

Rhondda Cynon Taf Children's Services



RAPID INTERVENTION RESPONSE TEAM

Brief Outline Report for Corporate Parenting Board

On

23rd January 2017

1.0 INTRODUCTION:

1.1. The Rapid Intervention Response Service became operational in April 2013 and following Children's Services remodelling/re-structuring been placed within the responsibility of the Head of Early Intervention Services. The service aims to provide an urgent intense family focused service to both children/young people on the cusp of becoming looked after and children who are in the LAC system who need to be returned home. 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.

1.2. The service aims to contribute towards the following performance measures;

1. Number of children on the CPR who become LAC
2. Number of children that return home within 12 weeks of admission
3. Number of requests for admission
4. Number of 16+ entering the care system

1.3. The purpose of this report is to report on the progress this service has made during the 2015-2016 financial year.

2.0 CONTEXT:

2.1. The Rapid Intervention Response model of working is based on the model developed within Integrated Family Support Team (IFST) of delivering intensive evidence based interventions over a period of 12 weeks. The model was developed to deliver quality services based on robust evidence of effectiveness and best practice, through a sustained and system-wide focus.

- 2.2. The aim is to help parents to achieve the necessary behavioural changes that would improve their parenting capacity and enable them to care for their children with the minimum statutory interventions.
- 2.3. 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.
- 2.4. This is delivered through:
- Individual work directly with children/young people and their parents
 - Activities both within and outside the home, including, where appropriate, within a residential setting.
 - Practical support
 - Parenting programme
 - Working with the extended family

3.0. STRUCTURE OF THE SERVICE AND GOVERNANCE ARRANGEMENTS:

- 3.1. The Rapid Intervention Response Service comprises of three teams, one each in Rhondda, Cynon and Taf. Each team is made up of staff that can deliver the prescribed interventions and staff who can provide the practical support. Each team is made up of:
- 1x Consultant Social Worker
 - 1x Social Worker
 - 2x Rapid Response Intervention Workers
 - 2x Rapid Response Support Worker

- 3.2. The overall day to day management of the service is undertaken by the Service Manager responsible for the Miskin Service, which allows for both services to be aligned. The responsibility of the Service Manager is to provide support by managing the operational activities of the Teams in accordance with the team's objectives, aims, key tasks and performance measures.
- 3.3. An Operational Group was also formed (See terms of reference, Appendix 1) that meets on a quarterly basis to provide operational and development direction to the delivery of the Rapid Intervention Response Service and to ensure learning is shared with mainstream services. This group initially reported back to the LAC Action Planning Group through the LAC Action Plan Performance Framework but will in future report to CSMT with the remodelling of Children's Services.

4.0. ACTIVITY (April 2015 to end March 2016):

4.1. Rehabilitation from Care to Family

- 4.2. RIRT Taf have completed 14 rehabilitations reducing the number of Looked After children and have prevented new born children entering the Looked After System by completing intensive interventions to ensure parents are able to care for the children at home.
- 4.3. RIRT Cynon has completed 15 rehabilitations with similar outcomes. Most rehabilitations at point of writing have remained at home with step down services present to prevent further concerns.
- 4.4. RIRT Rhondda have undertaken 10 rehabilitations with 8 of those families being successfully returned to their parents or family's care, consequently reducing the number of children looked after. The remainder of Rhondda RIRT's interventions have been intensively focused on working with families as a preventative measure to stop children coming into care.

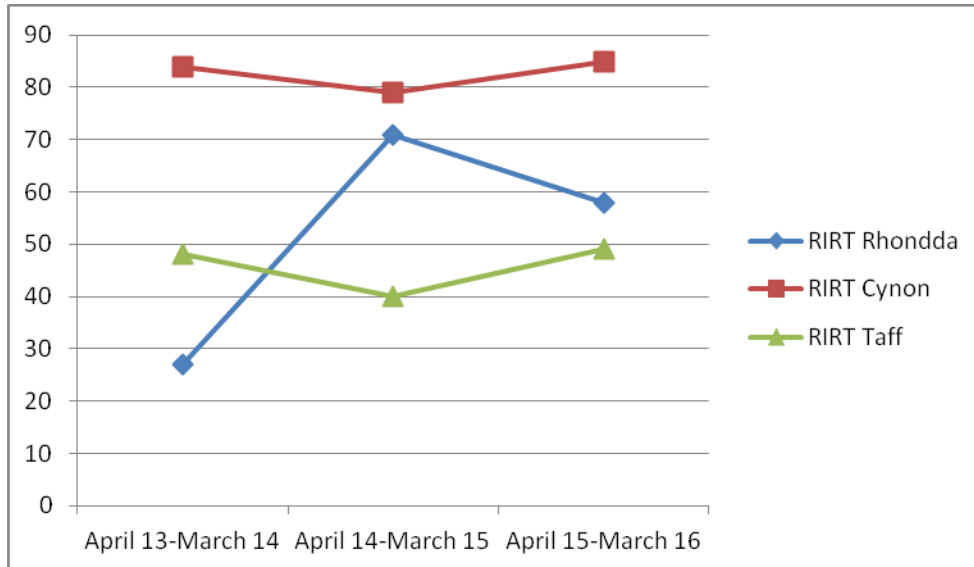
4.5. Number of Interventions:

