



**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL
CYNGOR BWRDEIS TREF SIROL RHONDDA CYNON TAF**

Bydd cyfarfod o'r **Bwrdd Rhianta Corfforaethol** yn cael ei gynnal yn:
ar

Dydd Llun, 29 Tachwedd 2021 am 10.00 am

Swyddog cyswllt: Emma Wilkins - Uned Busnes y Cyngor - Gwasanaethau Llywodraethol

MATERION I'W TRAFOD

1. DATGAN BUDDIANT

Derbyn datganiadau o fuddiannau personol gan Aelodau, yn unol â gofynion y Cod Ymddygiad.

Nodwch:

1. Mae gofyn i Aelodau ddatgan rhif a phwnc yr agendwm mae eu buddiant yn ymwneud ag ef a mynegi natur y buddiant personol hwnnw; a
2. Lle bo Aelodau'n ymneilltuo o'r cyfarfod o ganlyniad i ddatgelu buddiant sy'n rhagfarnu, rhaid iddyn nhw roi gwybod i'r Cadeirydd pan fyddan nhw'n gadael.

2. COFNODION

Derbyn cofnodion o gyfarfodydd blaenorol y Bwrdd a gynhaliwyd ar 13 Medi a 12 Hydref 2021.

(Tudalennau 5 - 14)

3. ADRODDIAD CRYNODEB BLYNYDDOL FFORWM RHCT

Derbyn yr adroddiad cryno blynyddol gan Voices from Care

(Tudalennau 15 - 22)

**4. ADRODDIAD BLYNYDDOL MEISGYN AC ADRODDIAD
BLYNYDDOL CARFAN TEULUOEDD THERAPIWTIG 2020-21**

Derbyn adroddiad Cyfarwyddwr Cyfadran y Gwasanaethau Cymuned a Gwasanaethau i Blant sy'n rhoi diweddariad i aelodau'r Bwrdd Rhianta Corfforaethol ar waith Carfan Meisgyn a'r Garfan Teuluoedd Therapiwtig, a nodwyd yn adroddiadau blynyddol y gwasanaethau ar gyfer 2020-2021.

(Tudalennau 23 - 72)

5. Y WEFAN PLANT SY'N DERBYN GOFAL

Trafod y gwelliannau i wefan Plant sy'n Derbyn Gofal.

(Tudalennau 73 - 78)

6. ADRODDIAD CHWARTEROL TROS GYNNAL PLANT

Derbyn adroddiad cynnydd chwarterol Tros Gynnal Plant Cymru.

(Tudalennau 79 - 90)

ER GWYBODAETH

7. AROLYGIAETH GOFAL CYMRU

(Tudalennau 91 - 104)

8. TRAFOD CADARNHAU'R PENDERFYNIAD ISOD:-

"Bod y cyfarfod hwn yn cadw aelodau o'r wasg ac aelodau o'r cyhoedd allan o ystafell y cyfarfod, dan Adran 100A(4) o Ddeddf Llywodraeth Leol 1972 (fel y'i diwygiwyd), yn ystod trafod yr agendwm nesaf, ar y sail y byddai'n debygol o olygu datgelu gwybodaeth eithriedig yn ôl diffiniad paragraff 13 o Ran 4 o Atodlen 12A i'r Ddeddf."

**9. GWASANAETHAU CYMDEITHASOL – CWYNIION A
CHANMOLIAETHAU CHWARTEROL**

(Tudalennau 105 - 122)

10. ADRODDIADAU RHEOLIAD 73

(Tudalennau 123 - 168)

Cylchrediad:

Y Cynghorwyr Bwrdeistref Sirol:

Y Cynghorydd C Leyshon (Cadeirydd)
Y Cynghorydd G Hopkins (Is-gadeirydd)
Y Cynghorydd J Rosser
Y Cynghorydd S. Rees-Owen
Y Cynghorydd E Griffiths
Y Cynghorydd S Rees
Y Cynghorydd L Hooper

Officers:

Paul Mee, Cyfarwyddwr Cyfadran y Gwasanaethau Cymuned a Gwasanaethau i Blant
Christian Hanagan, Cyfarwyddwr Gwasanaeth y Gwasanaethau Democrataidd a Chyfathrebu
Cara Miles, Cyfreithiwr Gofal Plant
Annabel Lloyd, Cyfarwyddwr Gwasanaethau i Blant
Ceri Jones, Pennaeth Materion Mynediad a Chynhwysiant

Jayne Thomas, Rheolwr Gwella'r Gwasanaeth, Ymgysylltu a Chwynion

Tros Gynnal Plant Cymru

tudalen wag

CYNGOR RHONDDA CYNON TAF BWRDD RHIANTA CORFFORAETHOL
Cofnodion cyfarfod y Bwrdd Rhianta Corfforaethol a gynhaliwyd ddydd Llun, 13 Medi 2021 am
10.00am

Cynghorwyr y Fwrdeistref Sirol – Aelodau o'r Bwrdd Rhianta Corfforaethol a oedd yn bresennol:-

Y Cynghorydd C Leyshon (Cadeirydd)

Y Cynghorydd G Hopkins Y Cynghorydd J Rosser
Y Cynghorydd E Griffiths Y Cynghorydd S Rees
Y Cynghorydd L Hooper

Swyddogion oedd yn bresennol

Ms C Miles, Cyfreithiwr Gofal Plant
Ms A Lloyd, Cyfarwyddwr Gwasanaeth Gwasanaethau i Blant
Ms C Jones, Pennaeth Materion Mynediad a Chynhwysiant
Ms J Thomas, Rheolwr Cwynion a Sicrhau Ansawdd, Gwasanaethau Cymdeithasol
Mrs J Clark, Pennaeth Diogelu
Ms Z Lancelott, Pennaeth Materion Llesiant a Chydnerthedd y Gymuned
Mr L Lewis, Pennaeth Dros Dro Gwasanaeth Troseddau'r Ifainc

Eraill oedd yn bresennol

Annabel Galt, Fforwm Glasbriant / VfCC

14 YMDDIHEURIAD

Daeth ymddiheuriad am absenoldeb gan y Cynghorydd Bwrdeistref Sirol S Rees-Owen. Nododd y Cynghorydd Bwrdeistref Sirol J Rosser y byddai angen iddi adael y cyfarfod yn gynnar oherwydd ei bod yn mynd i angladd.

15 DATGAN BUDDIANT

Yn unol â Chod Ymddygiad y Cyngor, ni wnaethpwyd unrhyw ddatganiadau mewn perthynas â'r Agenda.

16 CYDNABYDDIAETH

Nododd y Bwrdd eu diolch i Ms Anne-Marie Browning am y gefnogaeth a roddwyd i'r Bwrdd a'i gwaith yn y garfan Gwasanaethau i Blant. **PENDERFYNWYD** anfon llythyr o ddiolch at Ms Browning yn dilyn ei hymddeoliad diweddar.

17 COFNODION

PENDERFYNWYD bod cofnodion cyfarfod blaenorol y Bwrdd yn gywir.

18 ADRODDIAD BLYNYDDOL GWASANAETH TROSEDDAU'R IFAINC 2020 - 2021

Cyfeiriodd Pennaeth Gwasanaeth Troseddau'r Ifainc Cwm Taf yr Aelodau at ei adroddiad yn cynnwys yr wybodaeth ddiweddaraf am waith Gwasanaeth Troseddau'r Ifainc Cwm Taf ar gyfer 2020/21. Roedd yr adroddiad gerbron yr Aelodau yn crynhoi'r ymateb i bandemig Covid 19 ac yn cynnwys gwybodaeth am heriau / risgiau posibl i'r gwasanaeth yn y dyfodol.

Rhoddodd y Pennaeth Gwasanaeth drosolwg manwl i'r Aelodau o'r adroddiad yn amlinellu gwaith y gorffennol a'r presennol, gan gynnwys gwaith partneriaeth. Atgoffwyd yr Aelodau bod y gwasanaeth yn cynnal eu gwaith o ddydd i ddydd o bell ac fe'u hysbyswyd o'r anawsterau a greodd hyn yn y lle cyntaf, wrth i bawb ddod i arfer â'r ffordd newydd o weithio. Fodd bynnag, yn ystod y cyfnod yma, parhaodd staff Gwasanaeth Troseddau'r Ifainc i gefnogi pobl ifainc a ymddangosodd yn y llysoedd barn (gan gynnwys y Llys Remánd yng Nghaerdydd), a'r rhai a oedd angen oedolyn priodol yng ngorsaf yr heddlu wrth gael eu harestio, neu'r rhai a gytunodd i gael eu cyfweld yn wirfoddol. Parhaodd cyswllt wyneb yn wyneb â phobl ifanc yr aseswyd eu bod yn 'risg uchel' neu'n destun 'goruchwyliaeth a gwyliadwriaeth ddwys' yn ystod y cyfnod yma a sicrhodd mewnbwn gweithwyr sesiynol profiadol fod cyswllt â'r bobl ifainc yma'n digwydd gyda'r nos ac ar benwythnosau yn ôl yr angen. Ers mis Mai y llynedd, mae Gwasanaeth Troseddau'r Ifainc wedi parhau i weithio gyda staff sgerbwdd o'i swyddfa yn Llys y Gyfraith Merthyr Tudful ac roedd y trefniant yma yn darparu cefnogaeth reoli a chefnogaeth i gymheiriaid amhrisiadwy i'r rhai oedd ei angen fwyaf.

Cafodd yr Aelodau wybod bod gan holl staff Gwasanaeth Troseddau'r Ifainc yr adnoddau i weithredu'n fwy effeithiol ac mae modd i fwyafrif y staff weld buddion gweithio mewn dull mwy hyblyg. Fodd bynnag, mae Covid wedi creu heriau newydd o ran rheoli risgiau i'r cyhoedd ac i'r plant sy'n hysbys i'n gwasanaeth, ac yn fwy diweddar bu cynnydd sylweddol mewn atgyfeiriadau ar gyfer gwasanaethau atal. Yn dilyn oedi hir o ganlyniad i Covid, mae Gwasanaeth Troseddau'r Ifainc bellach wedi cwblhau'r broses o ailstrwythuro'r gwasanaeth er mwyn bodloni gofynion y gwasanaeth yn y dyfodol. Darparwyd manylion y strwythur newydd i'r Aelodau.

Yn y dyfodol, bydd monitro'r Safonau Cenedlaethol ar gyfer Cyfiawnder Ieuencid yng Nghymru ochr yn ochr â phartneriaid yn greiddiol i effeithiolrwydd y gwasanaeth a'r ffordd o lywodraethu'r gwasanaeth ac yn gwella atebolrwydd am ymddygiad gwrthgymdeithasol a throeddau ar draws y bartneriaeth. Dywedwyd bod Gwasanaeth Troseddau'r Ifainc hefyd yn cydnabod bod angen iddo ddatblygu ffyrdd gwell o gyfathrebu a chodi ymwybyddiaeth rhwng ymarfer gweithredol ar lawr gwlad a sut mae'n ymwneud â gwaith y Bwrdd Rheoli Troseddau, ac aelodau etholedig yn ehangach.

Diolchodd y Cadeirydd i'r Pennaeth Gwasanaeth am yr adroddiad a'r trosolwg manwl a siaradodd yn gadarnhaol am barhad y cyfathrebu wyneb yn wyneb â phobl ifainc, a hynny mewn amgylchiadau anodd drwy gydol y pandemig.

Manteisiodd yr Is-gadeirydd ar y cyfle i holi am gyflawniad y gwasanaeth mewn perthynas â darparu gwasanaeth i blant sy'n derbyn gofal ac i'r plant a'r bobl ifainc hynny sydd eisoes yn hysbys i'r gwasanaeth. Dywedodd y Pennaeth Gwasanaeth am y gwaith cydweithredol cadarnhaol gyda phartneriaid a'r gwaith cyson ar draws y Bwrdd i sicrhau'r deilliannau gorau i bobl ifainc. Awgrymodd Pennaeth y gwasanaeth y dylid cyflwyno adroddiad gerbron y Bwrdd yn y dyfodol yn tynnu sylw at nifer y plant sy'n derbyn gofal o fewn y system cyfiawnder ieuencid a thrafod os oes cydberthynas rhwng y ddau.

Cyfeiriodd un Aelod at y ddarpariaeth CAMHS a drafodwyd yn ddiweddar gyda'r Uwch Reolwyr Iechyd a dywedodd y Pennaeth Gwasanaeth mai ei fwriad oedd darparu mwy o gefnogaeth i staff sy'n delio â phobl ifainc â materion llesiant mwy cymhleth, a dywedodd wrth yr Aelodau fod y gwaith yn parhau er mwyn cryfhau'r cysylltiad â seicoleg, datblygiad niwro a darpariaeth lleferydd ac iaith. Holodd yr Aelodau a allai'r Bwrdd gynorthwyo i sicrhau bod y gwasanaeth yma'n cael ei ddarparu a dywedwyd wrthyn nhw fod trefniadau gweithio mwy cadarn yn y maes yma bellach yn llwyddiannus yn dilyn cefnogaeth gan y Bwrdd Rheoli Troseddwy, er bod pryderon mewn perthynas â'r ddarpariaeth dan sylw wedi bod yn y gorffennol. Cyfeiriodd Cyfarwyddwr y Gwasanaethau i Blant at drafodaethau mewn perthynas â darpariaeth CAMHS yn ystod y broses graffu.

Gan gyfeirio at ymholiad am oedi o fewn y llysoedd, dywedwyd wrth y Bwrdd nad oedd unrhyw oedi o ran achosion llys a bod y rhain wedi parhau, oherwydd cysylltiadau cryf â'r llysoedd i sicrhau gwasanaeth effeithlon ac amserol.

Ar ôl trafod, **PENDERFYNWYD:**

1. Cydnabod y newidiadau arfaethedig / posibl yn y System Cyfiawnder Ieuenctid a'r effaith bosibl ar waith Gwasanaeth Troseddau'r Ifainc.
2. Derbyn adroddiadau pellach maes o law er mwyn bod yn fodlon ar y cynnydd a'r gwelliannau sy'n cael eu gwneud o ganlyniad i ailstrwythuro'r gwasanaeth.

19 CYNNIG TAI I BOBL IFAINC SY'N GADAEL GOFAL

Rhannodd y Pennaeth Cymunedau Diogel a Thai Cymunedol dros dro adroddiad â'r Aelodau a oedd yn darparu gwybodaeth am sut mae pobl ifainc 16+ sy'n derbyn gofal a phobl sy'n gadael gofal yn cael llety a chefnogaeth i symud ymlaen.

Dysgodd yr Aelodau bod y gwasanaeth wedi llwyddo i benodi swyddog tai penodol i ddarparu un pwynt cyswllt ar gyfer y rhai sy'n gadael gofal. Bydd y swyddog yn gweithio'n agos gyda'r Garfan 16+ a phobl ifainc sy'n gadael gofal yn gynnar i nodi'r holl opsiynau tai sydd ar gael wrth iddyn nhw ystyried eu hanghenion tai a chymorth. Bydd hyn yn cynnwys llety â chymorth, Tai yn Gyntaf a llety anghenion cyffredinol yn y sector rhentu cymdeithasol a phreifat.

Rhannwyd rhagor o fanylion mewn perthynas â thai cymdeithasol, tai rhent preifat a llety â chymorth, a dywedwyd bod unedau ychwanegol o lety â chymorth yn cael eu hystyried yn rhan o Gynllun Comisiynu Lleol y Grant Cymorth Tai ar hyn o bryd, gan fod anghenion pobl ifainc yn un o'r anghenion amlycaf. Darparwyd crynodeb pellach mewn perthynas â chymorth fel y bo angen, y prosiect Tai yn Gyntaf, llety â chymorth a phrosiect 'Paratoi a Symud Ymlaen' i'r Bwrdd.

Daeth y swyddog i'r casgliad, er bod cryn dipyn o waith wedi'i wneud i fynd i'r afael ag anghenion tai a chymorth uniongyrchol i bobl ifainc sy'n gadael gofal, mae angen gwaith pellach i leihau nifer y bobl ifainc sy'n symud i lety gwely a brechwast ac i archwilio opsiynau tymor hir mwy cynaliadwy o ran cymorth a llety.

Croesawodd y Cadeirydd y rôl a nodwyd gan y prosiect Mercury mewn perthynas â'r swyddog tai ac ailadroddodd eto bwysigrwydd parhau â'r cyswllt

wyneb yn wyneb â'r gwasanaeth er budd y bobl ifainc y mae'n eu gwasanaethu.

Gwnaeth yr Is-gadeirydd sylwadau ar y broses bwysig o symud ymlaen i bobl sy'n gadael gofal a'r angen i sicrhau bod y llety sy'n cael ei ddarparu yn addas at y diben. Croesawodd yr Is-gadeirydd y berthynas waith gadarnhaol gyda landlordiaid cymdeithasol gan obeithio y gellid archwilio hyn ymhellach gyda darparwyr gosod tai eraill.

Roedd yr Aelodau yn falch o ddysgu nad oedd y pandemig wedi cael effaith sylweddol ar yr opsiynau tai sydd ar gael i bobl ifainc gyda llawer o'r prosiectau a ariennir gan y Grant Cymorth Tai yn rhedeg yn ôl yr arfer ac yn derbyn atgyfeiriadau.

Siaradodd Cadeirydd Pwyllgor Cynllunio a Datblygu y Cyngor am yr anawsterau a ddaeth i'r amlwg o ran derbyniad datblygiadau tai cymdeithasol arfaethedig mewn cymunedau lleol a siaradodd am yr angen am ymgysylltiad cyhoeddus agored i leddfu'r anawsterau sy'n aml yn codi.

Ar ôl trafod, **PENDERFYNWYD:**

1. Nodi'r wybodaeth oedd wedi ei chynnwys yn yr adroddiad;

20 ADRODDIAD CHWARTEROL TROS GYNNAL

Croesawodd y Bwrdd Ms Davies a rannodd ddiweddariad o'r cynnydd a wnaed gan Tros Gynnal Plant (TGP) Cymru. Dywedwyd wrth yr Aelodau bod 29 o bobl ifainc wedi manteisio ar gynnis Eiriolaeth yn Seiliedig ar Faterion yn ystod y chwarter cyntaf a dywedwyd bod atgyfeiriadau wedi gostwng wedi hynny, gyda dim ond 6 o bobl yn manteisio ar gynnis y chwarter cyfredol yma. Rhannwyd bod 94 o blant yn gymwys i gael y cynnis yn ystod y cyfnod yma.

O ran y rhai a fanteisiodd ar y cynnis, dim ond 67% a dderbyniodd gynnis gweithredol o fewn 5 diwrnod. Priodolwyd hyn i'r ffaith bod angen asesiadau risg ychwanegol wrth gynnal cyfarfodydd wyneb yn wyneb. Dywedwyd wrth yr Aelodau bod dull symlach o asesu risg bellach yn cael ei ddatblygu i leihau oedi o'r fath yn y dyfodol.

O ran Eiriolaeth yn Seiliedig ar Faterion, dywedwyd bod y gwasanaethau cymdeithasol yn gwneud y nifer uchaf o atgyfeiriadau, a daeth naw atgyfeiriad yn uniongyrchol gan bobl ifainc. Mae eiriolaeth ymweld yn parhau gyda chefnogaeth rithwir.

Yn yr adroddiad, rhannwyd adborth gan bobl ifainc mewn perthynas â'r gwasanaeth eiriolaeth. Roedd yr adborth yn gadarnhaol.

Diolchodd y Cadeirydd i'r swyddog am yr adroddiad a siaradodd am bwysigrwydd yr ymgysylltu wyneb yn wyneb trwy'r cynnis gweithredol.

Siaradodd yr Is-gadeirydd am ei bryderon ynghylch nifer y plant sy'n gwrthod y cynnis gweithredol a holodd am y rhesymau posibl dros ei wrthod. Siaradodd swyddogion am yr angen i gryfhau'r cyfathrebu rhwng yr Awdurdod Lleol a'r gwasanaeth, a siaradwyd am y cymhlethdodau sy'n codi'n aml gyda rôl yr eiriolwr a phwy sy'n gallu cynrychioli'r person ifanc.

Siaradodd Cyfarwyddwr y Gwasanaethau i Blant am y fideo a gynhyrwyd er budd pobl ifainc i'w cynorthwyo gyda'u dealltwriaeth o eiriolaeth ac awgrymwyd y

dylid rhannu'r fideo eto gydag Aelodau'r Bwrdd.

Holodd yr Aelodau am y gefnogaeth a ddarparwyd a'r deilliannau i'r rhai gafodd eu cynrychioli. Awgrymodd y Cadeirydd y dylai Cyfarwyddwr y Gwasanaethau i Blant weithio'n agos gyda phartneriaid i fynd i'r afael ag unrhyw faterion posibl o ran y cynnig eiriolaeth er budd y bobl ifainc dan sylw.

PENDERFYNWYD

1. Nodi'r adroddiad.
2. Derbyn diweddariad mewn perthynas â'r eitem pan fydd Cyfarwyddwr y Gwasanaethau i Blant yn ei hystyried yn briodol gwneud hynny.

21 GWASANAETH TEULUOEDD CYDNERTH

Gyda chymorth cyflwyniad PowerPoint, rhannodd Bennaeth Materion Llesiant a Chydnerthedd y Gymuned fanylion i'r Aelodau am gyflawniad y Gwasanaeth Teuluoedd Cydnerth dros y flwyddyn ddiwethaf hyd yma.

Dywedwyd wrth yr Aelodau fod cyfanswm yr atgyfeiriadau a dderbyniwyd i'r Gwasanaeth Teuluoedd Cydnerth wedi gostwng dros 24% rhwng 2019/20 a 2020/21 i 1,269. Yn ystod 2020-21 gwelwyd cynnydd mewn atgyfeiriadau gan wasanaethau yn y gymuned a arhosodd mewn cysylltiad uniongyrchol â theuluoedd yn ystod y pandemig. Nododd y Pennaeth Gwasanaeth fod y galw am y gwasanaeth wedi cynyddu'n sylweddol ers hynny gyda'r cyfraddau atgyfeirio misol cyfredol wedi cynyddu 126%.

