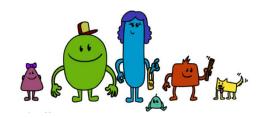


Children and Young People's Scrutiny Committee

Wednesday 7th November 2018



What was the issue / problem?



- Lots of individual family support services but not coordinated with a single focus or joint purpose which was detrimental to families
- Scattergun referrals to any service not always the right service
- Support capacity led not needs led
- Families' experiences differed depending on where they lived
- Results and outcomes for families didn't match the amount of resources and effort being put in
- Families were subject to having to continuously 'prove' their need different thresholds and access criteria for each service
- Locally determined hoops families required to jump through easier for services to manage but harder for families to negotiate
- Threshold gaps were widening between early intervention support services and statutory services
- TAF had wide ranging responsibilities but no mechanism for holding partners to account
- TAF took too long to assess need families disengaged before we'd had a change to provide intervention
- Increasing numbers of families needing statutory intervention and children requiring protection

Resilient Families Programme

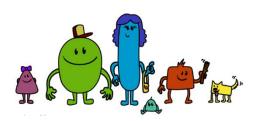
 brings together a range of strategic work streams and priorities to provide a single focus for all partners to engage with and commit to the delivery of family-focused early intervention support services that make a difference to families in RCT.

Integrated Family Support Framework

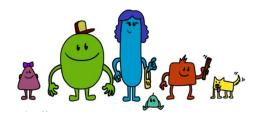
 organises the operational delivery of support services to families and identifies where different service provision fits within a continuum of family support.

Resilient Families Service

 will replace the current Team Around the Family (TAF) delivery model with a new and improved model that will enable us to respond to the needs of families swiftly and effectively.

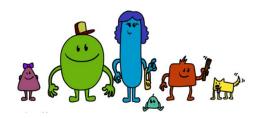


Why resilience?

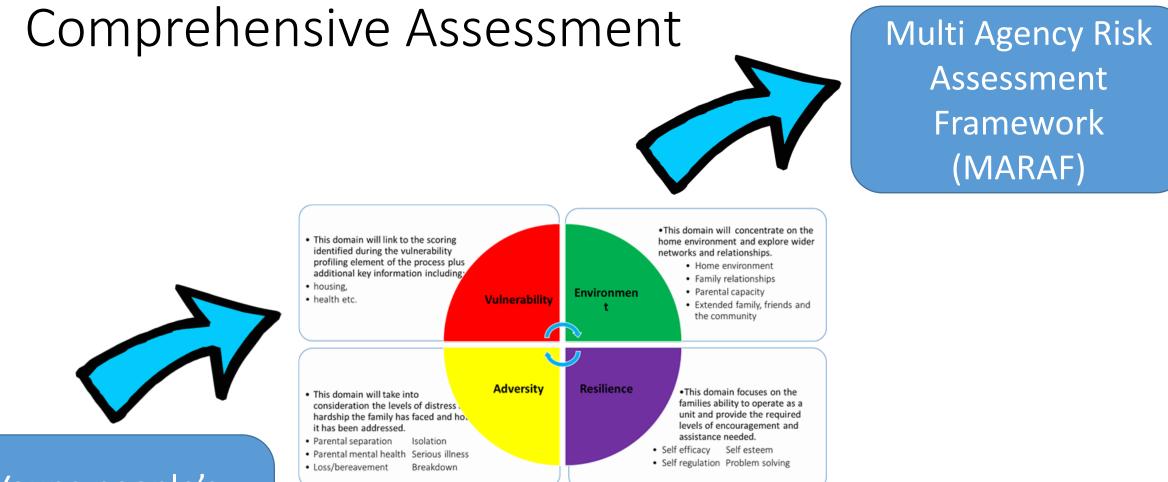


- Resilience focused early intervention enables families to gain the skills and qualities to be able to grow and develop when faced with challenge or adversity. It is a key skill often linked to:
 - Better mental health
 - Improved family relations
 - Healthier long term outcomes for children
- Acknowledge that adversity is a part of life
- Focusing on improving families' ability to recover from adversity, be stronger and more resourceful facilitates a sustainable long term change as a result of intervention that the family in in control of

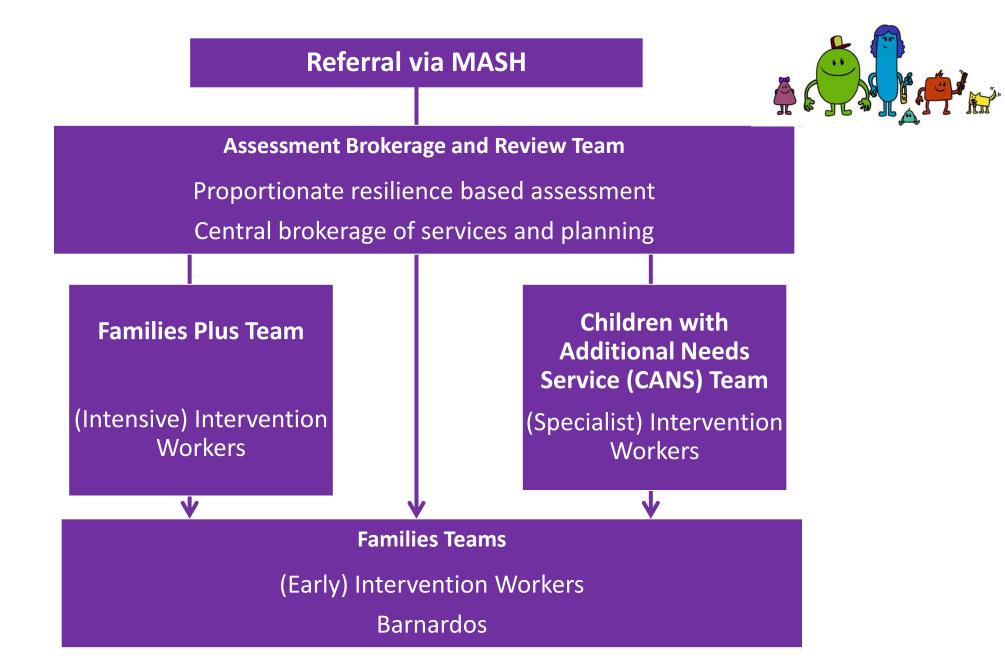
Linking Vulnerability and Resilience



- Two sides of the same coin
- The interaction between adversity and resilience accounts for the degree to which vulnerability is displayed
- Vulnerability Profiling been developed to identify those families at risk of crisis and preempt this risk escalating to the point that requires statutory intervention. Enables us to proactively target early intervention and prevention activity
- Positive intervention comprises of five intervention components:
 - Reducing vulnerability and risk
 - Reducing the number of stressors and 'pile up'
 - Increasing the available resources
 - Mobilising protective processes
 - Fostering resilience strings