Team	Contacts	Referrals	72 Hour Assessments	Completed Interventions
RIRT Rhondda	105	81	78	58
RIRT Cynon	96	97	95	85
RIRT Taf	71	65	67	49
Total	272	243	240	192

Team	April 13 to March 14	April 14 to March 15	April 15 to March 16
RIRT Rhondda	27	71	58
RIRT Cynon	84	79	85
RIRT Taff	48	40	49
Total Interventions Completed	159	190	192

4.6. Number of Interventions Per Team:

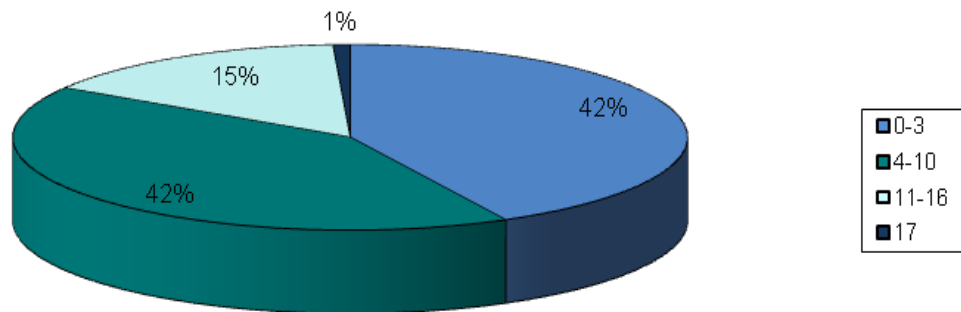
Team	April 13- March 14	April 14- March 15	April 15- March 16
RIRT Rhondda	27	71	58
RIRT Cynon	84	79	85
RIRT Taff	48	40	49
Total Interventions Completed	159	190	192



4.7. Age groups of service users:

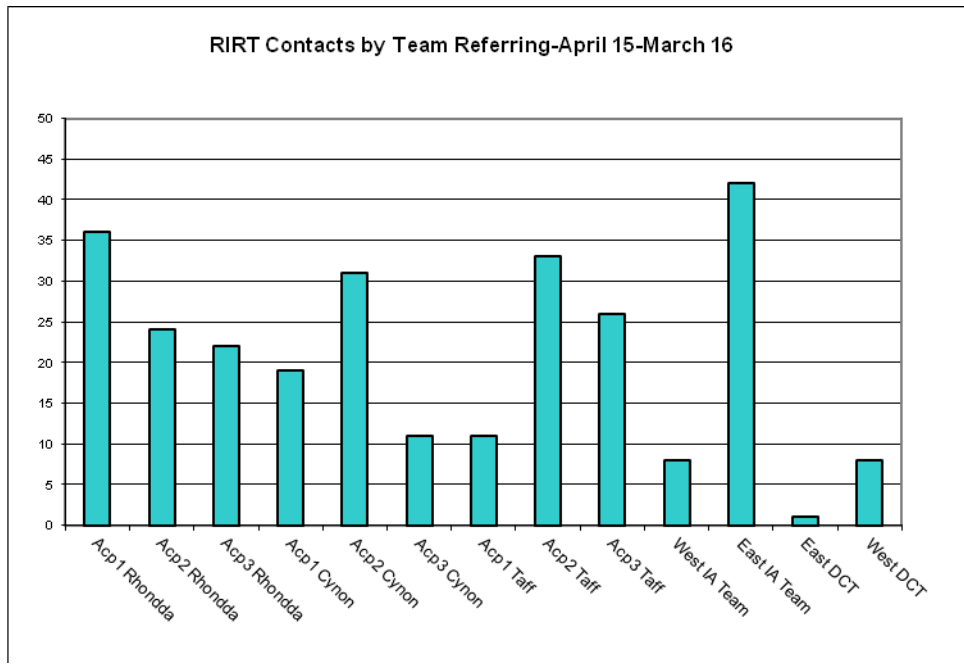
Age Group	Total
0-3	103
4-10	101
11-16	37
17	2
Total	243