Hyd at y cyfnod lle gyflwynwyd y cyfyngiadau symud ym mis Mawrth 2020, roedd y Gwasanaeth Teuluoedd Cydnerth ar y trywydd iawn i ddilyn tuedd y blynyddoedd blaenorol ac mae tystiolaeth o welliant parhaus o ran y rhai sy'n parhau gyda'r gwasanaeth.

Dywedodd y Pennaeth Gwasanaeth fod y cyfyngiadau sylweddol a roddwyd ar y gwasanaeth yn ystod 2020/21 wedi cael effaith fawr ar allu'r gwasanaethau i ddarparu'r gwasanaethau sydd eu hangen ar deuluoedd ac felly gostyngodd niferoedd y rhai sy'n parhau â'r gwasanaeth i'r lefel isaf yn hanes y gwasanaeth. Cafodd nifer o deuluoedd drafferth gyda chymorth rhithwir a gyfrannodd at y cwmpw mewn cyfraddau cadw yn ystod y cam ymyrraeth.

O ran deilliannau ar gyfer pobl sy'n gadael y gwasanaeth, cwblhaodd 92.6% becyn ymyrraeth y Gwasanaeth Teuluoedd Cydnerth yn llawn yn 2019/20 a chwblhaodd 94% y pecyn yn 2020/21. Roedd y teuluoedd na gwblhaodd y pecyn angen cymorth ychwanegol i gael mynediad at wasanaethau statudol yn sgil lefelau uwch o angen/risg. O'r teuluoedd hynny a gwblhaodd becyn ymyrraeth y Gwasanaeth Teuluoedd Cydnerth yn llawn, cofnododd 95.2% yn 2019/20 a 95.5% yn 2020/21 bod gyda nhw well cydnerthedd.

Mewn perthynas â gwaith y gwasanaeth a'r gostyngiad yn nifer y Plant sy'n Derbyn Gofal ers cyflwyno'r Gwasanaeth Teuluoedd Cydnerth yn 2018 fel model newydd ar gyfer darparu cymorth ymyrraeth gynnar, cofnododd yr Awdurdod Lleol ostyngiad yn nifer y Plant sy'n Derbyn Gofal i ddechrau ond gwnaeth hyn gynyddu ychydig y llynedd.

Gorffennodd y Swyddog y cyflwyniad trwy rannu manylion achos, y gwaith

cymorth a wnaed a deilliannau achosion o'r fath.

Gwnaeth Aelodau'r Bwrdd sylwadau ar waith cadarnhaol y gwasanaeth yn ystod amgylchiadau anodd y pandemig Covid a mynegwyd bod y Bwrdd yn diolch i'r holl staff sy'n rhan o'r gwasanaeth.

PENDERFYNODD y Bwrdd nodi cynnwys yr adroddiad.

**22 ADRODDIAD MONITRO GWASANAETH ADOLYGU ANNIBYNNOL
CYFARWYDDWR CYFADRAN Y GWASANAETHAU CYMUNED A
GWASANAETHAU I BLANT**

Cyflwynodd y Pennaeth Diogelu adroddiad i'r Aelodau yn darparu gwybodaeth am gyflawni swyddogaethau'r Swyddog Adolygu Annibynnol ar gyfer plant sy'n derbyn gofal (PDG) yn ystod y cyfnod rhwng 1 Ionawr 2021 a 30 Mehefin 2021.

Dyweddodd y Pennaeth Gwasanaeth wrth yr Aelodau am gamgymeriad yn yr adroddiad ger eu bron a dywedodd y byddai fersiwn wedi'i diweddarau o'r adroddiad ar gael yn dilyn y cyfarfod.

Dywedwyd wrth yr Aelodau bod 64 o blant yn derbyn gofal rhwng 01.01.21 a 30.06.21. Mae hynny'n ostyngiad o 11% yn y niferoedd o gymharu â'r un cyfnod adrodd yn 2020. Rhoddwyd mwy o fanylion i'r Aelodau mewn perthynas ag ystod oedran, manylion lleoliad, sefydlogrwydd lleoliad, derbyniadau a rhyddhau a hefyd mabwysiadu.

O ran adolygiadau Plant sy'n Derbyn Gofal, cynhaliwyd 918 o gyfarfodydd adolygu Plant sy'n Derbyn Gofal dros gyfnod o 6 mis gyda deilliannau cyflawniad o 97% ar ddiwedd mis Mehefin 2021. Hysbyswyd yr Aelodau mai dim ond 30 Adolygiad na chynhaliwyd mewn pryd rhwng Ionawr 2021 a Mehefin 2021. Mae hynny wedi aros yn sefydlog ers y cyfnod adrodd diwethaf, ac mae'n gyflawniad sylweddol o ystyried yr amgylchiadau sy'n wynebu'r gwasanaeth. Sicrhawyd yr Aelodau bod pob ymdrech yn cael ei gwneud i sicrhau bod adolygiadau a ganslwyd yn cael eu cynnal eto mewn da bryd, a phan nad yw hynny'n bosibl gofynnir am ganiatâd i wneud hynny'n hwyrach gan Reolwr Gwasanaeth neu Bennaeth Gwasanaeth.

Parhaodd y Pennaeth Gwasanaeth trwy roi gwybod i'r Aelodau y codwyd cyfanswm o 13 datrysiad yn ystod y cyfnod adrodd hwn, 2 yn fwy na'r hyn a adroddwyd yn y gorffennol. Mae hyn yn parhau i fod yn ganran isel iawn o ran cyfanswm nifer y cynlluniau Gofal a Chymorth sy'n cael eu hadolygu gan y Swyddogion Adolygu Annibynnol.

PENDERFYNODD Aelodau'r Bwrdd nodi cynnwys yr adroddiad.

23 Trafod cadarnhau'r Penderfyniad isod:-

PENDERFYNWYD bod y cyfarfod hwn yn cadw aelodau o'r wasg ac aelodau o'r cyhoedd allan o ystafell y cyfarfod, dan Adran 100A(4) o'r Ddeddf Llywodraeth Leol (fel y'i diwygiwyd), yn ystod trafod yr agendwm nesaf, ar y sail y byddai'n debygol o olygu datgelu gwybodaeth eithriedig yn ôl diffiniad paragraff 14 o Ran 4 o Atodlen 12A o'r Ddeddf.

24 GWASANAETHAU CYMDEITHASOL – CWYNION A CHANMOLIAETHAU

CHWARTEROL

Rhoddodd Rheolwr Cwynion, Ymgysylltu a Gwella Gwasanaeth grynodedb i'r Bwrdd Rhianta Corfforaethol o'r trefnau gweithredu ac effeithiolrwydd gweithdrefn cwynion y Gwasanaethau Cymdeithasol statudol rhwng 1 Ebrill 2021 a 30 Mehefin 2021.

Roedd yr adroddiad yn cynnwys gwybodaeth am nifer y cwynion a ddaeth i law, natur y cwynion, ac unrhyw wersi a ddysgwyd, yn ogystal â manylu ar ymholiadau gan Gynghorwyr, Aelodau Cynulliad ac Aelodau Seneddol a nifer y cwynion a ddaeth i law.

Yn dilyn trafodaethau yn ymwneud â'r adroddiad eithriedig, **PENDERFYNWYD**

1. Nodi cynnwys yr adroddiad a'r gwaith wedi ei gyflawni gan yr Uned Gwynion.

25 ADRODDIADAU RHEOLIAD 73

PENDERFYNWYD nodi'r adroddiad a ddarparwyd mewn perthynas ag ymweliadau Rheoliad 32 a gynhaliwyd yng nghartrefi plant - Beddau, Bryndâr, Carn Ingli a Nantgwyn a chrosawwyd manylion pellach mewn perthynas â chanlyniad yr arolygiad yn mhentref Beddau a'r ymateb gan y Cyngor.

Daeth y cyfarfod i ben am 12.20pm

**Y Cynghorydd C Leyshon
Cadeirydd**

tudalen wag

CYNGOR RHONDDA CYNON TAF BWRDD RHIANTA CORFFORAETHOL

Cofnodion cyfarfod y Bwrdd Rhianta Corfforaethol a gynhaliwyd ddydd Mawrth, 12 Hydref 2021 am 10.30am

Cynghorwyr y Fwrdeistref Sirol – Aelodau o'r Bwrdd Rhianta Corfforaethol a oedd yn bresennol:-

Y Cynghorydd C. Leyshon (Cadeirydd)

Y Cynghorydd G Hopkins Y Cynghorydd J Rosser
Y Cynghorydd S Rees Y Cynghorydd L Hooper

Swyddogion oedd yn bresennol

Ms A Lloyd, Cyfarwyddwr Gwasanaeth Gwasanaethau i Blant
Ms C Miles – Cyfreithiwr Gofal Plant
Ms C Jones – Pennaeth Materion Mynediad a Chynhwysiant
Mrs J Clark, Pennaeth Diogelu
Ms J Neale, Rheolwr Gwasanaeth Diogelu Oedolion
Mr G Powell, Swyddog Hyfforddi, Carfan Datblygu'r Gweithlu - Gofal Cymdeithasol Cwm Taf
Ms T Prosser, Rheolwr y Garfan, Gwasanaethau i Blant

26 DATGAN BUDDIANT

Yn unol â Chod Ymddygiad y Cyngor, doedd dim datganiadau o fuddiant ynglŷn â'r agenda.

27 YMDDIHEURIADAU

Cafodd ymddiheuriadau am absenoldeb eu derbyn oddi wrth Gynghorwyr y Fwrdeistref Sirol S. Rees-Owen ac E. Griffiths.

28 EITHRIO'R WASG A'R CYHOEDD

PENDERFYNWYD bod y cyfarfod hwn yn cadw aelodau o'r wasg ac aelodau o'r cyhoedd allan o ystafell y cyfarfod, dan Adran 100A(4) o'r Ddeddf Llywodraeth Leol (fel y'i diwygiwyd), yn ystod trafod yr agendwm nesaf, ar y sail y byddai'n debygol o olygu datgelu gwybodaeth eithriedig yn ôl diffiniad paragraff 14 o Ran 4 o Atodlen 12A o'r Ddeddf.

29 ADOLYGIAD YMARFER PLANT

Cafodd adroddiad ei gyflwyno i aelodau'r Bwrdd yn cynnwys gwybodaeth eithriedig, a oedd yn rhoi trosolwg manwl o argymhellion 2 Adolygiad Ymarfer Plant Cryno (CPR) a gynhaliwyd gan Fwrdd Diogelu Plant Cwm Taf Morgannwg (CTMSB), a'r camau yr oedd Gwasanaethau i Blant wedi'u cymryd i wreiddio a gwerthuso dysgu adolygu mewn ymateb i hyn.

Holodd aelodau'r Bwrdd y swyddogion am nifer o agweddau ar yr adolygiadau a'r gwaith gwerthuso dysgu, yn ogystal â'r broses o ran lledaenu a rhannu arferion wrth symud ymlaen, ac ymatebodd y swyddogion yn briodol i'r holl gwestiynau.

Ar ôl trafod yn fanwl, **PENDERFYNODD** y Bwrdd:
1. Nodi cynnwys yr adroddiad.

Daeth y cyfarfod i ben am 12.15pm

**Y Cynghorydd C Leyshon
Cadeirydd**

RCT Forum Annual Summary Report

Introduction:			
Name of Project:	RCT Local Group	Funder:	RCT Local Authority
Team Member:	Francesca Pritchard	Project Timeframe:	June – November 2021

Project Summary:	
Young People connected with	<p>Over the last six months, the project engaged with a total of nine (9) care experienced young people throughout the RCT area – through a total of four (4) sessions. Of those young people engaged in the sessions - three (3) were aged 16 – 21-year-old and six (6) were aged 21+ year olds.</p> <p>From the nine (9) young people that have engaged in activities over the last 6 months – six (6) young people have expressed an interest in maintaining their engagement with the local group; three (3) who have previously been involved with the local group and three (3) new to the group.</p> <p>Of those (3) new members – two (2) have engaged as a result of outreach work completed by the development officer and one (1) via an internal referral from VfCC Wellbeing Services.</p>
Projects Themes	<p>The RCT forum’s sessions principal areas of focus have been as follows.</p> <p>Engagement into the group: Throughout the Summer the Local Groups Development Officer ran several fun activities and sessions – as an open access event to engage new members to the group; in addition to networking with several external organisations working with care leavers throughout the local authority. As a result of this, a total of four (4) new young people attended the sessions – (2) of which have expressed an interest to continue their engagement as highlighted above. In addition to this, (1) previous member of the group re-engaged due to face-to-face sessions taking place once again.</p> <p>Establishing the priorities of the group: Whilst gaining consistent attendance by members into the group were initially difficult; through consultation during all the local group activities over the last 6 months - we were able to establish key themes impacting individuals within the RCT area. As such it was highlighted by the group there were difficulties with regards to healthy relationships,</p>

independent living, and overall feelings of isolation. Overall, the group members expressed a gap in consistent support and feelings that their main source of support came from their peer group. Throughout the next quarter we hope with the now established cohort of group members; to develop and further our understanding of these issues to create clear implementation plans of focus for the group.

Care Leavers Week:

During Care Leavers week the group took part in several themed activities – linking to those themes identified above and bringing individuals within the care community together. One of those activities included an art therapy session focussing on the development of a young person's space within the VfCC office; with the room now being designed and inspired by the wishes of our local group members.



Engagement in corporate parenting group

Having worked with our one of our members we have successfully been able to identify and support a young person to represent the RCT Local Group moving forward.

<p>Project Sucesses</p>	<p>Working groups: Over the last 6 months we have now established places on two working groups within the local authority. As such we will be engaging in both the Engagement and Participation Group and the Safeguarding Week task and finish group; and currently awaiting further information and dates from leads within the authority, to progress with our involvement.</p> <p>Development of Best Practice Charter: We have supported local group members and other care experienced parents from the RCT area to contribute and develop a best practice charter with our partners at Cardiff University (CASCADE). As a follow up to Dr Louise Robert's research exploring outcomes for care experienced parents – this charter has been developed to strengthen the role of corporate parents' and the intervention available to care experienced young people prior to and after becoming parents. Further information and access to digital resources around the charter can be found in the links below; https://www.exchangewales.org/supporting-parents-in-and-leaving-care-messagestocorporateparents/ https://www.youtube.com/watch?v=DzrpMtVca14</p>
<p>COVID Recovery Response to Near Misses.</p>	<p>As a result of the global pandemic our local group saw an overall drop in engagement and additional external factors impacting on the delivery of the group. Having consulted with young people and partners we have established several ways in which we are seeking to recover in response to this.</p> <p>Connections with RCT schools At the end of the last financial year, sessions were set up with Tonyrefail Comprehensive school to consult with a younger age demographic within the local authority. Whilst these sessions were agreed; we experienced non-attendance with feedback from the YEPS service, that this was reflective of the digital fatigue experienced by those engaging in their work. This feedback has also been reflected in the experiences and a previous drop in numbers to the group, during that year. Plans to pick up this work will now be used as part of our wider COVID recovery plan.</p> <p>Access to appropriate venues As a result of non-operational venues previously accessible to the group; we have used a variety of venues to continue in the delivery of a face-to-face sessions. This has had a direct impact on the ability to consistently deliver the sessions as hoped, due to the availability of suitable venues following COVID-19. We have however, successfully found an appropriate venue and planned sessions until the New Year.</p>

LOCAL GROUP DATES

 MERTHYR TYDFIL	Thursday 4th November	Thursday 2nd December	17:30 - 19:30	High Street Baptist Church
 PONTYPRIDD	Friday 5th November	Friday 3rd December	15:00 - 17:00	The New Pontypridd Library
 BURY PORT	Friday 12th November	Friday 10 December	17:30 - 19:30	Burry Port Methodist Church

A Chance for care experienced young people to come together, share their experience make friends and have a lasting and positive experience on the care system in Wales.

     To find out more call or text Annie on 07497391355

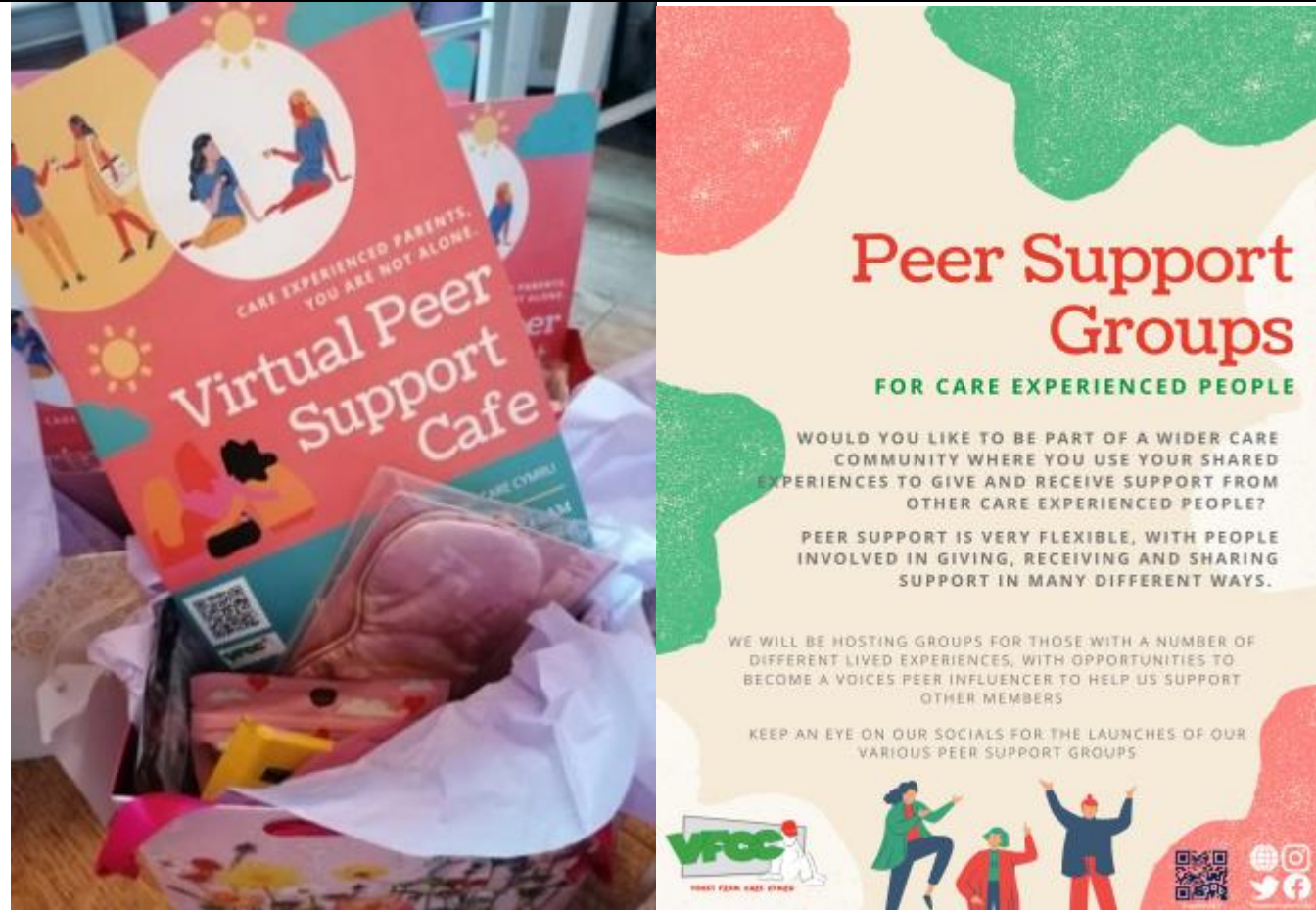
@voicesfromcarecymru

Expansion of Care Community Groups

Over the last 6 months and following on from feedback from care experienced young people from the RCT area, engaged in the local group and our parents peer support café; we have recognised the significance of the peer role in supporting the wellbeing of needs of individuals in the care community.

We have therefore expanded our reach and offer of support to young people through the expansion of our peer support model – in which we will seek to run the groups for care experienced young people who may wish to seek support around the following experiences -

- Criminal Justice Involvement
- LGBTQ* Identities
- Mental Health and Wellbeing
- Students
- Care Leavers (Preparation for Independent Living).



Outreach activities/expanding the group

Whilst we have increased our reach over the last 6 months and engagement into the group has increased. We have endeavoured to embed outreach activities and events to continually increase numbers into the group longer term. As part of this we will run fun activities to engage with care experienced young people throughout the local authority in November and have agreed to attend the Leaving Care Team Christmas events throughout December in the hope to

generate new members into the group.

We recognise the local group needs to represent the whole care community in RCT to ensure a holistic approach to delivery and connections. Therefore, we are working with current members to explore how we can widen members through various mechanisms and innovative approaches by using the lessons learnt from the pandemic and engagement activities with young people. We will explore how the care experience community wish to connect with us, how they see their involvement, some ideas could be yearly consultation conference, surveys, listen and act events etc. In order to see success and growth within the local group and for it to be representative across all ages. We would welcome support from the local authority in the dissemination of information to reach all ages of the care community, to highlight the existence of the group and to be the communication vessel. It would also be beneficial for the local authority to share themes they wish to consult on to support the groups function of influencing and developing local change.

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RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

CORPORATE PARENTING BOARD

NOVEMBER 2021

REPORT OF DIRECTOR CHILDREN'S SERVICES

MISKIN AND THE THERAPEUTIC FAMILIES TEAM ANNUAL REPORTS

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

1. PURPOSE OF THE REPORT

- 1.1 The purpose of the report is to update Corporate Parenting Board members on the work of the Miskin Teams and Therapeutic Families Team set out in the services' annual reports for 2020-2021.

2. RECOMMENDATIONS

It is recommended that Members:

- 2.1 Acknowledge the information contained within the report.

3. REASONS FOR RECOMMENDATIONS

- 3.1 This is an information report.

