managed the ongoing demand.

Miskin Solutions received a total of **230 referrals** this year; of which **218** met the criteria and were offered support, however this was taken up by **174** children/families. **23** referrals were offered support but support was declined. **21** referrals were received and accepted but Miskin Solutions did not have capacity to offer support at that time. These were taken back to Interface and referrals were prioritised and offered support as soon as capacity allowed.

Comparative data for previous years in table below

Year	Total Referrals Received	Referrals Received Criteria & Support Offered	No. of Referrals - support was offered and accepted	No. Referrals - support was declined	No. of Re-referrals
2011-2012	155	124	124	0	
2012-2013	132	120	105	15	40
2013-2014	150	141	124	17	44
2014-2015	191	184	168	16	59
2015-2016	254	235	195	40	71
2016 - 2017	230	218	174	23	48

Information extracted and analysed from ICS has identified that: -

- The average length of involvement that started and ended between 01/04/16 to 31/3/17 was **98 days** compared to **107 days** in 01/04/15 to 31/3/16 , **104 days** in 01/04/14 to 31/3/15, and **112 days** during 2013/14 and **119 days** during 2012/2013.

90% of interventions that were completed during 2015/2016 resulted in the children remaining in the community to date. This is an increase from the previous two years which were 82% (interventions completed 2014/2015) and 87% (interventions completed 2013/2014)

The Team have worked with **174** children and parents this year. Programs ranged from 4 weeks to 28 weeks in length. Although a few interventions extended to well beyond this as they were 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: -

- Anger management
- Boundaries
- 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 Story Work
- Safe Use of the Internet
- Relationship Building
- Keep Safe Work
- Sexual Exploitation
- Inappropriate sexual behaviour.
- CEOP Training

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

Agencies / Support services referred to this year include: -

- Miskin Positive Futures Program (Outdoor Learning Group)
- Careers Service
- Housing Department

- Eye To Eye Counselling
- YOS Parenting Program
- Prince's Trust, Cardiff
- Turnaround
- Amber Project
- Strengthening Families Program
- Team Around the Family
- Voluntary Work in a Charity Shop
- TEDS

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

COST OF THE SERVICE:

The Miskin Project for the past three years has used a framework that allowed a cost-benefit analysis to be applied to all interventions undertaken. This enabled the savings/costs accrued from a Miskin Project intervention to be set against the potential cost for accommodation had the intervention not taken place.

The purpose of this was to try and establish:

- The cost of interventions undertaken
- The actual savings to the authority
- The cost avoidance to the authority.

It is also used to establish:

- Can cost-benefit analysis help in decision-making?
- Can a consistent framework help to facilitate comparisons in interventions and ensure more cost effective practice is used?

The following financial data has been extracted from the Cost of Intervention Calculator by the Children's Services accountant.

The actual interventions finished in the 2016-2017 year were **153**.

The average length of intervention was **128 days**.

For these, the average cost of each intervention (staff time spent specifically on the intervention) was **£797.25**. Therefore, the total cost of the interventions was **£121,979.00**.

The cost avoidance of the children not coming into care and having to be placed in a fostering or residential placement whilst interventions work was

carried out was **£1,799,944.00**. (This specifically relates to the start of the intervention to the date closed)

The cost avoidance of these interventions to the end of the year was a further **£3,033,922.00**

The cost avoidance for the interventions for each full year onwards would be **£5,247,664.00**, had the children remained out of care .

Recent Trends/ Themes / Unmet Needs

Increased Demand for Solutions Support

There has been an increase in referrals over the January – March quarter. Miskin Solutions received **91** referrals during this quarter. **18** to work Children Looked After and **73** referrals for children at risk of children coming into care. This is an unprecedented rise in referrals. This has resulted in Solutions reaching capacity, during this quarter, which is the first time this has happened.

Unmet Demand

10% of total referrals between April 2016 – March 2017 received that met the criteria could not be offered immediate support due to Miskin Solutions being at capacity. This is due to a number of reasons, namely that Solutions received a spike in referrals over the past quarter. The team has experienced staff shortages due to sickness, maternity leave and the transition process linked to the integration of Miskin and RIRT. These factors have affected capacity.

Referrals were taken back to Interface for Childrens Services Managers to prioritise. The referrals have since been allocated and Solutions are managing the demand.

Education

Education continues to be one of the main issues facing children referred to Miskin Solutions for support. Many of the children refuse to attend school or do not have an appropriate education placement.

Referral onto Miskin Outdoor Learning Groups provides an additional support to children and families where education is an ongoing issue. This has eased the tensions at home in most situations.

Risk Taking Behaviours

Miskin Solutions continue to see a steady flow of referrals that have complex needs, including risk taking behaviours.

These risk taking behaviours include inappropriate sexual behaviours, risk of sexual exploitation, substance misuse, absconding, inappropriate use of social networking sites and self harm.

Emotional Resilience

Staff have identified that many of the children we offer support to have a lack of emotional resilience. Building self confidence, self esteem and coping strategies with these children has been a key aspect of work.

Increase in Referrals for Young People Subject to Residence Orders/SGO's

There has been an increase in referrals for children who are on residence orders and special guardianship orders. This could be due to the fact that there is more emphasis being placed on kinship care.

Increase in Referrals for Sibling groups.

There has been an increase in the number of sibling groups referred to the team. This has impacted on capacity as there are several workers working with each family.

Evaluation

174 sets of service user evaluation forms were sent out to young people, parents and social workers. Evaluation questionnaires were sent out to 100% of cases that the Miskin Solutions teams supported.

	Young Person	Parent	Social Worker
Questionnaires returned/received	22%	24%	11%

These are a selection of comments made about the service provided by the Solutions Team. All comments are available on request and are included in the Quarterly Reports.

Young Person's Questionnaires

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

- **Anger management how to step away from an issue and keeping calm. (Female 15 years)**
- **I remember when I went to Dare Valley Country Park and Archery (Female 14 years)**

- Talking about my family and my behaviours (Male 12 years)
- Friendship work and going out and treating me and asking me things. (Male 13 years)

What was the best thing about the Miskin Project?

- Working with DH and learning to trust her and trying to enjoy myself and not worry. (Female 15 years)
- They got me out the house for an hour and I was able to be outside. (Female 14 years)
- Going for food (Male 12 years)
- Making friends with HL and AM. (Male 13 years)

What was the worst thing about the Miskin Project?

- Nothing but saying Goodbye to her, it felt like I wasn't ready as things ain't cleared up yet. (Female 15 years)
- Nothing was bad (Female 14 years)
- It was funny and strange meeting different people and going to centre. (Male 12 years)
- That it had to end. (Male 13 years)

Did your Miskin worker help you with any difficulties you were having at the time?

- Yes a lot but the issue with Police it would've helped if she could stay til everything went away. (Female 15 years)
- Yes they helped me to be safe on the internet and helped me control my anger. (Female 14 years).
- I could talk to her if I wanted to. (Male 12 years) (Male 12 years)
- Yes AM would talk to me about all different things. (Male 13 years).

If not what could your Miskin worker have done to help you?

- **It would've been nice to stay longer and do everything for support until it was over. She supported me a lot. (Female 15 years).**
- **Nothing was needed (Female 14 years)**
- **I wanted AM to stay with me / not finish (Male 13 years)**

Parents Questionnaires

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

- **The Miskin Project have been invaluable in helping our family. They did exactly what they said they would. (Parent)**
- **Absolutely I feel that HT was very supportive the whole length of time that he was involved. (Parent).**
- **KM's level of support was appropriate, helpful and professional. (Parent).**
- **Yes very pleased how things were handled. (Parent)**

Did the service provided by Miskin Project help prevent the breakdown of the current placement or reduce the need for an alternative being sought?

