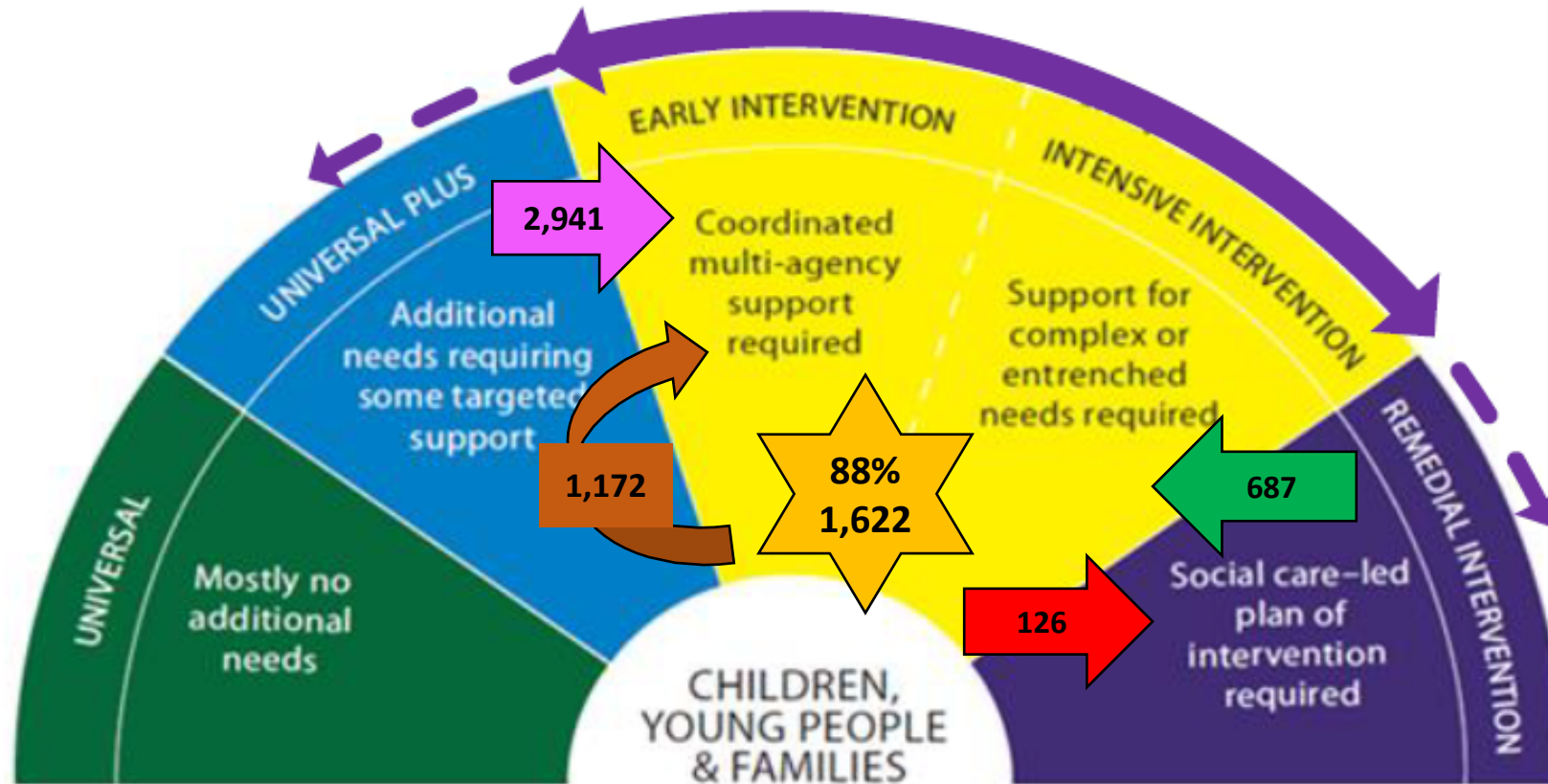
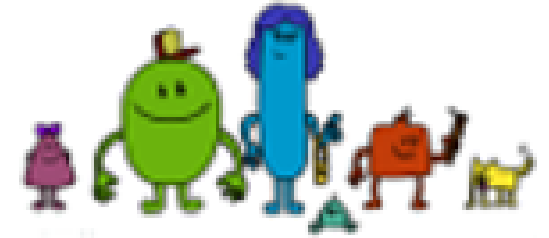