4. BACKGROUND

MISKIN

Miskin delivers intensive family focused evidence-based interventions which aim to improve parenting capacity to enable families to care for their children with the minimum statutory intervention. Services are

delivered through individual, family, group work and holiday programmes.

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

Miskin comprises of four multi-disciplinary teams that cover specific geographical areas within RCT, and are age related i.e., supporting families with children either under or over 11 years of age, and consist of staff with skills and training to deliver the prescribed interventions and practical support relative to the age group they support.

Service focus includes:

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

Anonymised case examples are included within the annual report.

Headline outcomes 2020-21

91% of children remained at home living with either parents or extended family members at the end of the Miskin Intervention where the aim was to prevent children from coming into care.

75% of children 11-17 years of age remained living in the same foster care or residential children's home placement at the end of the Miskin Intervention where the aim was to prevent the placement from breaking down.

Additional Service activity

Includes:

- RCT Corporate Apprentice Scheme: Miskin were again successful in their bid through the councils Corporate Apprenticeship Scheme in 2020 for two apprentices for a two-year duration.

- **Social Care Ambassadors:** Several Miskin staff members have volunteered to be involved in different campaigns as Social Care Ambassadors for Rhondda Cynon Taff County Borough Council.
- **Social Care Heroes:** One of our Senior Practitioners was celebrated during the pandemic as a Social Care Hero for the innovative and creativity shown in their work throughout the pandemic. The article showcasing the work of the senior practitioner was shown in Rhondda Cynon Taff County Borough Council's press releases on social media platforms.
- **Partnership Working with Cultural Services:** on a range of activities, including artists from Craft of Hearts to jointly facilitate arts and crafts sessions (that offer therapeutic value) to Miskin Girls, Boys and Parents Group at their Glyncornel Centre base. The partnership continued this year in a different way due to the covid-19 pandemic through delivering of art and well-being packs directly to children at home.

Demand

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

THERAPEUTIC FAMILIES TEAM

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

This is the second annual report for the TFT, provides a brief overview of Systemic Family Therapy and Educational Psychology and outlines how TFT is making a real difference, to children, families, social workers, and the wider professional system. The report also offers performance data on the work of the team.

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

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

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

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

The performance data evidences a busy second year for TFT, having received 173 referrals, undertaken 103 Initial assessments, and delivered 99 interventions. 53% of those referrals are closed to children services at the time of the report.

Despite it being a year spanning the Covid-19 pandemic the report show that the TFT has continued to develop since its inaugural year, increasing the number of children and families they support through creative ways of working remotely when appropriate and safe to do so.

5 EQUALITY AND DIVERSITY IMPLICATIONS

5.1 This is an information report.

6 CONSULTATION

6.1 This is an information report.

7 FINANCIAL IMPLICATION(S)

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

8 LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED

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

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

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

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

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

10 CONCLUSION

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

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

LOCAL GOVERNMENT ACT 1972

AS AMENDED BY

THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

CORPORATE PARENTING BOARD

NOVEMBER 2020

REPORT OF DIRECTOR CHILDREN'S SERVICES

Background Papers

Item:

Miskin & TFT Annual Reports Overview 2020-21



Miskin Report & TFT
Annual Reports Overv

Officer to contact:

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

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

Rhondda Cynon Taf Children's Services



Reports for Corporate Parenting Board

- **Miskin Report 2020-21**
(Pages 2 - 27)
- **Therapeutic Families Team Report 2020-2021**
(Pages 28 - 43)

November 2021

Authors: **Matthew Free**
Service Manager

Sarah Longhurst
Team Development & Performance Manager (Miskin)

Jay Goulding
Team Development & Performance Manager (Therapeutic Families Team & IFST)

Miskin Report

Headlines

91% of children remained at home living with either parents or extended family members at the end of the Miskin Intervention where the aim was to prevent children from coming into care.

75% of children 11-17 years of age remained living in the same foster care or residential children's home placement at the end of the Miskin Intervention where the aim was to prevent the placement from breaking down.

1.0. BACKGROUND

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

However, from 2002 onwards Miskin's main aim has been in supporting placement stability for teenagers in care whose placements are at risk of breaking down and delivering 'edge of care' type services, supporting children and families to prevent the need for children to come into care and reunifying children home from care to parents/family members, where assessed as appropriate to do so.

As the service expanded, Miskin relocated to Glyncornel House in 2007. 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.

2.0. INTRODUCTION

Miskin aims to deliver intensive family focused evidence based interventions over a period of 12-16 weeks with the aim of helping parents/carers/children (0-17 years of age) to achieve the necessary behavioural changes that would

improve parenting capacity and enable them to care for their children with the minimum statutory interventions.

The triggers for the service being:

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

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

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

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

Miskin's objectives are to:

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

- Ensure that interventions are part of a coherent and consistent service delivery plan.

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

The work is delivered through:

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

3.0. STRUCTURE

Miskin comprises of four multi-disciplinary teams that cover specific geographical areas within RCT, and are age related i.e., supporting families with children either under or over 11 years of age, and consist of staff with skills and training to deliver the prescribed interventions and practical support relative to the age group they support.

Miskin is managed by a Team Development & Performance Manager, who is supported by each Miskin teams Consultant Social Worker.

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.

4.0. MISKIN ACTIVITY

The following data are extracts from the Miskin Annual Report 1st April 2020 to 31st March 2021, which gives a flavour of the activity during any given year.

Miskin Referral Summary

Open Cases at 31/03/2021

315

Referrals - 01/04/2020 to 31/03/2021

582

Interventions - 01/04/2020 to 31/03/2021

456

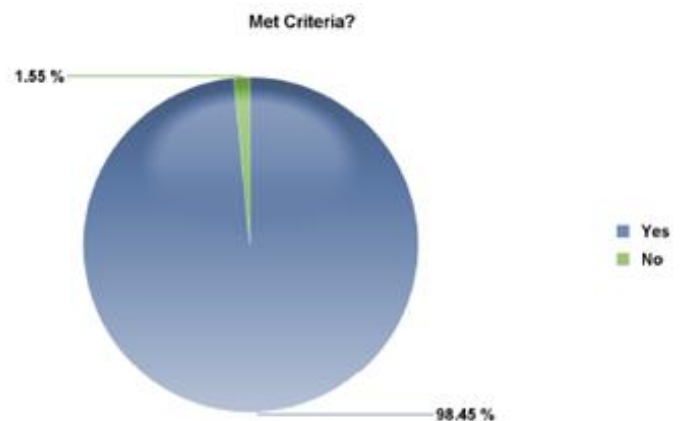
EOI Stats - 01/04/2020 to 31/03/2021

450

Total Miskin Referrals	<u>582</u>
------------------------	------------

Total Children Referred	<u>548</u>
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Referrals where intervention was provided	573	98.45%
Referrals that did not meet the criteria	9	1.55%
Referrals where the criteria was not recorded	0	



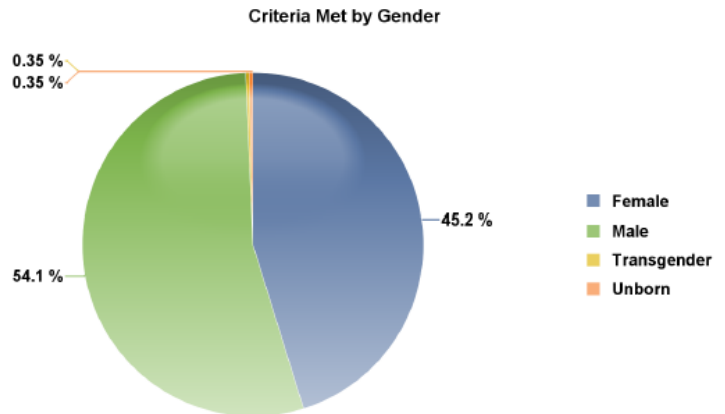
The above data evidence yet another busy year.

- An increase in the number of open cases from 253 to 315 compared to 31/03/2020.
- An increase in the number of interventions 456 compared to 404 the previous year.

Referral Demographics

Gender	Total	% of Total
Female	259	45.20%
Male	310	54.10%
Transgender	2	0.35%
Unborn	2	0.35%

573

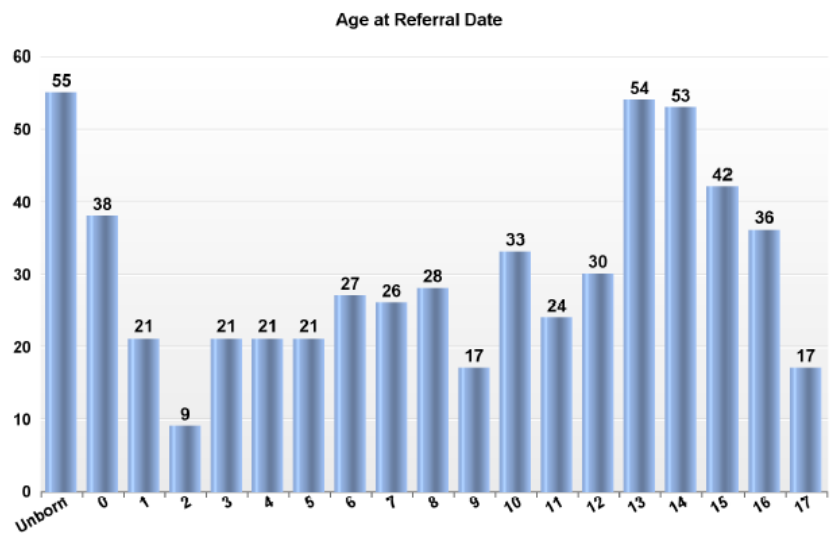


The above data evidences a shift in demographics.

- When compared to the previous year there is a decrease in the number of female children receiving support from 284 to 259.
- An increase in the number of male children requiring support from 282 to 310.

Age at Referral Date	Total	% of Total
Unborn	55	9.60%
0	38	6.63%
1	21	3.66%
2	9	1.57%
3	21	3.66%
4	21	3.66%
5	21	3.66%
6	27	4.71%
7	26	4.54%
8	28	4.89%
9	17	2.97%
10	33	5.76%
11	24	4.19%
12	30	5.24%
13	54	9.42%
14	53	9.25%
15	42	7.33%
16	36	6.28%
17	17	2.97%

573



	Female	Male	Transgender	Unborn	Total	% of Total
Unborn	26	27	0	2	55	9.60%
0	18	20	0	0	38	6.63%
1	7	14	0	0	21	3.66%
2	2	7	0	0	9	1.57%
3	15	6	0	0	21	3.66%
4	5	16	0	0	21	3.66%
5	11	10	0	0	21	3.66%
6	12	15	0	0	27	4.71%
7	10	16	0	0	26	4.54%
8	11	17	0	0	28	4.89%
9	5	12	0	0	17	2.97%
10	14	19	0	0	33	5.76%
11	14	10	0	0	24	4.19%
12	15	14	1	0	30	5.24%
13	28	26	0	0	54	9.42%
14	22	31	0	0	53	9.25%
15	20	22	0	0	42	7.33%
16	18	17	1	0	36	6.28%
17	6	11	0	0	17	2.97%
Total:	259	310	2	2	573	
% of Total	45.20%	54.10%	0.35%	0.35%		

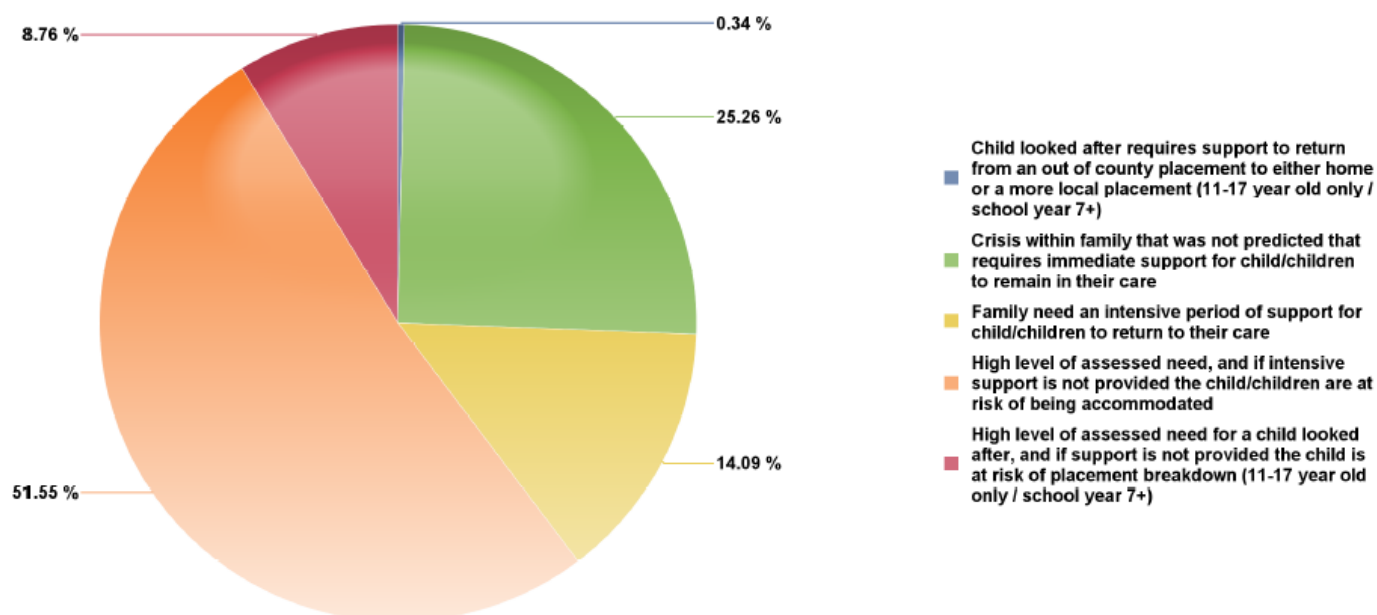
Furthermore, when compared to the previous 12 months there were notable increases in referrals to Miskin for unborn babies and 0–1-year age groups,

- Number of unborn babies referred to Miskin increased from 33 (5.7%) to 55 (9.6%).
- Number of 0-year-olds referred to Miskin increased from 33 (5.57%) to 38 (6.63%).
- Number of 1-year olds referred to Miskin increased from 9 (1.57%) to 21 (3.66%).

Miskin Criteria Referred Under - Overall

Miskin Criteria Referred Under	Total Referrals	% of Referrals	Met Criteria	% Met Criteria	Allocated Immediately	% Allocated Immediately (Of Met Criteria)
Child looked after requires support to return from an out of county placement to either home or a more local placement (11-17 year old only / school year 7+)	2	0.34%	2	100.00%	0	0.00%
Crisis within family that was not predicted that requires immediate support for child/children to remain in their care	147	25.26%	143	97.28%	39	27.27%
Family need an intensive period of support for child/children to return to their care	82	14.09%	80	97.56%	18	22.50%
High level of assessed need, and if intensive support is not provided the child/children are at risk of being accommodated	300	51.55%	299	99.67%	62	20.74%
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+)	51	8.76%	49	96.08%	26	53.06%
	582	100.00%	573	98.45%	145	25.31%

Total Referrals by Miskin Criteria Referred Under



In comparison to the previous 12 months, above data evidence,

- An increase in number of families experiencing crisis requiring immediate support for child/children to remain in their care, from 122 (20.82%) to 147 (25.26%).
- An increase in families, where following assessment, needed intensive support to prevent child/children coming into care, from 300 (51.55%) to 327 (55.80%).
- An increase in number of families requiring an intensive period of support for child/children to return home from care, 76 (12.97%) to 82 (14.09%).

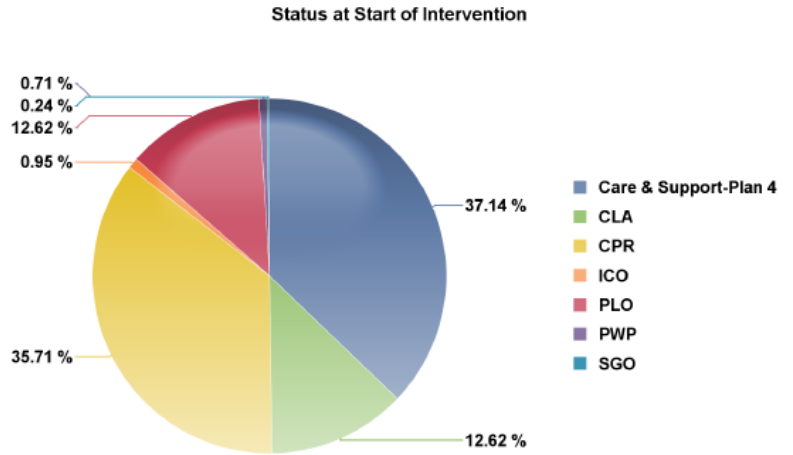
EOI Phases Summary

Total End of Intensive Phase Statistics Forms completed	<u>450</u>
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Proceeded to Intervention	<u>420</u>
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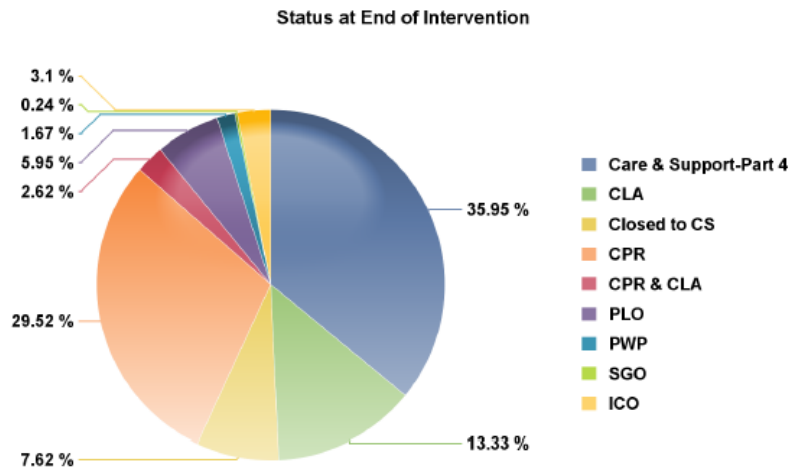
Status at Start of Intervention	Total	% of Total
Care & Support-Plan 4	156	37.14%
CLA	53	12.62%
CPR	150	35.71%
ICO	4	0.95%
PLO	53	12.62%
PWP	3	0.71%
SGO	1	0.24%

420



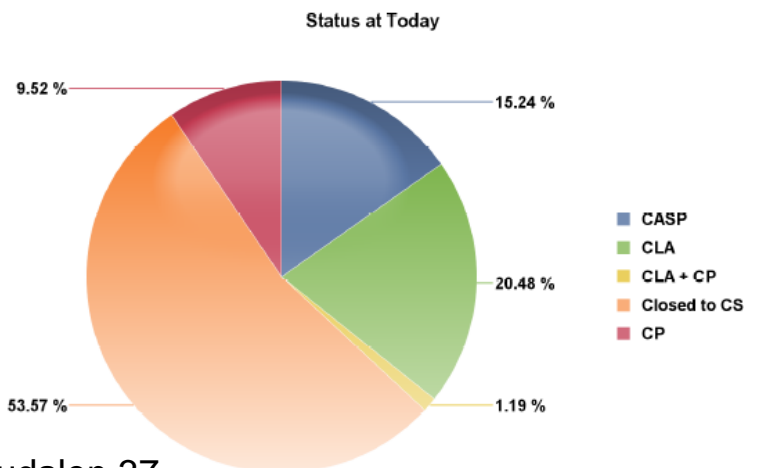
Status at End of Intervention	Total	% of Total
Care & Support-Part 4	151	35.95%
CLA	56	13.33%
Closed to CS	32	7.62%
CPR	124	29.52%
CPR & CLA	11	2.62%
PLO	25	5.95%
PWP	7	1.67%
SGO	1	0.24%
ICO	13	3.10%

420



Status at Today	Total	% of Total
CASP	64	15.24%
CLA	86	20.48%
CLA + CP	5	1.19%
Closed to CS	225	53.57%
CP	40	9.52%

420



2019-20

Accommodation Status at End of Intervention

14/05/2020 09:26

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

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

Key Team	At home with parents	% with parents	Extended family	% extended family	Local Authority	% local authority	Not Recorded	% not recorded
RCT - Miskin East Older	71	80.88%	13	14.77%	4	4.55%	0	
RCT - Miskin East Younger	67	73.63%	11	12.09%	13	14.29%	0	
RCT - Miskin West Older	59	73.75%	12	15.00%	9	11.25%	0	
RCT - Miskin West Younger	58	75.32%	14	18.18%	5	6.49%	0	
RCT - Positive Futures Programme	16	61.54%	2	7.69%	8	30.77%	0	
	<u>271</u>	74.86%	<u>52</u>	14.36%	<u>39</u>	10.77%	<u>0</u>	

2020-21

Accommodation Status at End of Intervention

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

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

Key Team	At home with parents	% with parents	Extended family	% extended family	Local Authority	% local authority	Not Recorded	% not recorded
RCT - Miskin East Older	72	71.29%	19	18.81%	10	9.90%	0	
RCT - Miskin East Younger	94	83.93%	9	8.04%	9	8.04%	0	
RCT - Miskin West Older	63	72.41%	13	14.94%	11	12.64%	0	
RCT - Miskin West Younger	69	78.41%	12	13.64%	7	7.95%	0	
	<u>298</u>	76.80%	<u>53</u>	13.66%	<u>37</u>	9.54%	<u>0</u>	

The above data evidence that Miskin interventions are consistently year on year supporting children to remain at home with parents or family members.

- 2020-21 - 91% of children remained at home living with either parents or extended family members at the end of the Miskin Intervention where the aim was to prevent children from coming into care.
- 2019-20 – 89% % of children remained at home living with either parents or extended family members at the end of the Miskin Intervention where the aim was to prevent children from coming into care.