- **Yes they did. They taught us all how to talk and listen to each other. (Parent)**
- **I believe the support provided by HT played a massive role. He reinforced the boundaries put in place by myself. I believe L*** took more on board hearing / repeating the things I said. (Parent)**
- **No but she certainly supported us in preventing in just by simply being there. (Parent)**

If the family did not remain together, or the placement broke down, why did this take place?

- **Fortunately L*** and I still live together and are both very happy. (Parent)**

- Yes really helped the family unit (Parent)

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

- JW and LW made sure both R** and I were involved 100 %.
(Parent).
- Yes kept in contact by telephone and on visits. (Parent).
- Very informative and KM always ensured J*** was happy, safe and supported. (Parent).
- Yes I found their communication skills very good. (Parent).

How do you think the service provided by the Miskin Project could be improved?

- I see no improvements needed. (Parent)
- In all fairness I am happy with the service with what I've experienced therefore have nothing constructive or negative to say. (Parent)
- More people like "KM" :- kind / caring / helpful / supportive non-intrusive / non-judgemental "One amazing person". Thank you KM for your outstanding support. (Parent)
- No I was really pleased with the service and support we had.
(Parent)

Referring Social Workers Questionnaires

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

- Yes – objectives of the s/17 CIN plan achieved efficiently and effectively. (SW II West Team)
- The work was very comprehensive and met all issues outlined in the plan. (ACM II East)
- Yes worker was able to identify issues and put the necessary support in place at this time to support L ****. (S.P. II EAST).
- (S.W. Cynon ACP Team).

- **Yes (S.W. II West Team).**

Did the service provided by Miskin Project help prevent the breakdown of the current placement or reduce the need for an alternative being sought?

- **S*** did not come into care. However did have limited engagement with the process. (S.W. II West team)**
- **The work was very successful and the placement is now stable and relationships have improved. (ACM II East)**
- **Yes L**** was able to remain within the family. He was originally living with MGM but has now returned home to mothers care. (S.P. II East)**
- **Yes (S.W. II West Team).**

If the family did not remain together, or the placement broke down, why did this take place?

- **N/ A (S.W. II West Team)**
- **N/A (S.P. II East)**
- **N/A (ACM . II East)**
- **Remained together (S.W. II West Team)**

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

- **Yes (S.W. II West Team).**
- **CT kept me informed about all of the work she undertook with L**** and attended the monthly meetings without fail. (ACM II East).**
- **Yes – They attended all core groups and regularly updated me regarding progress. (S.P. II East).**
- **Close consultation throughout the process. (S.W. II West Team)**

How do you think the service provided by the Miskin Project could be improved?

- **My experience with DH was very positive no suggestions for improvements. (S.W. II West Team)**
- **N/A (S.P. II East)**
- **An excellent service provided. (ACM II East)**
- **N/A (S.W. II West Team).**

Case Studies

The following are examples of two case studies of work undertaken by the Miskin Solutions during the reporting period 2016-17.

Case Study 1

Referral received after concerns were raised due to E truanting from school for extended periods of time. Both E's mother and school did not know where E was going. There had been police involvement due to E sending images of her body online to strangers. There were concerns E was at high risk of sexual exploitation. E had also been self harming and telling stories of a serious nature which have been found to be untrue. This had an impact on mum and E's relationship, mum felt she did not understand E and felt she did not know how to move forward. Support was required to support E and reduce the risk of family breakdown.

Support was offered once weekly with the aim to help E develop her understanding of risk and how to safeguard herself. Work areas formulated in the Intervention plan were sexual exploitation, recognising risk, appropriate relationships and promoting her involvement in group activity sessions to boost her self worth. The sessions involved completing direct work in a one to one session, through discussion and through group activity sessions. Using a solution focused approach I was able to support E to explore ways of moving forward and improve many aspects in her life.

E attended girls group at The Miskin Project and got involved in all opportunities offered to her. Through E's engagement in our sessions and being able to build a relationship with E, positive changes began to take place. E's self esteem and confidence increased, her attendance in school improved dramatically, E sat her mock exams where she achieved b/c grades, her relationship with her mum improved allowing them to begin to enjoy each others company again. E was able to recognise risk online/ in the community and keep herself safe. E began to communicate better with the people in her life, more able to talk through any concerns she had therefore preventing escalation of problems. E appeared happier in herself and began to take more pride in her appearance and self care. E achieved a climbing award for

completing a climbing course through The Miskin Project, demonstrating her ability to accept and overcome challenges.

E remained living at home with her family, through accessing our service prevented family breakdown occurring, keeping the family together. E was disappointed that Miskin had to come to an end however she recognised she now had the knowledge and skills to move forward and ability to safeguard herself. E thanked me for all my support writing me a poem which stated she “will never forget me, and she is very grateful for all my help and support”. Her mother stated “thank you for all the great work you did with E, you have changed our world”.

Case Study 2

T was referred to the service following concerns raised by her mother that T was beginning to increase her risk-taking behaviour. Mother had previously separated from her partner and, prior to the separation; the family had been in a constant state of anxiety and low mood due to issues around domestic abuse. T had been known to self-harm and mother felt T was using her behaviour to prevent appropriate boundaries being implemented within the home. Relations between T and her mother were strained and support was needed to identify appropriate strategies to manage T’s behaviour and to work towards improving communication between the family so that T could remain in the care of her mother. Due to on-going concerns around T becoming more withdrawn and disengaged from other services e.g. eye to eye and CAHMS, the aim was to establish a positive working relationship with T and provide her with the opportunity to speak in confidence about any issues that were concerning her.

Engaging with T was difficult as she found it hard to confide in other people. Support was offered on a weekly basis and an agreement was reached, using a traffic light system, that T could inform me before each session if that particular day was a ‘red’ (not good), ‘amber (we’ll play it by ear) or a ‘green’ (good) day for contact. Work areas planned were:

- Relationship with mother- by facilitating joint sessions to explore issues around positive communication/ expectations/ negotiation/ compromise and to explore strategies for avoiding conflict
- Emotional wellbeing- by exploring T’s wishes and feelings, as directed by her
- Future goals- by encouraging T to explore options available to her and to access community services, if necessary
- Coping strategies- by identifying situations that were more likely to cause T any anxiety and explore alternative coping methods

T continued to struggle with work being undertaken and felt she was managing her own feelings appropriately. To her credit, despite not fully engaging with the service, T settled into college and there were no significant concerns around risk- taking behaviour. During one session, T reported that she felt her behaviour had been symptomatic of her mother’s own mental

health difficulties and support was, therefore, extended to T's mother also. During joint sessions conducted within the home, T was able to hear her mother's views, including her concerns and what she identified as positive attributes of T's character, which appeared to alleviate some of the tension within the home. T's mother reported that she felt her confidence and self-esteem had been deeply affected by her previous relationship and that she was concerned at how she would manage financially, which was impacting further upon her own mental health. In response to this, I made several referrals to community based services, including Women's Aid, Supporting People, and Citizens Advice Bureau, so that T's mother could be supported to address her own identified difficulties. Consequently, as T's mother began to address these issues, T felt her mother was gaining more control of her life and reported that she recognised the strain her mother had been under and that she felt more positive about her family's situation.

