

Rhondda Cynon Taf Children's Services



MISKIN

Report for Corporate Parenting Board

On

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1.0. BACKGROUND

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

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

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

In 2007, following 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 Glyncornel Centre.

2.0. 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+).

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

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

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

Miskin's objectives are to:

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

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

3.0. 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 covers a specific geographical area within RCT and is made up of staff that can deliver the prescribed interventions and who can provide the practical support.

Miskin is managed by a Team Development & Performance Manager, and each Miskin team consists of a Consultant Social Worker, 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/s. In the past 12 months, members of the team have been integrated into the above Miskin Older Teams which has enabled them to further maximise their capacity and support offered to children and families.

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

4.0. MISKIN ACTIVITY (April 2018 to end March 2019):

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 Draft Annual Report 1st April 2018 to 31st March 2019, which gives a flavour of the activity during any given year. It should be noted, that the statistics actually cover period 23rd May 2018 to 31st March 2019, as a consequence of Miskin along with the rest of Adults and Children's Services in RCT, implementing the new performance management information system (WCCIS). Information covering period 1st April 2018 to 22nd May 2018 would have been recorded on the older ICS system.

Miskin Reporting Period (23rd May 2018 to 31st March 2019):

Miskin Referral Summary

Open Cases at
31/03/2019

255

Referrals - 01/04/2018 to
31/03/2019

472

Interventions - 01/04/2018 to
31/03/2019

308

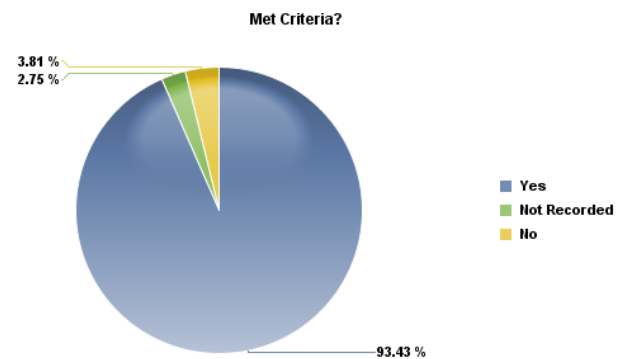
EOI Stats - 01/04/2018 to
31/03/2019

257

Total Miskin Referrals	<u>472</u>
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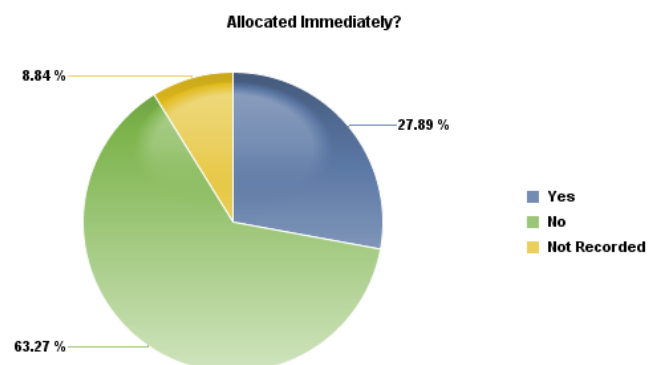
Total Children Referred	<u>428</u>
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Referrals where intervention was provided	441	93.43%
Referrals that did not meet the criteria	18	3.81%
Referrals where the criteria was not recorded	13	2.75%



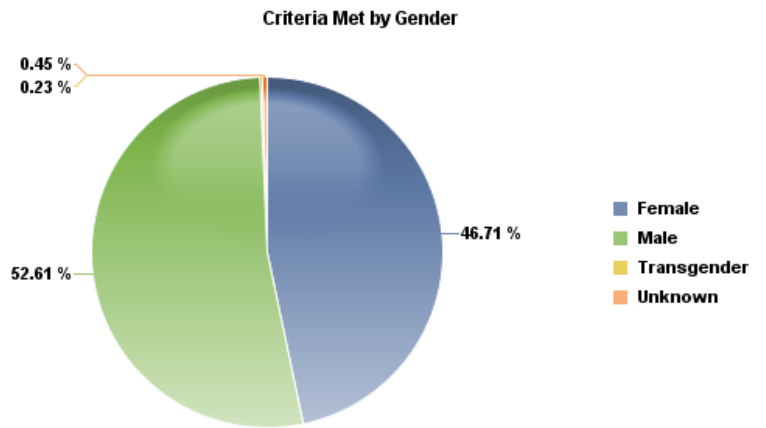
Total Miskin Referrals that were allocated immediately	<u>123</u>
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Allocated Immediately	Total	% of Total
Yes	123	27.89%
No	279	63.27%
Not Recorded	39	8.84%

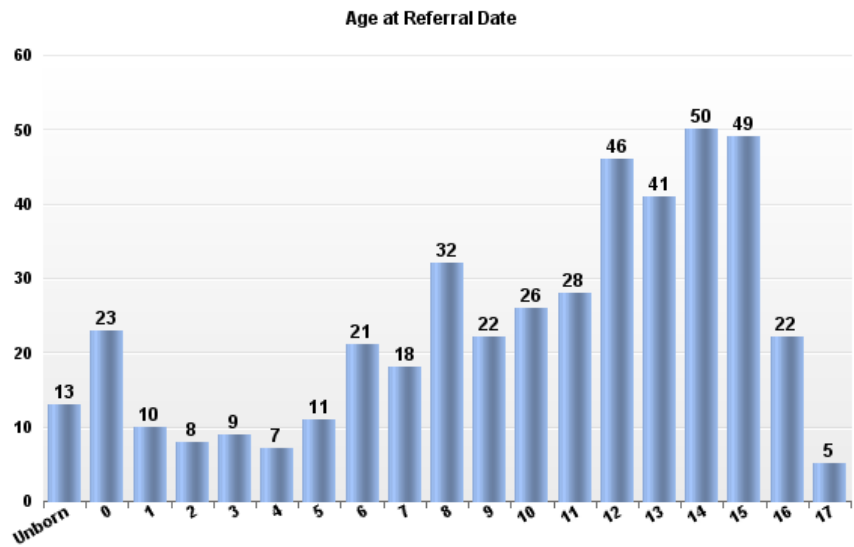


Referral Demographics

Gender	Total	% of Total
Female	206	46.71%
Male	232	52.61%
Transgender	1	0.23%
Unknown	2	0.45%



Age at Referral Date	Total	% of Total
Unborn	13	2.95%
0	23	5.22%
1	10	2.27%
2	8	1.81%
3	9	2.04%
4	7	1.59%
5	11	2.49%
6	21	4.76%
7	18	4.08%
8	32	7.26%
9	22	4.99%
10	26	5.90%
11	28	6.35%
12	46	10.43%
13	41	9.30%
14	50	11.34%
15	49	11.11%
16	22	4.99%
17	5	1.13%