Referral Criteria + Outcome - Overall

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

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

Referral Criteria	Total EOI Forms	Came into Care	Remained at Home	Incorrect Accom Status
High level of assessed need, and if intensive support is not provided the child/children are at risk of being accommodated	<u>234</u>	27	207	0
		<u>11.54%</u>	<u>88.46%</u>	

^Of the 234 children that were referred under criteria 1, 27 children came into care

^Of the 234 children that were referred under criteria 1, 207 children remained at home

Referral Criteria	Total EOI Forms	Came into Care	Remained at Home	Incorrect Accom Status
Crisis within family that was not predicted that requires immediate support for child/children to remain in their care	<u>104</u>	3	101	0
		<u>2.88%</u>	<u>97.12%</u>	

^Of the 104 children that were referred under criteria 2, 3 children came into care

^Of the 104 children that were referred under criteria 2, 101 children remained at home

Referral Criteria	Total EOI Forms	Returned Home to Parents	Returned Home to Extended Family	Remained in Care	Returned Home from Extended Family	Remained with Extended Family	Incorrect Accom Status
Family need an intensive period of support for child/children to return to their care	<u>49</u>	16	0	7	19	7	0
		<u>32.65%</u>		<u>14.29%</u>	<u>38.78%</u>	<u>14.29%</u>	

^Of the 49 children that were referred under criteria 3, 16 children returned home to parents

^Of the 49 children that were referred under criteria 3, children returned home to extended family

^Of the 49 children that were referred under criteria 3, 7 children remained in care

^Of the 49 children that were referred under criteria 3, 19 children returned home to parents from extended family

^Of the 49 children that were referred under criteria 3, 7 remained with extended family

Referral Criteria	Total EOI Forms	Same Placement	Different Placement
High level of assessed need for a child looked after, and if support is not provided the child is at risk of placement breakdown (11-17 year old only / school year 7+)	<u>32</u>	24	8
		<u>75.00%</u>	<u>25.00%</u>

^Of the 32 children that were referred under criteria 4, 24 children remained in the same placement

^Of the 32 children that were referred under criteria 4, 8 children moved to a different placement

Referral Criteria	Total EOI Forms	Returned Home to Parents	Returned Home to Extended Family	Returned to RCT Placement	Remained in Care	Incorrect Accom Status
Child looked after requires support to return from an out of county placement to either home or a more local placement (11-17 year old only / school year 7+)	<u>1</u>	1	0	0		0
		<u>100.00%</u>				

^Of the 1 children that were referred under criteria 5, 1 children returned home to parents from an out of county placement

^Of the 1 children that were referred under criteria 5, children returned home to extended family from an out of county placement

^Of the 1 children that were referred under criteria 5, children returned to a RCT Placement

^Of the 1 children that were referred under criteria 5, children remained in care

- 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 a case study 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 can now be benchmarked against the previous year's annual report.
- It is first worth noting that there continues to be a year on year rise in the numbers of referrals that have met Miskin criteria and which have been accepted and worked with. However, as can be seen in the table below the rise during this reporting period has been negligent in comparison to the previous three reporting periods.

Year	No. Referrals Worked
2016-17	346
2017-18	402
2018-19	441
2019-20	572
2020-21	573

- One of Miskin's objectives is to provide a response to family crises within 24 hours, which has become increasingly difficult to achieve with the increasing numbers of referrals and increasing complexity of work. All Miskin teams now have ongoing waiting lists. Consequently, Miskin older teams for example continue to work to capacity on most weeks and are no longer able to allocate referrals immediately as they had done up until January 2017. During this reporting period Miskin were only able to allocate 25.31% (145 of 573) referrals immediately, an 8.71% increase in comparison to the previous year. Any that are unable to be allocated immediately are then taken to weekly Children's Services Interface Meetings where they are prioritised as and when capacity becomes available. Inevitably, this will have an impact on outcomes achieved as our own experience since 2003 suggests that positive outcomes are more likely to be achieved if families receive a service at the earliest opportunity and that it is more difficult to return children home from care than it is to help them remain with parents/family members in the first instance.
- Although more difficult to evidence, the message from Miskin staff on the ground endorsed by their Team Development & Performance Manager, as well as experienced Consultant Social Workers, is that the

referrals received in more recent years and the work associated with these referrals that Miskin are asked to deliver is becoming increasingly more complex. We could however partly endorse this view when we consider that during this reporting period Miskin received 34 (increase from 116 to 150) more referrals of children that were on the child protection register compared to that of the previous year and received 25 (increase from 28 to 53) more referrals of children subject to PLO (Public Law Outline) compared to the previous year. However, we should acknowledge that just because they might be Care and Support part 4 (CASP) and do not have Child Protection status does not necessarily equate to less complexity, as in the case of referrals of teenagers.

Year	No. on Child Protection Register
2018-19	70
2019-20	116
2020-21	150

Year	No. on PLO
2018-19	9
2019-20	28
2020-21	53

- The average Miskin Intervention in 2020-21 was 169 days (approx. 24 weeks) a significant increase on previous year. Staff will advocate that this is due to increasing complexity of work. However, we should also consider that there was a significant change in delivery style during this period in consequence to covid-19 pandemic i.e., an increase in remote digitalised ways of engaging with families.

Year	Length of Intervention
2012-13	119 days
2013-14	112 days
2014-15	104 days
2015-16	107 days
2016-17	98 days
2018-19	149 days
2019-20	147 days
2020-21	169 days

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

- The demographics of referrals does not appear to significantly change year on year with number of male/female children referred on average being fairly even. However, this year has seen a shift in the number of male children being referred as more prevalent.
- Worth noting is the significant increase in referrals of 16-year-olds to the Miskin older teams i.e. 39 referrals in 2019-20 accounting for 6.82% of total Miskin referrals that year compared with 22 referrals in 2018-19 accounting for 2.95% of total Miskin referrals in that year. Miskin have continued to monitor this trend on referrals for the 16-year-old age group which remained high in 2020-21, 36 referrals accounting for 6.26%, but a slight decrease to the previous year.
- During this reporting period there has been a significant increase in referrals of unborn babies, from 13 referrals in 2018-19, 33 referrals in 2019-20, and now 55 in 2020-21.

Year	Unborn Baby Referrals
2018-19	13
2019-20	33
2020-21	55 (9.6% of all referrals this year)

It is worth noting again the significant increase in referrals of babies under 1 years old during this reporting from 75 in 2019-20 to 114 in 2020-21, accounting for 19.98% of referrals during this year.

Miskin interventions with this age group often entail rehabilitation of children from care or hospital to parent's care which can be most intensive, time consuming and often complex. Requiring the work to be allocated to the most experienced workers, normally qualified social workers.

- 76.81% of Miskin's capacity is working with children and families to prevent children from coming into care, 14.09% supporting children's return home from care and 8.76%% supporting children in care to prevent breakdown of foster care or residential placements for children 11-17 years old. ***Service user feedback tells us that there is a gap in service provision in providing support for children in care under 11 years of age whose placements are assessed as being at risk of breaking down.***
- Of the 420 completed Miskin Interventions during this reporting period, the number of children that received a Miskin Intervention based on their recorded status as of 12/08/2021 (date that Miskin statistical report was run from WCCIS) **53.57% (225) were closed to statutory Children's Services.**

- **91% of children remained at home living with either parents or extended family members at the end of the Miskin Intervention where the aim was to prevent children from coming into care.** A positive outcome that has been maintained at above 89% for several years even in the face of increasing referral numbers year on year.
- **75% of children 11-17 years of age remained living in the same foster care or residential children's home placement at the end of the Miskin Intervention where the aim was to prevent the placement from breaking down.** Although again a very positive outcome we question whether this could be further improved if Miskin had staff resources that would enable them to engage with children in care at a much earlier stage when behaviours are beginning to manifest and become less manageable, as opposed to when their placement is assessed at high risk of breakdown/on the verge of breakdown. Miskin workers feedback that such a change in service criteria affords opportunity to further improve outcomes. However, currently any such referrals made at an earlier stage would be unlikely to be allocated given cases on waiting lists that might be a higher priority for the Children's Services Department.

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 include the following: -

- Solution Focussed Approaches
- Motivational Interviewing
- Trauma Recovery Model
- Solihull Model
- Dyadic Developmental Psychotherapy
- The Resolutions Approach
- Secure Based Attachment Model
- Non-Violent Resistance Therapy
- Gro Brain Foundation Level One
- 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.
- Life Journey Work
- Safe Use of the Internet
- Relationship Building
- Keep Safe Work
- Sexual Exploitation
- Inappropriate sexual behaviour.
- CEOP/Internet Safety
- Use of Reality Baby

6.0. Other Developments/Activity

- **Quality Assurance Framework**

Miskin developed and started implementing its Quality Assurance Framework and associated Implementation Plan in line with the overall Childrens Services Quality Assurance Framework. The Miskin framework and plan includes monitoring and evaluating service user feedback, staff supervision, case file audits, and observed practice, all of which aims to enhance and improve practice. Development of the observed practice element of this framework has seen a delay in past 12 months due to the need to respond to the Covid-19 pandemic.

- **Secondment onto the Social Work Degree**

An experienced Miskin Intervention worker gained the Social Work Degree in July 2020 and was successful in gaining a social work position in one of the Childrens Services Intensive Intervention Teams.

- **Social Care Ambassadors**

Several Miskin staff members have volunteered to be involved in different campaigns as Social Care Ambassadors for Rhondda Cynon Taff County Borough Council.

The role of the ambassadors is to raise the profile of social care and offer presentations / discussions / short films with different groups and running on social media platforms linked with different recruitment campaigns that run throughout the year.

- **Social Care Heroes**

One of our Senior Practitioners was celebrated during the pandemic as a Social Care Hero for the innovative and creativity shown in their work throughout the pandemic. The article showcasing the work of the senior practitioner was shown in Rhondda Cynon Taff County Borough Council's press releases on social media platforms.

- **RCT Corporate Apprentice Scheme**

Miskin were again successful in their bid through the councils Corporate Apprenticeship Scheme in 2020 with two new apprentices. Due to the Covid-19 pandemic their start was delayed from September 2020 to January 2021.

Since 2016 Miskin has supported 14 apprentices who have all been successful in gaining full-time permanent employment or further study on the social work degree, except for one that decided to travel on completion of their apprenticeship.

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

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

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

“This apprenticeship has provided me with invaluable experience and introduced me to the world of social care carefully and safely. I have been provided with the opportunities to work alongside experienced professionals and learn valuable skills and life lessons from them in a nurturing yet opportunistic environment. It has paved the way and provided with me the experience needed to go back to university and begin a career in social work. I am extremely grateful for this opportunity and always will be. “

“The apprenticeship has been great for me in so many ways. I’ve found that although it’s been different under the current situation, I’ve still gained so much experience and managed to pick up on so much in so little time. For someone like myself who has had no previous experience in a role such as this, this apprenticeship has provided me with every opportunity to understand the role and to gather all information I’ll need to complete this apprenticeship successfully. I do feel as this apprenticeship is ideal to start a career within Children’s Services as there is always support provided and opportunities to progress are always available. This apprenticeship has only added to my determination of succeeding in a full time career within Children’s Services.”

“The apprenticeship for me has been a great opportunity to gain experience and complete qualifications within Children’s Services. The experiences that I have had this far have been second to none, I have been lucky enough to work in different parts of Miskin and broaden my knowledge on a number of roles. By doing the apprenticeship I feel that my confidence has grown from receiving endless support from my colleagues and given shadowing opportunities. I would definitely recommend the apprenticeship to anyone as the training and experiences are invaluable and the possibilities after the apprenticeship are endless. “

- **Social Work Students**

The Miskin Team has developed and maintains a learning culture. Each individual team is encouraged to provide practice learning opportunities to students undertaking social work qualifications. Despite the COVID pandemic Miskin has provided three practice learning opportunities in the past 12 months. Two Masters’ Degree Social Work students and an undergraduate Social Work Degree student undertook their 80-day placements with the team. The practice educators and the wider Miskin team members have worked creatively and flexibly to provide practice learning opportunities throughout the placements due to covid-19. The students have benefitted from going into the Glyn cornel office base on a regular weekly basis and this has benefitted their learning.

- **Facilitation of Training**

Experienced Miskin Consultant Social Workers and Senior Practitioners facilitate a range of training courses to multi agency staff (including RCT Children’s Services staff and foster carers). The pressures on the service this year have necessitated the need to withdraw from delivering training during this period. However, due to prior commitment one Consultant Social Worker delivered a three-day Safeguarding Level 3 Training course via Teams.

- **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. These meetings have continued throughout the pandemic and mostly running on a virtual basis via TEAMS.

- **Partnership Working – Cultural Services**

Cultural Services have continued to work in partnership with the Miskin Team and have funded artists from Craft of Hearts to provide arts and crafts sessions to the Girls Group. Due to the pandemic the Girls Group has not taken place on a face-to-face basis. However, Cultural Services have funded Art Packs (with instructions) which Miskin workers have

delivered to the homes of the members of the girls group. The young people have forwarded photos of their creations to their Miskin worker to share with Cultural Services. These Art Packs have contributed to the young people's sense of community and well-being throughout the pandemic.

Cultural Services have also funded well-being packs for younger children and families. Each wellbeing pack included 10 different activities to do at home. These were well received by the children and families and provided a shared focus and interest during the lockdown periods.

The Art and Well-Being Packs have worked well. All participants have looked forward to receiving the packs and found completion of the activities therapeutic.

- **Participation Groups**

The Miskin Team have organised several online consultation groups for the IPC Review into the RCT Looked After Children Strategy. This feedback has been used to inform the review and shape future service delivery.

7.0. Conclusion

The WCCIS management information system is now fully embedded and provides baseline data to benchmark against year on year. The system assists Miskin to evaluate and monitor whether desired outcomes are being achieved in supporting and safeguarding children and families, as well as, gives direction and support to practice and service developments.

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

Miskin already had a range of quality assurance measures in place that have evolved and been developed historically. However, these have now been consolidated and further developed in to a Quality Assurance Framework. A Quality Assurance Framework Implementation Plan was developed the previous year with the implementation planned over a two-year period between 2019 and April 2021. The disruption to services and the need to

respond to the Covid-19 pandemic and resulted in a delay in aspects of the plan being implemented.

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

8.0. APPENDICIES

8.1. APPENDIX 1 – Family Case Study

The following is an example of a case study of work undertaken by Miskin during the reporting period 2020-2021. All names have been changed to maintain confidentiality.

Case Study – Miskin Younger Team

Aim

Following concerns raised by Childrens Services, to provide support to a mum to gain skills to live independently with her two children.

Background

Mother and two children aged 6 and 18 months moved from a violent and controlling relationship to live with maternal grandmother. Prior to this, concerns were raised to include parental substance use with the father, DV, and neglect. Home conditions were reported to be very poor and unsafe. Mum has remained separated from dad since the move, shortly after separation, dad was remanded for burglary and receive a custodial sentence. The youngest child was born prematurely that resulted in higher health needs requiring oxygen 24 hours a day. Mum was fully supported by maternal family whilst living at her mum's home and was due to move into her own property. Concerns raised around mum's ability to meet the needs of both children independently. The children were CP registered.

Intervention

Weekly direct work sessions were completed with mum, initially on a virtual basis before moving to physical visits. Work to gain mum's perception of hazards within the home raised no concerns, she had a sound understanding of common risks and measures to ensure incidents are unlikely or minimised. Five sessions, using the Five to Thrive principles, were completed. This work focussed upon the link between positive interactions with her children and

early brain development through respond, cuddle, relax, play and talk. Closely linked to Five to Thrive, a session to explore and discuss the Still Face experiment was undertaken. Home conditions were monitored during virtual and physical visits with no concerns. Family routines were also examined, a solid routine developed and was maintained. Budgeting was completed verbally, mum has a firm grasp of home finances and knows exact amounts of her income, expenditure and the dates of transactions, the need for a formal 'hard copy' was not required due to evidence of no support required. Mum also completed basic baby first aid training with Miskin. Support networks for mum and the children were addressed, mum vocalised the need for independence but recognised that support from her Mum and stepdad were available if needed.

Conclusion

Around a year ago, mum was in a very toxic and violent relationship with dad to the children. She had no control over her life or the family finances and lived in fear. The home was often "Trashed" by dad and home conditions were deemed as very poor by CS. The youngest child was born prematurely during this time and required 24-hour oxygen for nine months. Initial concerns that as a sole parent, mum might not have the skills to meet the needs of her children. These concerns were short lived, mum worked so hard to get to where she and the children were at the end of intervention. Every aspect of Miskin involvement was positive and mum's engagement was exemplary, her determination to gain the skills and tools to parent positively and independently was recognisable. Mum was given a chance to continually prove herself to be a capable parent without being affected by a risk linked to her previous relationship.

Outcome

Miskin referral criteria: High level of assessed need, and if intensive support is not provided the child/children are at risk of being accommodated. At the first review child protection conference, the children were taken off the child protection register. Ongoing support provided via a care and support plan.

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?

- Mainly about how to keep safe and talking about healthy relationships.
(Female 16 years)
- I remember the support that my worker gave to me.
(Male 14 years)
- Brain development with babies, how much information the brains take in between new-born - 2 years, how a baby's brain grows, development is affected not being in a safe happy environment.
(Parent of Baby)
- Watching videos about baby's needs
(Parent of Baby)

What was the best thing about MisKin?

- That they would help with everything they could to make me happy and settled.
(Female 16 years)
- The best things about MisKin was the way we learnt in fun ways.
(Male 14 years)
- I learned a lot about baby's and how to look after them
(Parent of Baby)

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

- Family, Self Esteem, Anger, Motivation, Personal Issues, Drugs, School, Confidence, Safety.
(Female 16 years)
- Personal Issues, school
(Male 14 years)
- Family, Alcohol, self-esteem, anger, offending, motivation, Personal Issues, Drugs, Confidence, Safety
(Parent of Baby)
- Self-esteem, offending, motivation, personal issues, drugs, confidence, safety
(Parent of Baby)

Parents Questionnaires

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

- Yes they did. TB his support worker completed outstanding work with him, which has made a difference to myself as well as C***
(Carer)
- Yes, the work carried out was easy to do and was simple to understand. My son has enjoyed the Five to Thrive and so have I.
(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, by helping J** to understand his responsibility to behave in a manner that doesn't hurt anyone else and himself. To take responsibility of his actions.
(Parent)
- Yes, because I was able to keep my child.
(Parent)

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

- Yes, definitely. He loved RW and considered him his best friend. Loved talking to him, and frothy coffies made him feel grown up.
(Parent)
- Yes, if it weren't for Miskin being involved then my son would probably be adopted.
(Parent)
- Yes, and I am very happy with all the support and work that Miskin has undertaken and can't praise them up enough.
(Parent)

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

- Yes, communication between myself and TB is/was outstanding.
(Carer)

- Yes absolutely. We talked and he was able to give us some suggestions on how to handle J**, which we took on board and applied them with good results.
(Parent).
- Yes, LW was very open and explained things clearly. Very friendly and understanding.
(Parent)

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

- No, we fully appreciated all the help and advice, and in our opinion, as a family couldn't have been better.
(Parent)
- No, as the help and support was outstanding.
(Parent)

Are there any comments you would like to add?

- TB has had a very good relationship with both myself and C*** and this has helped us work as a team. TB always goes above and beyond.
(Carer)
- RW is a lovely young man with a lovely quiet nature that makes you feel comfortable with him and J** loved him.
(Parent)
- I would like to thank my worker JS, for all the help she was able to give us to be able to keep our child.
(Parent)
- Miskin has helped me turn my life around and my son has returned back to my care.
(Parent)

Referring Social Workers Questionnaires

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

- Yes. The work carried out by Miskin staff was effective and achieved within the time scale of the plan.
(SW East Team)

- Yes, CW completed significant amount of work with the family as outlined in the plan.
(S.W. West Team).
- Yes the Miskin staff addressed the issues outlined in the intervention plan. During their involvement with the family they also completed extra work when requested and repeated areas of work when concerns were identified.
(S.W. East Team)

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

- Yes. The young person in question established a good working relationship with Miskin and engaged effectively which empowered individual to achieve desired outcomes agreed in the plan.
(S.W. East team)
- Yes, this was a family that were discussed three times at threshold meetings prior to Miskin involvement. C***** was on the cp register and due to the intensive work from Miskin along with other agencies, was de-registered at first review conference. C**** was stepped down to a CASP and then closed to Childrens Services due to level of work completed and needs met.
(S.W. West Team)
- Yes, the work provided by Miskin improved the parent's skills and understanding in a number of areas. This helped parents to achieve a positive parenting assessment recently and the family were removed from the PLO process.
(S.W. East Team)

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

- Yes, Miskin supported T*** in many ways which lead to positive parenting and T*** becoming much more confident which supported the placement with parents.
(S.W. East Team)
- Yes, Miskin were heavily involved with the children's rehabilitation plan home to parent's care and this included regular visits and offering parents guidance and support. The staff at Miskin were extremely supportive with the rehabilitation plan which did involve lots of monitoring and visits, more than what was originally planned. Miskin were fully cooperative with this extra work and were very helpful and accommodating throughout the whole process and their intervention posed massive benefit to this family.

(S.W. East Team).

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

- Yes, myself and Miskin worker kept in contact throughout the duration of support and regularly updated each other when progress was made. (S.W. East Team).
- Yes RB was in regular contact and kept me updated with regards to the work she had been doing with T*** and D***** and shared any information she thought would be relevant and raised any issues she thought needed to be addressed. (S.W. East Team).
- Yes, excellent communication from CW in respect of the case work. This allowed our interventions to be well thought out as we were both aware of discussions and work completed with the family, so there was no duplication. (S.W. West Team)
- Yes, I was always kept well informed by every Miskin worker that was involved with this family. (S.W. East Team).

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

- No, the service received was of high standard and effective. (S.W. East Team)
- No, even with the covid-19 restrictions the service was delivered fine with no issues. T*** also mentioned how she was able to contact RB regularly outside of the set sessions to seek advice and support which she found very useful. (S.W. East Team)
- No, I feel this has been an example of excellent multi agency working and I know the family have also praised the service they have received from Miskin. (S.W. West Team).

Are there any comments you would like to add?