T eventually chose not to continue with the service and, in line with her wishes and feelings involvement was subsequently withdrawn. Whilst disappointed at T's decision to withdraw from the service, T's mother accepted her daughter's views and felt relations between her and her daughter had shown an improvement. T's mother stated that she felt stronger and more able to overcome challenges and respond to T's behaviour. Subsequently, T appeared to respect her mother for taking steps to address her own personal issues and make positive changes.

T remained living at home and, despite not fully engaging herself, was able to benefit from a whole family approach. The support offered avoided further breakdown, resulting in a more stable family environment.

Other Developments/Activity (during 2016-17 reporting period)

RCT Corporate Apprentice Scheme

Miskin Solutions were successful in their bid through the councils Corporate Apprenticeship Scheme in 2016 for two apprentices to be based at the Miskin Project. The apprenticeships were for two year duration and began in September 2016.

Both the Apprentices are in their first year with the Miskin Project. They have gained the opportunity to train as Apprentice Project Workers within the Miskin Project and are developing skills, experience and qualifications as both outdoor education and social care practitioners.

The apprenticeships increase the capacity of Miskin Project 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 Apprentices have developed group work skills and experience working on the weekly Miskin Positive Futures Program, as well as experience of one to one direct work with the young people. They have gained experience of offering team building activities to different groups of people and when used through the Miskin recruitment process.

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

Over the past year the Apprentices have continued to develop and have settled well into their roles and have successfully completed their Social Care Induction Framework. They have both started their QCF Level 3 in Working with Children & Young People.

The Apprentices have given this feedback regarding their role within the Miskin Project.

“The apprenticeship program has been an amazing experience for me as it has given me the opportunity to be part of a supportive team of people. I have learned and developed many skills from hands on experience and guidance from my colleagues and feel I have been highly supported throughout my placement. The opportunity to achieve a diploma, amongst other qualifications while working, has opened doors for the future and given me confidence in my abilities to achieve. I am proud of the progress and experiences I have had so far in my apprenticeship placement, and aim to continue to play an active role within the organisation.

I will continue to recommend the R.C.T apprenticeship scheme to others as it is a fantastic way to develop and step into the work environment of a sector they are passionate about.”

“Since starting my apprenticeship with Miskin I have enjoyed every minute of it. Everyone has been very welcoming, supportive and inclusive. Since starting my apprenticeship I have been able to develop my skills in social care, but I have also had many opportunities to learn some new skills too. I have also enjoyed participating in the ‘Outdoor Learning Programme’ where I have learnt many new skills that involve outdoor activities. I hope to continue to develop both my social care and outdoor activity skills with my time in Miskin.”

Social Work Students

Miskin Solutions have provided two practice learning opportunities over the past year to students undertaking the social work qualification. Both students were undertaking the social work degree, and completed 80 and 100 day placements within the team.

Sexual Exploitation Work

Miskin Solutions have continued to take on “SERAF” referrals where there has been capacity within the Team. **19** new referrals have been accepted; these referrals have been for those young people at risk of sexual exploitation. The work is on a time-limited basis, and is based on addressing risk-taking behaviours.

Experienced workers in the team have acted as consultants to other professionals across the Children's Services Department regarding this area of work.

Facilitation of Training Sessions

Experienced workers within the team have provided several training days as part of the Children's Services Training Calendar e.g. 3 full- days training sessions for Children's Services staff regarding Direct Work with Children involved in Sexual Exploitation.

Two workshops have been offered to Foster carers looking at the role of the Miskin Project and what support can be offered to young people in foster care. These sessions were well received

Partnership Working

Cultural Services and Artis Community work in partnership with Miskin Solutions and have funded and facilitated Arts and Crafts Groups.

Cultural Services funded an Arts Project which ran over 2 days during the summer holidays. The project concentrated on Environmental art around the grounds of Glyncornel.

During the July – September quarter Cultural Services provided funding for a group of young people to attend the Mamma Mia Theatre production in the Wales Millennium Centre, Cardiff Bay. The young people really enjoyed this experience; for some it was their first trip to the theatre; it was an educational and inspirational experience.

Cultural Services have funded artists from Craft of Hearts to provide arts and crafts sessions to Girls, Boys and Parents Groups.

These sessions have worked really well. All participants have found the sessions beneficial and therapeutic.

Following these sessions one Parent has attended Crafts of Hearts independently and continues to use this as a source of support. This is beneficial as it has increased her support networks. In addition a young person has taken her boyfriend along to Craft of Hearts; again this is really

positive as it is increasing the young person's support networks, and independence.

During the January – March quarter Cultural Services provided funding for a group of young people to attend the Pride and Prejudice Theatre production in the Wales Millennium Centre, Cardiff Bay. The young people really enjoyed this experience; for some it was their first trip to the theatre; it was an educational and inspirational experience.

Corporate Parent Board Visit

A few representatives of RCT Corporate Parenting Board visited the Miskin team in October 2016. During this visit members of the team presented a case study showcasing the work of Miskin Solutions. The councillors were very interested in this work and invited the team to present the case study to the wider Corporate Parenting Board. This was followed up with several team members attending a Corporate Parenting Board meeting in January to present the case study to the wider Corporate Parenting Board.

Participation Group

Miskin Solutions organised a consultation group for Sue Phillips Childrens Participation Officer with a group of young people to look at the Safeguarding process and language used. . The group designed a poster for Cwm Taf Safeguarding Board. The young people participated and this increased their understanding of safeguarding. The young people were invited to attend a performance at Aberdare Community School during Safeguarding week. This poster has been printed and will be used by Cwm Taf Safeguarding. The young people designed a logo as part of the poster – these are going to be produced and distributed as a badge .

Consultation regarding an Independent Review of CwmTaf Substance Misuse Services

Solutions facilitated two consultation groups for an independent review of Cwm Taf Substance misuse services. Reviewers attended groups held at Glyncornel and were able to involve young people directly in the review. The young people engaged with the process and appreciated being consulted regarding the services.

Group Work

Miskin Solutions continue to use group-work as an additional method of engaging young people and families. We find that group-work encourages self-reliance and self-esteem; as well as education, socialisation, communication, role-modelling, as well as respite for the family. It complements the one to one support given to children and parents/carers and

enables individual workers to assess group dynamics, which gives them a more in-depth insight into any challenging behaviour.

Parents Group

Miskin Solutions facilitate a support group for Parents at Glyn cornel. This group meets on a fortnightly basis.

The group has undertaken many activities aimed at increasing Parents self – esteem and self –confidence as well as looking at parenting strategies.

Sessions have included creative expression (through Arts, Crafts, Jewellery making), exploring coping strategies, and utilising the community (walking sessions). Also looking at menu planning and budgeting through cooking sessions

We have facilitated more formal training sessions; so the Parents were able to undertake CEOP training- gaining skills of how to keep their children safe online.

Girls Group

Miskin Solutions team members have facilitated a Girls Group held over fortnightly sessions. Group activities were used as a means of engaging the young people but also to build confidence, self-esteem and social skills; with the intention that the young people transfer these skills to their day to day lives.

This group has looked at activities to increase self – confidence and self – esteem; as well as formal sessions including sexual exploitation, keep safe work, healthy relationships and internet safety. Other sessions have included creative expression (through Arts and craft) developing interpersonal skills, and looking at independent living skills. Activity sessions have been offered including Archery and a climbing wall session. The sessions were aimed at developing self esteem/ confidence and in developing relationships.

A residential was held at Glyn cornel over the Christmas holidays.

The girls really enjoy this group and have developed their self confidence and self esteem. The group is very popular and continues to grow in size.