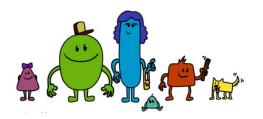


Young people's Resilience Assessment



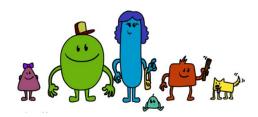
What's changed?

• Single point of access via MASH



- Single vision for family support services in RCT that was focused on service user experience
- TAF functions stratified into roles:
 - Engagement and Assessment frontload effort in engagement and swift diagnostic assessment
 - Brokerage and Review build and review plan and manage professionals
 - Intervention Worker focus on relationship
 - Family Aide Support practical assistance at home, morning and evening routines
- Appraisals not referrals recommendations and commitment from Education, Health, Housing, Parenting and Financial Inclusion at same time (Specialist Health staff in Team)
- Risk management overseen by Social Workers in the Team swift direct step up and down
- Timescales significantly reduced
 - Assessment completed within 2 weeks of referral
 - Plan completed within 3 weeks of referral
 - Plan reviewed at 6 weeks
 - Maximum intervention of 12 weeks

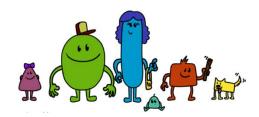
RFS Data overview

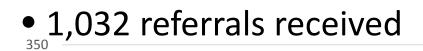


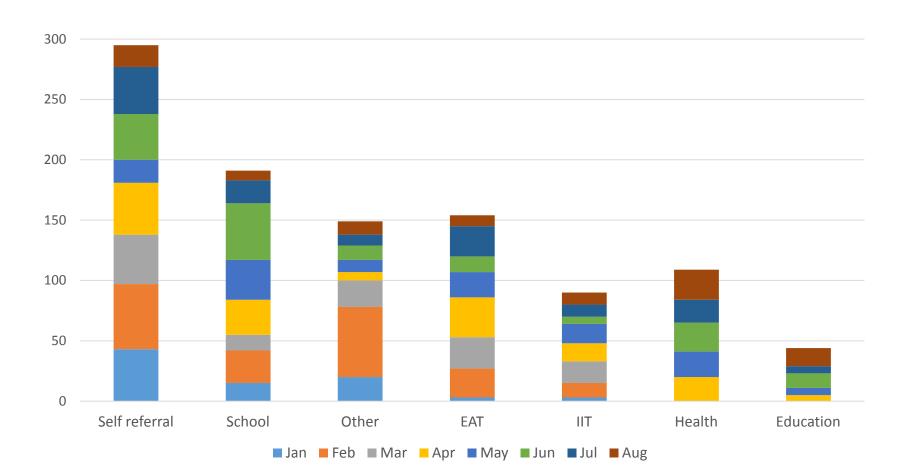
All data presented as of 31th August 2018:

- 1032 referrals received.
- Averaging 129 per month.
- 396 families currently open:
 - 9% awaiting allocation
 - 27% at assessment or brokerage stage.
 - 56% at intervention stage
 - 8% at review stage