Resilient Families Service Review Data 2019/20 and 2020/21

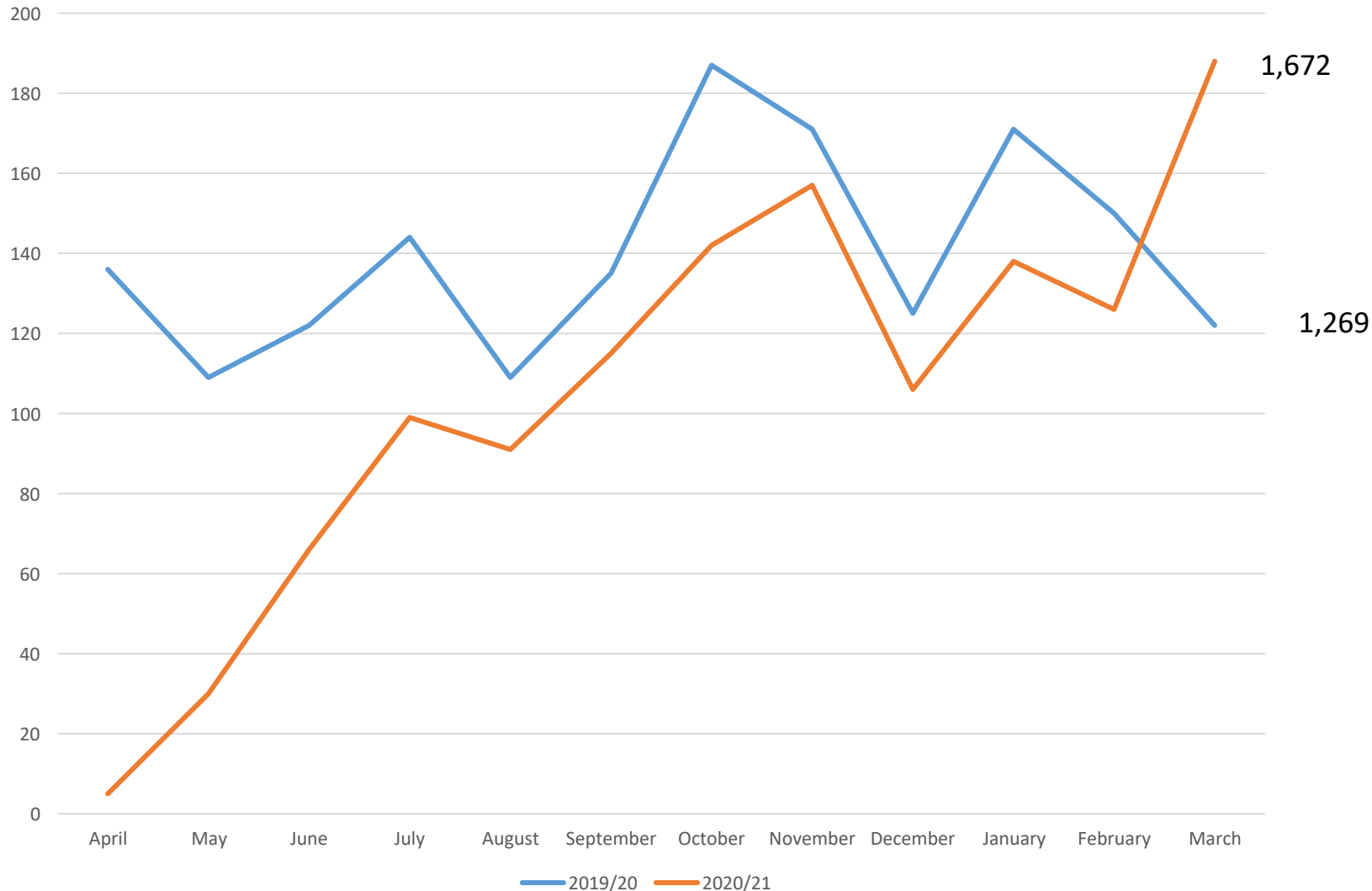
Corporate Parenting Board
September 2021

Performance for 2019/20 and 2020/21



- Referrals
- Step downs
- Step ups
- Re-referrals
- Improved resilience

Referrals into RFS



The total number of referrals received into RFS decreased by over 24% between 2019/20 and 2020/21 to 1,269.

As the chart demonstrates the number of referrals received each month fluctuates significantly but comparing this data with previous years we are starting to see a trend with increased numbers received during October, November and January.