Boys Group

Miskin Solutions have facilitated a Boys Group on a fortnightly basis. The Boys Group ran on a fortnightly basis and has been very successful. The group has focussed on establishing friendships, rules and boundaries using

games/activities. The group has worked on their understanding of appropriate peer relationships. The boys have been offered Arts and Crafts sessions.

Family Activity Sessions

The Miskin Positive Futures Team has provided activities for family groups as part of the planned work offered through Solutions. Activities have included Archery, Geo caching and rock climbing. These sessions aimed to encourage relationship building and problem solving. Some family groups have also undertaken these activities independently outside of the contacts with Miskin, which is a real positive.

One- Off Groups

Miskin Solutions have facilitated a number of one-off groups aimed at specific groups of young people. These groups have provided young people with a unique experience.

Climbing Wall Activity Sessions

Members of the Positive Futures Team have facilitated two Climbing Wall sessions for the Miskin Solutions Team. This has been taken up by a few young people who have enjoyed and benefitted from the activity.

Music Group – CLA Award Ceremony

Young people who had attended the previous Miskin Music Groups performed their songs at the CLA (LAC) Award Ceremony held at the Muni, Pontypridd. The performance was outstanding and the young people did well to perform to a large audience.

NICAS Award

Following on from the success of the climbing wall sessions the Outdoor Team have facilitated three opportunities for young people to work towards their National Indoor Climbing Wall Award. The young people were successful in achieving this qualification, throughout each opportunity. This has offered them a new skill and increased their positive use of leisure time.

Support for Unaccompanied Asylum Seeking Children

Miskin Solutions received a request to offer weekend support to two UASC who were living independently in RCT. Initially 2 members of Solutions offered support for the weekend. This decreased to one member of staff continuing on a casual basis over a number of weekends. The staff member built a really positive relationship with the young people and worked really hard to integrate them into the community and to provide educational experiences regarding Welsh culture and heritage.

Free-running

Miskin Solutions take a group of young people to a Free Running group in Cardiff. This is undertaken on a monthly basis and is used as a reward for

young people where they have worked well, or achieved goals set. This is a positive experience which the young people look forward to and work towards.

School Holiday Activity Programs

Miskin Solutions have identified that school holidays are a time of increased stress and conflict for the young people and the parents we work with. In response to this Miskin Solutions run an activity program throughout every school holiday. This is facilitated in conjunction with other teams in the Miskin Project.

All young people whom Solutions are working with are invited to attend.

Solutions vary the activities provided to meet all the needs of the young people we work with.

Evaluations are completed after each program and the results used to plan future service delivery. Evaluation comments are available on request and are included in the quarterly reports.

Whitsun Holiday Activity Program

Solutions provided an activity program throughout the Whitsun holidays; this was facilitated in conjunction with other teams in the Miskin Project.

The activities included biking, gorge walk, climbing and a Beach Day.

All the young people have been invited to attend the activities.

Summer Holiday Activity Program

Solutions provided an activity program throughout the summer holidays; this was facilitated in conjunction with other teams in the Miskin Project.

The activities included Environmental Art days x2, Canoeing, Gorge Walking x 3, Beach days x 3, Biking x 2, Caving x 2, Geocaching and a Hill Walk Activity. An open canoe residential took place over 2 days on the River Wye. A family day took place at Glyncornel offering different activities. A climbing group was held over 4 weeks and young people achieved their NICAS award.

October Half Term Activity Program

Solutions provided an activity program throughout the October half term holidays; this was facilitated in conjunction with other teams in the Miskin Project.

The activities included canoeing, art, cave and biking..

Christmas Holiday Activity Program

Solutions provided an activity program throughout the Christmas holidays, this was facilitated in conjunction with other teams in the Miskin Project.

The activities included an art group, a biking activity, swimming, high ropes and a residential group for our Girls Group.

Miskin Solutions received a donation from RCT Training Department from their sales of books and DVDS. This money enabled us to pay for a swimming activity at Cardiff Bay and selection boxes for the young people.

February Half Term Activity Program

Solutions provided an activity program throughout the February half term holidays, this was facilitated in conjunction with other teams in the Miskin Project.

The activities included Biking, climbing, Caving and Art.

A group of young people were taken to the Blueprint Forum Open day in Cardiff Stadium. This was enjoyed by the young people who attended.

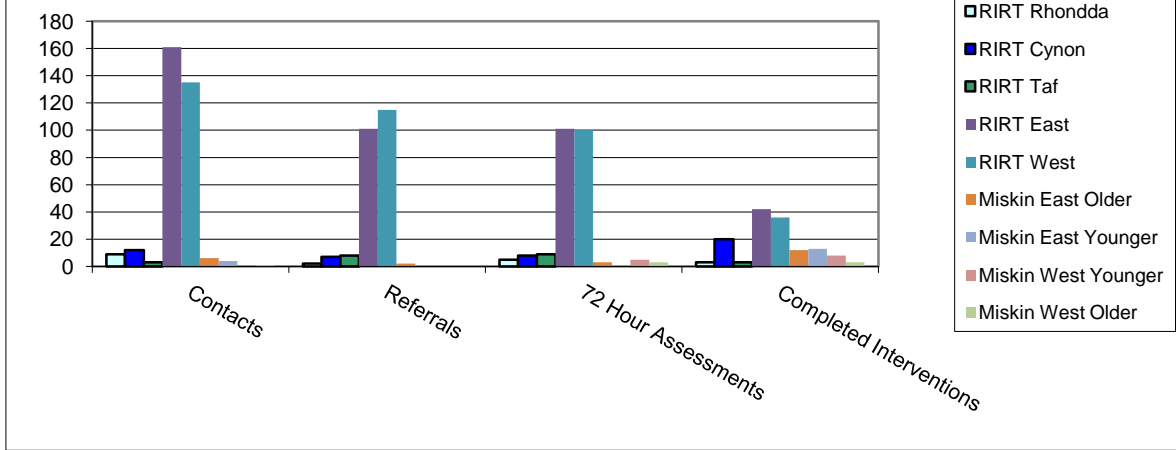
5. RAPID INTERVENTION RESPONSE TEAM (RIRT)

ACTIVITY (April 2016 to end March 2017):