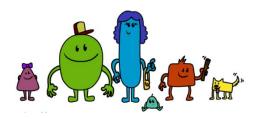
Identification

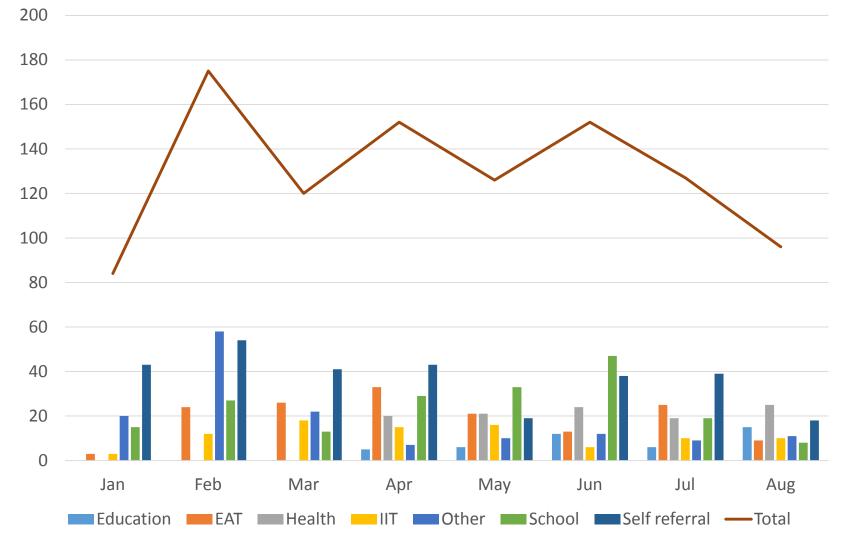




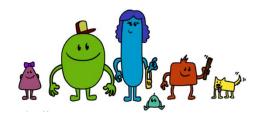


Referrals

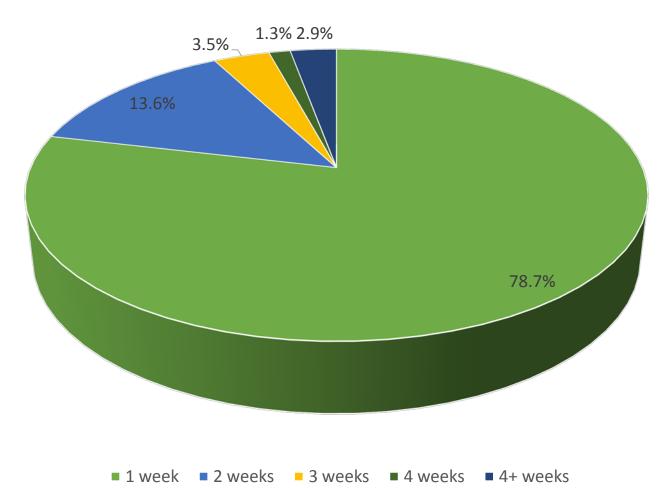




Engagement

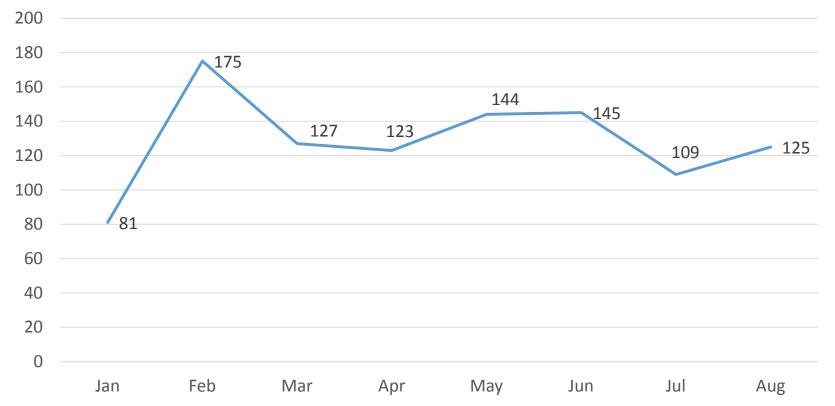


Cases allocated by weeks following referral

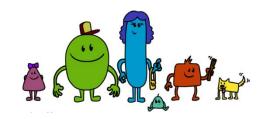


Assessments

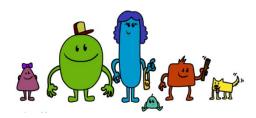
- 977 families have been allocated for assessments
- Average number of families per month per E&A Officer = 23



- 822 assessments complete (84%)
- Average time for allocation of assessment 3.32 days

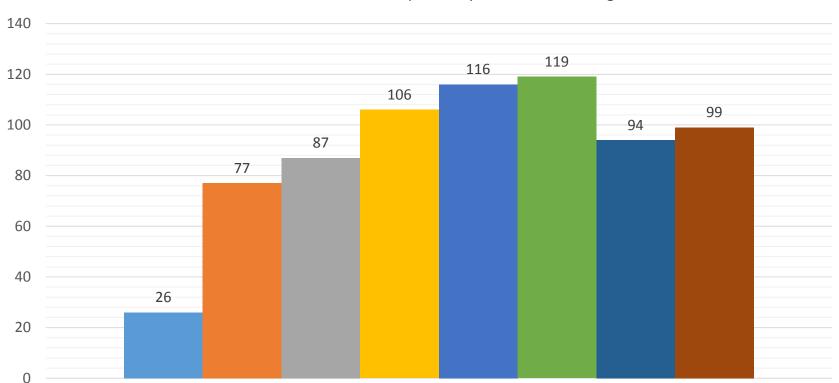


Brokerage and Planning



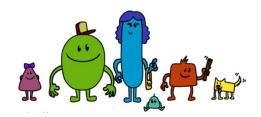
• 724 families have been allocated for action plans.

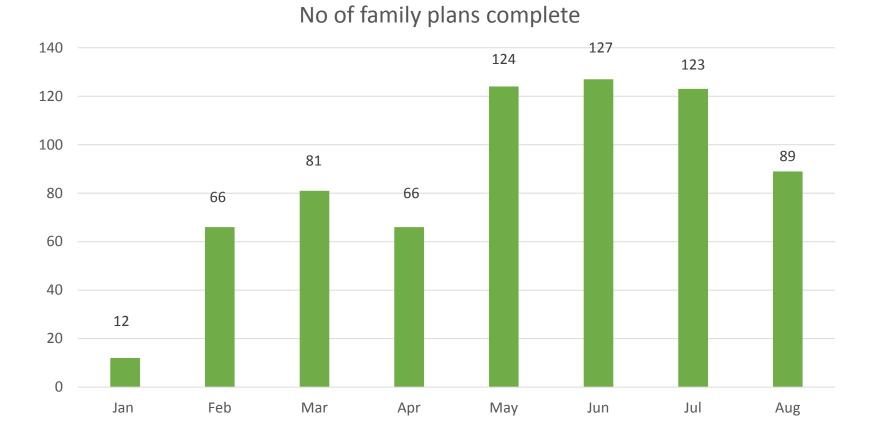
Number of families per month



■ Jan ■ Feb ■ Mar ■ Apr ■ May ■ Jun ■ Jul ■ Aug

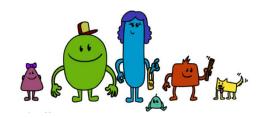
- 688 action plans developed (95%)
- Average 25 plans per month per B&R Officer





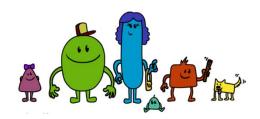
- 78.6% of plans complete within timeframe
- Average time between B&R start and allocation panel = 9.97 days

Family Plans – partnership approach

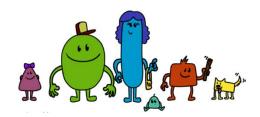


- 29 different services and agencies used to support the completion of Family Action Plans, including:
 - Youth Engagement and Participation Service
 - Citizens Advice Bureau
 - Housing
 - Valleys Kids
 - Young Carers
 - Care 2 Play
 - Sexual health
 - Schools
 - Cruise Bereavement support
 - New Pathways