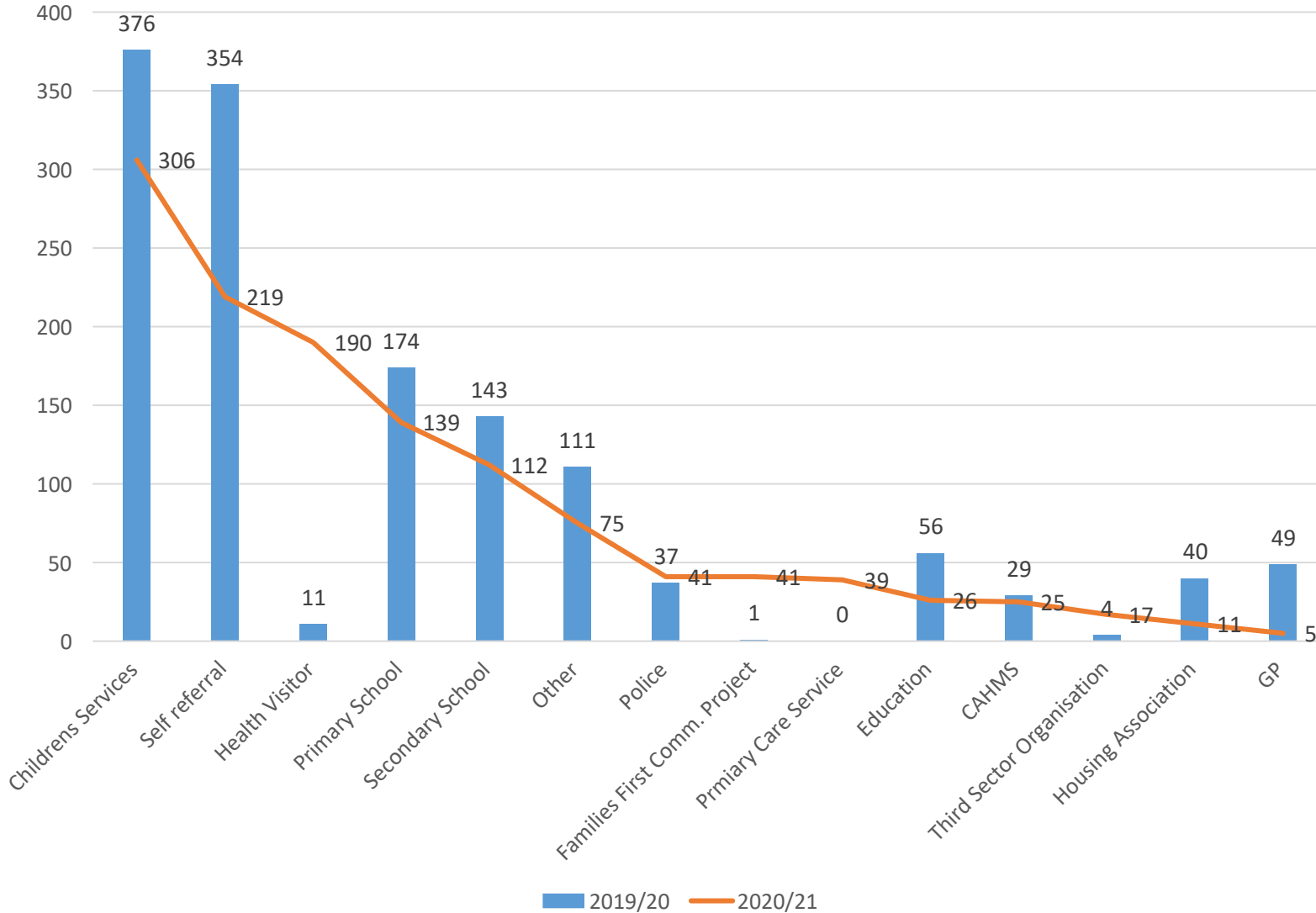
The average number of referrals received per month was:

2019/20 – 139

2020/21 – 106

(Currently @ July 2021 – 240)

Referral sources

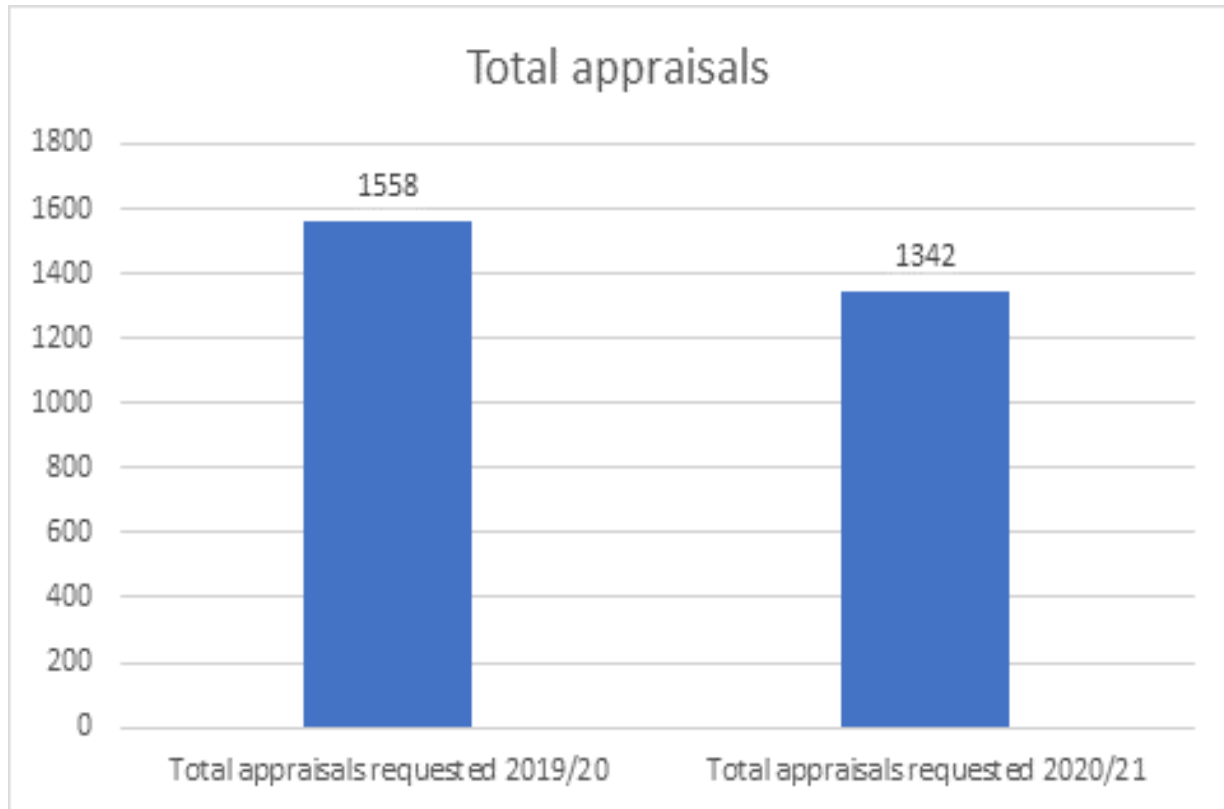


During this 2 year period although referral rates from sources has changed the highest areas remain:

	2019-20	2020-21
Children's Services	22%	24%
Self referrals	21%	17%
Health Visitors	1%	15%
Primary Schools	10%	11%
Secondary Schools	9%	9%

2020-21 saw an increase in referrals from community based services who remained in direct contact with families during the pandemic

Appraisals



The chart above indicates that there was a reduction in the number of appraisals completed in 2020/21 when compared to the previous year, a decrease of 14%. This is due to the reduction in the number of referrals and the change in the nature of support required as a result of covid

<u>Appraisals</u>	2019/20	2020/21	Difference
Parenting	317	421	104
Education	430	261	-169
Health	193	210	17
Finance	248	155	-93
YEPS	218	142	-76
Childcare	35	65	30
Housing	54	50	-4
YOS	63	26	-37

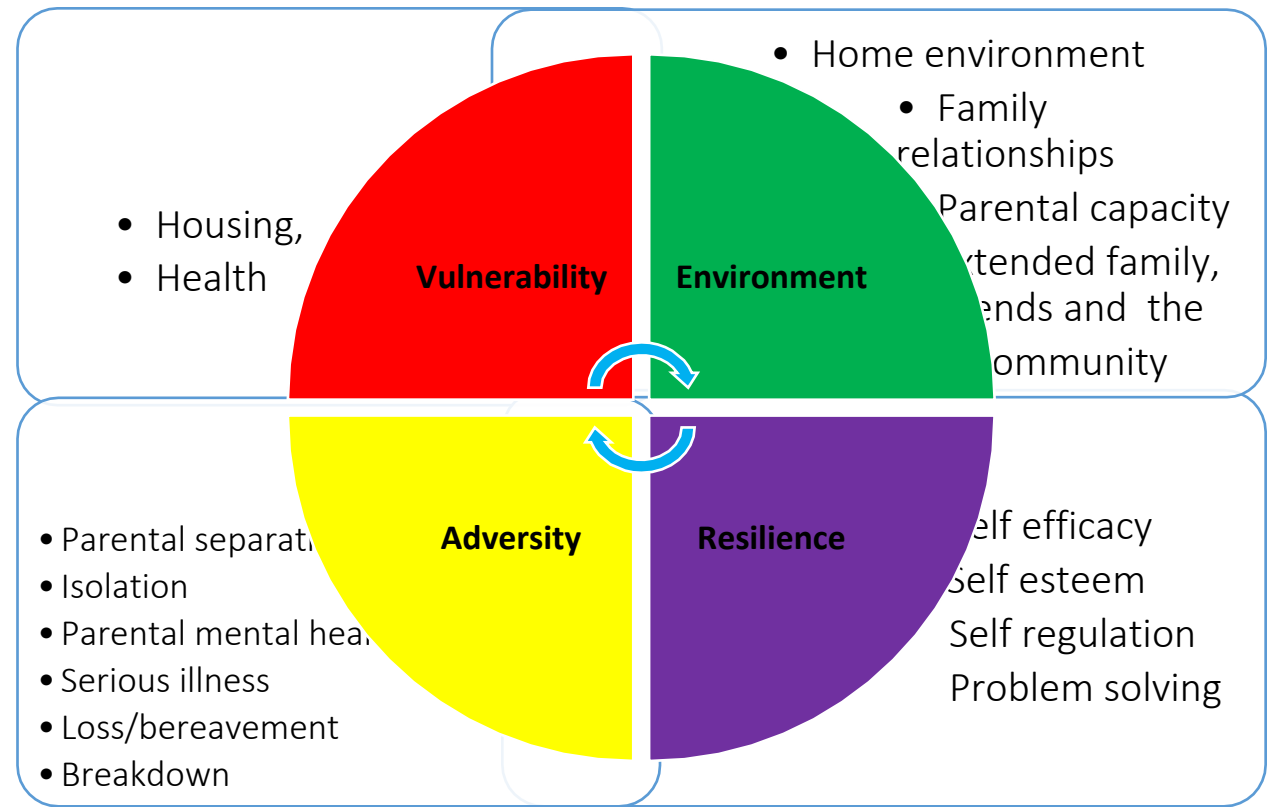
The table above provides a breakdown of the different appraisals undertaken over the 2 years. It highlights that there has been a significant increase in parenting appraisals and a slight increase in health appraisals.

Due to the restrictions of the pandemic all the other appraisals have reduced. To combat the longer term impact of covid, financial appraisals are now automatically requested for all referrals.

Changing needs

The table highlights the areas that have seen the greatest increases and decreases in the number of families identifying them as an issue for them between 2019/20 and 2020/21.