5.1. RIRT Activity Data

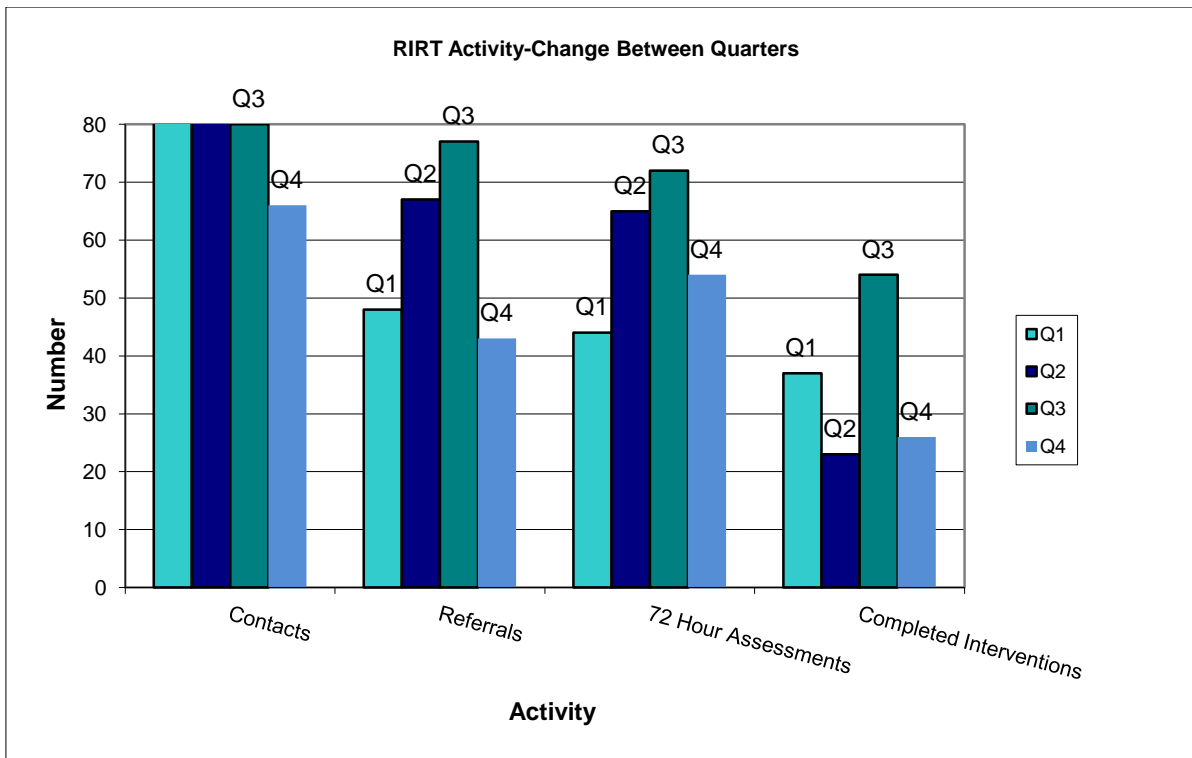
Team	Contacts	Referrals	72 Hour Assessments	Completed Interventions
RIRT Rhondda	9	2	5	3
RIRT Cynon	12	7	8	20
RIRT Taf	3	8	9	3
RIRT East	161	101	101	42
RIRT West	135	115	100	36
Miskin East Older	6	2	3	12
Miskin East Younger	4	0	1	13
Miskin West Younger	0	0	5	8
Miskin West Older	1	0	3	3
Total	331	235	235	140

RIRT Activity Data-April 16-March 17



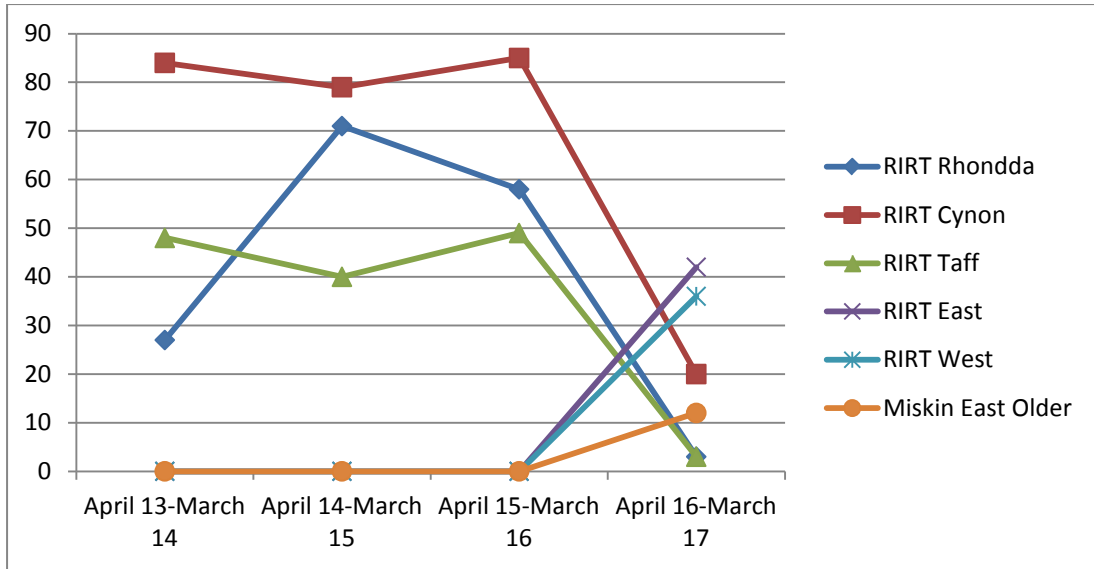
5.2 RIRT Activity Per Quarter

	Contacts	Referrals	72 Hour Assessments	Completed Interventions
Q1	89	48	44	37
Q2	96	67	65	23
Q3	80	77	72	54
Q4	66	43	54	26



5.3 Number of Interventions per Team:

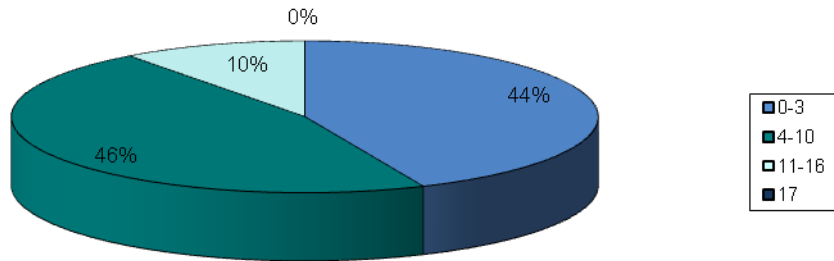
Team	April 13-March 14	April 14-March 15	April 15-March 16	April 16-March 17
RIRT Rhondda	27	71	58	3
RIRT Cynon	84	79	85	20
RIRT Taff	48	40	49	3
RIRT East	0	0	0	42
RIRT West	0	0	0	36
Miskin East Older	0	0	0	12
Miskin East Younger	0	0	0	13
Miskin West Younger	0	0	0	8
Miskin West Older	0	0	0	3
Total Interventions Completed	159	190	192	140



5.4. Age groups of service users:

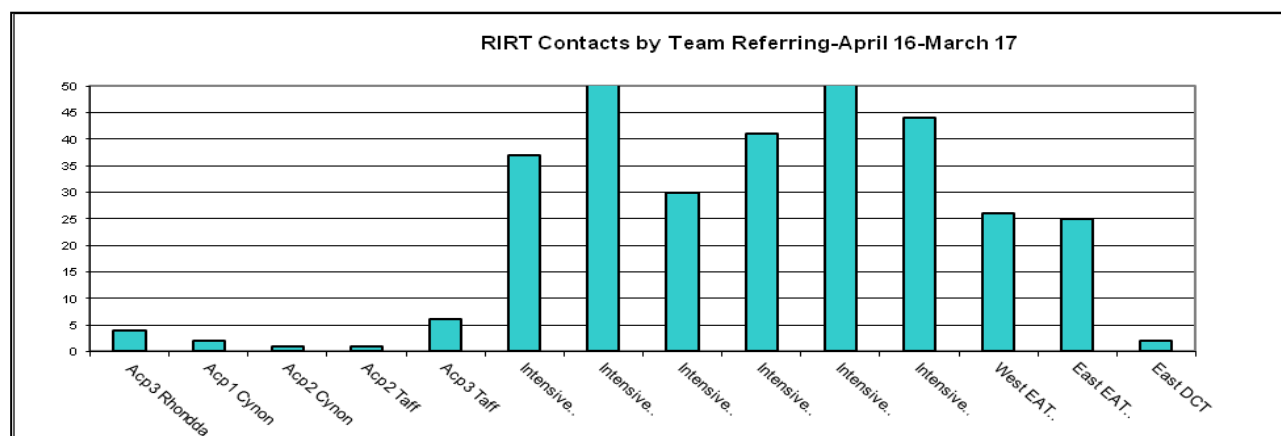
Age Group	Total
0-3	102
4-10	109
11-16	24
17	0
Total	235