RIRT Referrals by Age Group-April 15-March 16



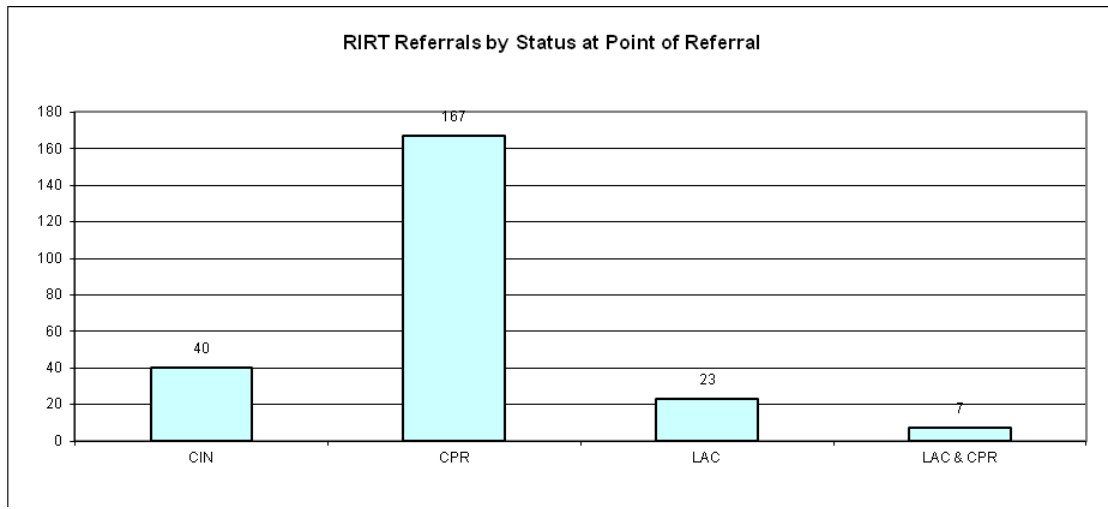
4.8. Teams referring for Intervention:

Team Referring	Rirt Rhondda	Rirt Cynon	Rirt Taf	Total	% of Total
Acp1 Rhondda	36	0	0	36	13.24%
Acp2 Rhondda	24	0	0	24	8.82%
Acp3 Rhondda	22	0	0	22	8.09%
Acp1 Cynon	0	19	0	19	6.99%
Acp2 Cynon	0	31	0	31	11.40%
Acp3 Cynon	0	11	0	11	4.04%
Acp1 Taff	0	0	11	11	4.04%
Acp2 Taff	0	0	33	33	12.13%
Acp3 Taff	0	8	18	26	9.56%
West IA Team	8	0	0	8	2.94%
East IA Team	7	26	9	42	15.44%
East DCT	0	1	0	1	0.37%
West DCT	8	0	0	8	2.94%
Total	105	96	71	272	100.00%