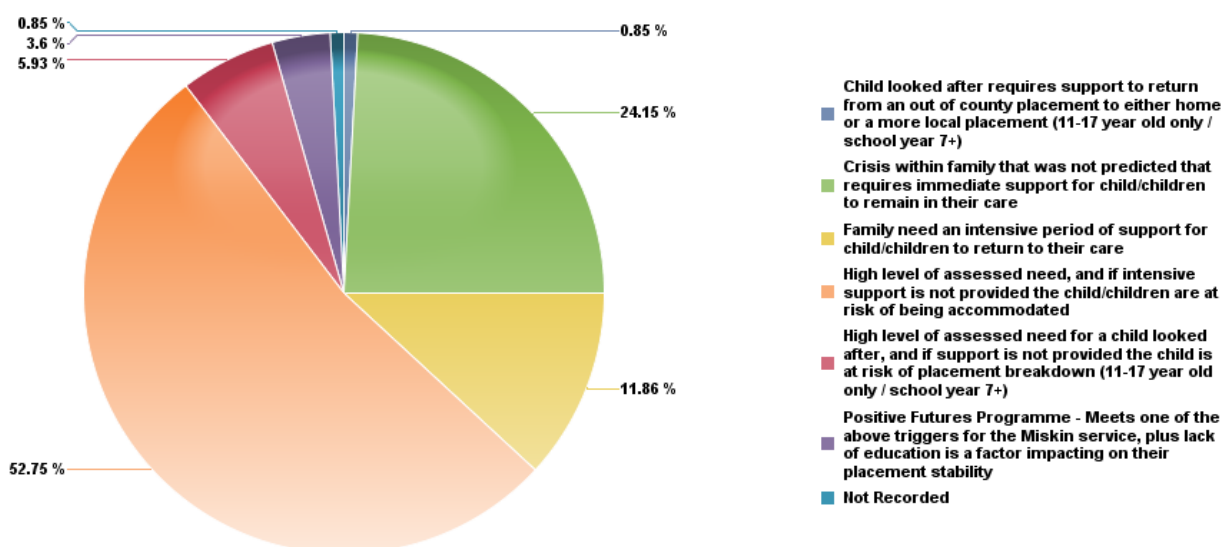


	Female	Male	Transgender	Unknown	Total	% of Total
Unborn	6	7			13	2.95%
0	14	9			23	5.22%
1	6	4			10	2.27%
2	4	4			8	1.81%
3	3	6			9	2.04%
4	3	4			7	1.59%
5	5	6			11	2.49%
6	10	9		2	21	4.76%
7	8	10			18	4.08%
8	12	20			32	7.26%
9	10	12			22	4.99%
10	12	14			26	5.90%
11	13	15			28	6.35%
12	20	26			46	10.43%
13	21	20			41	9.30%
14	27	22	1		50	11.34%
15	19	30			49	11.11%
16	11	11			22	4.99%
17	2	3			5	1.13%
Total:	206	232	1	2	441	
% of Total	46.71%	52.61%	0.23%	0.45%		

Miskin Criteria Referred Under - Overall

Miskin Criteria Referred Under	Total Referrals	% of Referrals	Met Criteria	% Met Criteria	Allocated Immediately	% Allocated Immediately
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+)	4	0.85%	4	100.00%		
Crisis within family that was not predicted that requires immediate support for child/children to remain in their care	114	24.15%	103	90.35%	29	25.44%
Family need an intensive period of support for child/children to return to their care	56	11.86%	51	91.07%	23	41.07%
High level of assessed need, and if intensive support is not provided the child/children are at risk of being accommodated	249	52.75%	240	96.39%	57	22.89%
High level of assessed need for a child looked after, and if support is not provided the child is at risk of placement breakdown (11-17 year old only / school year 7+)	28	5.93%	25	89.29%	9	32.14%
Positive Futures Programme - Meets one of the above triggers for the Miskin service, plus lack of education is a factor impacting on their placement stability	17	3.60%	17	100.00%	5	29.41%
Not Recorded	4	0.85%	1	25.00%		
	472	100.00%	441	93.43%	123	26.06%

Total Referrals by Miskin Criteria Referred Under

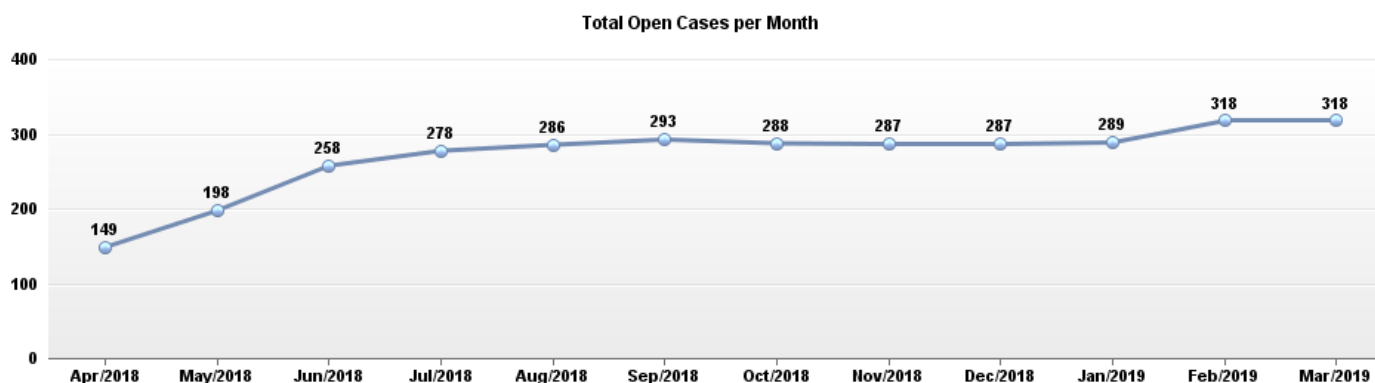
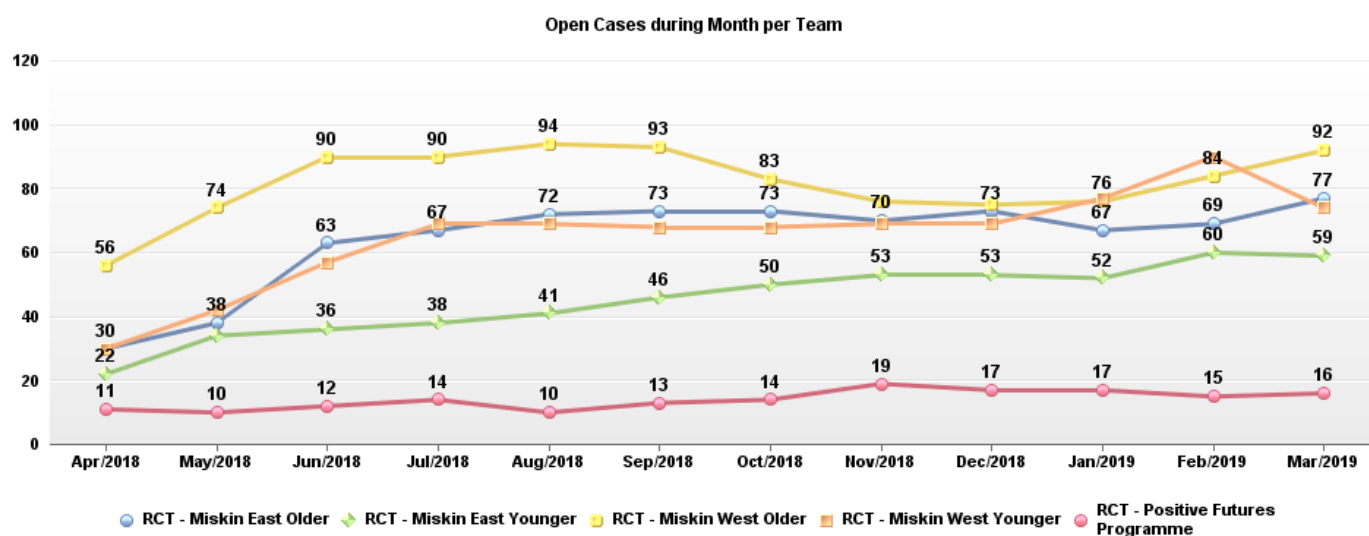