RIRT Referrals by Age Group-April 15-March 16



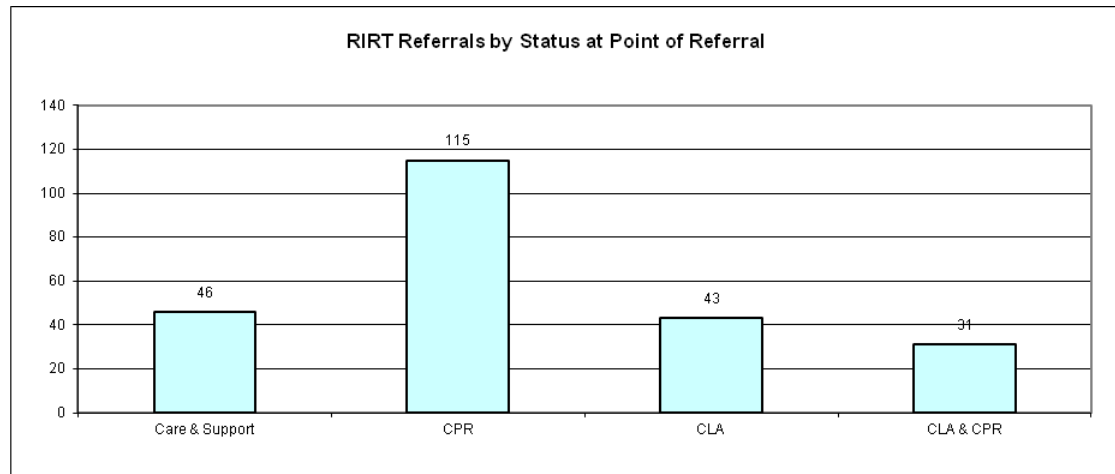
5.5. Teams referring for Intervention:

Team Referring	Rirt Rhondda	Rirt Cynon	Rirt Taf	Rirt East	Rirt West	Miskin East Older	Miskin East Younger	Miskin West Older	Total	% of Total
Acp3 Rhondda	4	0	0	0	0	0	0	0	4	1.21%
Acp1 Cynon	0	2	0	0	0	0	0	0	2	0.60%
Acp2 Cynon	0	1	0	0	0	0	0	0	1	0.30%
Acp2 Taff	0	0	1	0	0	0	0	0	1	0.30%
Acp3 Taff	0	5	1	0	0	0	0	0	6	1.81%
Intensive Intervention East 1	0	2	0	35	0	0	0	0	37	11.18%
Intensive Intervention East 2	1	0	0	57	0	0	2	0	60	18.13%
Intensive Intervention East 3	2	2	1	24	0	0	1	0	30	9.06%
Intensive Intervention West 1	2	0	0	3	32	4	0	0	41	12.39%
Intensive Intervention West 2	0	0	0	6	45	1	0	0	52	15.71%
Intensive Intervention West 3	0	0	0	4	39	0	1	0	44	13.29%
West EAT Team	0	0	0	5	19	1	0	1	26	7.85%
East EAT Team	0	0	0	25	0	0	0	0	25	7.55%
East DCT	0	0	0	2	0	0	0	0	2	0.60%
Total	9	12	3	161	135	6	4	1	331	100.00%

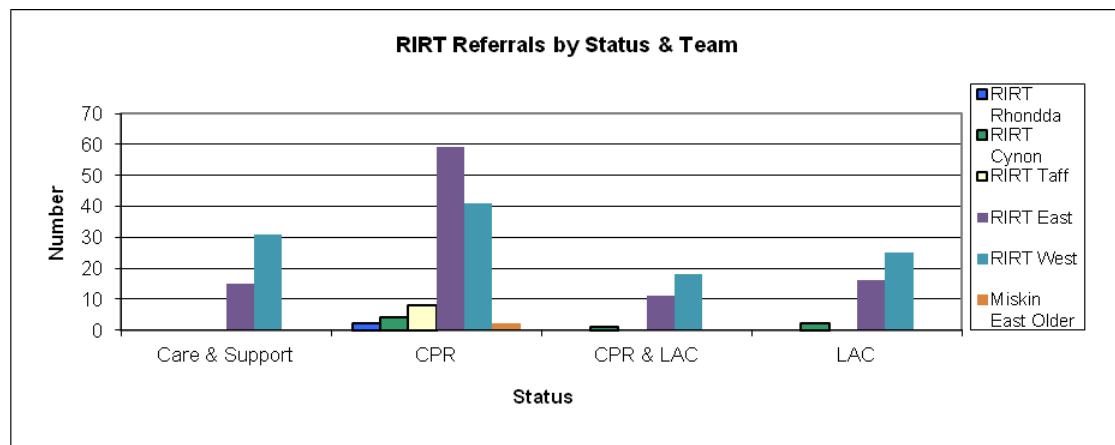


5.6. Status at referral point:

Status	Total
Care & Support	46
CPR	115
CLA	43
CLA & CPR	31
Total	235

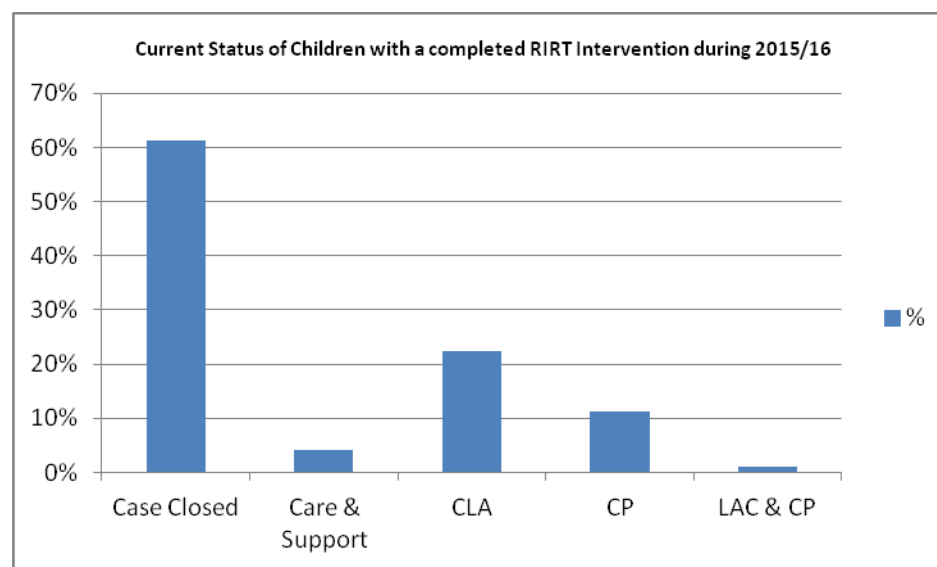


	RIRT Rhondda	RIRT Cynon	RIRT Taff	RIRT East	RIRT West	Miskin East Older	Total
Care & Support	0	0	0	15	31	0	46
CPR	2	4	8	59	41	2	116
CPR & LAC	0	1	0	11	18	0	30
LAC	0	2	0	16	25	0	43
Total	2	7	8	101	115	2	235



5.7 Current Status of those with an Intervention Completed in 2015-16:

Status	Number	%
Case Closed	120	61%
Care & Support	8	4%
CLA	44	22%
CP	22	11%
LAC & CP	2	1%
Total Number of Interventions	196	100%



6. CASE STUDIES:

West Case Study One:

Miskin had involvement with a single mother and her five children (the eldest child also had involvement with Miskin Older Team). All five of the children's names were placed on the Child Protection Register and were also Child Looked After but residing with mother. An Interim Care Order was granted in 2016. Family had been known to Children's Services since 2006. At time of referral, there was a cluster of concerns which included two separate allegations made by two of the children, children's global development, children's behaviour towards mother, the chaotic nature of family life, unhygienic and dirty conditions in the family home, inconsistent boundaries, concerns around general parenting and historic domestic abuse (mother being the victim). Intervention was requested to support the family with the above concerns whilst the department undertook the necessary assessments to determine whether children were able to remain in mother's care.