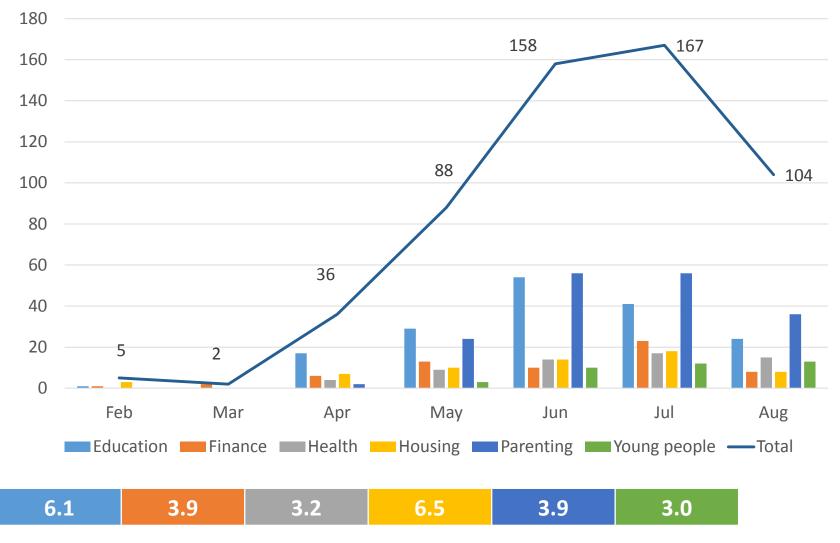
Appraisals



- Appraisals requested at start of brokerage function
- Information requested if specific barriers identified during assessment.
- Appraisals available:
 - Health
 - Housing
 - Education
 - Financial Inclusion
 - Parenting
 - Young person support

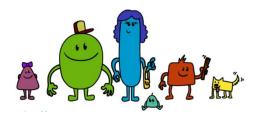


Appraisal requests per month



Average number of working days taken to complete an appraisal.

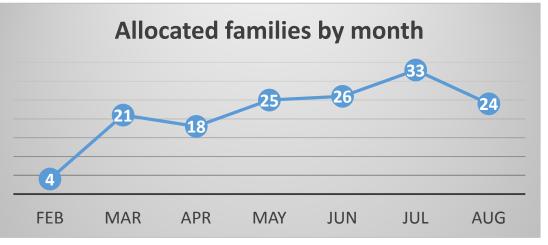
Allocation Panel



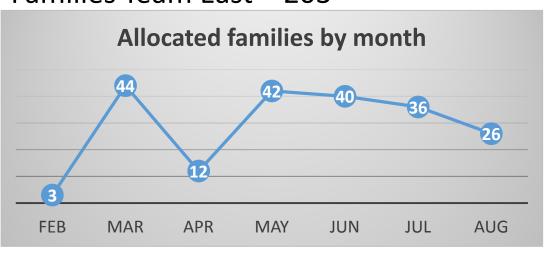
- Panel made up of key partners from multiple agencies
- Panel meets once per week to discuss the appropriate allocation of families
- Average time between completion of plan and allocation panel = 3.04 days
- Average time between allocation panel and intervention start (allocation of Intervention Worker) = 1.95 days