Referral Criteria Met per Age Group

	May / 2018	Jun / 2018	Jul / 2018	Aug / 2018	Sep / 2018	Oct / 2018	Nov / 2018	Dec / 2018	Jan / 2019	Feb / 2019	Mar / 2019	Total	% of Total
Unborn		3	2	1				2	2	1	2	13	2.95%
Under 1		3	3	3	2	1	5		2	3	1	23	5.22%
1-4		3	6	6	4	3	7		2	2	1	34	7.71%
5-9	1	10	14	8	6	7	12	3	13	13	17	104	23.58%
10-15	4	36	19	25	15	26	18	15	26	34	22	240	54.42%
16+		4	2	3	1	1	2	5	2	5	2	27	6.12%
Total:	5	59	46	46	28	38	44	25	47	58	45	441	
% of Total:	1.13%	13.38%	10.43%	10.43%	6.35%	8.62%	9.98%	5.67%	10.66%	13.15%	10.20%		

Open Cases during Month per Team

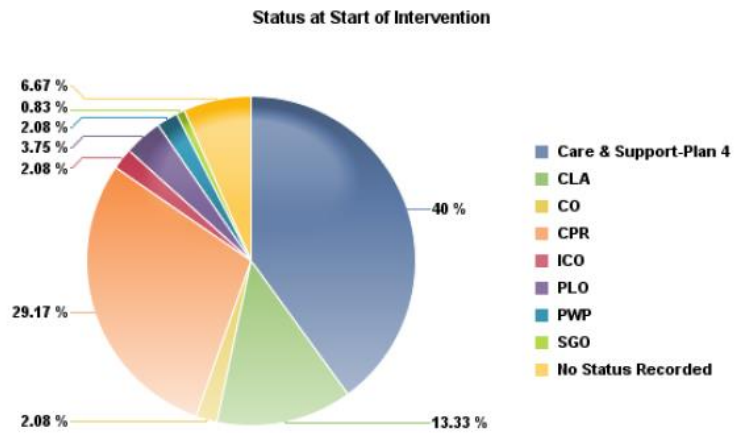
	Apr / 2018	May / 2018	Jun / 2018	Jul / 2018	Aug / 2018	Sep / 2018	Oct / 2018	Nov / 2018	Dec / 2018	Jan / 2019	Feb / 2019	Mar / 2019
RCT - Miskin East Older	30	38	63	67	72	73	73	70	73	67	69	77
RCT - Miskin East Younger	22	34	36	38	41	46	50	53	53	52	60	59
RCT - Miskin West Older	56	74	90	90	94	93	83	76	75	76	84	92
RCT - Miskin West Younger	30	42	57	69	69	68	68	69	69	77	90	74
RCT - Positive Futures Programme	11	10	12	14	10	13	14	19	17	17	15	16
Total:	149	198	258	278	286	293	288	287	287	289	318	318



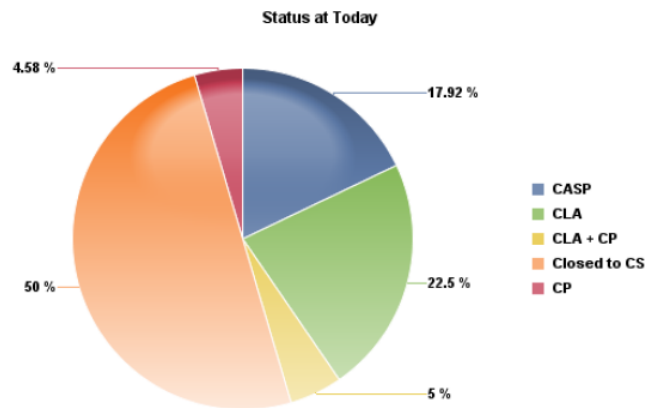
EOI Phases Summary

Total End of Intensive Phase Statistics Forms completed	240
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Status at Start of Intervention	Total	% of Total
Care & Support-Plan 4	96	40.00%
CLA	32	13.33%
CO	5	2.08%
CPR	70	29.17%
ICO	5	2.08%
PLO	9	3.75%
PWP	5	2.08%
SGO	2	0.83%
No Status Recorded	16	6.67%



Status at Today	Total	% of Total
CASP	43	17.92%
CLA	54	22.50%
CLA + CP	12	5.00%
Closed to CS	120	50.00%
CP	11	4.58%



Accommodation Status at End of Intervention

Key Team	At home with parents	% with parents	Extended family	% extended family	Local Authority	% local authority	Not Recorded
RCT - Miskin East Older	24	61.54%	5	12.82%	10	0.26	
RCT - Miskin East Younger	38	63.33%	6	10.00%	14	0.23	2
RCT - Miskin West Older	44	56.41%	14	17.95%	11	0.14	9
RCT - Miskin West Younger	35	66.04%	7	13.21%	8	0.15	3
RCT - Positive Futures Programme	6	60.00%	1	10.00%	1	0.1	2
	147	61.25%	33	13.75%	44	18.33%	16

Analysis

- It is worth mentioning that this Miskin report is the first report that covers the work of the newly integrated Miskin Project and Rapid Intervention Response Teams and any comparison with information in previous reports of these services should be undertaken with caution and this in mind. For example, if comparisons are to be made then the statistics with regards to the new Miskin Younger Teams might be better compared with previous Rapid Intervention Response Teams and new Miskin Older Teams with the old Miskin Project. Where possible I have attempted to make some comparisons with previous year's data.
- Miskin monitor and evaluate their performance on an ongoing basis through service user and referrer evaluation forms, collation of statistical information, all of which is compiled, monitored and analysed in reports on a quarterly/annual basis. A flavour of the feedback from service user evaluation forms can be seen in Appendix 3 at the end of this report, along with some case studies in Appendix 2 that help illustrate the varied and complex nature of the work that Miskin encounter and which requires a well-trained, multi-skilled and industrious workforce.
- WCCIS was implemented in Rhondda Cynon Taff County Borough Council on 23 May 2018. Therefore, the statistics contained in this report are collated from WCCIS from 23 May 2018 until March 2019. Therefore, this report does not illustrate the full extent of Miskin's work during this annual reporting period omitting the initial 7-8 weeks.
- The statistics in this report are taken from the Draft Miskin Annual Report 2018-19 as the statistics reported from WCCIS are still being interrogated for accuracy and as Miskin workers adapt to the new management information system, continually addressing exceptions arising. However, the management information system is now giving us some baseline data that we can measure our performance against going forwards.
- It is first worth noting that there has been a year on year rise in the numbers of referrals that have met Miskin criteria and which have been accepted and worked with.