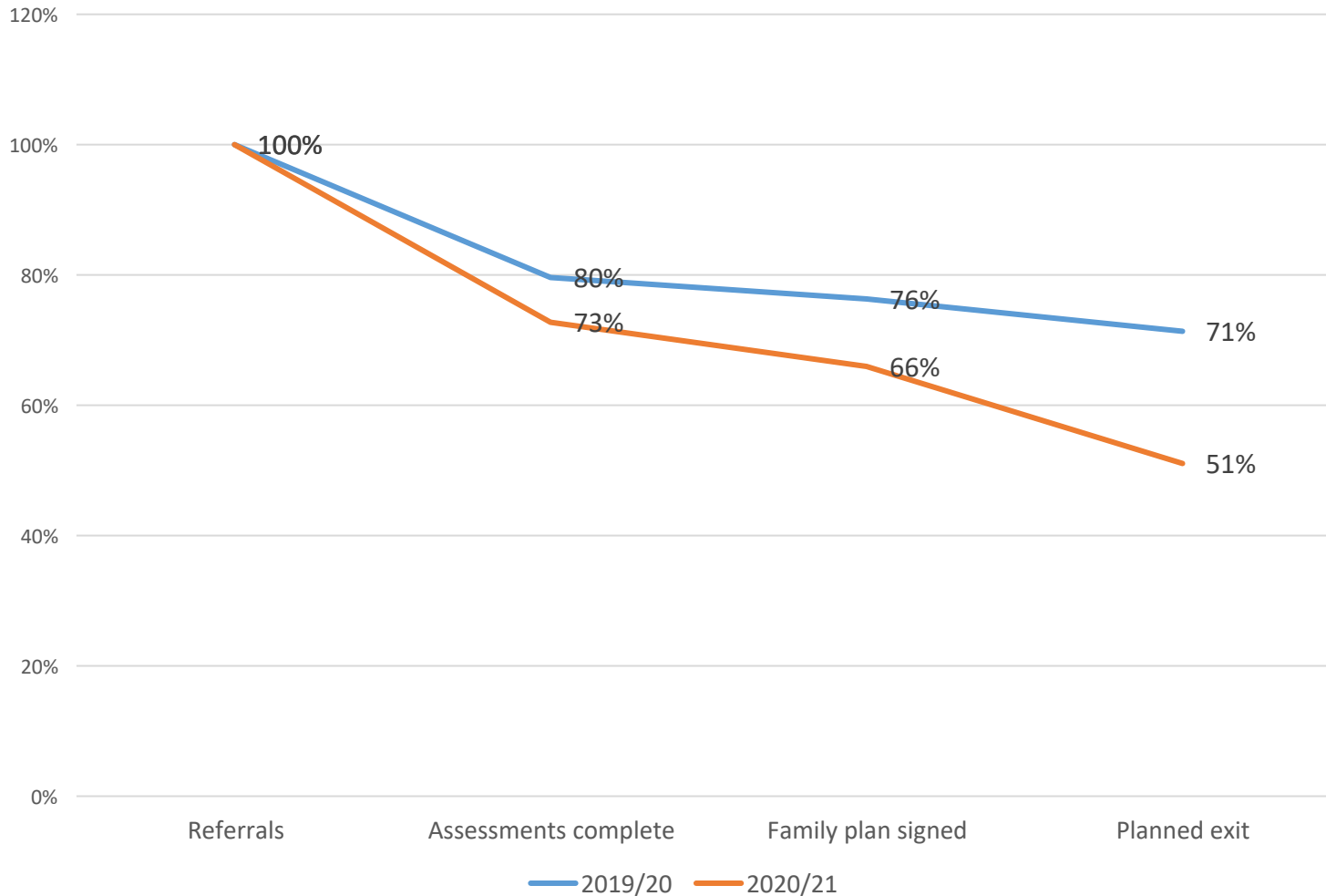
The areas of need recording the greatest increases closely relate to the effects of Covid lockdowns. A higher proportion of families are experiencing high levels of stress and require intensive support within the home.



Top 5 areas for increased levels of need	% shift	Top 5 areas for decreased levels of need	% shift
High/intense level of support to address challenges	10.8%	Positive relationship with school	-4.8%
Current levels of stress within family	6.9%	Family experiencing financial difficulties	-2.3%
Health vulnerabilities	4.6%	Drug and/or alcohol use	-0.9%
Engage in leisure/sport/community activities	4.3%	Parenting/caring skills	-0.6%
Learning from previous mistakes	3.6%	Family is a strong and confident unit	-0.5%