Intervention

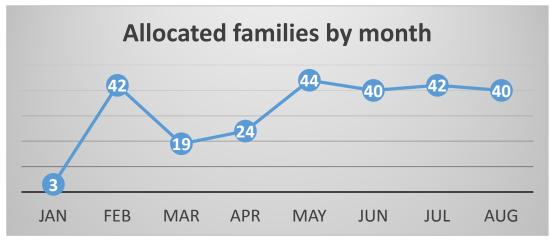
Families Team West = 151



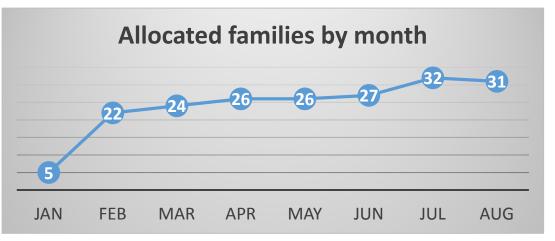
Families Team East = 203



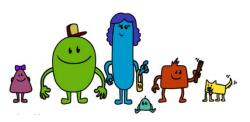
Families Plus Team = 254

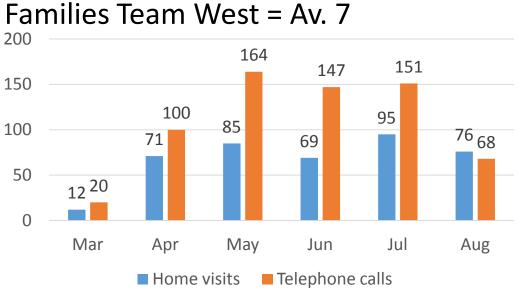


CANS Team = 193

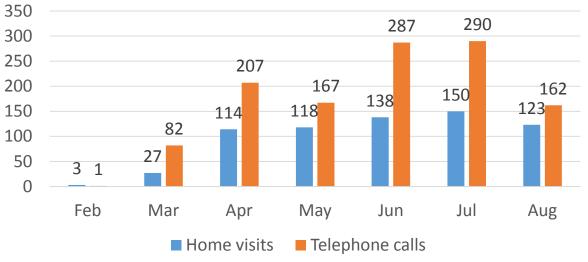


Intervention – family contacts

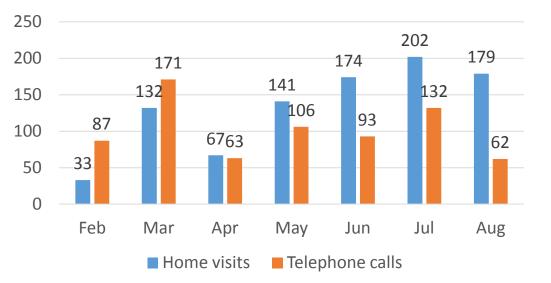


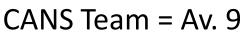


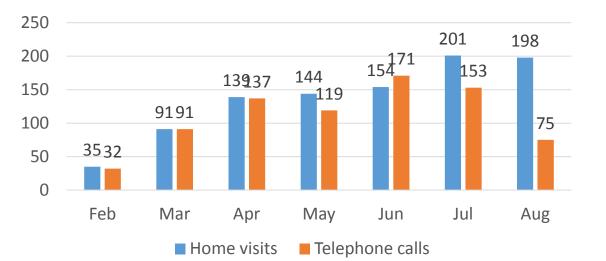
Families Team East = Av. 9.2

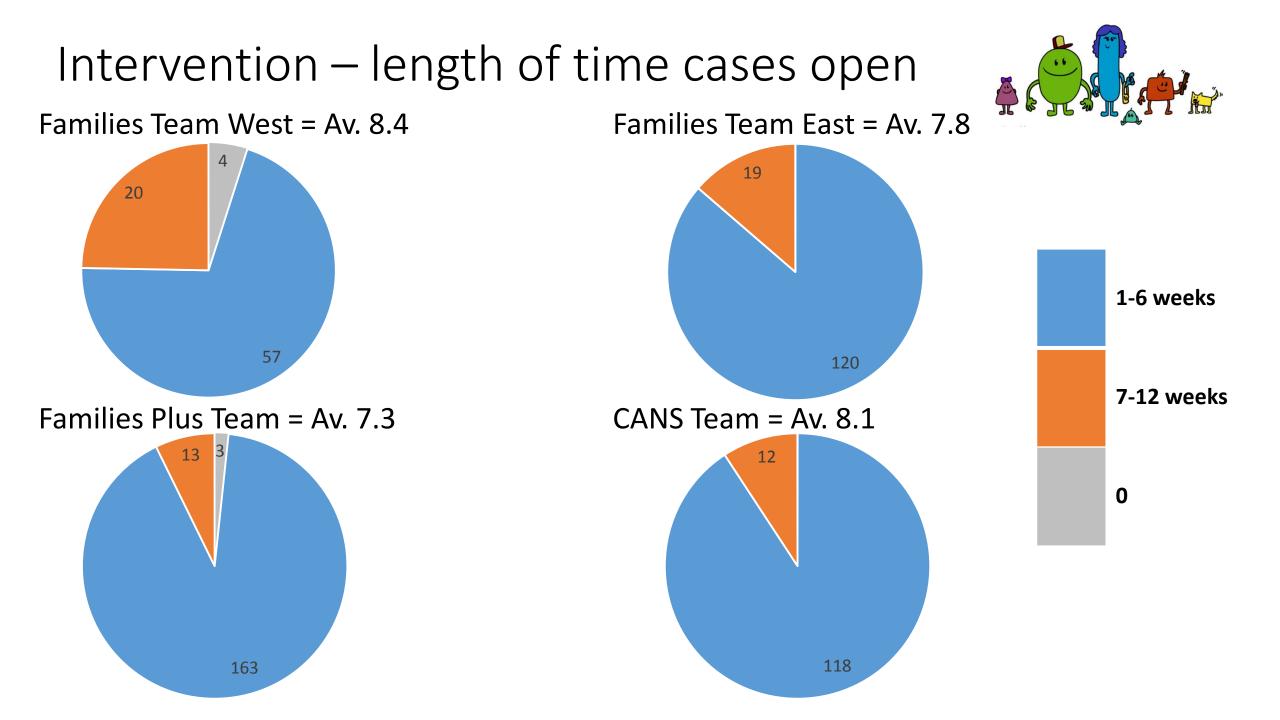


Families Plus Team = Av. 6.5

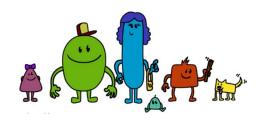






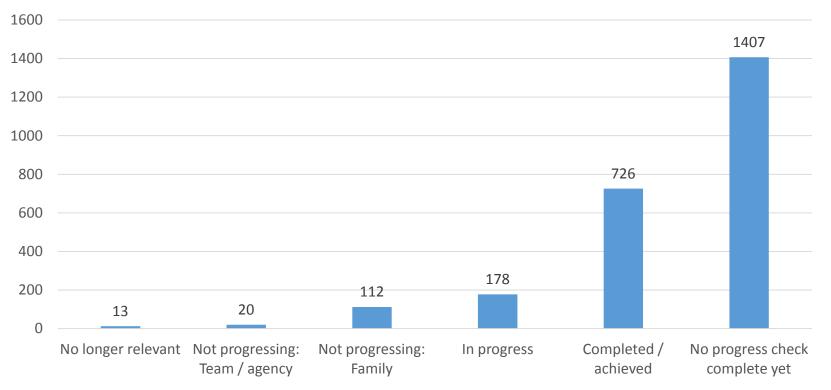


Review



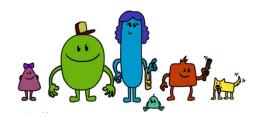
- Average time between case open and review = 66.6 days
- Total number of action plans reviewed = 445
- Total number actions = 2,456