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

- One of Miskin's objectives is to provide a response to family crises within 24 hours, which has become increasingly difficult to achieve with

the increasing numbers of referrals and increasing complexity of work required to achieve positive outcomes. Consequently, Miskin older teams for example now work to capacity on most weeks and are no longer able to allocate referrals immediately as they had done up until January 2017. During this reporting period Miskin were only able to allocate 27.89% (123 of 441) referrals immediately. Any that are unable to be allocated immediately are then taken to weekly Children's Services Interface Meetings where they are prioritised as and when capacity becomes available. Inevitably, this will have an impact on outcomes achieved as our own experience since 2003 suggests that positive outcomes are more likely to be achieved if families receive a service at the earliest opportunity and that it is more difficult to return children home from care than it is to help them remain with parents/family members in the first instance.

- The average Miskin Intervention in 2018-19 was 149 days (approx. 21 weeks) an increase in relation to previous years.

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

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

- The demographics of referrals does not appear to change significantly year on year with number of male/female children referred on average being fairly even. Work with 12-15 year olds and their parent's accounts for 77% of the Miskin Older Teams work and work with 8-10 year olds and their parents' accounts for 40% of the Miskin Younger Teams work. 23% of the Younger Teams work is also with parents of children under 2 years of age.
- Approximately 77% of Miskin's capacity is working with children and families to prevent children from coming into care, 12% supporting children's return home from care and 6% supporting children in care to prevent breakdown of foster care or residential placements for children 11-17 years old.
- Based on the 240 completed Miskin Interventions during this reporting period, the number of children that received a Miskin Intervention and

were subject of a Care and Support Plan (part 4) reduced from 40% (96) to 17.92% (43) based on their recorded status as of 4/11/2019. Similarly, there was a reduction in the numbers recorded on the CP register from 29.17% (70) to 4.58% (11) and 50% (120) were closed to Children's Services at the time of writing this report.

- Based on the same 240 completed Miskin Interventions during the period, approximately 75% of children remained at home living with either parents or extended family members at the end of the Miskin Intervention. However, it should be noted that this % is likely to be higher on the basis that these statistics illustrating accommodation status of children at the end of a Miskin Intervention also includes those 11-17 year olds referred that were already in care and that the plan was to support placement stability for them in their care placement as opposed to returning them home or to extended family.

5.0. Programs of Work

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

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

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

- Sexual Exploitation
- Inappropriate sexual behaviour.
- CEOP Training

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

Agencies / Support services referred to this year include: -

- Miskin Positive Futures Program (Outdoor Learning Group)
- Careers Service
- Housing Department
- YOS Outreach Course
- Strengthening Families Program
- YOS Parenting Program
- Prince's Trust, Cardiff
- Turnaround
- Amber Project
- Voluntary Work in a Charity Shop
- TEDS

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

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

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

6.0. Other Developments/Activity

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

Representatives from Miskin participated in the Children's Services Life Journey work Task and Finish group. This followed on from the success of the Miskin Life Journey work pilot during the last financial year.

Both members of staff have also supported the delivery of Life Journey work workshops with staff and kinship carers to share direct work materials they themselves use.

- **Secondment onto the Social Work Degree**

One of Miskin's experienced Intervention workers was successful in applying to be seconded onto the Open University Social work degree. They started the degree in September 2018, and will continue to study for three years.

- **RCT Corporate Apprenticeship Scheme**

Miskin were successful in their bid through the councils Corporate Apprenticeship Scheme in 2017 for two apprentices and again in 2018 for one apprentice. The apprenticeships are for a two year duration.

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

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

Having settled well into their roles both second year apprentices have successfully completed a wide range of training and vocational qualifications including the Social Care Induction Framework and the QCF Level 3 in Working with Children & Young People.

The Miskin Apprentices have given the following feedback;

"The apprenticeship is a great all round experience. Everyone at Miskin is supportive in your development professionally in terms of providing courses, advice and guidance. Because of Miskin's outdoor activities I have personally broadened my horizons and discovered beautiful places in Wales such as caves that I never knew existed. I came to Miskin with the intention of doing my masters in Psychology but since being here I realise that Social Work is 100% my area. I am now looking forward to progressing in this field and excited for the future thanks to the opportunities at Miskin."

"My second year as an apprentice has been a great experience. I've continued to build on the knowledge and experiences from my first year. My colleagues have been a valuable resource to me, providing me with the help and support to develop myself and my practice, they have also supported me to complete my level 3 QCF which will stand me in good stead while looking for jobs both within Miskin and the council as a whole. I appreciate all the opportunities I have been afforded over my last two years in Miskin and how this has allowed me to develop my practice and myself."

“The second year of my apprenticeship with Miskin has been like a dream, I have looked forward to coming to work every day and have seen the impact our service has on the families which we support. With continued support of a social work mentor I have worked with young people and families exploring a variety of issues, completing many packages of direct work and delivering the service Miskin has to offer independently. Over the last year I have settled into a fantastic social work team and they have all supported my learning throughout. I completed my Level 3 Diploma in Health and Social Care (Children and Young People) for Wales and Northern Island, gaining this qualification then allowed me to apply for university to study social work after my apprenticeship has ended in September. I cannot thank the Miskin team enough for the experiences they have given me and the support I have received along the way. I will be extremely sad to leave in September and can only hope to return one day as a qualified social worker. “

To date Miskin have supported five apprenticeships all of whom have successfully gained employment, four remained at Miskin in support worker roles. The current second year apprentices are on course to successfully complete their apprenticeships. One of whom has successfully applied and has accepted a place to study for the Social Work degree in the University of South Wales. The apprenticeships compliment our current Miskin staff structure that encourages career progression and maintains excellent staff retention which benefits our service.

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

- **Social Work Students**

Miskin has developed and maintains a positive learning culture. Each Miskin team is encouraged to provide practice learning opportunities to students undertaking social work qualifications. Miskin has provided 6 practice learning opportunities over the past year to social work students. Three students were undertaking their Masters in Social Work, two of which undertook their 80 day placements with the team, and one completed their 20 day placement within the team. Two students were being sponsored by Rhondda Cynon Taff to undertake the social work degree with the Open University. One was a second year student, the other a third year student who completed their final 90 day placement with Miskin. The other student was undertaking the social work degree, and completed the 80 day placement with the team. All of the students successfully completed their placements.

The final year seconded student has been successful in obtaining a full time social work position with the Miskin West Older team.

- **Facilitation of Training**

Experienced Miskin Consultant Social Workers and a Senior Practitioner have facilitated several training courses to multi agency staff (including RCT Children's Services staff and foster carers). For example, 3 day training courses on undertaking Direct Work with Children who are Sexually Exploited, 1 day training courses on Internet Safety and Safeguarding Level 3 training.

- **Chairing CSE Strategy Meetings**

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

- **Partnership Working**

Miskin continues to work in partnership with RCT Cultural Services who have funded artists from Craft of Hearts to jointly facilitate arts and crafts sessions (that offer therapeutic value) to Miskin Girls, Boys and Parents Group at their GlynCornel Centre base.

- **Welsh Government – Ministerial Visit**

Miskin staff presented a report and case study to a group of senior managers and representatives from Welsh Government at GlynCornel in September 2018.

- **Children's Services Advocacy Group**

A Miskin representative attends the quarterly Children's Services Advocacy forum, beneficial in keeping Miskin staff updated of developments linked to advocacy and the active offer.