- Thank you for your commitment, hard work and being a part of effective change. (S.W. East Team)

- T*** in particular has found the work with Miskin very beneficial and I can see how much it has developed her confidence around parenting. T***has spoken about how she has put things that she has learnt in practice over the last few weeks with L**** and how this has really helped her.
(S.W. East Team)
- Thank you for your input in achieving change for this family.
(S.W. West Team)
- Like I have previously mentioned Miskin intervention made a massive difference to this family and since their involvement there has been improvements in a number of areas resulting in the family coming out of PLO. This improvement did not occur easily and Miskin needed to re-address many areas of work but also complete work that was not originally on the intervention plan, resulting in the intervention taking a lot longer than originally planned. Miskin were very accommodating throughout this whole process and agreed to all that was asked and their work has made big difference to the functioning of this family.
(S.W. East Team)

Therapeutic Families Team Annual Report

(1st April 2020 – 31st March 2021)

*Your compassion, understanding, experience, your asking appropriate, reflective questions and the discussions/observations that you had at the end of the sessions (particularly with a reflecting colleague) were helpful to me. You can chalk 'Kept the ***** family together' on your success wall! (Parent supported by TFT, December 2020).*

Summary

This is the second annual report for the Rhondda Cynon Taf (RCT) Therapeutic Families Team (TFT) covering April 2020 to March 2021. The report will outline progress made, including performance data for the year.

Between April 2020 and March 2021, TFT received 173 referrals, undertook 103 Initial assessments, and delivered 99 interventions. 53% of those referrals are closed to children services at the time of this report.

The report will also offer a brief overview of Systemic Family Therapy and Educational Psychology; and outline how the team are making a real difference, offering value to children, families, social workers, and the wider professional system.

This report spans the year in which the Covid -19 pandemic affected everyone: children, families, colleagues, and our own families. The staff in TFT have been a shining light in a dark place for many people, they have adapted remarkably, they have kept service users at the centre of their thoughts and attention and have cared for each other with compassion and hard work. Where necessary and safe, they have visited families; and where appropriate they have offered telephone and video call sessions.

Overview

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

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

Referral Criteria and service priorities

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

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

Team Structure and Governance

The team is made up of Systemic Family Therapists (1 full time and 1 part time), Educational Psychologists (1 full time and 1 part time) and a CAMHS liaison worker (1 full time), who is social work and family therapy trained.

The team shares a Performance and Development Manager with the Integrated Family Support Team. Day-to-day management and supervision are provided by the Team Performance and Development Manager. Clinical supervision is provided by the RCT Children Looked After Educational Psychology Service, and external systemic family therapy supervisors, in line with requirements to remain registered practitioners.

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), Miskin Teams and the Glyncornel Centre and who can ensure that all services are aligned.

What is Systemic Family Therapy?

Systemic Family Therapy refers to a range of theories, beliefs and models of practice which seek to bring about new information to a system, by exploring different views to generate new perspectives. One of the strengths of systemic family therapy and systemic consultation is that it pays attention to the wider context and understands that the culture, resources, and orientation of organisations set and important tone that can either help or hinder the workforce in carrying out effective work with families (Greenwood, 2016).

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

Therapy sessions are typically an hour, they will tend to be on a fortnightly basis. We review interventions on an ongoing basis, to see whether therapy is helpful and generally offer up to 12 sessions. Reviews are held to discuss direction, and the need for additional work.

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

What is Educational Psychology (EP)?

Traditionally EP's work in schools to support adults understand and support children and young people (CYP) to feel safe, happy and able to succeed in their education.

Within the TFT, EPs use consultation, psychological knowledge, and therapeutic tools to support children and young people directly and/or to enable adults around them to better understand and support them.

This year the TFT EP's have worked closely with the CLA EP team, to support the development of the Trauma Recovery Model (TRM) across the local authority residential care homes. The TRM is part of the local authorities plan to understand the developmental needs of children who display challenging behaviour, and who can be difficult to place. The work of TFT has included providing staff group supervision to residential care staff, enabling them to develop their own confidence in this way of working.

TFT EPs also receive frequent requests for court mandated work, or to offer views on proposed plans.

What services do we offer?

TFT offer a range of services to individuals, families, and professionals, these include.

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

What is Consultation?

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

Consultation aims to:

- Help workers think systemically and less individually about practice, encouraging people to think across at least three generations of a family and to include the professional networks who are trying to help and where appropriate.
- Enable people to consider multiple meanings and explanations and to question their own assumptions about the nature of the problems, the possibilities for solutions and strengths, what they can do to enable this to happen.
- Help creativity and encourage the generation and development of new ideas.
- Shift into new patterns of interaction and working which suits them.
- Offer space to reflect and to think in detail about a particular piece or aspect of work.

What is a Choice Appointment?

Choice appointments are consultations to families, sometimes with the other involved professionals present, sometimes just the family or one member. When beginning any piece of work, we prefer to meet with as many family members as possible, seeking generate multiple perspectives and ideas of hope and resource.

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

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

Referral Process

Referrals to TFT are only received via children’s services teams, where referrals are open on WCCIS system. The child and/or family must remain open to children services or Resilient Families for the duration of the work. Referrals are reviewed by the team performance and development manager and discussed during weekly allocations meetings. Local authority interface meetings help prioritise children and families.

Performance data

Referrals

TFT received 173 referrals for 171 children, between April 2020 and March 2021, meaning that 2 children were re-referred. As can be seen in table 1, the largest proportion of referrals came from Intensive Intervention Teams (who generally work with children on the child protection register, who have care and support plans or when work is being taken through courts) which accounted for 63% of referrals.

Table 1. Number of referrals from referring teams.

Referring Team	Total	% of Total
16+	9	5.20%
DCT	8	4.62%
EAT	12	6.94%
IFST	2	1.16%
II East	50	28.90%
II West	61	35.26%
RFS	31	17.92%

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Referral criteria

Table 2 shows the number of referrals to TFT based on referral criteria. As can be seen here, the majority of referrals relate to the prevention of children becoming looked after or where there is high need, and referrals to support placement stability.

Table 2

Referral Criteria	Total Referrals	% of Total	Referrals Accepted	% of Referrals Accepted
Child in care out of county who requires therapeutic support to assist in a move to a more local placement	1	0.58%	0	0.00%
Child in care who requires therapeutic support to assist in a return home to live with parents/family/friends or live independently	15	8.67%	15	100.00%
Child in care whose placement has been assessed as being at risk of breakdown where therapeutic support could promote placement stability	41	23.70%	40	97.56%
Families assessed as high need where support from the Therapeutic Families Team would add value to the Resilient Families Service intervention.	36	20.81%	35	97.22%
Family in receipt of statutory Childrens Services support, assessed as high need, or at risk of becoming CLA, and/or where the Therapeutic Families Team can add value	80	46.24%	79	98.75%
	173	1	169	97.69%

Therapeutic Families Referrals by month

Referrals into the team are processed based on the information identified by the referrer and highlighted for either an Educational Psychologist (EP), Family Therapist (FT), EP and FT or CAMHS Liaison. As can be seen, the majority of referrals request Family Therapy. The large number of referrals in January is an anomaly which resulted from a change in the way referrals are processed.

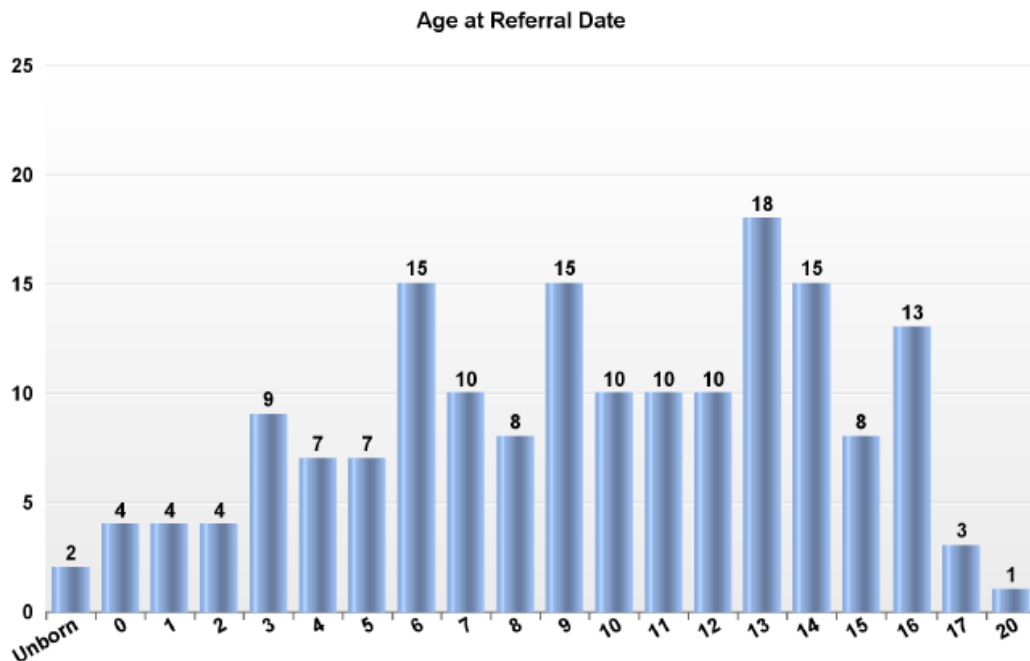
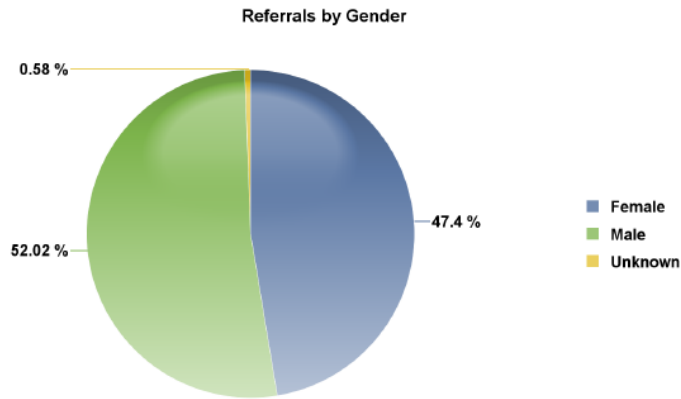
Therapeutic Families Referrals by Type

***Referral Type may not match Referral Criteria due to work required*

	Apr / 2020	May / 2020	Jun / 2020	Jul / 2020	Aug / 2020	Sep / 2020	Oct / 2020	Nov / 2020	Dec / 2020	Jan / 2021	Feb / 2021	Mar / 2021	Total	% of Total
CAMHS Liaison												3	3	1.78%
Ed Psych		6	1		3	4		3	2	6	4	4	33	19.53%
Ed Psych & Family Therapy		2									9	2	13	7.69%
Family Therapy	1	5	5	7	14	12	17	9	3	21	9	17	120	71.01%
Total:	1	13	6	7	17	16	17	12	5	27	22	26	169	
% of Total:	0.59%	7.69%	3.55%	4.14%	10.06%	9.47%	10.06%	7.10%	2.96%	15.98%	13.02%	15.38%		

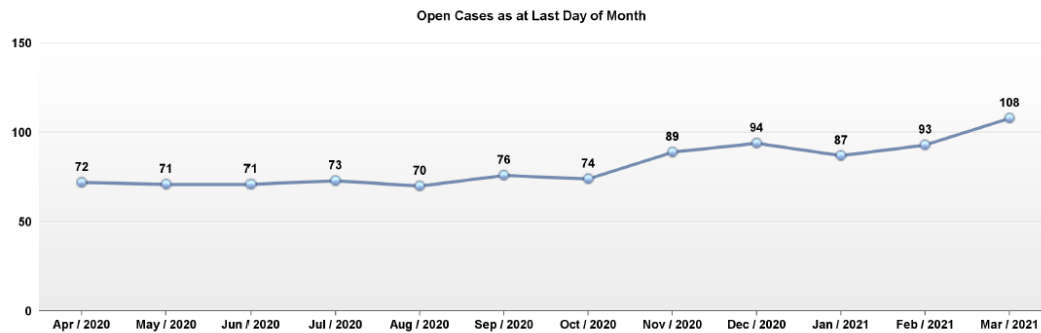
Referral demography

To understand the needs of the children and families referred, some demographic data is helpful. 52% of referrals to the team were for male, with 47% female and 2 unborn.



The nature of the work required often depends on the developmental needs of children. Referrals appear to increase when children are of statutory school age and peaked with early teenagers in this cohort. Further analysis will help us understand the nature of the issues children and families are struggling with at each age and help us develop the service around those needs.

Number of open cases on the last day of each month



One way of measuring the capacity of the team over the year is to look at the number of children allocated in the team at any one time. As can be seen in the table above, the capacity of the team has gradually increased throughout the year. There are several factors which seem to play a role in this; we have begun to better understand the work and our confidence to practice, whilst discovering what makes a realistic workload. We have also adapted to the changes in working practice necessitated by Covid-19. Much of the work moved to remote working, with work being conducted via telephone and video calls, the team were able to engage with more children and families, this reduced travel time, and enabled more direct work and assessment sessions.

Type of intervention delivered by TFT

Below is a table illustrating the nature of interventions delivered by TFT this year.

Service Type	Total	% of EOI Forms
Family Consultation	62	54.39%
Psychological Assessment	16	14.04%
Other Assessment	3	2.63%
Enhanced Case Management	1	0.88%
Direct Work	0	
Group Work	0	
Whole family therapy	18	15.79%
Individual family therapy	44	38.60%
Reflecting team	7	6.14%

More than 50% of interventions involved whole family consultations, were the team worked to engage many family members, to hear multiple perspectives,

in a bid to develop greater possibilities for change. Whole family therapy will have included at least 2 TFT colleague's sessions, often including more. Reflecting team sessions include several members of the team, working with multiple members of a family, occasionally including a range of other professionals.

Interventions described as individual family therapy, refer to interventions were at least one member of the team, usually offered sessions to an individual member of a family, but where the nature of the work incorporated that family members relationship to themselves and others into the work.

Psychologists undertook 19 assessments, and 1 Enhanced Case Management meeting, designed to help understand a child's strengths and needs, or developmental needs, usually to support placement stability or help identify an appropriate placement move. Psychological assessments are significant pieces of work, which are time consuming, but which contribute to significant change. This has been most noticeable where assessments have been accompanied by direct work and supervision of staff in residential homes.

Outcomes for children and families supported by TFT

The tables below show the legal status of children at the start, and end of TFT interventions. In addition, the next table shows the legal status on 6th May 2021 of those children.

Status at Start of Intervention	Total	% of Total
Care & Support-Plan 4	30	30.30%
CLA	22	22.22%
CPR	13	13.13%
ICO	1	1.01%
PWP	2	2.02%
RFS	25	25.25%
Care and Support Part 4	4	4.04%
PLO	2	2.02%

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Status at End of Intervention	Total	% of Total
Care and Support Part 4	22	22.22%
CLA	21	21.21%
Closed to CS	16	16.16%
CPR	8	8.08%
CPR + CLA	1	1.01%
PWP	4	4.04%
RFS	27	27.27%

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Although small numbers, the tables above evidence indications of positive outcomes for children during the period of TFT intervention, with a reduction in numbers on child protection register and in care reducing and numbers of those being placed at home with parents and supported by Resilient Families Service increasing, as well as 16% being closed to Children's Services. The numbers of children closed to Childrens Services at the time this data was reported had further increased to 53.54%.

Range of issues affecting children and families working with TFT.

The range of issues that children and families are experiencing, and that social workers are asking for support with is growing. Below is a list of just some of the issues that we work with. The issues bring emotional and intellectual challenges for colleagues. Some of the work has included working closely with mental health services to keep family members alive, to get them into hospital and to support the family around them.

Emotional regulation.
Child to parent violence.
Placement stability (education and care settings).
Re-unification plans.
Disabled children (parental grief).
Teenage self-harm.
Intimacy and sex.
Intimate partner/domestic violence.
Parental drug and alcohol misuse.
Family communication.
Separation and divorce.
Parental mental health, self-harm and suicidal ideation.

Work with RCT Childrens residential homes

I am pleased to report that the work of TFT with the local authority children's residential homes has continued to develop, with EP's facilitating Enhanced Case Management (ECM) meetings, designed to understand a child's developmental trauma, to create a compassionate considered plan to support a child and carers in placement, with the aim of supporting long term placement stability. We have worked consistently with Bryndar and Carn Inglis throughout the Covid-19 pandemic, offering both remote and face to face supervision when required and safe to do so. Our relationships with staff, social workers, managers, and children, has enabled us to respond quickly, compassionately, and effectively to concerns as and when they arrive. We have attended numerous disruption meetings (meetings held when a placement is at risk of being terminated), where we have supported residential staff and social work staff to find a solution.

We are currently undertaking a review of the TRM and its utility for children and staff across a child's journey and look at staff confidence to utilise the model.

Training and Development

In the last year the team has been inundated with requests for training on a variety of subjects and have offered training on the following:

Emotion Coaching for professionals and for families.
Sleep Hygiene for professionals and families.
Trauma Recovery Model refresher sessions.

Non-Violence Resistance.

Training offered is well attended, well received and feedback has been excellent. For example, data in relation to Emotion Coaching training, highlights that we trained 45 members of staff. 81.25% of respondents rated the training as 'Excellent' and 18.75% of respondents rated the training as 'Good'

Conclusion

This interim report has highlighted the progress that TFT has made from April 20 – March 21. The outcome data for families continues to provide encouragement that our work is making a real difference to families. The statistic that more than 50% of the families we supported last year are now closed to children services, indicates that families are making lasting changes, we have also prevented children from becoming looked after.

The next year will give us an opportunity to further develop how we develop our models for working and consider how we encourage the right referrals at the right time for each child and their family, this should include more referrals for children prior to becoming looked after and identifying those children who can be supported to return home, where safe to do so. We will look to further develop the capacity of the team to support the wider workforce through training and consultation and look to evolve our practice to include a blended model of service delivery, which embraces technology and offer the best service we can.

APPENDICIES

APPENDIX 1 – Family Case Study

The following is an example of a case study of work undertaken by the Therapeutic Families Team during the reporting period 2020-2021. All names have been changed to maintain confidentiality.

Introduction.

The Therapeutic Families Team (TFT) is a multi-disciplinary team employing Systemic (Family) Psychotherapists and Educational Psychologists created to support children and families in RCT. The team works to support children to safely return home (if they are looked after), stay at home (if safe and in their best interests to do so), or promote stability for children looked after. It is rare that the local authority receives referrals resulting from intentional physical abuse of a child where an instrument has been used to deliver physical punishment. When this occurs, the local authority has a difficult decision to make, to decide if it is safe for a child to continue to live with or return to their birth family.

Case Study

Tommy (8) and Oscar (12) were mixed heritage (Gambian and white welsh) children referred to children services following a report from school that mum had physically assaulted Tommy with a “belt” as a form of punishment. A Child Protection and Police Investigation raised additional concerns that Oscar had also participated in “chastising/hitting” Tommy, as a way of punishing him for misbehaviour. During the process of the child protection investigation, the children became “looked-after” and were placed in separate foster placements.

The referral to TFT requested that we support the local authority social workers decide if it was safe for the children to return to their mother. This complex work was allocated to an Educational Psychologist, who had the specialist skills to look beyond the behaviours, understand the family dynamics and understand the individual children’s needs. Taking the role further, the EP also had the permission and flexibility to use their psychology knowledge and skills in direct work.

Part of the request was for TFT to hear the boys views and feelings, including talking about the incident that led them to be looked after, their experience of moving into foster care, family relationships and dynamics generally. In TFT we work hard to develop open minds to potential causes and solutions when working with families, to promote multiple opportunities for understanding and learning. One hypothesis we considered was that Mum’s views of parenting were influenced by her Gambian heritage and experience of parenting the boys in Gambia for several years. We wondered if her idea of “normal” parenting in Gambia, could be seen as “physical abuse” in the UK. The work of the TFT Educational Psychologist, took place alongside a privately commissioned Systemic (Family) Psychotherapist specialising in cultural psychology and parenting.

The EP’s work with Tommy involved weekly for 1:1 sessions at school and at his foster placement, including conversations with Tommy’s mother and his foster carers. The EP did work on:

- Rapport building and Contracting: expectations for working together
- All about Tommy: getting to know him and finding out about what matters to him
- Personal Construct Work: we explored qualities and values that are important to Tommy in himself and others who are close to him
- Timeline and incident exploration: we have used a timeline method to explore significant events in Tommy’s life which included a discussion about the incident that led to Tommy coming into care and this thoughts and feelings around this and his current situation

Work with Oscar involved visiting him at school and foster care, where we explored:

- Rapport building and Contracting: expectations for working together

- All about Oscar: getting to know him and finding out about what matters to him
- Anger: Thinking about the functions of anger and about his experiences of anger/ aggression
- Values Work: based on the ACT Approach (acceptance and commitment therapy) Oscar explored six core values that are most important to him. He has begun to explore how his and others thoughts, feelings and actions move him towards or away from these values.
- Family relationships: perceptions of his role as a big brother

Throughout the work the EP consulted with Mum, social worker and other professionals involved to share their views and wishes and discuss how psychology can understand the impact of their experiences. It seemed clear that all members of the family had reflected on their experiences and remained very motivated to return to living together as a family.

One crucial aspect of the work was supporting Oscar to reflect on what it meant to be a big brother to Tommy and his understanding of his own experiences of emotions and how to manage these safely. Work with Tommy served to develop his understanding of his rights as a child to be kept safe by adults and he was able to process and repair emotionally around feelings of guilt, confusion, and distress at having been removed from his family home. Discussions with Mum supported her to develop understanding of her role as a parent and her insight into her children's' emotional experiences related to aspects of her parenting.

As the family and the work progressed, the social work team developed confidence in mum's genuine engagement, strengthened family relationships and commitment to change. These changes led to the children returning home and the family are now doing well and are closed to children services.