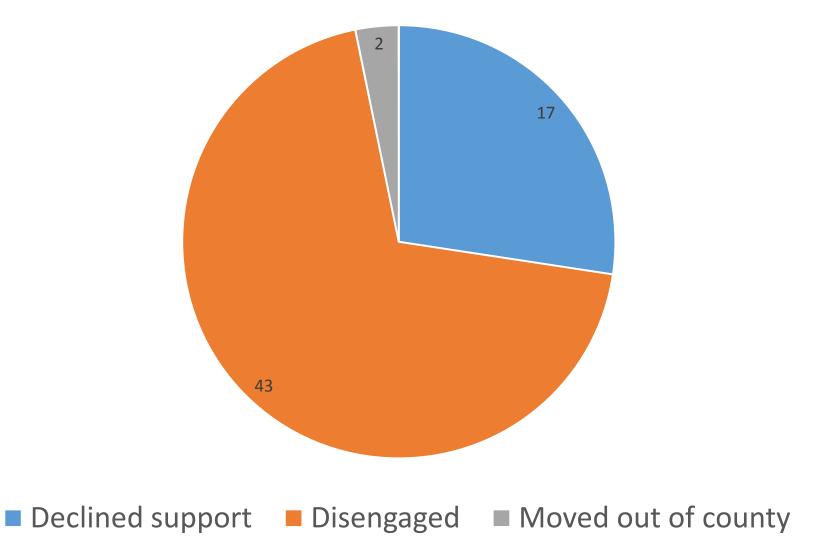
Status of all actions

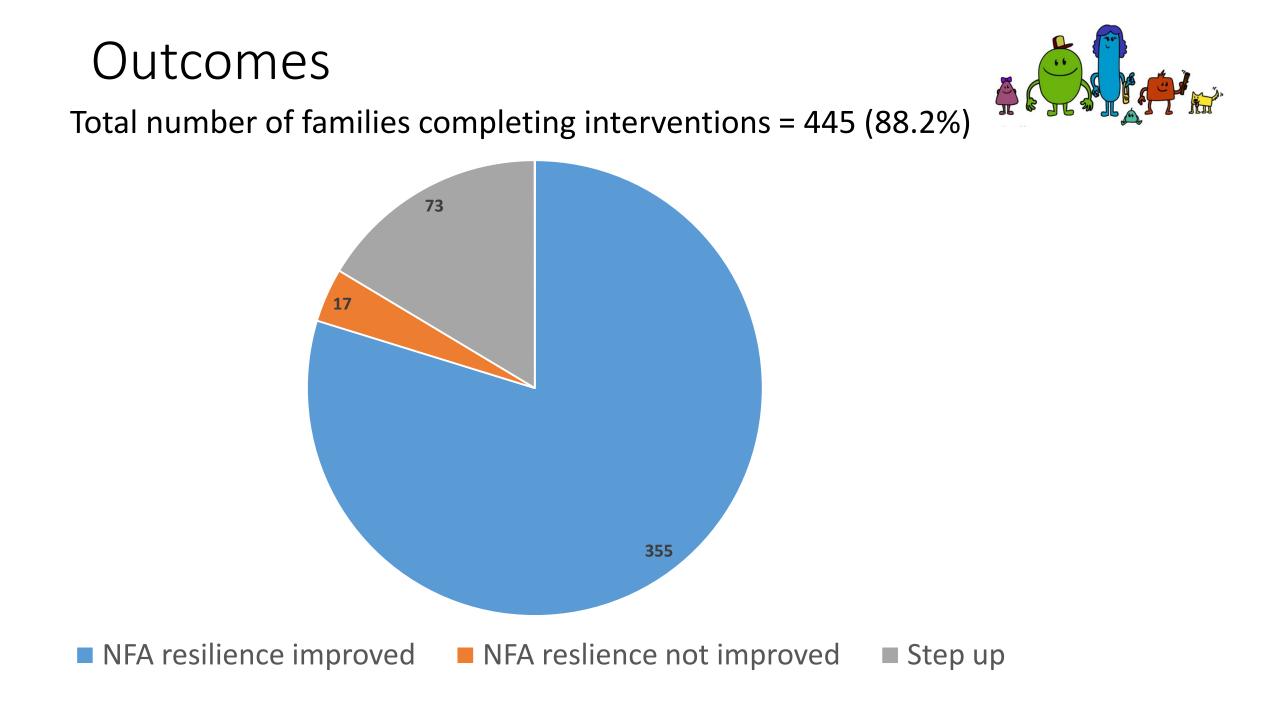




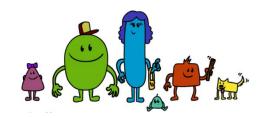
Total number of families not completing interventions = 60 (11.8%)