- **Participation Groups**

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

7.0. Conclusion

During the year of this reporting period Miskin has faced a number of challenges that included preparing for and transitioning to the new WCCIS management information system and the usual challenges of recruitment and retention of staff in social care. However, with training, support and ongoing diligence in utilising the new system, Miskin will now begin to maximise the benefits e.g. baseline data to benchmark against going forwards, data that will raise as many questions as it answers, that will prompt opportunity for further case analysis and discussions identifying lessons to be learned in a bid to continually improve practice and desired outcomes in supporting and safeguarding children and families. A priority for Miskin in the next 12 months will be to continue embed the use of WCCIS in day to day practice and

address any exceptions that arise from the system to ensure data is as accurate as possible in order aid future decision making with regards to service developments.

The integration of Miskin Project and Rapid Intervention Response Teams in forming Miskin had some impact on staff retention which, coupled with several episodes of long-term staff sickness impacted on service delivery. The new Miskin structure is now embedded, robust and resilient in offering career progression that assists recruitment and retention. In particular, the role of the Team Performance & Development Manager and how this interacts with the Consultant Social Worker role in the service is working well and the one point of entry for referrals has streamlined some processes and assisted in ensuring resources are maximised. Another priority for Miskin in the next 12 months is to maintain stability in its leadership team.

Miskin already has a range of quality assurance measures in place that have evolved and been developed historically in the previous Miskin Project and Rapid Intervention Response Teams. However, another priority and area for development is to review the quality assurance measures that are in place, adding additional measures where required and consolidating these into a quality assurance framework, leading to the development of a quality assurance implementation plan.

8.0. APPENDICIES

8.1. APPENDIX 1 – Apprentice Case Study

Name: N. J.

Year Started (Apprenticeship): 2017

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

What did you do before starting the apprenticeship?

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

Why did you apply for the scheme?

I had interviewed a handful of times for jobs within the social care department and although my feedback was always positive, my lack of experience let me down. I knew that RCT CBC look after their staff and when I saw the adverts

go out for apprenticeships I knew it was right for me, the opportunity to learn while on the job and gain a qualification at the same time made complete sense. I knew my long-term goal was to become a social worker and the apprenticeship would provide me the experience and mentorship I needed to be able to apply for the degree course.

What development have you had since being with RCT?

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

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

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

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

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

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

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

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

What were the highlights?

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

Another highlight is the incredible individuals I have had the privilege to work alongside. Every worker within my team has taken time to support my development, from answering my endless questions to explaining processes and procedures over and over, each has given their own time to ensure I am providing best practice to the individuals I work with. Working with people who

truly want me to succeed has made me believe in myself, I have definitely made some friends for life during my apprenticeship.

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

Recommendations to Applicants:

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

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

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

8.2. APPENDIX 2 – Family Case Studies

The following are examples of case studies of work undertaken by the Miskin Team during the reporting period 2018-2019. All names have been changed to maintain confidentiality.

Example Case Study 1 – Miskin East Younger Team

Aim

To rehabilitate baby home to parents from a specialist mother & baby foster placement.

Background

An Initial Child Protection Conference was convened due to historical and current concerns. At this time Lisa (mother) and Tom (Father) had given up their own tenancy and Lisa had moved into her parents address with them. There is a history of (and current) domestic violence between maternal grandparents. Tom was living with his father.

There was a violent incident between Tom, Lisa, and maternal grandparents. Tom was arrested for assault and bail conditions were in place between January and May. Charges were dropped due to insufficient evidence. A referral was also received from Midwifery who reported Lisa as vulnerable. Lisa disclosed that she had used cannabis but stopped when she found out she was pregnant.

Lisa has 3 siblings in care and, at the time of Initial Conference, a sister in a mother and baby foster placement. Lisa and Tom have both been in care themselves and both are deemed vulnerable.

Grace was made subject of an Interim Care Order on 30th July 2018. The Local authority's care plan is for Grace to be placed in her mother's care under Placement with parent's regulations. To date this has gone very smoothly and Lisa has engaged with Children's Services extremely well. Lisa is a vulnerable young mother who will require some support in transferring the skills developed in her mother and baby placement.

Intervention

Miskin were asked to provide support to Lisa and Grace with the transition from a foster placement to their new home. A three week detailed transition plan was provided by the social worker with specific tasks to be completed prior to the move.

During the first week Miskin were asked to meet the family on 3 occasions, firstly to meet the family, secondly to observe and supervise contact and thirdly to identify local playgroups/ mother and baby groups that Lisa could attend with Grace. During the initial session Lisa spoke confidently about Grace's daily routine, what worked well as well as age appropriate changes she is planning to make for example dropping the late afternoon nap to encourage a smoother bedtime routine.

Contact took place at 'Dragon's Den' Soft Play in Aberdare. Prior to play, both parents surveyed the play area to identify age appropriate areas that Grace could safely use. Parent's interaction with Grace was warm, encouraging and full of praise. Parents played with Grace in the ball pit and each took turns in passing the balls to each other. Without prompting both parents were able to recognise and respond when Grace was due a feed. Parents worked well together taking it in turns to feed and wind Grace. Parents were also able to recognise when Grace was due for a nap.

During contact both parents engaged well with Grace and were able to meet her needs. They showed her lots of positive attention and were able to stimulate her with various games, toys and activities at the soft play centre. They were also able to keep to Grace's routine of when she was due to be fed and changed.

Work was also completed with Lisa to identify local playgroups and mother and baby groups, which she is keen to attend in the New Year. As the plan progressed during the second week Miskin were asked to support Lisa and Grace with the first 2 overnights in her home. The home was warm, clean and tidy and decorated with Christmas decorations. Lisa continued to demonstrate that she had a good routine in place for Grace, for example regular feeds, time dedicated for play, bath time and bedtime routines. Lisa was organised and responsive to Grace's needs. When Grace put her hands in her mouth she prepared a bottle, when Grace started to rub her eyes indicating she was tired Lisa was able to respond to her appropriately. Grace

was offered praise by her mother saying "good girl" "well done" to which Grace responded well to by smiling. Lisa's tone of voice remained calm, gentle and warm and when Bathing Grace, Lisa was good at involving Grace in what she was doing for example "I'm washing your hair" and when Grace was splashing her feet Lisa said "clever girl, splashing your feet".

The family were visited the morning after the first overnight and Lisa reported that Grace stirred a couple times overnight but was able to fall back to sleep with relative ease. Lisa was also able to demonstrate that she has set routines for Grace in the mornings.

Lisa attended Baby First Aid and a Weaning session delivered by a trained member of Miskin staff. Lisa made pureed vegetable dishes for Grace as she has decided to start weaning slightly earlier (health visitor is aware of this). During the final week Lisa had the opportunity to spend 3 nights in her home with Grace. Miskin were asked to complete direct work with both Tom and Lisa which focussed on safety, potential hazards and injuries in the home. Both parents engaged well in the direct work. During the final visit to the family Miskin presented the family donated items from Cwtch baby bank which Lisa had requested in an earlier session.

Conclusion

Lisa has demonstrated that she has been able to transfer the established routine she has in place for Grace from her placement to her own home. Lisa is consistent in her responses to Grace and in-tune with her patterns of behaviour and routines. Parents' were always keen to engage and take on board all advice provided. They communicate very well and ask all the necessary questions. Grace is a lovely girl and is coming on really well. Lisa and Tom have been observed to show emotional warmth and stimulation provided to Grace this has included regularly talking to her, singing, playing and cuddling, It would be appropriate to conclude that at this time that there is a secure attachment between Grace and her parents.