An assessment was carried out by Miskin which worked with mother to identify strengths, internal concerns and the concerns of professionals. The assessment concluded that family met Miskin's criteria and that

mother was motivated to work with Miskin over a period of twelve weeks. A safety plan was then devised and intervention began. The intervention went as followed:

A worker within Miskin undertook specific direct work with a child who was displaying sexualised behaviour. These sessions took place within their local school. The child engaged in arts and craft, play and direct work to assess thoughts and feelings within home life. A worker within Miskin also supported one of the children and mother to attend New Pathways appointments as missed appointments had been raised as a concern.

The Parenting Puzzle Programme was used to complete direct work around parenting. These sessions had not been completed due to lack of engagement. However, mother had completed sessions addressing: the use of empathy, effective praise, discipline, consistency, time out, praise and criticism, guidance, kindness chart, personal power, self-esteem, choices, feeling, communicating, child development, coping with stress, labelling, and active listening.

Home conditions had been identified as a concern that needed to be prioritised. Mother completed a Home Conditions Assessment Tool to identify risks within the home. Five members of the Miskin team supported mother to clean the house. Flooring had been replaced and mother agreed to re-home the family cat. Home conditions continued to be monitored with mother and had been kept to an acceptable standard.

During the assessment with Miskin, mother identified that she had been feeling isolated. Mother was able to attend a parent group with Miskin which allowed her to meet other parents, and develop skills e.g. art and craft, cooking, etc. In addition to this, children were invited to attend activities with Miskin within half term. These activities included kayaking, and a Halloween party.

Miskin involvement came to an end as mother disengaged. During the time of involvement, all five children remained in their mother's care and their names remained on the Child Protection Register under the category of 'neglect'.

West Case Study Two:

Family History :

The W/C/J/ Family consist of 5 children aged between 11 years and 2 years of age who live in the Pontypridd Area with their mother, Ms N.

The older children had previously alleged that they had been assaulted by Mr G (Father of the 2 youngest children) and there had been some

Domestic abuse between Parents, who had since ended their relationship, Ms N had very limited support network.

The Childrens names had been placed on the Child Protection Register in August 2015 under the category of Physical abuse.

At the first Review in November 2015 an additional category of Emotional abuse was added.

Ms N had received extensive support from Homestart over a number of years and was also engaging positively with Women's Aid.

Reason for referral :

The Referral was made to RIRT West team in April 2016 due to risks of physical and emotional harm to the 5 children in the Family. Ms N had been reported to have been struggling with managing the children's behaviours and maintaining home conditions.

Ms N was open to receiving support from RIRT and had always engaged well in the past with support services.

Summary of Intervention:

The RIRT intervention began with an intensive period of observation of early morning and evening routines in order to monitor family functioning and relationships and existing routines and boundaries.

Ms N had previously undertaken the "Coping with Young Children" programme and so the Parenting Puzzle programme was identified as the most suitable programme of work.

The Direct Work was undertaken with Ms N twice to three times weekly, this was difficult on times as the two youngest children were not old enough to be attending school, although during the course of the intervention period a Nursery provision was identified for both children and following good engagement with support services and a positive parenting assessment of their Father Mr G he was able to resume contact with the children and was a good source of support to Ms N.

At the next Review Child Protection Conference the Categories of Physical and Emotional abuse were replaced with Neglect, as an indicator of the progress that had been made.

In spite of positive changes being made, following an incident in May the second eldest child, S, was refusing to attend school due to bullying issues. RIRT staff visited on a daily basis to support S and to encourage him to attend school alongside the Attendance and Wellbeing Service and to provide additional support to Ms N.J who was struggling to manage his behaviours.

S was also allocated to a Support worker from the team who undertook some direct work sessions with S around his wishes and feelings.

The eldest child J, was also supported with the transition period from Primary to Comprehensive school as he has selective mutism and does not communicate verbally outside of the Family home. Family activity sessions were undertaken with Ms N and the three older children in order to improve relationships and encourage positive leisure activities.

Once S returned to full time Education we were able to continue the Parenting work and Ms N made very good progress with the Parenting Puzzle and was able to evidence consistent and meaningful changes that she was making and all of the family were benefiting from.

The Family lived in a Privately rented home which was in a poor state of repair and not ideally suited to the Family's needs, however, as a temporary measure the Family were supported to purchase more suitable furnishings and a dining table where the family could do school work and enjoy meals together.

Outcome.

The RIRT intervention was extended until October 2016, although the support was greatly reduced over the Summer Holiday period as a period of disengagement.

In September 2016 each of the 5 children were settled in Education placements and both Ms N and Mr G continued to engage with professionals.

At the end of the RIRT Intervention at a Review Child Protection Conference in October 2016, the Childrens names were removed from the Child Protection Register and the case was managed under a Care and Support basis. Ms N and the children have since moved into more suitable housing and in December 2016 Children's Services involvement was ended completely as a reflection of the progress that the Family had achieved and successfully maintained.

The Family spoke positively about RIRT involvement and provided excellent feedback regarding the service that they had received.

East Case Study One:

Background –

E was born in February 2016, she is the 3rd child of S and the first child of I. The 2 older children of S are subject to a Residence order granted to their father due to concerns about S's mental health, management of her diabetes and poor attachment to the children. It was identified that

I had learning difficulties as a result of a being born prematurely. E was included on the Child Protection Register in March 2016 and safe care arrangements were put in place where the family moved in with maternal grandfather and step-grandmother and S and I were supervised in their care of E. The referral was made to RIRT requesting work to be completed to address the historical concerns with the hope that E could be cared for solely by her parents.

Support offered –

A total of 86 hours were spent with the family over the course of the intervention with visits being offered 3/4 times a week. Work included -

- Basic attachment and care needs work was completed with S and I utilising the Five to Thrive and You and Your Baby resources.
- The family were supported to attend a local parent and baby group to aide integration into the community and support E's social development.
- Support was given to address tenancy issues, for example, including I's name on the tenancy, applying for a transfer of property and setting up a payment plan for a water debt issue.
- Personalised resource files were compiled with the family which included aide memoirs and checklists to assist I in completing basic care tasks, information on child development, growth, weaning and keeping a baby safe.
- Advice was sought from a specialist diabetes nurse and educative sessions on management of diabetes were delivered to S and I with information being included in the family's resource file.
- Observations of parents providing care to E in the home and community and attending scheduled health appointments were carried out and reflected upon with advice given.
- Basic cookery sessions were completed with I to increase his skills in this area.
- Two family meetings were facilitated which included extended family members and resulted in a family safety plan being drafted.

Outcome –

At the end of the RIRT intervention S and I had been allocated a new property and agreement was given by the local authority that S and I could move to the property with E and no longer had to be supervised in their care of E. Since RIRT intervention ended E continues to reside with her parents and her name was removed from the Child Protection Register.