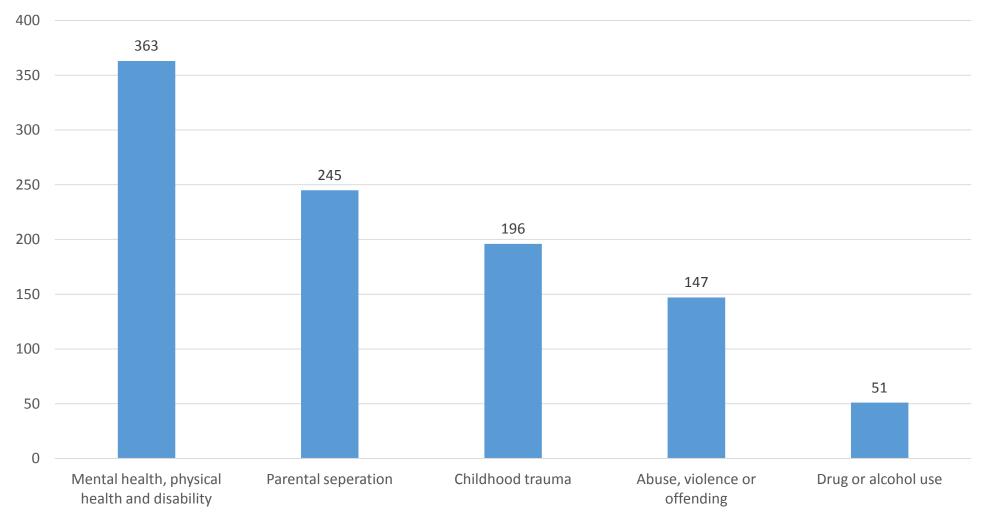




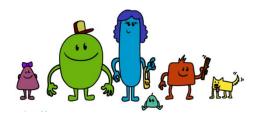
Adverse Childhood Experiences



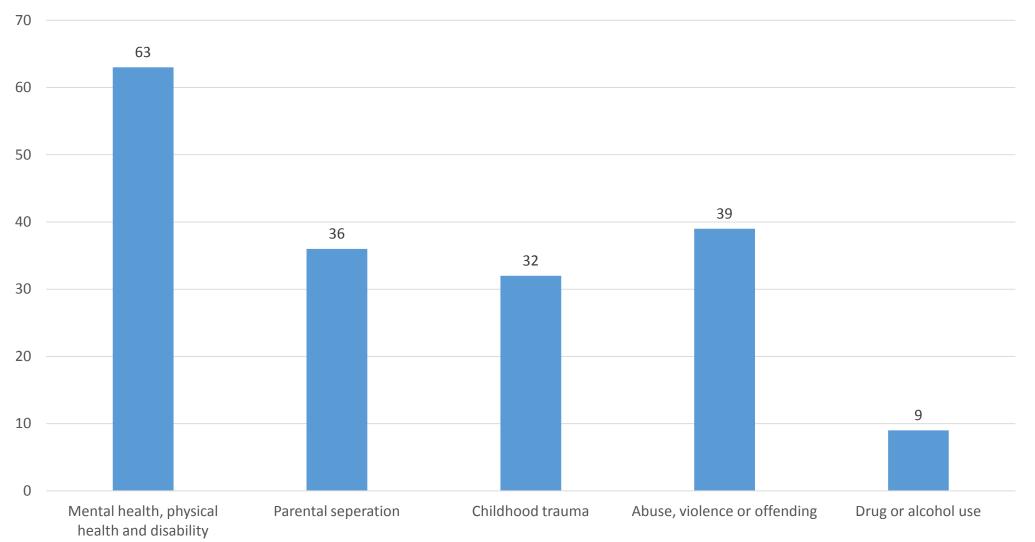
Identification of ACE related needs



Impact on ACE's



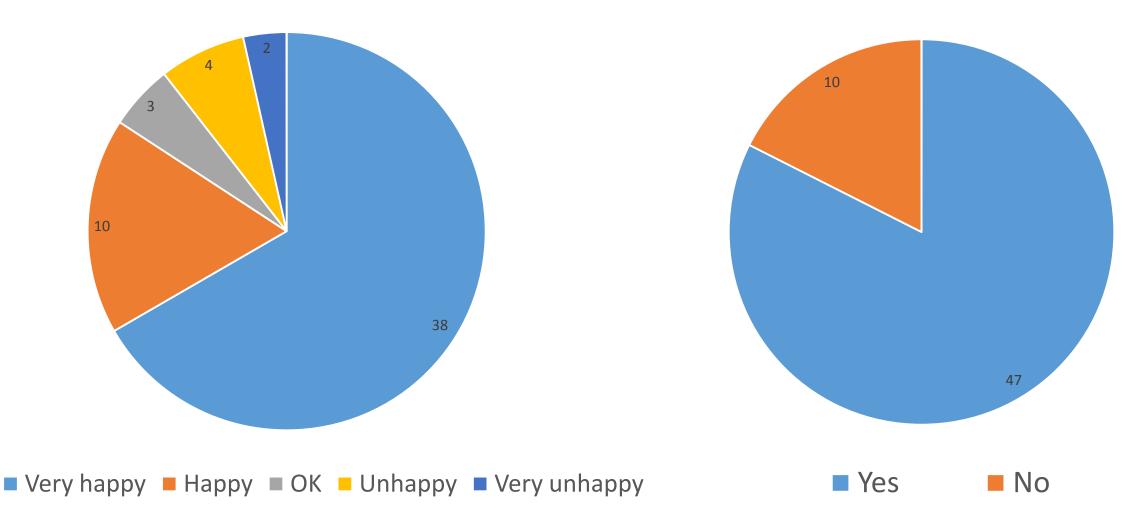
Improvement on ACE related needs following intervention



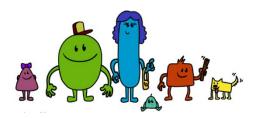
Service user feedback

How happy were you with the commitment and support received?



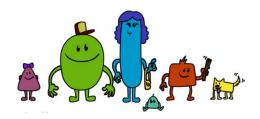


Case Study A



- Mother lives with 3 children D 13yrs, G 6yrs, B 4yrs
- Family live in rented social housing
- Father of G and B is a domestic violence perpetrator
- Children no longer have contact with their fathers
- Mother has significant medical health and support from Psychiatrist, Oasis, Women's Aid and New Pathways
- Mother's engagement with services was inconsistent
- D is diagnosed with ADHD and witnessed domestic violence
- B has a diagnosis of epilepsy, global delay and Autistic Spectrum Disorder

Case Study A - Intervention



1. To improve current living situation

- Housing appraisal facilitated the family's move to alternative accommodation, so that they were safe from mother's ex partner
- 2. To improve Child 'D' resilience and emotional wellbeing
 - Developed a trusting relationship with youth worker and attends activities
 - No longer feels he is responsible for mother and siblings

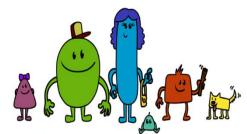
3. To improve Mums confidence and emotional wellbeing to reduce her social isolation

- Since move is much happier and has made new friends
- Begun weekly mindfulness sessions
- Attends Communities 4 Work Digital Fridays
- Started to go to the dentist
- Is learning to drive
- Wants to enrol on a college course

4. To improve relationships within the family

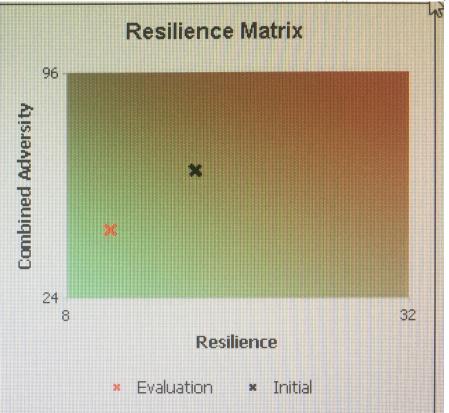
• Home is a much happier place - no loud arguments

Family A - Outcomes:



Resilience Assessment Click for breakdown					
	Initial Assessment	Evaluation Assessment	Change		
Environment	25	15	ł		
Adversity	22	18	ł		
Resilience	17	11	ł		
Vulnerability	18	13	ł		
Combined Adversity	65	46	-19		

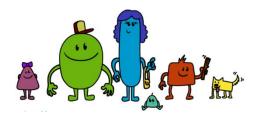
"You have given me a confidence boost as I doubted myself before with certain things and you spoke and treated me in a manner that made me feel capable rather than a victim. You also built bridges between child D and me and brought back our relationship back together. Communication had broken down but we are back as a unit again. I have enjoyed the programme."