(Grace continues to remain at home with parents 4/11/2019)

Example Case Study 2 – Miskin West Younger Team

Aim

To prevent the need for a child to come into care unnecessarily.

Background

The referral to Miskin originated following contact made to Children's Services by Midwifery, where concerns were identified that a first time mother wished to relinquish her unborn child up for adoption. Mother was observed to present with emotional distress, and anxiety, which was exacerbated by domestic abuse from her former partner, believed to be the father of her child, and a distinct lack of support network, where it was notable that support was not available from family for a variety of reasons. In addition to these concerns, very little background information was known to agencies, where

the family were not known to statutory safeguarding agencies. However it was identified by health professionals during mother's admittance to maternity, that a lack of confidence and self-efficacy was present in mother's behaviour and communication. The referral was made on an emergency basis where a very short period of time elapsed between the referral and a discharge meeting that was convened at RGH.

Intervention

On attending the discharge meeting at RGH it was apparent that concern was growing for mother's thought process towards being a single parent, and importantly her desire to have baby at home with her, where the alternative would have been for the local authority to obtain an interim care order, with a view to adoption based on mother's presentation and wishes. The allocated social worker had yet to meet mother given the emergency basis of the referral, however following her meeting mother, her concern was that mother would not take baby home. It was discussed that all options of a Miskin support package would be available, and immediate support from myself had been discussed with the Consultant Social Worker at Miskin should this be the appropriate decision for the child.

During the discharge meeting it was evident that mother was very anxious, and upset at the situation she was experiencing. I spent some time discussing with mother her situation, her thoughts and feelings and the anxieties she was experiencing. Mother shared that she was not confident in being a 'natural mother' and did not want to neglect her baby.

Following observations of mother's warmth and ability to provide basic physical care to baby, it was suggested and agreed during the meeting that baby went home in the care of mother with support from Miskin on an intensive basis, and a Miskin assessment can follow at a later date, given the circumstances and to best devise a plan that is most appropriate to the needs of the family.

Intensive support was provided by myself to mother and baby, where both practical, hands on support, along with emotional support and guidance, that included out of hours work. Despite mother's often doubts at her ability and desire to care for her baby, it was apparent that mother showed signs that she could form a bond with her baby, possessed intelligence, with strong morals and empathy. This led to a therapeutic themed intervention commencing, alongside the practical support, which included hands on support to mother for her to care provided to baby, including bottle feeding, nursing, hygiene and support in the home and community. This level of support allowed mother to instil a great sense of trust, and hope in the Miskin intervention, and notably her willingness to maintain care of her baby.

Following a period of a few weeks mother was then in a position to engage meaningfully in work that was more detailed in addressing the strengths, risks and needs that were present. This work took place at the family home, Glyncornel, and use of more relaxed sessions in the community of RCT.

Areas of work included strength based models where the initial focus was on mother's resilience, and successful independence prior to becoming a parent, despite not benefiting from close family relationships. This was undertaken via exploration of mother's history and background, how this has impacted on her development as an adult, and her ability to form positive attachments with others. This then led to work in relation to increasing mother's self-efficacy, her hopes and aspirations, her decision making, relationships, baby and child development and the needs of a growing child.

It was apparent that mother was developing an increased interest in child development and it was clear by her participation, and presentation that her confidence and mood was elevating. However mother had a relapse in her engagement and emotional health, where a child protection medical was convened as part of a sect.47 investigation as a result of a suspected unknown injury/wound to baby. It was evidenced during the sect.47 investigation that the wound was a particularly aggressive case of impetigo, that mother had failed to manage due to her anxiety. Following this, work continued with mother around her ability to manage baby's health, and support was provided to her to access help with her own emotional health via her GP, alongside direct work around her thought process in regards to the relapse.

Following this the intervention progressed well, and further work was introduced to allow mother to develop greater confidence in her parenting, her access to the community, along with work around her family history, and how this affects her mood, behaviour and the impact on her positive relationship forming, with emphasis on her relationship with baby's father, and her financial situation as examples. Given the isolation mother and baby experienced from family, where maternal grandmother experiences long standing poor emotional health, and maternal grandfather residing in England, with a young family of his own, and in addition no contact from baby's father or paternal family it was discussed and agreed that the intervention would surpass the 12 week period. The introduction of child minding was supported as part of the intervention, which allowed mother to have time to reflect on her situation, which was positive for her.

As the intervention progressed further it was apparent that a reduction in support was possible, and confidence was shared amongst professionals that mother would be able to cope. Following a successful gradual reduction of support, a final community session was undertaken in the Cardiff area to end the intervention on a positive, and instil continued positivity in mother of the role of agencies, and subsequently reduce her anxieties should she need support in the future.

Conclusion

A Significant amount of hours were provided to this family, over a period of approximately 6 months. Mother developed greater confidence, and her improved self-efficacy was noticeable in her communication, and interaction. Her parental capacity continued to grow throughout the intervention, where it was apparent baby was thriving in her care, where emotional warmth,

affection and practical care were present in quantity. The family were closed to Children's Services shortly after the intervention ceased. Mother and baby remain together, where a potential removal of a new-born child, and subsequent adoption were avoided. Mother was able to return to work, and has since communicated with Miskin recently to inform that she is commencing a midwifery course in September 2019, and was thankful for the intervention and the opportunities this has allowed her. Baby is now approaching 2 years of age.

Example Case Study 3 – Miskin West Older Team

Aim

To prevent the need for a child to come into care unnecessarily.

Background & Intervention

T is a 13 year old female.

T is currently living with her paternal grandmother on a kinship care order, and has done since she was 5 years old.

Miskin intervention began on the 21st November 2018 with an intervention meeting at the family home.

Initially the referral was made to provide T with emotional support and coping strategies as she was displaying self-harming behaviours and presenting with low mood and suicidal ideation, following a traumatic incident. There was also a request to complete life journey work with her as the incident had evoked some questions for her about the strength of her familial relationships, and her journey through care that she now wanted to explore and hopefully answer.

During the initial intervention meeting it was agreed that the intervention would be split in two. The first part would be working with T on recognising feelings, finding coping strategies, exploring family relationships, and loss of relationships and moving on. Once this work had been explored we would then begin life journey work. The reason for this is that before an individual can look back on and explore their history, which may contain potentially distressing information and memories, they need to be in an emotionally secure place to be able to process and manage the feelings that may be evoked through the process. As a whole, it was hoped that the intervention plan would help T to manage her mental health in a more appropriate way, provide her with an outlet and safe space to talk, and build on her levels of resilience and confidence in who she is and the journey she has been on, to try and ensure she moves into adulthood as a well-adjusted, secure individual.

T engaged immediately with the service. T was open and honest and very willing to reflect and talk about her thoughts and feelings. After a few weeks of working with T, she shared during one session that she had been tying ligatures around various parts of her body, including her wrists and neck, and

although she only held it tight for a few seconds around her neck, she admitted that her intention was to cause herself harm. I asked T to rate how likely she felt it would be that she would attempt to hurt herself once I returned her tonight, and following this I took both her and her grandmother to the hospital, supporting them until T was admitted to the ward.