East Case Study Two:

A pre-birth conference was held where it was agreed that Child A would be placed on the child protection register at birth under the category of neglect due to concerns that:

- Mother had a previous child removed from her care due to concerns of neglect.
- There had been a lack of stability in mother's lifestyle and there was a risk that parents would abscond without notifying children's services. The extended family relationships were also volatile and there was little support available to parents.
- Parents have failed to be open and honest with professionals and limited information was known about dad due to his failure to be honest with the department surrounding his identity.
- Both parents had admitted to using substances and alcohol recreationally. There were also allegations of domestic abuse with regards to dad's previous relationships.
- Parents had poor engagement with ante-natal care.

It was agreed that Miskin would complete the following direct work sessions in order to reduce the risk posed to Child A:

- Direct work sessions undertaken using the Five to Thrive Resource and You and Your Baby. This would build upon parent's knowledge of attachment and child development.
- Awareness of the risks of alcohol and substances, particularly with regards to children and parenting.
- Direct work sessions to be completed with parents to improve their knowledge of domestic abuse and the impact this has on children.
- A safety planning session to explore the risks posed to Child A and how these could be managed by parents.

Miskin also supervised a number of contacts in order to inform the direct work sessions and also agreed to practically support a rehabilitation plan if this was deemed suitable.

A total of 47 hours of intervention was provided to Child A and her parents.

Initial assessments and information gathered with regards to parents were particularly concerning with regards to the risk of parents absconding with Child A, however over the course of the intervention

and discussion with parents Miskin were able to offer reassurances that this was not a substantial risk and that parents were seemingly actively engaged with the aim of Child A being returned to their care with the support of Children's Services.

During the intervention parents engaged well with Miskin and were proactive with their communication, indicating their level of commitment to the plan. Observations of contact were positive and parents actively implemented any advice given to them. Due to this, contacts were changed to be facilitated at the family home and the level of supervision was gradually reduced until Child A was returned to her parents care on the 8th week of intervention. Following Child A's return to the family home, Miskin initially visited daily and these visits reduced until the end of the 12th week when the intervention ended. Child A has since been removed from the Child Protection register.

7. COST OF SERVICE

For the past four years RIRT has used a framework that allowed a cost-benefit analysis to be applied to all interventions undertaken. This enabled the savings/costs accrued from a RIRT intervention to be set against the potential cost for accommodation had the intervention not taken place.

The purpose of this was to try and establish:

- The cost of interventions undertaken
- The actual savings to the authority
- The cost avoidance to the authority.

It is also used to establish:

- Can cost-benefit analysis help in decision-making?
- Can a consistent framework help to facilitate comparisons in interventions and ensure more cost effective practice is used?

The following financial data has been extracted from the Cost of Intervention Calculator by the Children's Services accountant. This has been calculated for RIRT West and RIRT East.

RIRT West

RIRT West worked with **35 families** and these interventions finished in the 2016-2017 year. These families each had a number of children- the total number of children worked with was **69**.

The average length of intervention was **95 days**.

For these, the average cost of each intervention (staff time spent specifically on the intervention) was **£1231.11**.

The cost avoidance of the children not coming into care and having to be placed in a fostering or residential placement whilst interventions work was carried out was **£435,510.00** (This specifically relates to the start of the intervention to the date closed)

The cost avoidance of these interventions to the end of the year was a further saving of **£426,768.00**

The cost avoidance for each year if the children remained out of care until they reached 18 would be an additional saving of **£1,437,000.32** each year.

RIRT EAST

RIRT East worked with **33 families** and these interventions finished in the 2016-2017 year. These families each had a number of children- total number of children worked with was **47**.

The average length of intervention was **81 days**.

For these, the average cost of each intervention (staff time spent specifically on the intervention) was **£1277.29**

The cost avoidance of the children not coming into care and having to be placed in a fostering or residential placement whilst intervention work was carried out was **£245,632.00** (This specifically relates to the start of the intervention to the date closed)

The cost avoidance of these interventions to the end of the year was a further **£563,657.00**

The cost avoidance for each year if the children remained out of care until they reached 18 would be an additional saving of **£1,008,111.00** each year.

8. CONCLUSION

In its inaugural year the Rapid Intervention Response Service overcame a number of initial challenges, establishing a sound base in terms of staff, expertise and organisational skills on which to develop and not least gaining acceptance from the wider workforce, which was overcome. During 2014 to 2015 the service continued to build its experience and consolidate increasing significantly the numbers of families it worked with and achieving positive outcomes with many families e.g. 47% families that received support now being closed to Children's Services. These positive outcomes have continued with 61% of those who received a service from RIRT between 2015/2016 being closed to Children's Services.

The service now prioritises its resources and is developing its expertise in supporting families with children 0-11 years of age and any older siblings within the family, avoiding unnecessary duplication with other services such as the Miskin Project. 24% of referrals to the Rapid Intervention Response Service in 2013-2014 were 11-17 year olds compared with 18% in 2014-2015 and 16% in 2015-2016, and this has now decreased to 10% in 2016 to 2017. This is the lowest percentage and is likely to be due to the fact that RIRT and Miskin have co-located during this year and are addressing any issues of duplication of service through the integration of both teams.

As already mentioned the turnover of experienced staff has been noticeable during the first four years of its operation. Further work has been undertaken to address workforce issues with the Integration of the Rapid Intervention Response Service with Miskin Project during 2016-2017. This was part of the Children's Services remodelling/restructuring, which in itself has presented a number of challenges such as co-location of services, staff restructuring, process mapping, re-aligning two successful operational services into one and developing a quality assurance framework.

The Rapid Intervention Response Team has gone through a number of changes during 2016 – 2017. The team has moved bases and are now based at Glyncornel with the Miskin Team. A lot of work has taken place to integrate both the services, restructuring of the teams to form the wider Miskin Team, process mapping and re-alignment of the services. The teams have gone from 3 teams Rhondda Cynon Taff to 2 teams East and West. The team has lost a consultant social worker post.

During 2016 – 2017 the team completed 140 interventions compared to 192 during 2015 – 2016. Contributory factors towards this are due to the team's move to the Glyncornel base, the loss of a consultant social worker post and the team going through the integration process with

the Miskin Team. Staffing levels impacted on the capacity of the team, several members of staff left , with one member of staff on maternity leave and there were several episodes of long term sickness. There was a period of time during the move to Glyncornel that the teams were not accepting any new referrals.

This report shows a mix of teams receiving referrals. This indicates the changes that the team has gone through over the past year. The teams were divided into 3 area teams which changed to 2 teams East and West during this period. The team went through a restructure which meant that staff members changed teams; this is why other Miskin teams are shown as having received referrals. Staffing levels and absences have had an impact on the numbers of referrals that the team worked with.

This year there have been 235 72 hour assessments completed and the numbers of completed interventions has been 140. This compares to numbers of 72 hour assessments completed in 2015- 2016 which was 240 however 192 interventions were completed. Reasons for this are usually linked to parents not motivated to engage with RIRT. This could also be attributed to inappropriate referrals.

There have been many challenges this year which the team have faced and worked through. The team continue to provide a positive service to Childrens Services with positive outcomes. The move to Glyncornel and integration with the Miskin Team has been positive and the new team provides a robust resilient team structure, now managed by a Team Performance and Development Manager. New processes and working procedures of the two services have been aligned to offer one operational procedure. This should consolidate working practices and build on a strong effective base to offer a seamless service to children and families in the future.