Retention

Retention at key stage of RFS intervention



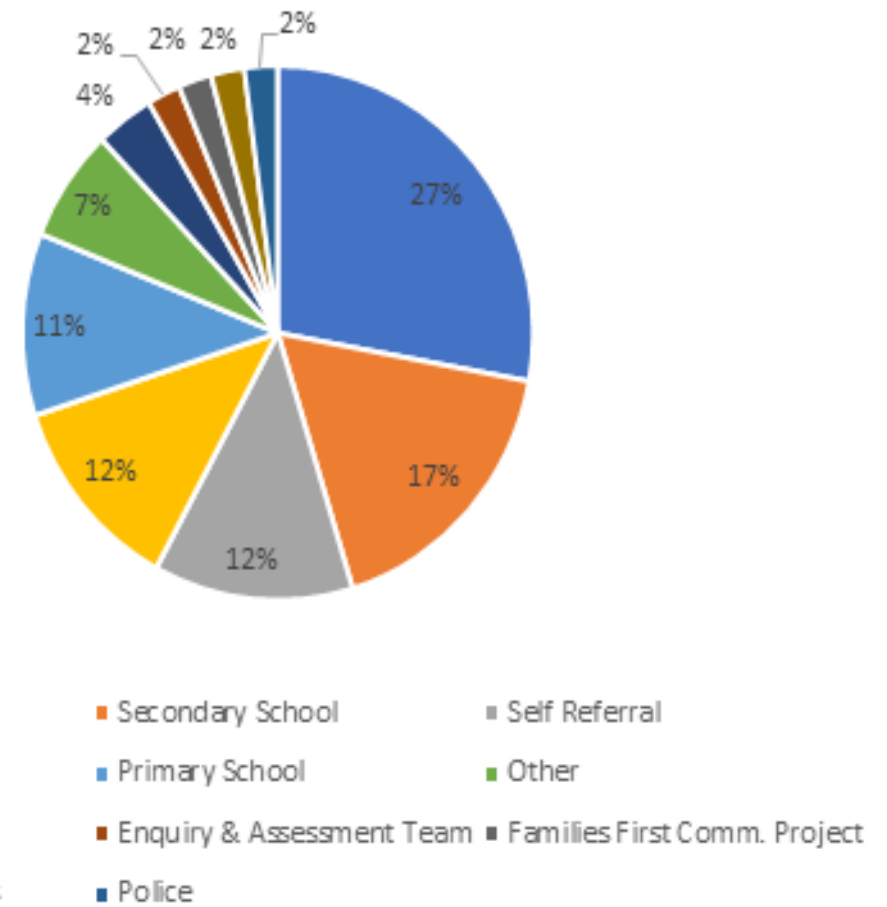
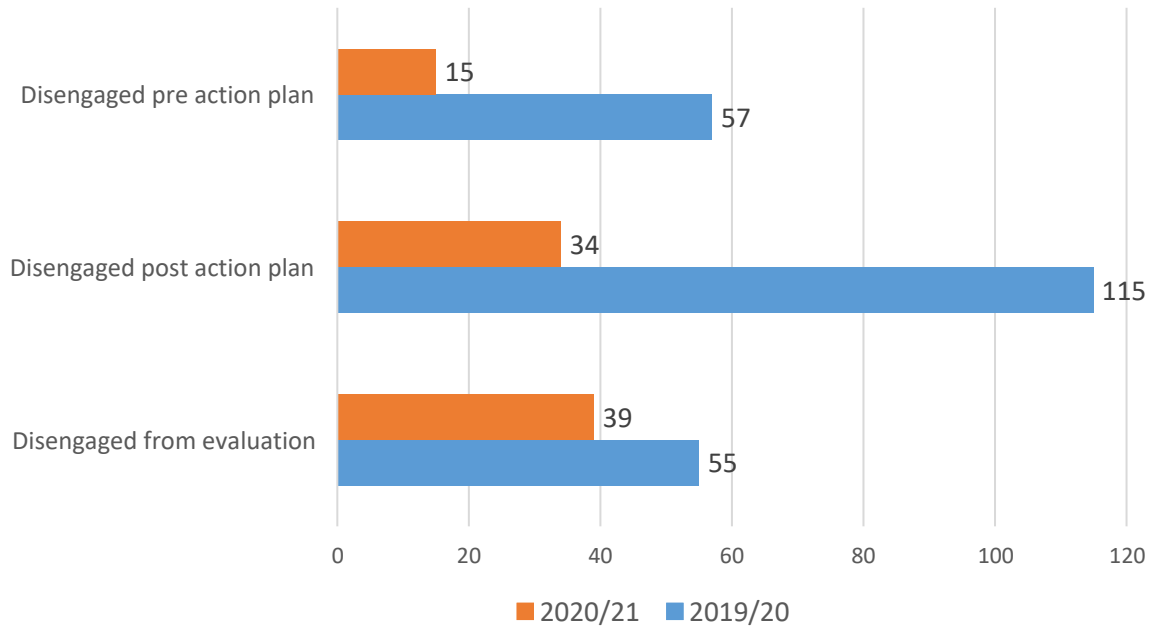
The chart illustrates the retention rate of families at each of the key stages of the RFS model.

Up to the point lockdown started in March 2020 RFS were on course to follow the trend of previous years and record a continuous improvement in the retention rate.

The significant restrictions placed on the service during 2020/21 had a major impact on our ability to provide the services families required and therefore the retention rates dropped to our lowest level. A number of families struggled with virtual support which contributed to the fall in retention rates during the intervention stage