The next day T was discharged and offered 2 follow up appointments with CAMHS, who then discharged her, as they felt she did not have depression. I contacted the worker she had seen and arranged to meet with her to discuss what work I could carry out to support T's mental health. This was incredibly beneficial as although they didn't feel she was presenting as depressed the worker agreed that if T didn't have support, her feelings and the way her sense of identity was developing, may indicate traits of a borderline personality disorder. Due to her age, T wouldn't meet the criteria for assessment. CAMHS were able to provide me with specific work around managing feelings and reflecting on her personality traits using a personality continuum.

For the next 4 months we continued to work on a mixture of worksheets given by CAMHS, trying YOGA, craft activities, general conversations, and group activities and looked specifically at the incident that had occurred that triggered the downward spiral and the sense of grief she experienced in losing relationships with key family members, as well as coping strategies. We also focussed on her acceptance that life wasn't always going to be extremely sad or extremely happy, but that it was like riding a wave.

For the last month T and I have moved onto the second part of the intervention, and begun exploring her life journey through the looked after system. Although the mental health and feelings work itself has been concluded, there is still continual emotional support offered through our life journey sessions. We have agreed, with her social worker as well, a basic outline of what areas need to be worked on, the layout for her life journey book, and began exploring her family tree and identity. Her social worker and I have agreed who will gather what information, and started forming the base of her difficult story. The plan is to meet with other family members, previous social workers, and other people important to T to be able to help her create the life journey document that she wants, whilst also being able to provide her with information about her journey in a factual yet sensitive manner.

The service will remain open to T until the intervention plan and life journey work is completed.

Example Case Study 4 – Miskin East Older Team

Aim

To prevent the need for a child to come into care unnecessarily.

Background:

Young Person (Hannah) is a 16 year old who lives with their parents and two siblings in a South Wales Valley's community. Both parents work full-time and have significant work commitments. Hannah attends a comprehensive school and is estimated to achieve excellent GCSE's.

There are no issues relating to substance misuse but Hannah struggles with her identity as she is from a family with strong religious convictions which she does not share.

She began spending considerable levels of time online and developed a virtual relationship with an older male. This resulted in her missing from her home on three separate occasions in order to meet him at locations close to his home area. The second incidence of her being reported as a missing person resulted in a referral to the Miskin service. The initial meeting with Hannah took place immediately prior to her being reported as missing for the third time. Barnardos had provided support prior to the second missing episode.

On the third occasion Hannah was missing for significant number of weeks and there were a number of sightings of her with an older male. On return home and during the Police investigation it was brought to our attention that Hannah had become involved in a sexual relationship with the male which included the recording of indecent images of her.

Prior to the first meeting with Miskin and whilst she was missing Hannah's name was placed on the Child Protection Register and a CSE risk protocol was initiated in addition to Child Abduction Warning Notice being issued following the first missing episode.

This scenario was complicated further by the intense level of bond that had been established between Hannah and her perpetrator, who at this time Hannah believed to be her boyfriend.

Intervention:

The process of working with Hannah needed to focus upon a very specific set of circumstances centred upon her self-identity, family relationships, online activity and both her understanding of and feelings towards the older male. In addition to this, parenting sessions were planned with the family in order to enable them to make sense of what had happened and the process of grooming that Hannah had been subjected to.

The specific activities included:

1. Befriending and support
2. Providing support during the court process
3. Understanding of CSE and its impact (both online and face-to-face) via 1-to-1 sessions
4. Work focussing on her personal identity
5. Understanding Trauma bonding/Stockholm Syndrome

Outcome:

The older male was sentenced to a 10 year custodial sentence, this process has been traumatic for Hannah and has resulted in some tensions within the family home. Prior to any CSE work being completed with Hannah, emotional support and a safe environment in which she can explore her thoughts and feelings without feeling judged.

Parenting support was offered via home visits and telephone contact, however despite accepting initial support, Hannah's parents felt that they had support networks in place which could offer them any support they required. As a result of this, parenting support sessions ceased.

The work with Hannah has been a slow process due to the nature of grooming and the ongoing issues at home which impacted upon her decision making and thought process. Hannah has now recognised that she has been the victim of Child Sexual Exploitation and is coming to terms with the incidents and how they have impacted on her. She shows an awareness of what exploitation is and recognises that it takes many forms in different environments. Weekly support sessions continue in order to enable Hannah to make sense of what has happened to her and help her manage her emotions with regard to the trauma experienced.

During this time, Hannah has completed her GCSE's and will be commencing A-Level studies in the autumn of 2019. Hannah has aspirations for the future and looks forward to continuing to move on with her life and progress in her chosen career.

(Hannah remains at home living with her parents 4/11/2019)

Example Case Study 5 – Miskin West Older Team / Positive Futures Programme

Aim

To prevent the need for a child to come into care unnecessarily, plus ***lack of education is a factor impacting on their placement stability*** aiming to engage children who are temporarily/permanently excluded or not engaging in current education provision or are engaging on a part-time basis only.

Background & Intervention

T was a young transsexual who had returned from an out of county foster care placement, there were concerns about his wellbeing and lack of social interactions with peers. Miskin were asked to provide support for T on the Miskin Positive Futures Programme Outdoor Learning Group (OLG) whilst he awaited a place at an educational provision.

T was placed with his grandparents and who struggling to come to terms with his decision to become a boy. His attendance on OLG gave him the opportunity to talk about how he was feeling being with his grandparents and his frustration with lack of an educational placement.

T engaged well in the group and it gave him the opportunity to build up his confidence and self-esteem before he would be returning to a mainstream school.

T benefited from the opportunity to interact with other young people during the activities as he had become social isolated since his return home.

T at the start of his engagement was quiet and didn't speak much but after getting involved in the challenging activities his confidence grew and he began to interact more with group members. Eventually after several months T started back at school and continued to access OLG during his initial integration back into full time education. After his first term he got more involved in the opportunities on offer at school and would choose to play for the football team instead of attending OLG. Quickly T became fully engaged in his new school life and felt that he no longer needed the support from OLG. This is a very positive outcome.

(T continues to live with his grandparents)

Example Case Study 6 – Miskin East Older Team / Positive Futures programme

Aim

High level of assessed need for a child looked after, and if supports are not provided the child is at risk of placement breakdown, plus ***lack of education is a factor impacting on their placement stability*** aiming to engage children who are temporarily/permanently excluded or not engaging in current education provision or are engaging on a part-time basis only.

Background & Intervention

Miskin East Older team received a referral for young person following a placement breakdown.

Intensive support started with J, one to one sessions and direct work 2-3 times per week including 2 weeks out of county support when J was on respite. Regular conversations between Miskin worker and carer were held to offer advice and support.

Unfortunately this placement broke down, Miskin supported J during the placement move and continued the intensive work aiming to making best use of free time while J established a new relationship with carers. Direct work sessions included positive use of recreational time, work on building relationships, anger management and work about confidence and self-esteem. Boy's group, holiday activity programmes and one to one sessions were part of this work alongside the Miskin worker providing and support and advice to the carers during this time.

There was a period of time while a new school placement was organised, during this time J attended outdoor learning group (OLG) 2 days a week alongside the work described above.

PFP OLG aims for J included

- Promoting attendance, punctuality and achievement.
- Developing the young person's ability to assess and manage risk while taking part in challenging activities.
- Promote following groups rules and boundaries looking to be able to self-regulate behaviour in groups.
- To develop the young person's self-esteem and confidence.
- To promote positive social interaction with peers and adults.
- Participating in healthy physical activities.
- Participation in positive activities in order to help maintain mental wellbeing.
- Developing team work and communication skills.
- Extending horizons via visiting different venues and trying new activities.