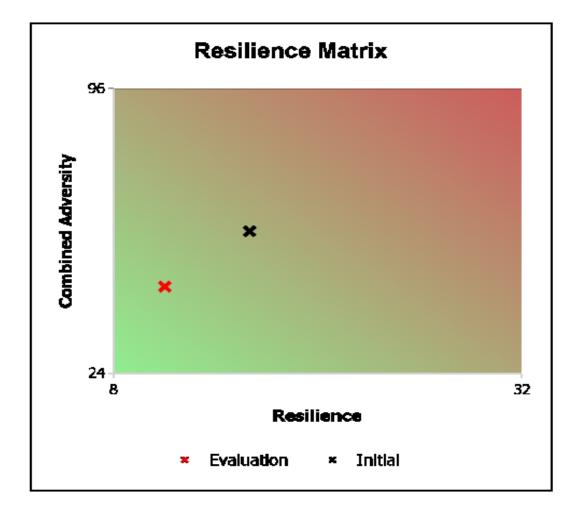


Family B - Outcomes:

Resilience Assessment Click for breakdown				
	Initial Assessment	Evaluation Assessment	Change	
Environment	21	15	↓	
Adversity	23	19	∔	
Resilience	16	11	↓	
Vulnerability	16	12	↓	
Total	60	46	-14	

"I'm really pleased with what I've achieved. I've found out I can actually cope in times of stress. I'm so much more confident in myself, I open the living room curtains every morning now which I never did before. I've asked the GP for help for me and my daughter which I would never have done before. My daughters are receiving support in school and I'm going to start mindfulness classes. And I'm helping out at a local charity event in the community centre this weekend... not bad for someone who never went out!"



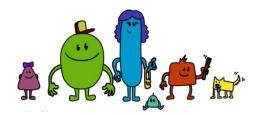


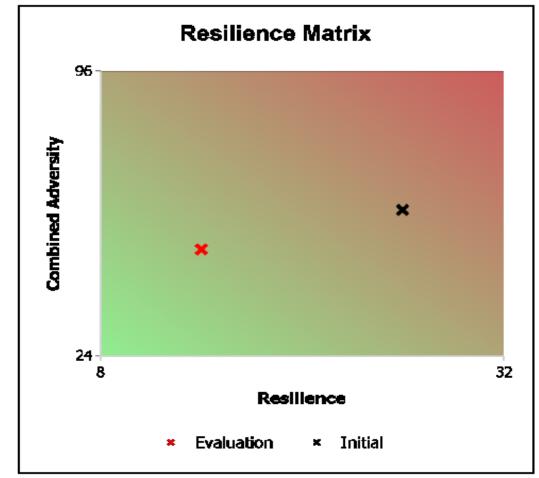
Family C - Outcomes:

Resilience Assessment Click for breakdown				
	Initial Assessment	Evaluation Assessment	Change	
Environment	18	15	↓	
Adversity	21	22	1	
Resilience	26	14	↓	
Vulnerability	22	14	↓	
Total	61	51	-10	

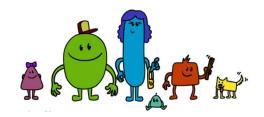
"Things have improved so much at home. My son comes off the Xbox when I ask him instead of giving me a mouthful and us ending up fighting. I'm happy to ask for help now - I've rung for advice about sorting out my catalogue bill and have got an appointment next week.

I'm confident to do stuff like that now. I learned a lot from that Freedom Programme session I went to and I'm looking forward to going again next week. I had a really bad week last week with my Nan passing away but I still managed to cope. Its like there was a problem in school last week with my boy being blamed for something he didn't do. I remembered what you'd told me and phoned them straight away to sort it out. I kept calm and they actually listened to me. I'm really proud I didn't loose it with them. Thank you for all your help".



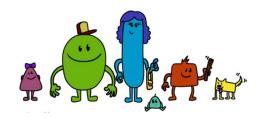


Feedback from families...



- "In the 6 weeks that RFS worked with me I have climbed mountains. It felt like I was hiding behind a wall. They opened a door for me which enabled me to be where I am today. They listened to me and never judged me....."
- "I can tell the difference now between naughty behaviour and the start of a meltdown. Since we've both have been using the distraction techniques and simple commands, the meltdowns have reduced loads. My Son also seems to have taken on board the strategies that you gave him as he stopped pulling my hair the other day and said out loud "I stopped myself Mam"
- "I wouldn't say RFS gave me anything more than I already had but I did feel supported"
- "The support that we've received from RFS has been amazing. We have received emotional support that has enabled us as a family and especially A to access more services for support. A is now more able to confident to support C alone. And B has thoroughly enjoyed spending time with RFS staff and has been able to confidently use the tools that she's been given"
- "RFS has done more for me in 6 weeks than all other services combined did in 15 years"

What's next in terms of further development?



- Appropriately staff RFS to cope with levels of demand
- Focus on engaging mental health services building on successful alignment with Health Visiting Services
- Fully establish the Cwm Taf Therapeutic Families Team to support intervention
- Continue to support services and external organisations to manage the organisational challenges that providing a continuum of family support creates via the RFS Provider Network
- Maximise on the opportunities the WG's Funding Flexibilities Project and Early Years Coconstruction Project will deliver to provide universal access to support and better integration of services
- Link with Community Hub developments to ensure families have support in a community setting to access RFS.