Disengagement

Disengaged from RFS



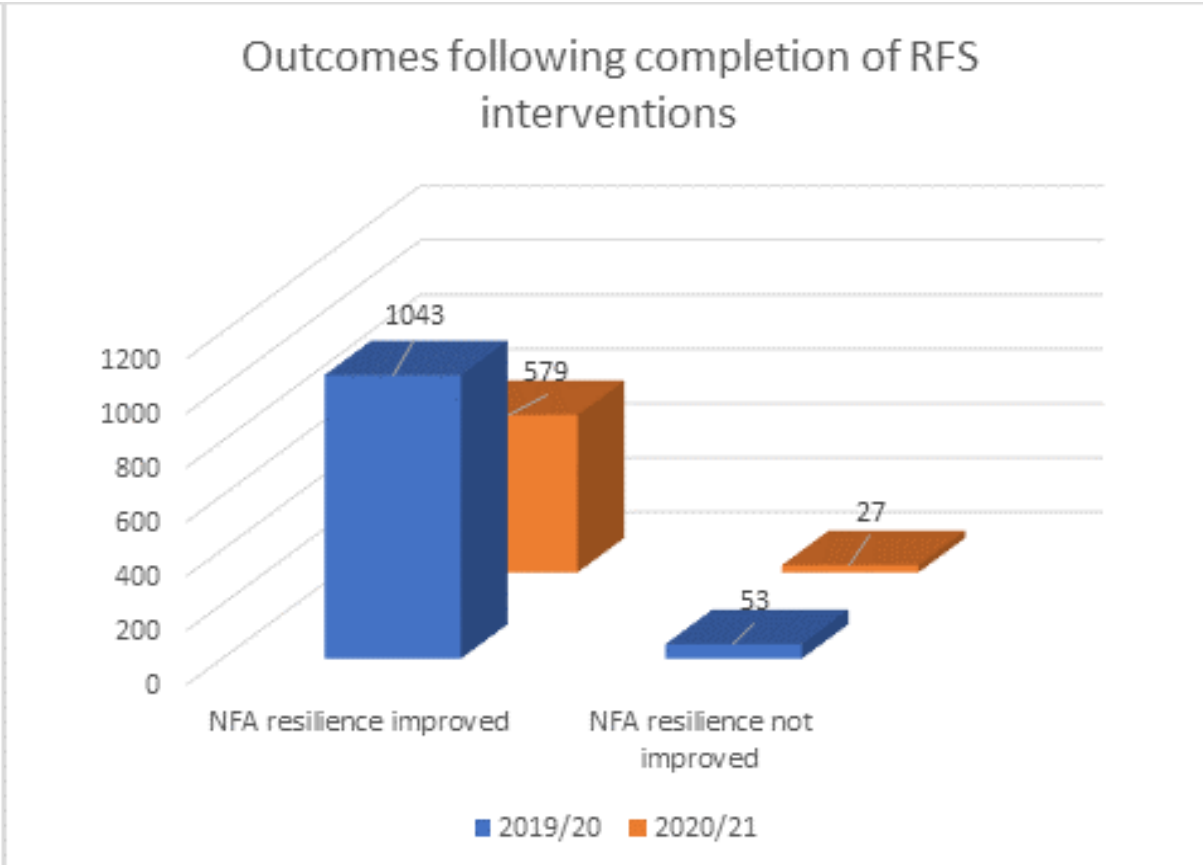
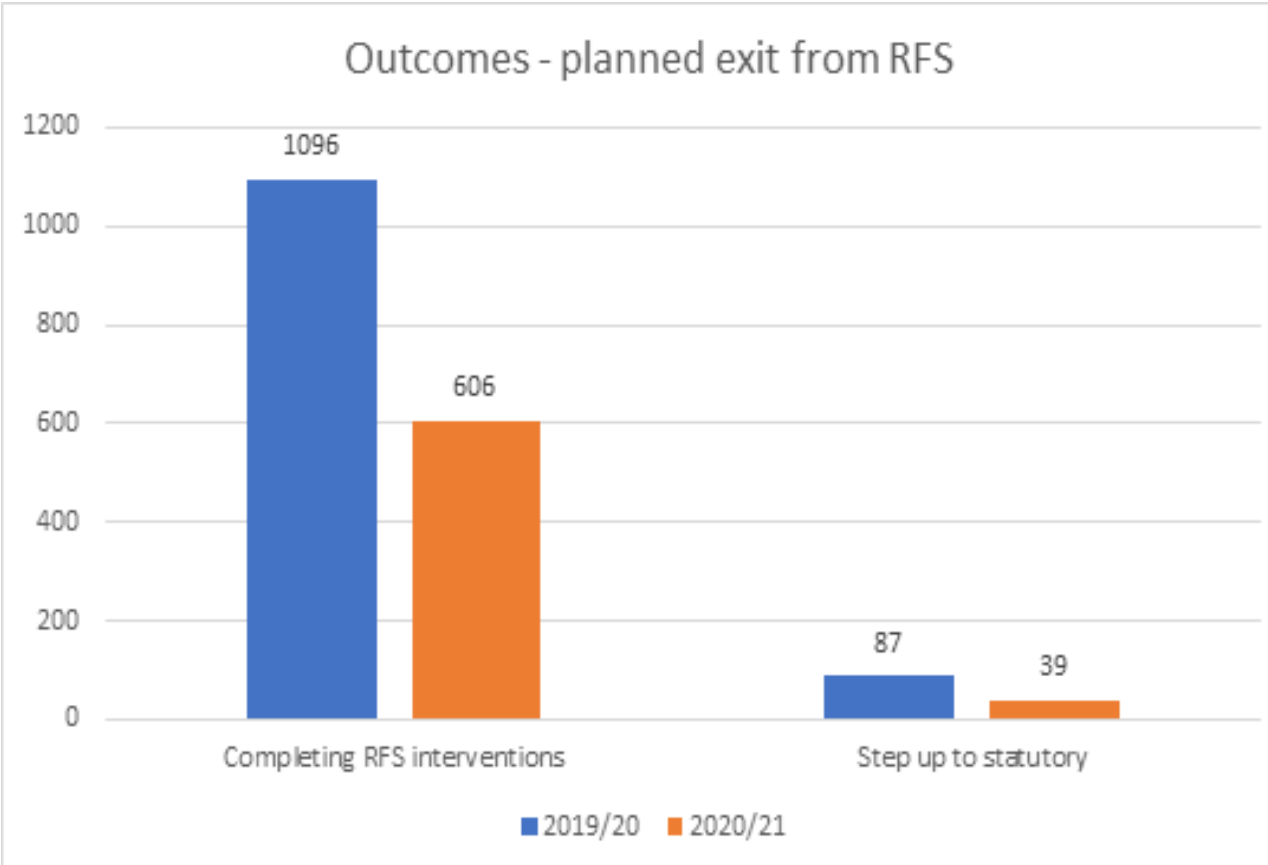
The families disengaging represented 14% of referrals in 2019/20 and 7% of all referrals in 2020/21.