J attended 15/15 outdoor learning group days and engaged well in all the activities, even though he wasn't a fan of water activities. J was a great group member who engaged well with the other young people on the group and staff. He was able to demonstrate appropriate behaviour in group settings, listening well to instructions and following safety rules. J gained more confidence to try different activities especially water activities and gained his paddle power start certificate.

J got on well with his new carers who made him feel part of the family. When J started his new school the plan was a phased start continuing with OLG however after the first week he had the confidence to ask to go to school full time, which he did and has successfully integrated into the new school. Miskin support has continued on a less frequent basis in the form of Miskin groups and activities in the holidays this support will be reviewed on a six monthly basis as J is settled in his placement and at his new school.

8.3. APPENDIX 3 – Service User Feedback

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

Young Person's Questionnaires

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

- The canoeing with my dad and the work we did when we had to write 3 things about each other and I and my Dad both put best friends. (Male 13 years)
- How much the work helped me to understand how to control my behaviour in a positive way? (Female 15 years)
- Doing activities (Biking, Football, Rugby) Doing work about poo and wee. (Male 8 years)
- Stranger danger (Don't answer the door to strangers) Art, painting, feelings (Heart, Smiley Face) (Female 10 years)

What was the best thing about Miskin?

- It was fun and I enjoyed spending time with my Dad and doing things together. We all laughed a lot as well, even "S****". (Male 13 years-)
- Getting the support I needed made me realise I can be in charge of my behaviour and I am a strong positive and independent person (Female 15 years)
- Liked the activities (Female 10 years)

Was there anything you did not like?

- The writing (Male 13 years)
- When I had to say goodbye to L **** W***** (Female 15 years)

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

- Family. Confidence. Anger (Male 13 years)
- Family. Confidence. School. Safety. Self Esteem Motivation. Anger. Personal Issues. (Female 15 years).
- Family. Safety. Self Esteem. Motivation. Personal Issues. (Male 8 years)
- Family. School. Safety. Personal Issues (Female 10 years).

How did you feel before Miskin?

- Unhappy (Male 13 years)

- Unhappy (Female 15years)
- OK. (Male 8 years)
- Happy. Fantastic. (Female 10 years)

How did you feel after Miskin?

- Fantastic (Male 13 years)
- Fantastic (Female 15 years)
- Happy (Male 8 years)
- Happy (Female 10 years)

Circle any words you would use to best describe Miskin?

- Fun. Helpful. Safe. Good Activities. Relaxed. Great. Understanding. (Male 13 years)
- Fun Helpful Safe Good Activities Relaxed Great Interesting Just what I need Understanding (Female 15 years)
- Fun. Helpful. Safe. Good Activities. Relaxed. Great. Interesting. Just what I need. (Male 8 years)
- Fun. Helpful. Safe. Good activities. Relaxed. Great. Interesting. Understanding. (Female 10 years)

Any other comments you would like to add?

- Me and my Dad both enjoyed the sessions with S**** and looked forward to them. She helped us loads and I want to say thanks to her. (Male 13 years)
- Thank you for the incredible support you gave me, I am happy, my confidence is still growing and my life is full of positivity. (Female 15 years)

Parents Questionnaires

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

- Yes I was seeing E***** weekly before the sessions with S****. By the time they had finished E**** was back home full time with me and we were both happy. (Parent)
- Yes they addressed every issue I had with my son (Parent)
- Absolutely (Parent).
- Not at first. It took quite a long time to get B*** to engage with any activity. But I have to say B*** seems to be a happier child now. (Parent)

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

- Yes. As above the sessions with S**** made it possible for E**** to return home much sooner. (Parent)
- Yes they were so helpful the work they done with my son really helped him and me and our family life. (Parent)
- Absolutely, L**** was the answer to my prayers. I cannot put into words how grateful I am for receiving the excellent support which enabled a happy and positive outcome. (Parent)
- Yes. Miskin did prevent B*** from needing full time care of a Local Authority. (Parent)

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

- Yes I think the work we carried out with S**** helped both me and E**** talk about feelings and emotions with each other and about each other. (Parent)
- Definitely. Miskin Project gave B*** a goal every week and also something in his life to look forward to. (Carer)

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

- Yes S***** always explained what the work was and why we were doing it. Me and my Dad both did the work and had fun doing it, especially the canoeing. (Parent & YP).

- Yes R**** always kept me informed and updated at all times. (Parent).
- Every step of the way. (Parent).
- J***** E***** was extremely informative about what plans and actions he had in place for B ****. (Parent).

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

- No S***** was brilliant She made both E**** and myself feel at ease talking about things. She was also helpful and explained everything we did and the reasons for doing it. (Parent)
- No I wouldn't change anything about the service, found it really helpful. (Parent)
- No Miskin Service was of a very high standard (Parent)
- No. The service was more than able and completely supportive towards B*** physically and emotionally. (Parent)

Are there any comments you would like to add?

- I really enjoyed the sessions with S***** , she explained the work to me and I understood what she wanted and why and she always made the sessions fun. It was nice to have a laugh with my Dad as well. (Parent & Y.P.)
- R*** and M**** were very friendly, easy to talk to and very good in what they do they have helped my family a lot especially K*** with his issues, they had a lot of time for him. (Parent)
- Only to say "Thank you" for helping us to find a way forward in what was a serious relationship breakdown. You helped me to keep my beautiful precious S***** here where she belongs. (Parent)

Referring Social Workers Questionnaires

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

- Yes and more! The worker undertook extensive work as needed and adapted the intervention to suit the young person and the needs/risks that took priority to prevent the young person coming into local authority care. (S.W. II East Team).

- Yes, L**** worked closely with L*** and parents around boundaries and consequences. (S.W. II West Team).
- Yes, referral was made to support C**** when he moved to help him identify some of his risky behaviours. (S.P. 16 + West).

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

- Yes (S.P. II East team)
- Yes, as above. There were a few points during the intervention where tensions at home were high and the Miskin worker played a big role in addressing the issues, working with the young person and parent jointly. (S.W. II East Team)
- Yes (S.W. II West Team)
- Miskin was sought as a resource whilst Taith service could be implemented which worked well. (S.P. 16 + West).

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

- C**** moved back to the area and the work put in by Miskin helped to settle him in his new placement especially as he had previously worked with Miskin. . (S.P. 16 + West Team).

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

- Yes (S.P. II East Team).
- Yes (S.W. II East).
- L**** kept in regular contact with me to update on progress with the family. (S.W. II West Team)
- G*** attended CLA reviews and updated me via telephone if C**** had not shown up or if he had been reported as a MISPER. . (S.P. 16 + West).

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

- No (S.P. II East Team)

- No again, the young person received an extensive service and it was thorough. (S.W. II East)
- No, L*** and parents fully engaged with services and outcome of intervention was positive. (S.W. II West Team).
- No (S.P. 16 + West Team)

Are there any comments you would like to add?

- The work carried out by J* G***** allowed the children to remain in the care of their mother and was useful in contributing to a positive parenting assessment. (S.P. II East)
- H*** T***** is clearly a very dedicated and committed support worker with plenty of experience. The young person has also extended his appreciation and stated he enjoyed his sessions with H**. (S.W. II East)
- No (S.P. 16 + West Team)