APPENDIX 2 – Service User Feedback

Introduction

The Covid-19 pandemic has radically changed all our lives meaning that workers and families alike have had to adapt significantly to how we deliver the service and what we can offer families. At each junction of the Covid -19 pandemic, colleagues from TFT have met with families in ways that met children's and carers needs, whilst keeping us all safe.

Below are some comments from service users which reflect the efforts made by the teams to meet with families.

“(workers name) was coming down throughout Covid and seeing me outside, which made a massive difference, even before covid though she was amazing. I don’t think I would have come off child protection this fast. (Worker’s name) was here pretty much every day for the first 4 weeks we’d spend 2 or 3 hours together, I think that really helped”.

“It was really difficult for (workers name) to offer all the support we needed because of Covid -19. But in the circumstances, she did the best she could. She was consistent. I could trust her from the start. She came and did garden visits when she could, she spoke to me on the phone when visits weren’t allowed and we kept in close contact” (Parent supported by TFT Worker, during Covid 19 pandemic).

Across the Therapeutic Families Team (TFT) we feel that the people who have received a service from us, are the ones best placed to tell us how we are doing.

Our current process for collating feedback is being improved. We have created opportunities into processes to changes being made to WCCIS. From now on, requests for feedback are built into closing forms for all referrals, meaning that we will be able to ensure that all those who have used the service, are offered an opportunity to comment.

In addition to those who write back, members of the team also call service users to give them an opportunity to share their ideas and experiences. Below is breakdown of the feedback we have received across IFST and TFT in the last year.

How well did you get on with your TFT worker?

100% of respondents said that they got on either “well” or “very well” with their TFT worker.

In TFT we believe that the quality of the relationship between worker and family has a huge bearing on the outcomes for children. We work hard to build collaborative working relationships with families, built on compassion and understanding. We are pleased that those who responded, consistently tell us that they get on with their worker, even in difficult circumstances. One parent said:

“Really great, it broke the ice, we could be open and honest. We get on, a fab worker, fantastic, she makes you feel at ease, she didn’t come hear judging, she was open and honest, she said it how it is.

We tried to work on communicating together to overcome a recent event which was catastrophic and had come from my actions. What I felt useful was having a session where one of us spoke and the other had to listen and couldn’t say anything and take everything in that the other person was saying.”

What useful things did you and your family work on with your worker?

In the TFT we work with families across the whole spectrum of support needs associated with children services. Although we use different models of practice, different tools to meet the needs of families, we consistently hear that the relationship between the worker and the family was the glue holding the work together.

“It was nice to be able to sit down and talk with someone who cared, who listened, who was non-judgmental. She made me feel very comfortable. She didn’t try and put the world to rights. She offered good advice which I still use and will continue to use”.

“All of it was very helpful”

“Explanations about children who have been adopted in relation to stealing”.

“The worker was able to give lots of support given on positivity, helping us to realise that small steps which we did not think we’re making an impact, actually were”.

“They was brilliant and very helpful to my family”.

“Recognising our different approaches to parenting.”

“Having a facilitator to help our discussions about our children and ourselves – re-opening communication.”

“Just having an understanding ear”

“Having two people present at the start was very, very helpful, especially the discussions at the end of the session where they talked about what they had observed while we listened”.

“Extremely helpful. Made me feel more confident.”

“The involvement and patience of TFT undoubtedly helped prevent the family from splitting into separate households (which would have been very difficult to recover from)”

“We are better prepared for the needs of our other children and are actively seeking help to better equip ourselves to help them.”

One family wrote an email to the worker. It said....

“I know that we have told you this before, but I am not sure that you fully believe it (please do) - there is no doubt in my mind that YOU, with (your colleagues) help at the start, helped prevent the family from fragmenting entirely and will lead to a far better outcome for (names of children) (in particular) than would otherwise have been the case.”

*Your compassion, understanding, experience, your asking appropriate, reflective questions and the discussions/observations that you had at the end of the sessions (particularly with colleague's name) were helpful to me. You can chalk 'Kept the ***** family together' on your success wall!*

Thank you once again for the care and compassion with which you worked with us it is very much appreciated."

What do service users tell us we need to improve?

We listen very carefully to what families say we need to improve, but our experience is that there is very little they recommend that we change.

One of the main challenges for social workers, is to get the right service to the right families at the right time. As a service provider, we can only work with families that are open to children services for the duration of our work. This means that we work with those families who are a priority for children services, but we must close when they are closed to children services.

Most families who are closed to children services are happy that they have made progress, but occasionally families want TFT work to continue.

"The case was closed by children services, passed to RF quickly and closed prematurely, preventing TFT from doing the work".

"We were really upset that the case was passed from children services.... without us having a chance to receive the service we wanted".

"In less than a month, all the doors have been shut. We are not happy".

Because the teams have highly skilled, experienced staff, families value the opportunity to work with the team and don't want to let go of a valuable resource. This feedback provides us with a challenge to be responsive to the needs of those families who still wish to engage. In TFT, we see this as an opportunity to connect more strongly with universal services, to ensure that, where we can't offer support, families feel confident to access alternative support.

Summary

In the TFT we pride ourselves on our commitment to keep families at the centre of our work. We listen carefully to their views, and we use their feedback to help develop our training and our practice.

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Children Looked After Website Advancements Presentation
Ceri Mann – Reviewing Team Manager

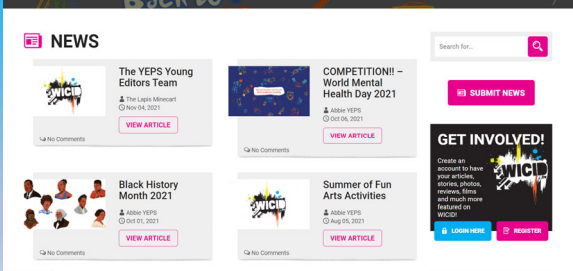
1

2 Sides

- 2 Sides Website was set up to ensure that RCT's Looked After Children had access to the same information regardless of where they were residing or the type of accommodation.
- It was envisaged that the information on the website would provide relevant information for children and young people looked after, whilst also providing a useful resource for social workers to engage children and young people in discussion about their understanding of being looked after, their circumstances, their wishes, feelings and rights.
- We recognized that the 2Sides Webpage was not an interactive website and it provided little incentive for children and young people to return to the site as once they had read the content, other than to access the online My Review (consultation) documents, and with that in mind discussions began with regards to Wicid.tv hosting the content as it was felt this would be more appealing to children and young people.

2

What is WICID.tv?



3

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Online Safety of Children & Young People

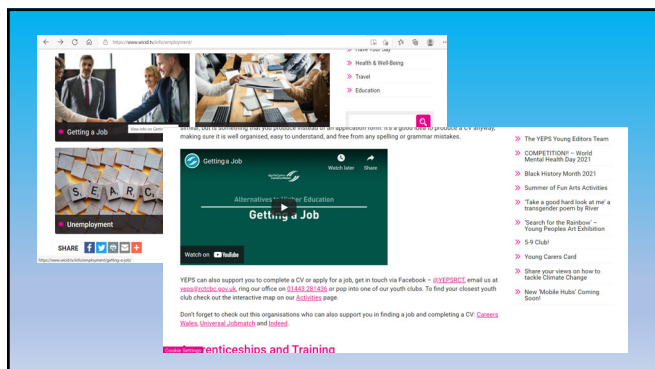
- Xli\$ NMI2c\$ihm\$sv\$rvy\$w\$di\$e\$pp\$ (mk\$
- WICID take online safety and child protection extremely seriously. All comments submitted to the website or any of the social networks associated with the WICID.tv and the YEPS will be moderated and any inappropriate posts will not be made live.
- WICID will actively combat all forms of bullying and discrimination and work in partnership with the Police to safeguard children and young people against online exploitation. WICID encourage members and users of the website to report any incidences they see online via the CEOP button located on the bottom of the homepage.

5

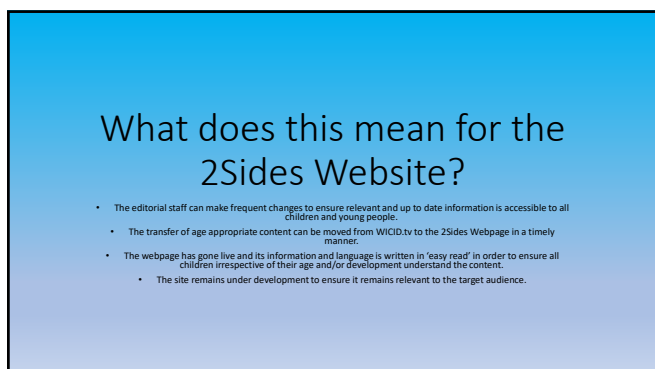
Benefits of being hosted by Wicid.tv

- WICID's target group is far wider than that of 2 Sides as it's target audience is 11-25 year olds across RCT:
- WICID.tv offers opportunities for all children and young people to participate in activities, competitions and educational opportunities (to contribute to content and the editorial process).
- The information on the website is relevant to all young people and so complements the information included within the 2 Sides webpage. This provides useful resources for children, young people, siblings, parents, carers, social workers and any other significant adult in the child's life.
- We are mindful that the wider content on WICID.tv is unsuitable for our younger children and therefore we are continuing to encourage children under the age of 11 years old to access the 2Sides webpage for age appropriate 'easy read' information.

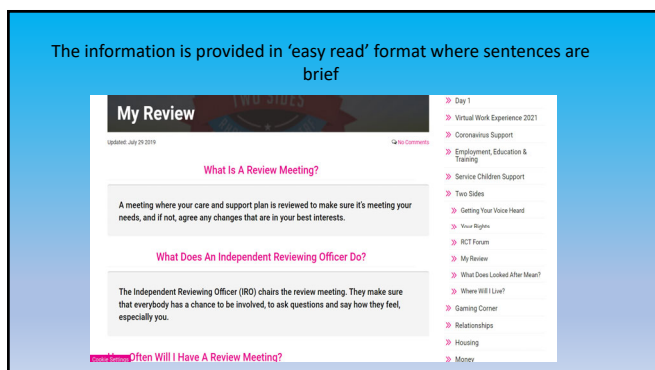
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9

Future development work

- We have approached our 16+ Teams, and our partners in Health and Education to update the information relating to their service areas to ensure that the information continues to be relevant and up to date.
- In ensuring we capture the voice of the child and their lived experience; we are updating the My Review documents to make them more appealing and interactive.
- We are developing a My Review in consultation with colleagues in the Disabled Children's Team which will use 'widgets' or 'emoji's' style infographics to assist disabled young children in sharing their voice and experiences.

10

Continued...

- The 2Sides webpage will have a direct link to the My Review document to ensure accessibility in order for the child to complete at their own convenience and independently should they wish to do so.
- The link will also be sent with the invitation to the CLA Review as a reminder to , parents, carers and practitioners to encourage children to complete the My Review document.
- A pilot phase is recommended to review and analyze feedback from children and young people to ensure that the final My Review document is co-produced, has appropriate content to suit their needs, isn't time consuming whereby it deters them completing it and is accessible in a range of formats.
- Once we are confident that all relevant updates have been achieved, we recommend consideration of marketing WCCID.tv and 2Sides webpage internally and externally to publicise its content to ensure young people are aware of it and that , parents, carers and practitioners encourage child and young people to access the information and to use the content as a tool when exploring the child's lived experience and their views, wishes and feelings.

11

My Review Document

Name: _____

Age: _____

Birthdate: (DD/MM/YYYY) _____

Date of review (if known): _____

Q3 Are you planning on coming to your review meeting?

Q4 Would you like an advocate to come and speak to you?

Can you tell us what if it is you like or don't like, or how we could help change things?

Q12 Do you want to say something about where you live?
For example, do you want to say anything about your answers above, about food, pocket money, your clothes, the rules or what happens if you break them?

Q13 Is there anything else you'd like to say or anything you'd like to ask?

12



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RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

CORPORATE PARENTING BOARD

29th November 2021

TROS GYNNAL PLANT (TGP) CYMRU UPDATE

1. **PURPOSE OF THE REPORT**

- 1.1 The purpose of the report is to provide the Board with an update of progress made by Tros Gynnal Plant (TGP) Cymru.

2. **RECOMMENDATIONS**

It is recommended that the Corporate Parenting Board:

- 2.1 Acknowledge the work undertaken by TGP Cymru, the content of which is attached at Appendix 1.

3. **REASONS FOR RECOMMENDATIONS**

- 3.1 It is important for Members to note the progress, themes and issues highlighted by the TGP Cymru, in order to work in partnership to ensure the best possible outcomes are reached for those in our care system.

4. **BACKGROUND**

- 4.1 As part of the Board's Terms of reference, TGP Cymru are invited to attend meetings to enable both the TGP Cymru and Children Services to discuss issues that affect service delivery in the community on a strategic level and to work in partnership to provide improved and better outcomes.

5. **EQUALITY AND DIVERSITY IMPLICATIONS**

- 5.1 An Equality Impact Assessment is not needed because the contents of the report are for information purposes only.

6. **CONSULTATION**

- 6.1 There is no consultation required for this report.

7. FINANCIAL IMPLICATION(S)

7.1 There are no financial implications aligned to this report.

8. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED

8.1 There are no legal implications aligned to this report.

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

9.1 The work of the Corporate Parenting Board links directly to the Council's Corporate Plan priority – 'Rhondda Cynon Taf's Children will receive a great start in life...'

9.2 The work of TGP Cymru links to the Future Generations Well-Being Goal of a more equal Wales, by ensuring that children and young people are supported when decisions are being made about them. This ensures that young people have access to a range of information in order to fulfil their potential.

9.3 In addition to the duty to listen to young people and involve them in decisions, the Part 10 Code of Practice (Advocacy) of the Social Services and Well-being (Wales) Act 2014 sets out the duties to consider the provision of independent professional advocacy in certain circumstances for:

- Children who are looked after (who should benefit from an active offer of professional independent advocacy) or have previously been looked after
- Children who are subject to an assessment of need or a care and support plan or child protection enquiries

10. CONCLUSION

10.1 TGP Cymru are invited to attend meetings of the Corporate Parenting Board, to provide a broader understanding and contribution into the services available to young people and vulnerable adults.

National Approach to Statutory Advocacy

Local Authority Report - RCT 2021 - 2022

Collated Quarterly Report

Quarter 2: July - Sept

Headline Report

During quarter two, 45 young people accessed the Issue Based Advocacy (IBA) service, presenting with 57 issues. This is a 55% percent increase when compared with quarter one. Active Offer (AO) referrals also increased significantly with 17 young people referred in this quarter, almost three times more than in the previous quarter. Of those young people accessing the issue based service, 78% were accessing advocacy for the first time. It is possible that some of this number is made up of young people who did not access the AO service when they became eligible.

Active Offer

During the quarter, 87 children and young people became eligible for the Active Offer:

CP:	5-9 yrs x 37	10 - 15 yrs x 36	16+ yrs x 6
CLA:	5-9 yrs x 2	10 - 15 yrs x 5	16+ yrs x 1

According to the updated monthly Active Offer report received from RCT, a total of 60 children and young people rejected the offer of an Active Offer meeting when it was suggested by their social worker, and thirteen accepted.

17 young people were referred for the Active Offer. (Four young people became eligible in June and were referred for AO in July)

Four young people were unfortunately incorrectly referred for IBA (three young people became eligible in June and were referred for IBA in July)

One young person was included twice on the report .

It is unclear how the remaining 11 young people responded to the discussion with their social worker.

Active Offer

Of the 17 AO referrals received, young people in the CP arena made up 94%. Only one CLA young person was referred for AO compared to three in the previous quarter. The majority of young people were again aged between six and eleven, with only four young people over the age of 11 referred for AO. Females made up 82% of young people referred for AO, a significant increase on the previous quarter when males and females were referred in equal numbers.

We are pleased to report an increase in young people having contact from their advocate within five working days. Of the 17 young people referred for Active Offer, 88% had contact with their advocate within five working days. Two young people moved to live with their mum following the referral, who told the advocate they had changed their mind about accessing the service. The advocate asked the social worker to follow up and let us know if the young people would like to meet with an advocate in the future.

Issue Based Advocacy

Advocates worked with five young people living outside of RCT in areas including Caerphilly, Powys, Pembrokeshire and Newport. Of the 45 referred, 15 young people were CLA, 20 young people were CP, and nine were open to Care and Support. One care leaver was referred for advocacy support during this period but did not engage with the advocate. This represents an increase in referrals for young people across all four areas, and follows the theme of most young people receiving advocacy support being in the CP arena. The gender split saw 26 girls and 19 boys accessing the issue based service. This follows a theme of more girls accessing the issue-based service observed in previous quarters.

The age category with the highest referral rate continues to be the 06-11 group with 24, followed by the 12-16 age group with 14.

Social services made referrals for 17 young people during this quarter, a similar number to the previous quarter, while 18 young people referred themselves. This represents twice as

Headline Report Contd

many 'self' referrals as in the previous quarter, and is directly related to the increase in AO referrals, as young people often refer themselves for issue-based advocacy following a successful Active Offer meeting. Three young people were referred directly by their residential home, two by family members and we received four referrals from third-sector organisations, including three from TGP Cymru Family Group Meeting Coordinators, and one from the Miskin Project.

Meetings continue to be the largest issue advocates support young people with, and continue to make up over half of the 57 issues referred. Advocates supported more young people with Core Groups than any other meeting. Young people were also referred for support with Family Group Meetings, Care and Support Reviews, PLO meetings and LAC Reviews.

Of the 45 young people who accessed issue-based advocacy in quarter two, 82% had contact with their allocated advocate, either by phone, video call or face-to-face within five working days of the referral being made. The most common reason for the delay was the advocate having difficulty in contacting either the carers, or the school, in order to arrange a visit.

Service Information

The permanent team manager returned from maternity leave in September. We have recently recruited two new casual workers and a part-time worker on a temporary basis. This follows formal notice tendered by one long-term team member. This recruitment will also help to cover the absence of another team member who is currently on long-term sick leave.

The team manager attended a meeting about the Active Offer (AO) along with the director of advocacy services, the head of children's services for RCT and several service managers. The recording of young people eligible for AO was discussed, along with the reasons for young people turning down the AO meeting. RCT have agreed to collate and provide this information which will be included in future reports, and TGP Cymru will provide up to date information on the AO referral process for front line practitioners.

Visiting Advocacy continues in four Local Authority community homes across RCT. Support continues to be virtual at present with weekly contact but plans are in place to offer face-to-face contact during the next quarter following discussions with community home managers.

TGP Cymru have recently implemented a new consultation process and employed a Quality Assurance Officer to oversee it. We are continuing to adapt this [this](#) process to allow as many young people as possible the opportunity to independently evaluate the advocacy service they have received. CTM is currently piloting a system in which young people receive a link and are able to fill in a feedback form online. Four young people completed feedback forms during quarter two:

Four stated they found the service helpful.

Three felt the service made a difference to their situation.

Three felt they now know more about their rights.

Three felt more confident since receiving support.

Three felt their views were considered.

Three young people providing feedback stated they would use the service again, one young person wasn't sure.

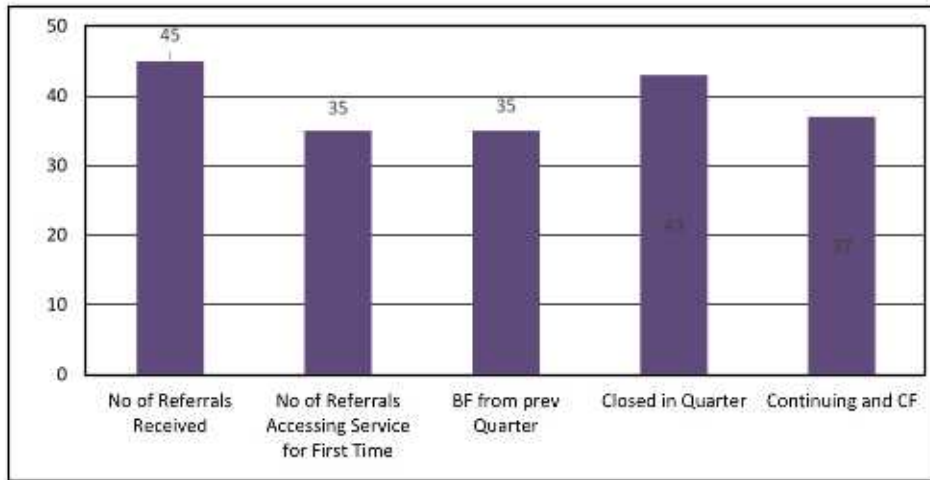
Please find below an example of advocacy work undertaken during the quarter from within RCT. The name has been changed to protect the young person's identity.

Situation: Leah is a 12 year old child in need of care and support. Leah is currently living with her aunt and brother following relationship difficulties between Leah and her mother. A Family Group Meeting (FGM) had been convened to explore the family situation and following referral, an advocate was allocated to support Leah to share her views, wishes and feelings during this process.

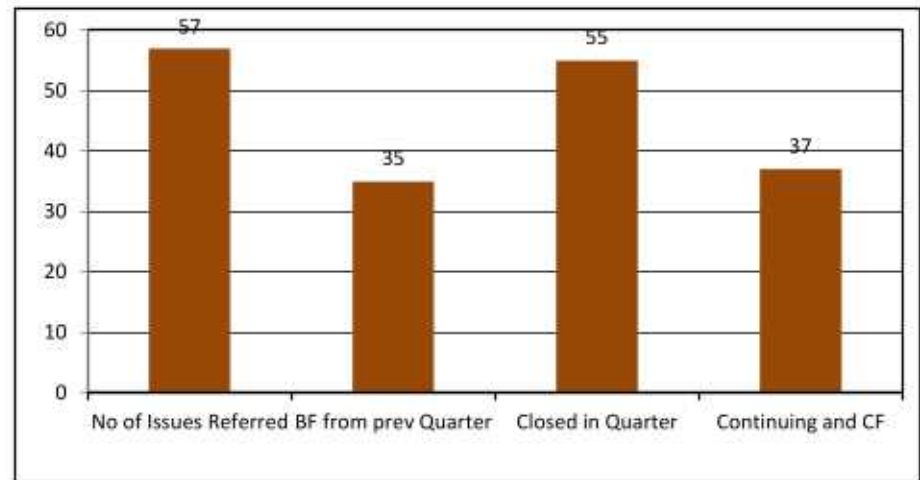
Action: The advocate arranged to meet with Leah at a time and venue chosen by her. The advocate and Leah discussed the information provide at referral and the FGM process. Leah said she wanted to return to live with her mother but she did not like her mother's boyfriend and did not want him to be around when she is at home. Leah also told the advocate that she was worried her mum wouldn't follow the safety plan devised by CAMHS. Leah was not initially invited to attend the FGM, so the advocate supported her to write views, wishes and feelings report to be shared at the meeting. As Leah wanted to attend the FGM, the advocate negotiated with the FGM Coordinator to allow Leah to attend.