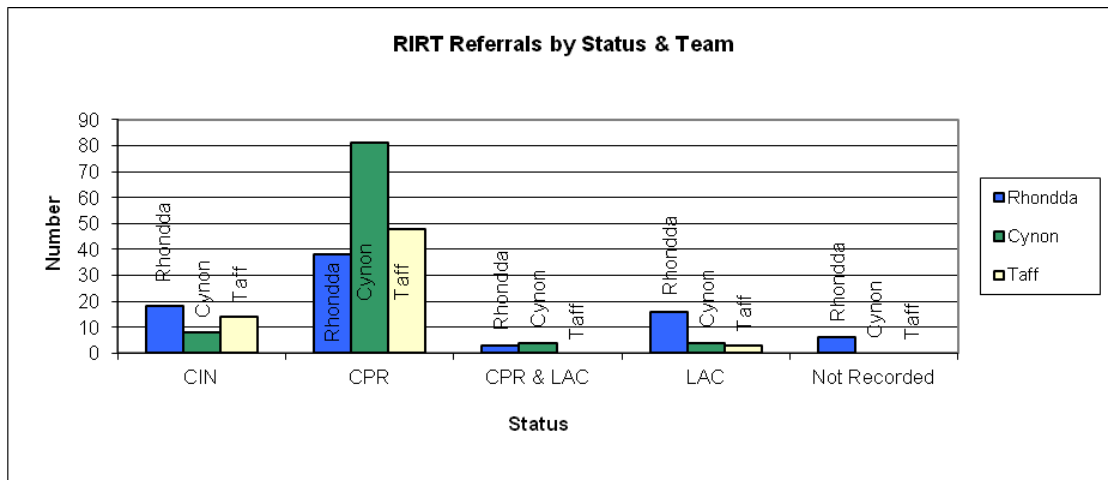


4.9. Status at referral point:

Status	Total
CIN	40
CPR	167
LAC	23
LAC & CPR	7
Not Recorded	6
Total	243

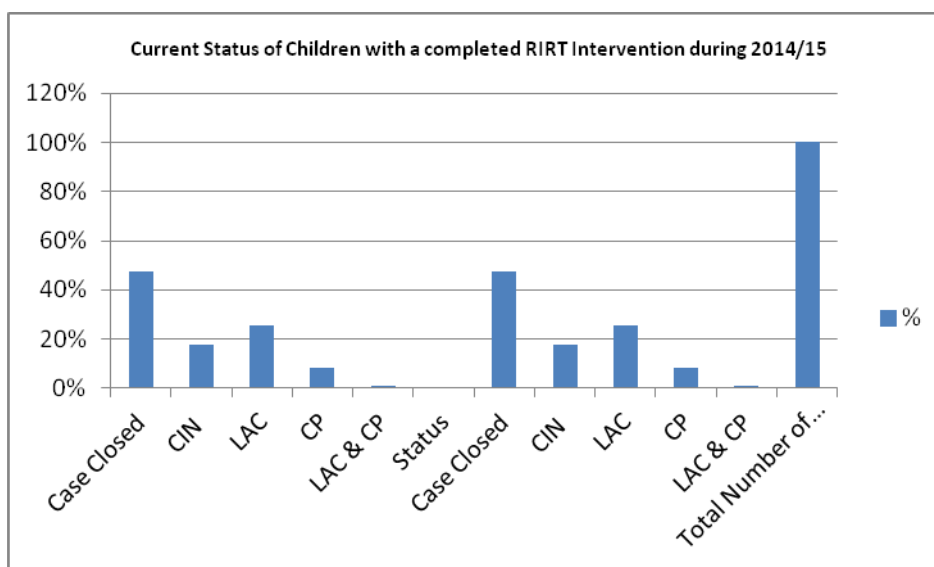


	Rhondda	Cynon	Taff	Total
CIN	18	8	14	40
CPR	38	81	48	167
CPR & LAC	3	4	0	7
LAC	16	4	3	23
Not Recorded	6	0	0	0
Total	81	97	65	243



Current Status of those with an Intervention Completed in 2014-15:

Status	Number	%
Case Closed	90	47%
CIN	34	18%
LAC	48	25%
CP	16	8%
LAC & CP	2	1%
Total Number of Interventions	190	100%



5.0. CASE STUDY'S:

5.1. Cynon Case Study One:

A referral was received from the Cynon area with regards to a family consisting of four boys ages ranging 13- 8 and unborn baby girl living with their mother. The status at the start of the referral was the children's names were placed on the CP register under the category of Neglect and in the PLO process. Concerns were raised with regards to school attendance, poor home conditions, financial difficulties causing hardship, mother's substance misuse and mental health (depression). The children were reported to be poorly supervised, have some behaviour issues and there were inappropriate visitors to the home and the children being exposed to inappropriate adult relationships. After completing a 72 hour assessment a safety plan was devised and agreed by the family and social worker. The plan comprised of:

- Monitoring of morning and evening routines
- Unannounced visits to monitor the supervision
- Attendance at core groups
- Support to address benefits and housing benefit areas
- Support to ensure needs of unborn baby are met - health and basic needs.
- Improve home conditions and support mother to maintain