Outcome: The FGM was rescheduled to ensure Leah could attend part of it. The advocate attended the meeting and helped Leah to share her wishes and feelings in person. A Family Plan was agreed which included Leah eventually returning to live with her mum, and Leah felt the plan reflected her views. The advocate will support Leah in the review FGM.

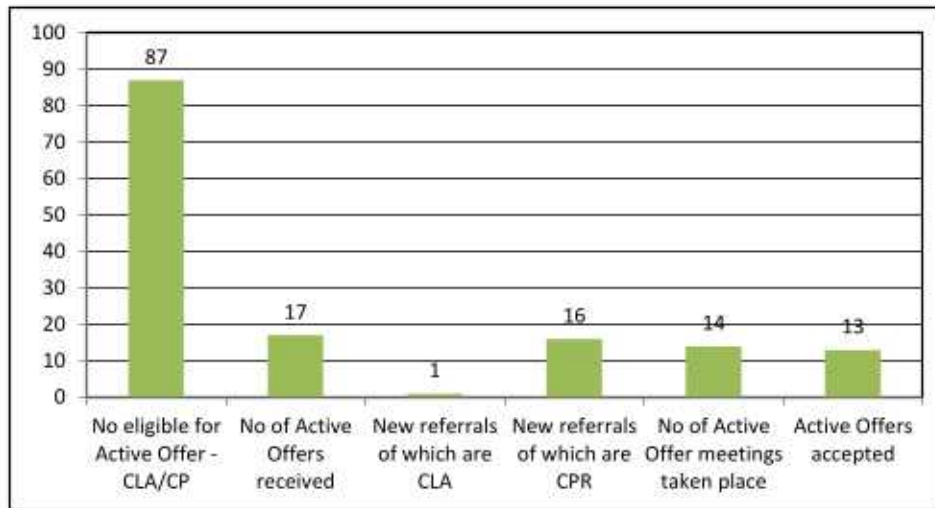
1a. Advocacy Cases - Young People - Issue Based Advocacy



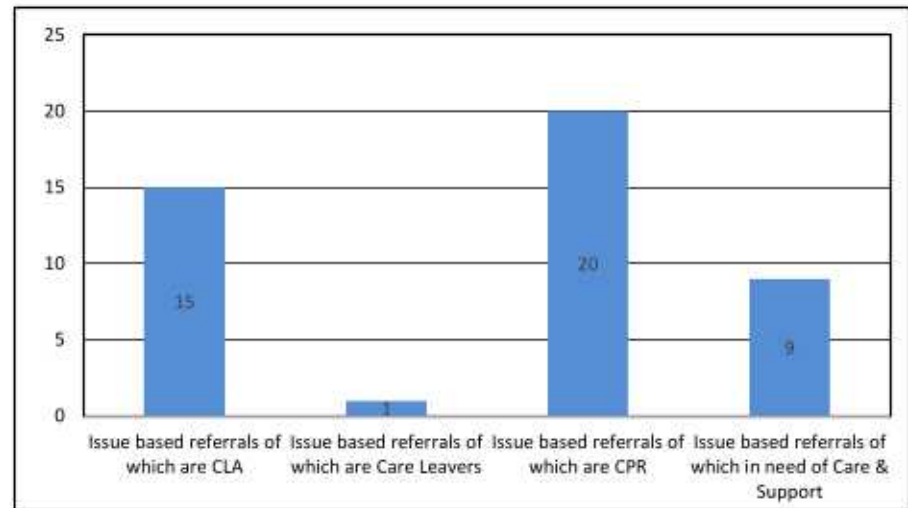
1b. Advocacy Cases - Interventions - Issue Based Advocacy



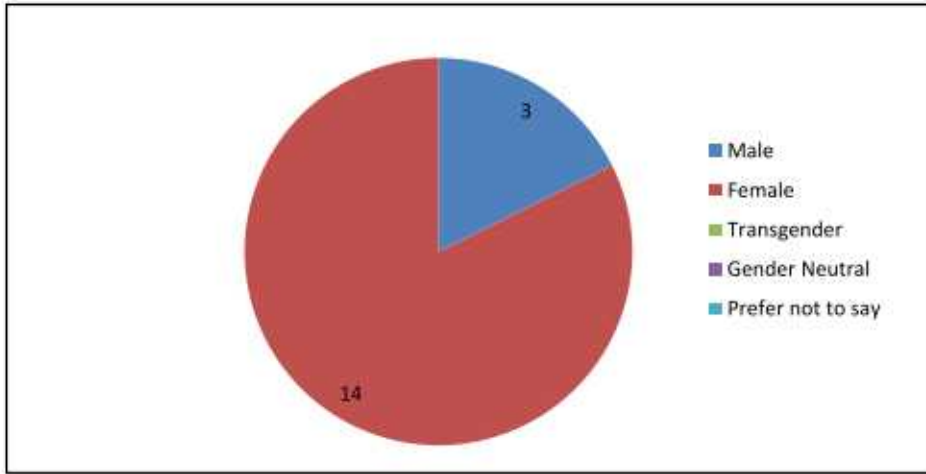
2a. Eligibility Criteria: Active Offer



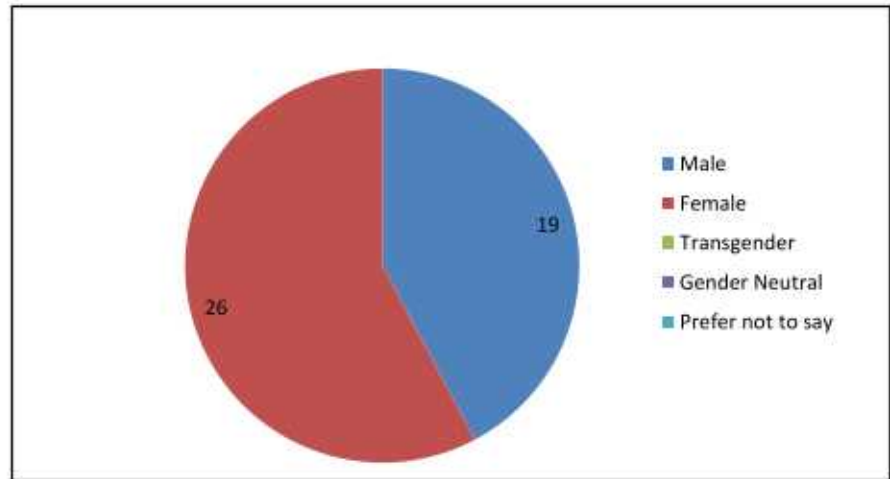
2b. Eligibility Criteria: Issue Based



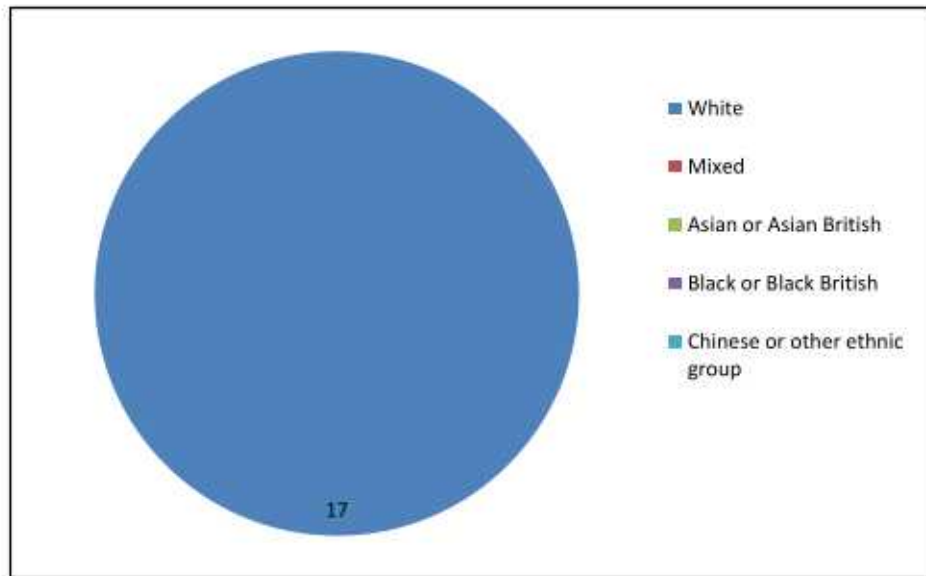
3a. Demographics: Gender - Active Offer



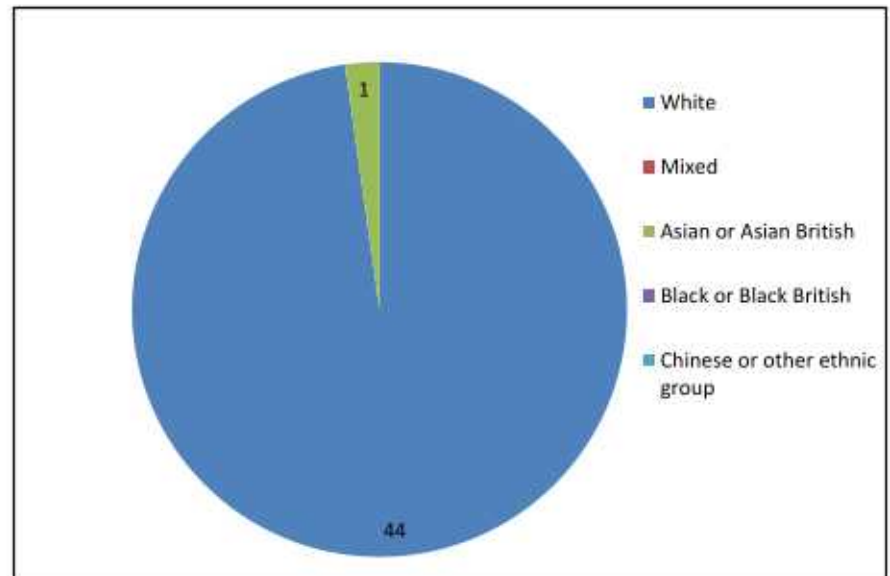
3b. Demographics: Gender - Issue Based



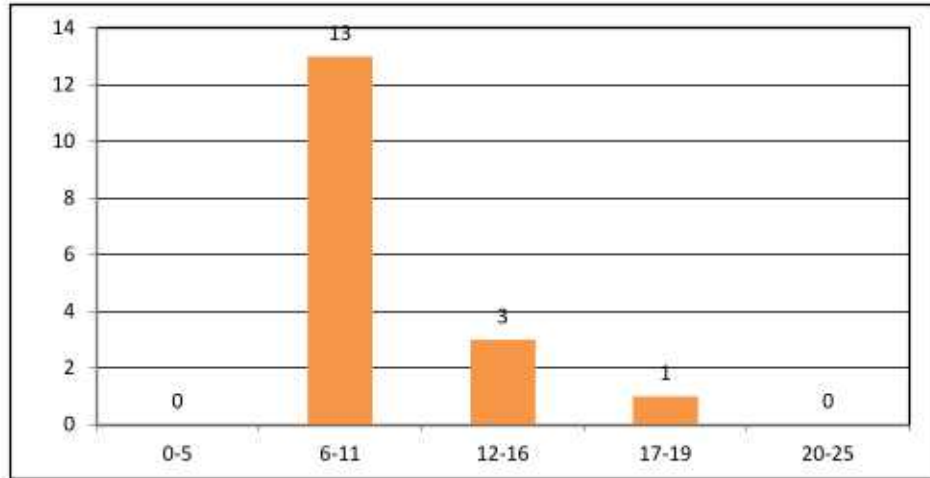
3c. Demographics: Ethnicity - Active Offer



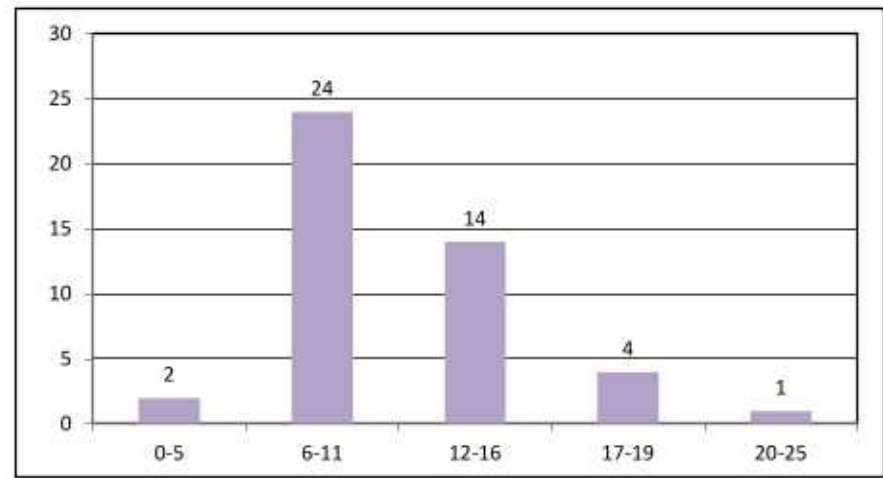
3d. Demographics: Ethnicity - Issue Based



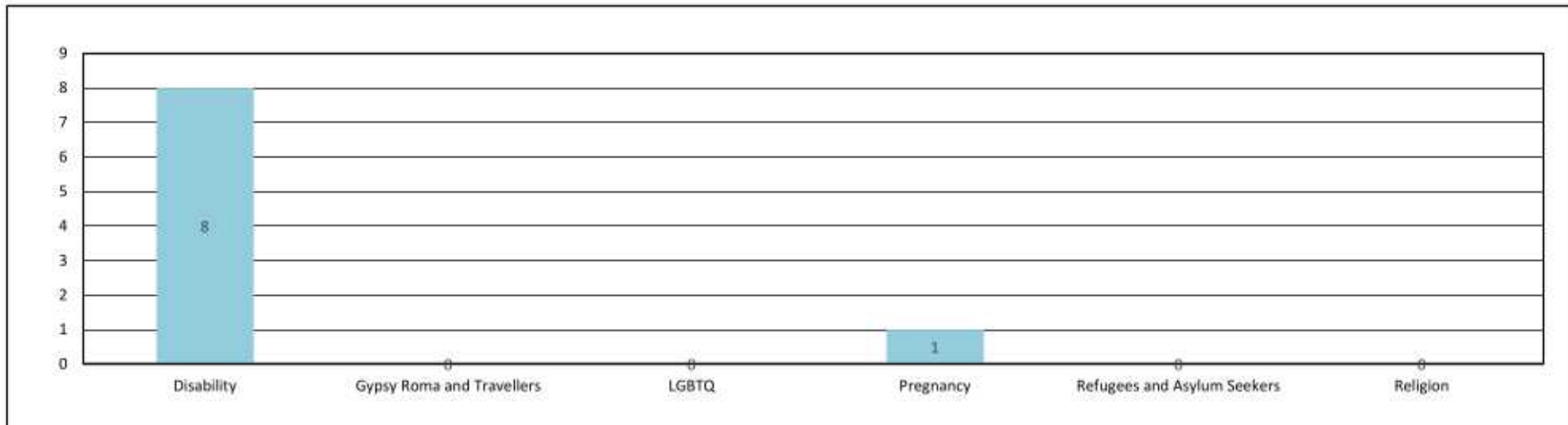
3e. Demographics: Age - Active Offer



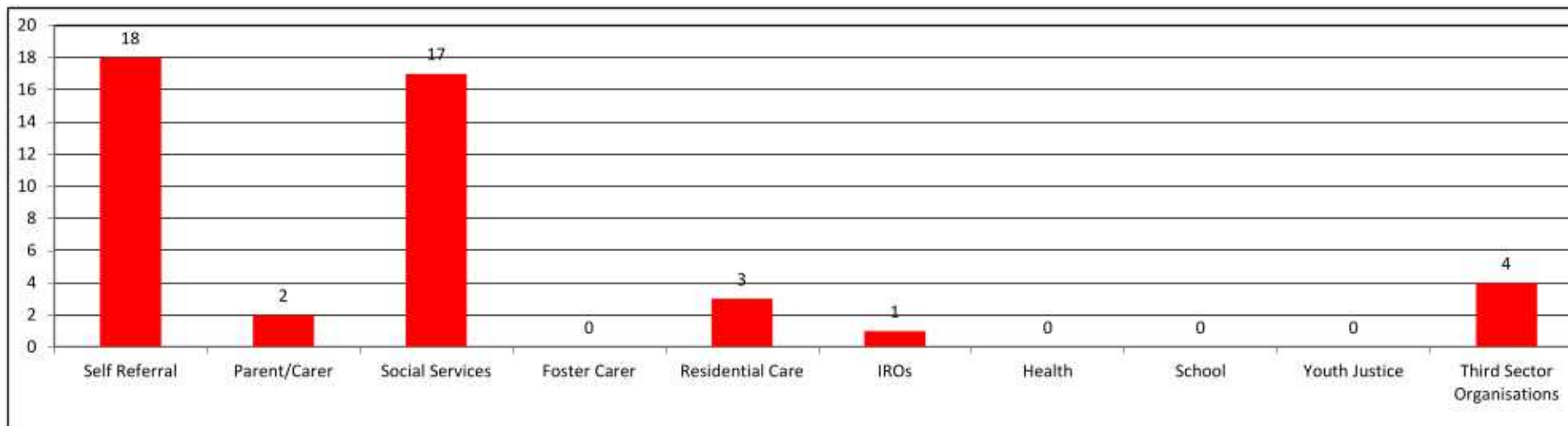
3f. Demographics: Age - Issue Based



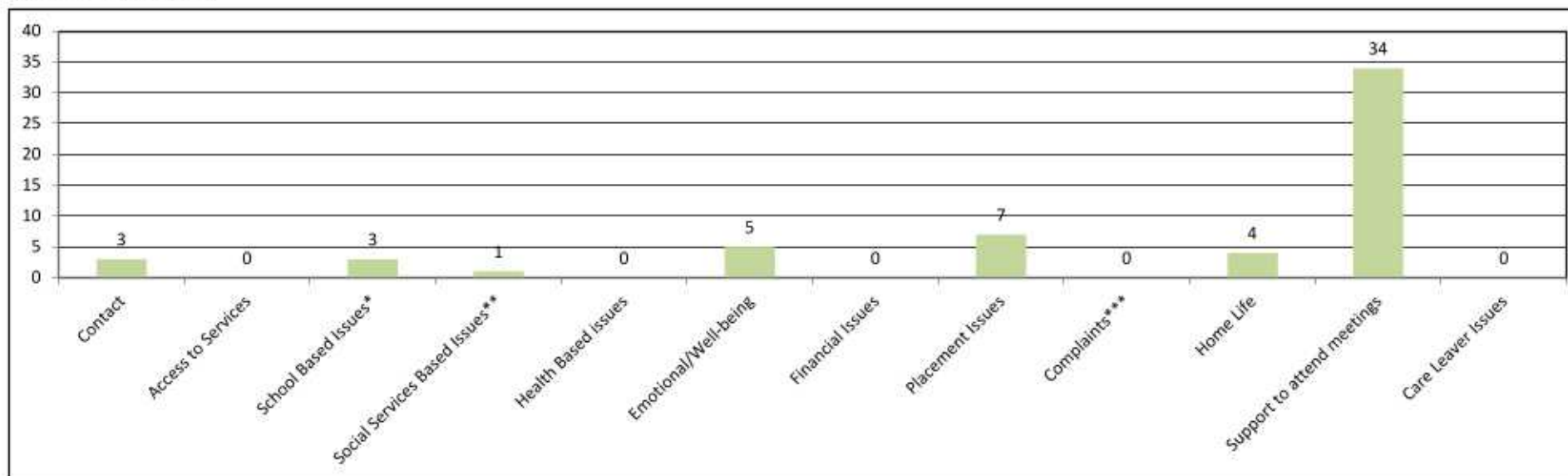
4. Protected Characteristics



5. Referral Source per young person - Issue Based only



6. Issues Presented

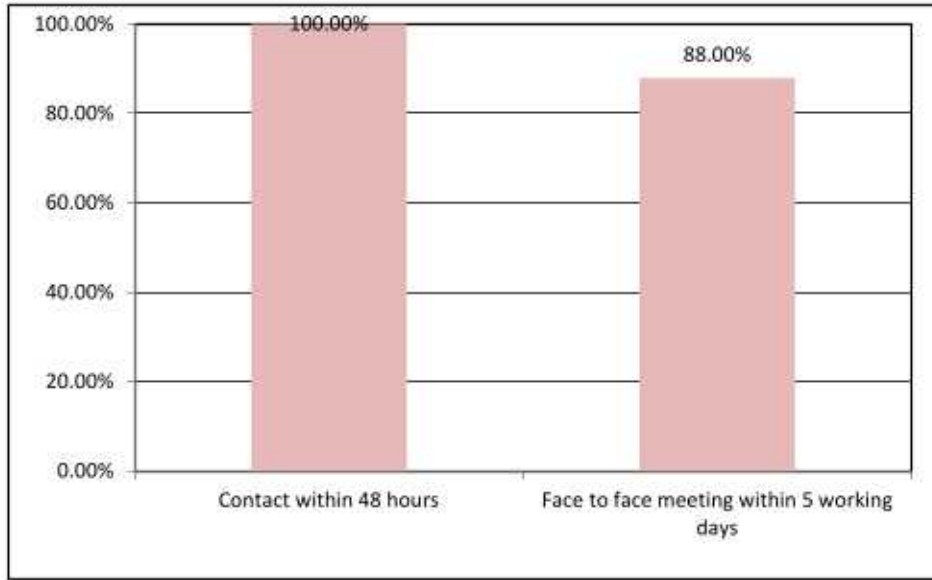


* School based issues including: SEN/ALN, exclusions, bullying, transport.

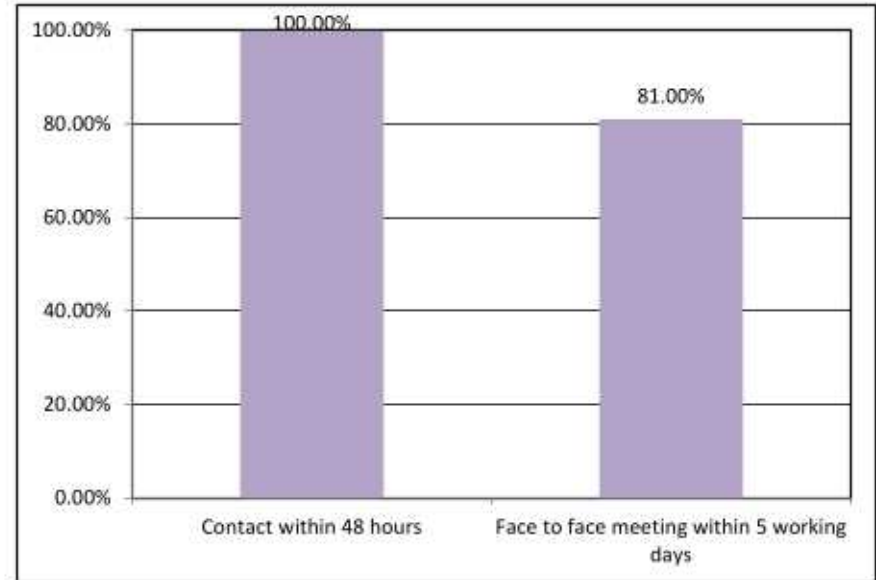
** Social Services based issues including: relationship with worker, care plan, service provided.

*** Complaints refer to any complaints made against statutory services, including Social Service, Police, Health, YJS

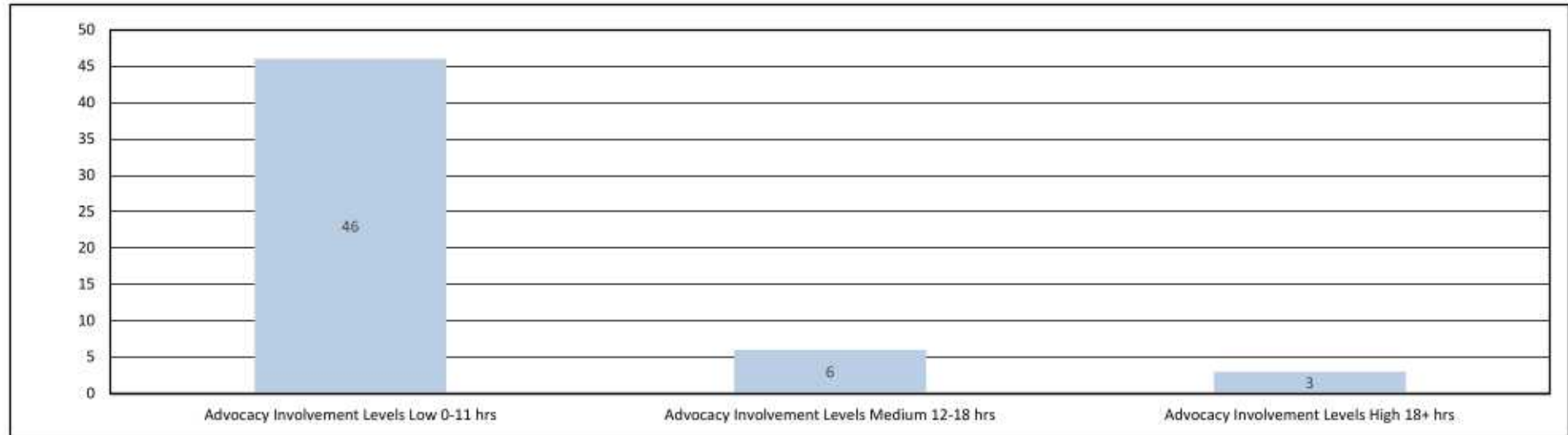
7. Service Performance - Active Offer



Service Performance - Issue Based



8. Level of Advocacy Intervention at point of Issue Closure



9.Outcomes: linked to The National Advocacy Standards & Outcomes Framework

Outcome 1	Children and young people find good quality independent advocacy easily available and accessible.	<p>The service aims to be as responsive as possible, and although external risk assessments continue to affect how quickly the advocate is able to visit the young person, the newly implemented internal risk assessment has helped to reduce waiting time. We are pleased to report that over 85% of young people referred across the two service areas had contact with their advocate within five working days.</p> <p>Advocates continue to support young people placed out of county, both virtually and in person if requested.</p> <p>Plans are in place to promote the AO service to frontline practitioners by reissuing referral information.</p>
Outcome 2	Children and young people have their privacy and confidences respected and their wellbeing safeguarded and protected.	<p>Advocates continue to gain skills in building relationships with young people virtually, but are also undertaking an increasing number of face-to-face visits. This is often to ensure the young person is able to engage confidentially, and without the concern of someone listening in or influencing what they say.</p> <p>Advocates remain flexible, and led by young people when arranging times and dates for virtual calls, and face to face visits.</p> <p>All advocates have up to date Child Protection Training.</p>
Outcome 3	Children and young people are valued for their diversity, treated with respect and all forms of discrimination against them are challenged.	<p>During this quarter, eight disabled young people received issue-based advocacy. Three young people are diagnosed with ASD, three have additional learning needs, one had Down Syndrome and another has Cerebral Palsy and uses a wheelchair.</p> <p>One pregnant young person was referred for issue-based advocacy in this quarter.</p> <p>Advocates always endeavour to engage with young people in a manner that is comfortable, and works for them.</p>
Outcome 4	Children and young people are empowered to take the lead in relation to advocacy services and their rights, wishes and feelings and championed.	<p>Young people consistently tell us they feel empowered to speak up for themselves following advocacy intervention.</p> <p>One RCT young person commented her advocate <i>“was easy and friendly to talk to”</i> and they found the service helpful but didn’t feel the service made a difference to their situation.</p> <p>This is a good example of how many young people have positive experiences with advocacy, even when they don’t get the outcome they wanted.</p>

<p>Outcome 5</p>	<p>Children and young people participate in the design, planning, delivery, monitoring and evaluation of advocacy services.</p>	<p>During the next quarter CTM Advocacy Service will identify a 'participation lead' within the project who will be responsible for keeping up to date with participation and consultation opportunities and support young people to share views about how the service is delivered.</p> <p>From now on, all young people who have received advocacy support will be offered the opportunity to share their views about TGP Cymru's website, with an aim to implementing proposed changes to make the website more accessible for children and young people.</p> <p>All young people who have received advocacy will continue to be asked for feedback in order for TGP to monitor the services provided and make improvements where needed.</p>
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RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

MUNICIPAL YEAR 2021/22

CHILDREN & YOUNG PEOPLE SCRUTINY COMMITTEE

22nd September 2021

REPORT OF THE GROUP DIRECTOR, COMMUNITY & CHILDREN'S SERVICES

Agenda Item No:

Care Inspectorate Wales

Author: Catherine Tyler, Service Development Manager Children Services.

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to update Scrutiny Members in relation to progress with action plans associated with Inspection of the Disabled Children's Service and Focused Activity in the 16+ Service.

2. RECOMMENDATIONS

It is recommended that Members:

- 2.1 Acknowledge the information contained within the report.
- 2.2 Scrutinise and comment on the information provided.

3. BACKGROUND

- 3.1 In October 2020, Scrutiny Committee received its first report about the Care Inspectorate Wales (CIW) reports relating to:
- The inspection of children's services, focusing on support for disabled children in (December 2019)
 - Focused activity with regard to support for care leavers (March 2020)

- 3.2 Prior to this, a report outlining the findings of the Disabled Children’s Service Review and proposed next steps was brought to Scrutiny Committee on the 4/12/2019 for consideration and comment. See link below:

<https://www.rctcbc.gov.uk/EN/Council/CouncillorsCommitteesandMeetings/Meetings/ChildrenandYoungPeopleScrutinyCommittee/2019/12/04/ChildrenandYoungPeopleScrutinyCommittee04Dec2019.aspx>

4. DISABLED CHILDREN’S SERVICE

- 4.1 Children’s Services received CIW’s Inspection Report on the provision of early help, care and support and seamless transition for disabled children and their families in Rhondda Cynon Taf in March 2020. See link below:

<https://careinspectorate.wales/sites/default/files/2020-03/200309-support-and-arrangements-for-children-disabled-rtcbc-en.pdf>

- 4.2 The report identified the following strengths and areas for improvement :

Strengths	Areas For Improvement
<ul style="list-style-type: none"> • A strong vision for remodelling services for disabled children. • An effective and improved response at the ‘front door’ of children’s services. • The multi-agency safeguarding hub (MASH) evidenced good joint working arrangements. • An understanding of the social model of disability within our prevention and early intervention services and an The Children with Additional Needs Service (CANS) is an effective and valued service, with a focus on family strengths and the achievement of personal outcomes. • Rhondda Cynon Taf County Borough Council (RCTCBC) provides its own psychological support for children and practitioner consultation. 	<ul style="list-style-type: none"> • Increased focus on family strengths and the identification of personal outcomes. • Improved practice in relation to assessments of parent carers. • Ensuring greater promotion of the voice of the child including the use of advocacy. • Greater support for siblings of disabled children. • To develop alternative approaches to providing respite/short breaks. • The local authority and the health board need to reach greater resolution on eligibility for continuing care arrangements for children with complex needs. • Improving quality assurance within DCT. • Consideration to be given to the benefits to disabled young people of earlier active involvement by adult services

<ul style="list-style-type: none"> • That staff were positive and felt well supported by colleagues and managers. • Evidence of partnership working in the development of an emotional well-being service jointly with Cwm Taf Morgannwg University Health Board. • intention to improve equality of access for disabled children. 	<p>social workers and Personal Advisors (PAs).</p> <ul style="list-style-type: none"> • Re-establish the disability register • CTMUHB and RCTCBC to continue to focus efforts to achieve a more joined up strategic approach to the advantage of citizens.
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4.3 As outlined in the December 2019 Disabled Children’s Service Review Report to Scrutiny Committee, work was already underway to change the delivery model for disabled children prior to the CIW inspection. Where further areas for improvement were identified they have been incorporated into the Disabled Children’s Services Remodelling Implementation Plan.

4.4 Progress against the post inspection Action plan is outlined at Appendix 1.

5. CIW FOCUSED ACTIVITY 16 + TEAMS

5.1 AT the end of March 2020, Children’s Services received CIW feedback in relation to the focused activity undertaken earlier that month with the 16+ teams. This did not lead to a written and published report owing to the status of the work but there was feedback in letter format. The letter identified the following Strengths and areas for improvement :

Strengths	Areas For Improvement
<ul style="list-style-type: none"> • Personal Assistants (PAs) were committed to promoting the well-being of young people • that young people valued their PAs; • and that there were good examples of good contact between the PAs and other professionals • CIW step in the right direction 	<ul style="list-style-type: none"> • Improving the outcome focused approach, ensuring that young people’s wishes and feelings are evident in pathway planning • Ensuring Pathway Plans are reviewed in a timelier manner and involve updates from relevant agencies. • Improving quality assurance. • Ensuring young people have an active offer of a service in Welsh.

The associated improvement plan can be found at Appendix 2

6. EQUALITY AND DIVERSITY IMPLICATIONS

6.1 This is an information report.

6.2 An Equality Impact Assessment will be undertaken as part of the implementation process.

7. CONSULTATION

7.1 This is an information report.

7.2 Further consultation will however be undertaken as part of the implementation process.

8. FINANCIAL IMPLICATION(S)

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

8.2 Funding opportunities may need to be explored to take forward elements of the Action Plans.

9. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED

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

10. LINKS TO THE COUNCIL'S CORPORATE PLAN / OTHER CORPORATE PRIORITIES/ SIP

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

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

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

11. CONCLUSION

- 11.1 Progress has been made against both action plans which also highlight the areas where progress is still required.
- 11.2 There is a strong commitment within RCT Children's Services to support the Disabled Children's Service and the 16+ Teams to implement positive change, whilst acknowledging and building upon the strengths identified. Steering groups have been established and the action plans provide a clear framework to facilitate and drive change to deliver improved outcomes for children and young people within RCT.

Appendix 1: Disabled Children’s Service Post CIW Inspection Improvement Plan

Children’s Services received CIW’s Inspection Report on the provision of early help, care and support and seamless transition for disabled children and their families in Rhondda Cynon Taf in March 2020. The action plan below tracks progress and barriers with the improvements identified as necessary by the inspection.

Improvement area 1: Well-being	What Needs to be Done	Who / When	Update 7.9.21	RAG
1.1 There should be increased focus on strengths, the voice of the child and clear outcomes for assessment and care and support within the Disabled Children’s Team (DCT).	Review documentation, Assessment, Care and Support Plan, supervision to ensure it captures the voice of the child and has regard to the needs of siblings. Ensure documentation supports a strength based, outcome focused approach.	HoS /SM/TMs & training 30.4.21	Revised templates implemented.	Completed
	Agree approach to strength based work (solution focused /restorative practice). Review available inhouse resource: trainers, mentors, training dept support etc. Develop a sustainable training programme to be piloted within the DCT and 16+ Teams.	30.4.21	Research element is complete. Steering group have endorsed an RCT approach. RCT Model of Practice will now commence in March 2022. We are in the midst of a recruitment and retention challenge and current level of vacancy would be a barrier to implementation. However, preparatory work will take place.	

	Detailed implementation plan to be developed.		Staff Engagement sessions held in June 2021, considered our vision and values, which will inform the model of practice.	
1.2 There should be increased effective management oversight and quality assurance within DCT.	Work commenced to develop bespoke quality assurance tools e.g. audit and supervision tools.	HoS / SDO 1.5.21	Revised templates etc implemented.	Completed
	Children's Services Quality Assurance Framework to be embedded within the service and WCCIS as a priority. DCT detailed performance report to be developed by the Management Information Team.	HoS /SDO / BPM 31.7.21	Service QA Plan has been developed and is being implemented. Subgroup established, performance report under development.	
1.3 There should be greater support for siblings of disabled children.	To review the commissioned services against DCT's new model of intervention and support for siblings.	SMs / SDO 31.7.21	Work with the Resilient Families Service to take forward joint working to support siblings of disabled children paused, will recommence in Autumn 2021. Undertaking a review of Action For Children's commissioned services in RCT.	

Improvement area 2: People – voice and choice	What Needs to be Done	Who / When	Update 7.9.21	RAG
<p>2.1 There needs to be greater promotion of the voice of the child throughout services for disabled children, including advocacy.</p> <p>There should be more specialist training undertaken by practitioners in DCT.</p>	<p>See 1.1 Script developed and shared, further information and guidance provided practitioners clear all children automatically to be referred to TGP for advocacy. Monitoring tool discussed as part of interface meetings.</p>	<p>SDM HoS Completed</p>	<p>Completed</p>	
	<p>Develop specialist training for DCT practitioners.</p>	<p>SDM</p>	<p>Further specialist training for DCT practitioners will be provided as the need is identified.</p>	<p>Completed</p>

Improvement area 3: Partnerships and integration	What Needs to be Done	Who / When	Update 7.9.21	RAG
<p>3.1 CTMUHB and RCTCBC should continue to focus efforts to achieve a more joined up strategic approach</p>			<p>Service Director taking forward CC and MAPP directly with CTMUHB.</p> <p>Meeting held in April 2021 with reps from LHB and CS; where it was agreed to establish regular meetings</p>	

to the advantage of citizens.			<p>to achieve a more joined up strategic approach to service development for disabled children and their families.</p> <p>SM SDO to co-ordinate the initial meeting June/July 2021. Meeting delayed to be scheduled in Autumn 2021.</p> <p>Population needs assessment has commenced.</p>	
3.2 Current service provision for disabled children and their families should be evaluated and planning of services undertaken against projected future needs. This information would inform improved joint commissioning.	<p>To review the commissioned services against DCT's new model of intervention. Need to ensure that all services are working to support the new model.</p> <p>Ensure opportunities for joint commissioning are identified E.G. COT agreement with Adult Services to be reviewed. Review of Rhondda Family Support.</p>	HoS SDM	<p>Review of commissioned services continuing</p> <p>Initial discussions held with Adult Services re provision of COT services going forward.</p>	
3.3 There should be resolution of the funding of continuing care.	<p>Work with health colleagues to address:</p> <ul style="list-style-type: none"> • No clear process for accessing CC. • Lack of engagement at MAPP • Funding difficulties • Transition 	CSD	LHB has developed its policy and further work is required on implementation.	

<p>Consideration should be given to the benefits to disabled young people of earlier active involvement by adult services social workers and Personal Advisors (PAs).</p>	<p>Create a 16+ PA post within the new DCT's structure.</p>	<p>SDM HoS 14.2.21</p>	<p>PA in post, operational, mechanisms established, improved links and joint working.</p>	<p>Completed</p>
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Improvement area 4: Prevention and early intervention	What Needs to be Done	Who / When	Update 7.9.21	RAG
<p>4.1 All assessments must be sufficiently thorough (proportionate) and analyse need (and not be viewed as a process just to secure a specific resource).</p>	<p>See 1.1</p>		<p>Post in Early Intervention Teams (IAA/EAT) operational. Good working practice established</p>	<p>Completed</p>

Appendix 2: 16+ Post CIW Focused Activity Improvement Plan

At the end of March 2020, Children's Services received CIW feedback in relation to the focused activity undertaken earlier that month with the 16+ teams. The resulting letter highlighted the areas of strengths and improvements. This action plan tracks progress and barriers with the related improvements.

Improvement	What Needs to be Done	Who / When	Update 7.9.21	Red Amber Green
1.PAs should use an outcome focused approach with young people to identify personal outcomes and ensure the young person's wishes and feelings are evident in pathway planning.	<p>Agree approach to strength based work (solution focused /restorative practice).</p> <p>Review available inhouse resource: trainers, mentors, training dept support etc.</p> <p>Develop a sustainable training programme to be piloted within the DCT and 16+ Teams.</p> <p>Detailed implementation plan to be developed.</p>	<p>HoS / SM/ TMs & training</p> <p>30.4.21</p>	<p>Research element is complete. Steering group have endorsed an RCT approach. RCT Model of Practice will now commence in March 2022. We are in the midst of a recruitment and retention challenge and current level of vacancy would be a barrier to implementation. However, preparatory work will take place.</p> <p>Staff Engagement sessions held in June 2021, considered our vision and values, which will inform the model of practice.</p>	Implementation of RCT Model of Practice has been delayed, will now commence in March 2022.
2.Reviews of pathway plans should be meaningful, timely and involve updates from relevant people and agencies. Progress against outcomes should be evaluated and plans and actions	<p>Review documentation, Assessment, Pathway Plans, supervision to ensure it captures the voice of the young person and supports a strength based, outcome focused approach.</p> <p>See point 3 Begin to embed the actions outlined in point 3 into practice and monitor implementation.</p>	<p>HoS/ SM</p> <p>1.7.21</p>	<p>SMs have regular performance meetings with TMs (inc Pathway Plans) utilising the data contained within the Performance Report.</p> <p>HoS review of documentation to support QA, focus, supervision and case audit tool completed.</p> <p>Implementation of supervision and audit tools to commence in the Autumn 2021</p>	

changed where appropriate			Further changes to documentation will be led by the work on the RCT Model of Social Work Practice.	
3. Quality assurance practice should be improved. This should involve greater use of available information to analyse and explore outcomes for young people and thereby identify effective approaches	16+ Performance Report has been developed by the Management Information Team. Report has been shared with TMs. Children's Services Quality Assurance Framework to be embedded within the service and WCCIS as a priority.	HoS SMs 31.1.21 30.5.21	Performance meetings established. Programme of focused audits being implemented. Service QA Plan has been developed, in the initial stages of implementation.	
4. Managers must ensure young people receive the active offer for services in the Welsh language	To pursue incorporating a trigger question regarding the Welsh language into the 16+ documentation. To be included in any wider changes made to the Pathway Review/ Plan templates on WCCIS.	SM PM 30.4.21		Completed
5. Managers should consider a systemic review of capacity, allocation practice and use	First step to focus on team development. Consider the culture of the team, how things currently operate, strengths, opportunities for development.	HoS/SM 31.1.2021	As a result of recruitment difficulties, the team development training has been put on hold so that new staff joining the service will have the opportunity to take part in the sessions.	

of resources across the current team structures and take any immediate action necessary	Capacity and resources have been addressed.			
6. RCTCBC may be able to improve its offer to care leavers by a more proactive approach from housing.	Recommence the 16+ Accommodation and Support Strategy as it has been placed on hold due to the pandemic. Identify priority areas to take forward.	CSD HoS	<p>16+ Accommodation Strategy priority actions areas being progressed:</p> <p>Mercury Project report and recommendations delivered. Housing Solutions Officer identified as lead for Care Leavers in Housing. Further work scheduled to develop a clear pathway to housing for care leavers. Improve the interface between housing and Children's Services.</p> <p>Appointed to SW post Supported Lodging Scheme, changes made to the recruitment pathway of supported lodging providers.</p> <p>2 Mentor posts 16+ Teams now out to advert.</p> <p>ICF Bid for the Care Leavers Accommodation (PassivHaus) awarded 24.8.21.</p> <p>Autumn 2021 exploring options re utilising the training flats, linking with</p>	

			the new mentor posts and care leavers accommodation.	
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