- Parenting work to address parenting deficits
- Preparation work for Unborn baby
- Understanding the concerns of the local authority
- Safety work around relationships
- Family rules session to ensure the boys have an understanding of expectations
- Family activities to assess attachments and behaviour

The Intervention:

- A week of morning and evening routines were observed by three members of staff and a list of negatives and positives were completed and shared through a direct work session with mother. The routines were monitored throughout the intervention and advice given when needed.
- A member of staff attended all core groups and conferences and was able to give a detailed update of the intervention and on times was able to dispel false information with regards to the family and support the family to share their strengths and provided confidence for the mother. Mother suffers with anxiety and depression and stated that support at the core groups made her feel that she was able to confidently put forward her views and concerns.
- FAST and RIRT worked together to address benefits. A medical appointment for benefits purposes had been missed due to one of the children being unwell resulting in mother being sanctioned and therefore had not received any benefits for a few months leaving her with large arrears with housing benefit and could not make improvements at home. There was the threat of eviction. The benefits were addressed with support to attend appointments, complete forms and apply for support. The benefits are now addressed and the family is able to make improvements at home. There are no longer any arrears on the property.
- All appointments have been attended for both the baby and the children. The children have a lot of dental care due to poor hygiene and they now have a dental plan in place. Mother has health needs that have been addressed with support. Mother also states that with her anxiety and depression she feels the support to address her difficulties this has improved her mental health. Items for the baby have been purchased through grants from FAST and RIRT have given mother support to access all items needed for the baby.
- Home conditions at the start of the intervention were poor. RIRT has accessed funding for flooring for the living room, hallway and landing and baby's bedroom, paint for all of the home, mattress toppers and four beds. The team has worked together to paint the entire home with the mother and purchase items to improve conditions. Mother has continued after her benefits were corrected and has purchased some bedroom furniture. The children have seen their home transformed throughout the intervention and have been taught along the way to make changes to their routines and ensure they keep them clean and

put their items away. RIRT has also supported mother to work with Supporting People to continue the support and had all repairs completed.

- Parenting Puzzle, Chatter Matters and Five to Thrive have been completed to equip mother with skills for the care of her unborn baby and further knowledge with regards to parenting and managing behaviour. The boys have attended archery and Geocaching activities and they were observed to behave well and their attachment was found to be good. Mother will attend parenting groups and Parent and Toddler after the birth.
- Direct work has been completed around the concerns of the local authority and how to address them. Mother has a clearer understanding of the concerns and was able to discuss in detail the changes needed.

The family has recently closed to RIRT. Mother continues to work with agencies to maintain the changes. A recent conference acknowledged the changes and there is a further period of registration to ensure mother can sustain the changes made.

5.2. Cynon Case Study Two:

This second case study comprises of two parents and a young baby in foster care. Parents have had five children previously removed due to concerns with regards to Neglect, substance misuse, poor home conditions, lack of medical care and mental health.

A 72 hour assessment was completed and a safety plan devised;

- Direct work around the concerns of the local authority
- Monitor parents contact.
- Parenting work
- Support with rehabilitation alongside updated independent parenting assessment

The Intervention;

- Direct work sessions with an intervention worker and a support worker completing parenting work around attachment, bonding, meeting basic needs, stimulation, supervision and play.
- Contact was supervised by an intervention worker to look at parent's ability to manage care during contact.
- The rehabilitation has now been agreed and subject to PWP Regs, the rehabilitation will begin where RIRT will support to establish routines and monitor during visits to ensure that parents can meet the needs of the baby and provide support to address any difficulties.

- An Intervention report will be completed to capture all aspects of the parents care.

5.3. Taff Case Study One:

This case was referred due to concerns around the emotional abuse of a young child due to the parent's volatile relationship. The child's name was placed on the CP Register under the category of Emotional Abuse and in PLO process. A 72 hour assessment was completed by the social worker and a safety plan devised and agreed by RIRT and family and social worker.

- Direct work around the affects of emotional abuse.
- Family group conference to look at the concerns and how the family can address them
- Observations of the child in both homes and establishing similar routines
- Monitoring of evening and morning routines.

The Intervention:

- The family had separate sessions to look at the affects of emotional abuse and outlining how this was affecting the child and how to prevent further emotional abuse
- A family group conference was held to address the concerns of the local authority and establish a plan within the family of how to prevent further abuse and work together to maintain change
- The morning and evening routines were observed and feedback to parents on changes that could be made to improve and be consistent in both homes

The family worked well to address the concerns and although the relationship between parents is still difficult improvements and have been maintained. A further period of registration was recommended to improve and maintain the changes.

5.4. Taff Case Study Two:

This family were referred to RIRT due to concerns around mother's alcohol misuse and lack of supervision of the children. The children aged 4 and 2 were placed with their father and a rehab was requested to place the children back with mother. The children's names were placed on the CP Register under the category of Neglect and in PLO

process. A 72 hour assessment was completed and the safety plan completed;

- Work around alcohol misuse and the short and long term affects on parenting and children
- Concerns of the local authority
- Parenting work
- Monitoring of routines
- Support during rehab

The intervention:

- Direct work was completed around the concerns of the local authority outlining the changes needed to reduce the risks
- Trigger work and referral to specialist services to address the alcohol misuse
- Direct work around alcohol misuse and the affects on children was completed to improve mothers ability to understand the long term affects
- Direct work was completed around parenting and managing behaviours also looking at adult relationships and the affects on children
- Evening and morning routines were monitored for a week to ensure that the children settled back into mothers care. Announced and unannounced visits took place on evenings and weekends to ensure the children were being cared for appropriately.

The children are now in the care of their mother. Mother is managing well and has step down services in place to ensure she is able to maintain the changes.

6.0. SERVICE USER FEEDBACK:

What did you find useful?

- *Five to thrive. Routines – Mornings, bedtimes / evenings.*
- *Everything always there, caring, understanding, friendly. Bear cards with Di. Involved M in discussions when C found it hard.*
- *Routines, Boundaries, Confidence Building. All the work made a difference to the whole family. So much better for us.*
- *The hand tips they give out and hand with the routeon and with the kids.*

- *Chatters Matters, 5 to thrive going out into the community. H helped me to identify the amount of changes I have made. Lots of support provided and really appreciated that.*
- *Gave me a lot of advice and helped me a lot about things I did not know, about child development and safety around the home, teething.*
- *All of it. 5 to thrive – when out and about teach him words.*
- *Having someone to help.*
- *All of the support, G was really supportive and helpful.*
- *I learnt lots of new skills on how to manage my emotions and use the traffic light system in meetings etc.*
- *G – Very helpful, housing, listened to D. Helping with any issues. C – helped understand how babies brain work, how to communicate better with the children. S never used to talk, used what C taught her and housing. Both explained concerns and helped with these issues.*
- *I have found all of this useful, it has helped loads.*
- *Routines / Boundaries managing appropriate and inappropriate behaviour effectiveness this has upon us all. Positive (Myself).*
- *I think it was all useful and helped me a lot. The children loved working with ur team.*
- *All of the work that was done with us.*
- *Everything about helping me become a better parent.*
- *Everything they done for me and the girls, with confidence, expressing feelings rational talking, house rules and boundaries, and for them just being there if needed a chat.*
- *The support that was given to us as family as a whole. Someone to listen to us and deal with appointments and paperwork.*
- *Very friendly, chatting while working.*
- *I found G helping me with cleaning up my house and taking me to my medicals the most helpful*
- *B was a great listener even when things went off track. I off loaded to B due to this.*
- *Relationship work, Parenting.*
- *A and J both found S's support and advice helpful, and they benefited from seeing S so often. Both felt very trusting of S and that helped them change.*

How long did the team work with you and your family?

- 12 Weeks
- 16 Weeks

- 2 – 3 Months
- 2 – 3 Months
- 60 Hours
- 12 Weeks
- Approx 4 Months
- For about 8 – 10 months ruffly
- 12 Weeks
- Think it was about 6 weeks
- 12 Wks
- 3 / 4 Weeks
- 6 Weeks Approx
- 3 – 4 months
- 8 - 9 Weeks
- 12 Weeks

Were you clear about the RIRT plan to work with you and your children?

- Yes
- Yes. J explained everything and broke it all down for C to understand
- Yes. Felt it was wonderful
- Yes it was brill
- Yes – Copy of report
- Yes. Separately worked with D and J
- Not in beginning. When time spent with J, workers knew what support was needed

What services will continue working with you now the RIRT team has finished?

- Families First. Domestic Violence (Oasis Centre)
- Social Services – Home start
- The FAST team
- Just ACP. Looking to take matter back to court for discharge.
- Just social worker in ACP
- Parenting Puzzle Group. Families First
- Respite for D, Home Start?
- FAST and Children Services
- I still attend the Miskin Project (Parent group).
- Only ACP worker

- Adref, social worker
- None
- None
- Social Worker
- FAST
- Waiting for FAST support worker ACP
- FAST

Any Comments you would like to add?

- *She was good, nice, really nice.*
- *I would give him a medal. Can't praise him enough. He did a fantastic job.*
- *We though S was wonderful. She has made such a difference to the family. We wish we could see her all time.*
- *S was brill working with the B family.*
- *Felt they could listen more (S) as he was saying he could do it from start.*
- *Wanted them gone, in a nice way, but did miss them afterwards. Glad to be working towards discharging of CARE order.*
- *No not really – they did really good.*
- *Young carer for M.*
- *I am really sad that G is no longer going to work with us, as he was very supportive.*
- *I found RIRT work helpful and wish I had worked with the team year ago.*
- *Just thank G and C for their help.*
- *I'd like to thank all the team they've helped amazing. Thank you all I'm very greatfull.*
- *Thank you all so much x Me and the children have loved working with you all and we sorry to see you go 😊*
- *Working with RIRT has been amazing and we found all the work we have done has really helped us*
- *C is a lovely and helpful person and I am greatfull to have her to help me. Thank you.*
- *Lovely amazing people that I have had the pleasure to work with.*
- *I've found the support of the RIRT team commendable and only wished we could have had support for longer.*
- *Don't think I can praise R.R enough, Thank you.*
- *I am very grateful for everything G has done for me he has helped me with everything.*
- *She's so great with the kids, I want her to come back - C.*

- *S was easy to talk to and this helped them address needs. S was clear in her plan as to what was needed to be done.*

7.0. CONCLUSION:

- 7.1. 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.
- 7.2. The service now prioritises its resources and 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 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.
- 7.3. The individual service user perspective is now collated and evaluated through external service user feedback questionnaires for families that have received support which assist in our ongoing service evaluation

and evidencing of outcomes. Internal service user feedback through service manager representatives from ACP and DCT on the Operational Planning Group has been positive. More work will be undertaken to develop internal service user feedback questionnaires for referrers to the Rapid Intervention Response Teams.

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

Matthew Free, Service Manager.

Jonathan Barbour, Consultant Social Worker.

Julie Kennedy, Consultant Social Worker.

July 2016

TERMS OF REFERENCE

RAPID INTERVENTION RESPONSE TEAM OPERATIONAL PLANNING GROUP

Purpose

To provide operational and developmental direction to the delivery of the Rapid Intervention Response Team (RIRT). To be accountable to the LAC Action planning group

Functions

- To provide overall direction, management and scrutiny to the RIRTS
- To quality assure the work of the RIRT and its effectiveness
- To ensure the learning from RIRT is disseminated to the wider workforce
- To advise and make recommendations to the LAC Action Planning Group regarding programme development
- To facilitate and encourage priority access for RIRT clients to link services, including TAF and other prevention services.
- To oversee RIRT budget
- To develop a outcomes and cost effectiveness tool for the service
- To support and progress workforce development within RIRT
- Act as the RIRT interface with the existing children and adult service and wider services
- Agree the thresholds used by RIRT based upon local needs and circumstances.
- Manage any complaints/disputes about the exercise of functions by the RIRT;

Agenda

The Operational Planning Group will identify risks and issues and where these cannot be resolved refer up to LAC Action Planning Group. They will review progress of the Service to ensure effective delivery and development.

The agenda will have the following fixed items:

- Service progress report
- Reviewing Risks and Issues to delivery
- Future Planning
- Budget

Membership

Membership will be: -

- Ann Batley Head of Prevention
- Julie Clark Head of Assessment Care Planning
- Tracy Prosser Service Manager Rhondda
- Denise Evans Service Manager Taff Ely
- Jayne Preston Service manager Cynon
- Neil Griffiths Head of Finance
- Matthew Free Service Manager RIRT/Miskin
- Julie Kennedy Consultant Social Worker RIRT
- Phil Dawes Consultant Social Worker RIRT
- Jon Meldrum Consultant Social Worker RIRT
- Nicola Free Performance Manager

Frequency of Meetings:

Meetings will be held at least three monthly. However meetings will vary depending on issues arising and progress made. Operational Planning Group members may be required to participate in additional meetings to progress work streams as required.