Further analysis of the referral source for families who disengaged from RFS at the pre action plan stage during 2020/21, shows that 34% were step down cases from Children's Services (58 families). This is attributable to the voluntary nature of engagement with RFS.

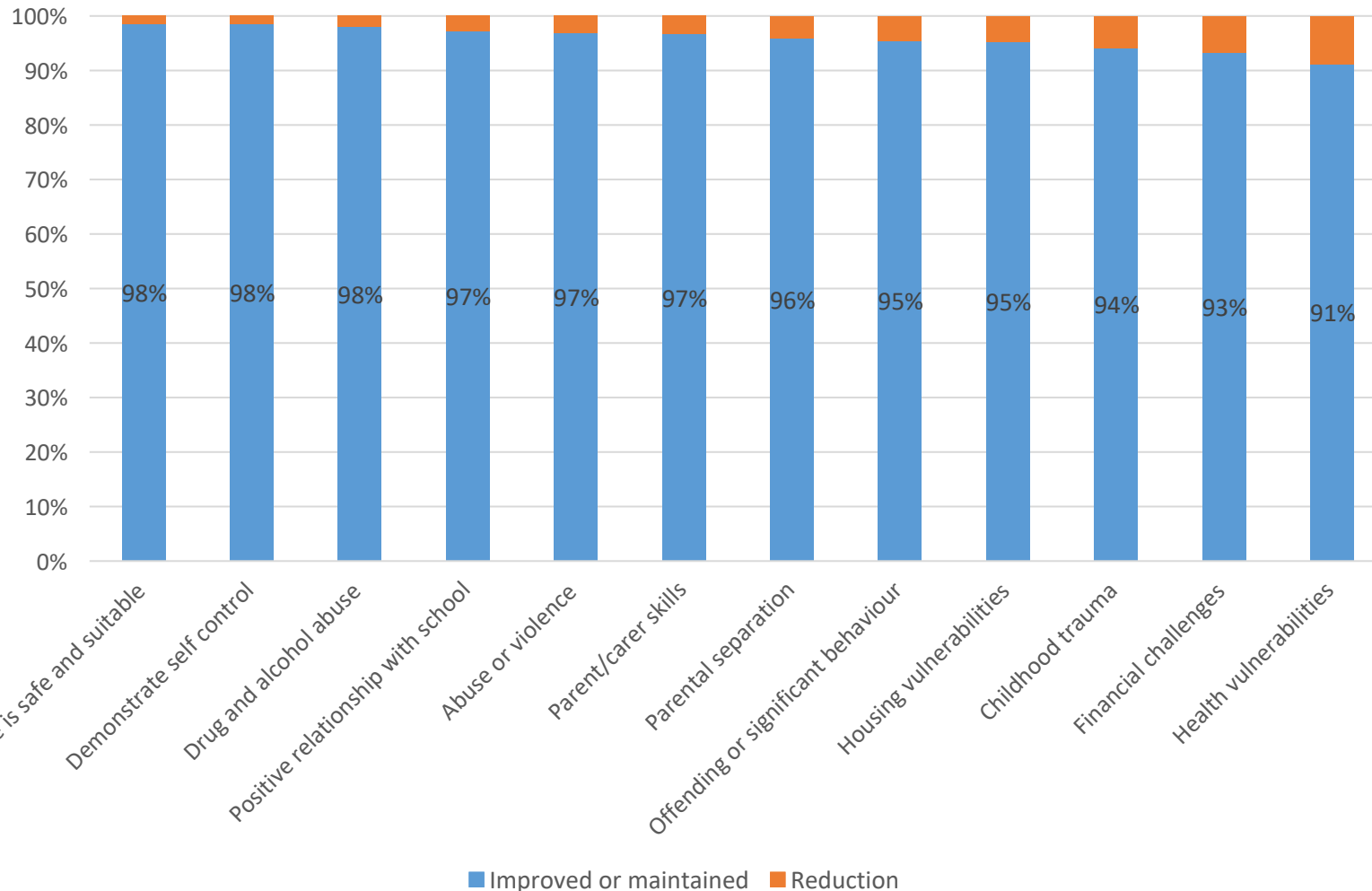
Outcomes

Of planned exits, 92.6%% in 2019/20 and 94% in 2020/21 of families completed full RFS package of intervention with the remainder requiring a supported step up to statutory services due to increased levels of need/risk.

Of those families completing a full RFS package of intervention, 95.2% in 2019/20 and 95.5% in 2020/21 recorded improved resilience



Enhancing protective factors to mitigate against Adverse Childhood Experiences – 2020/21



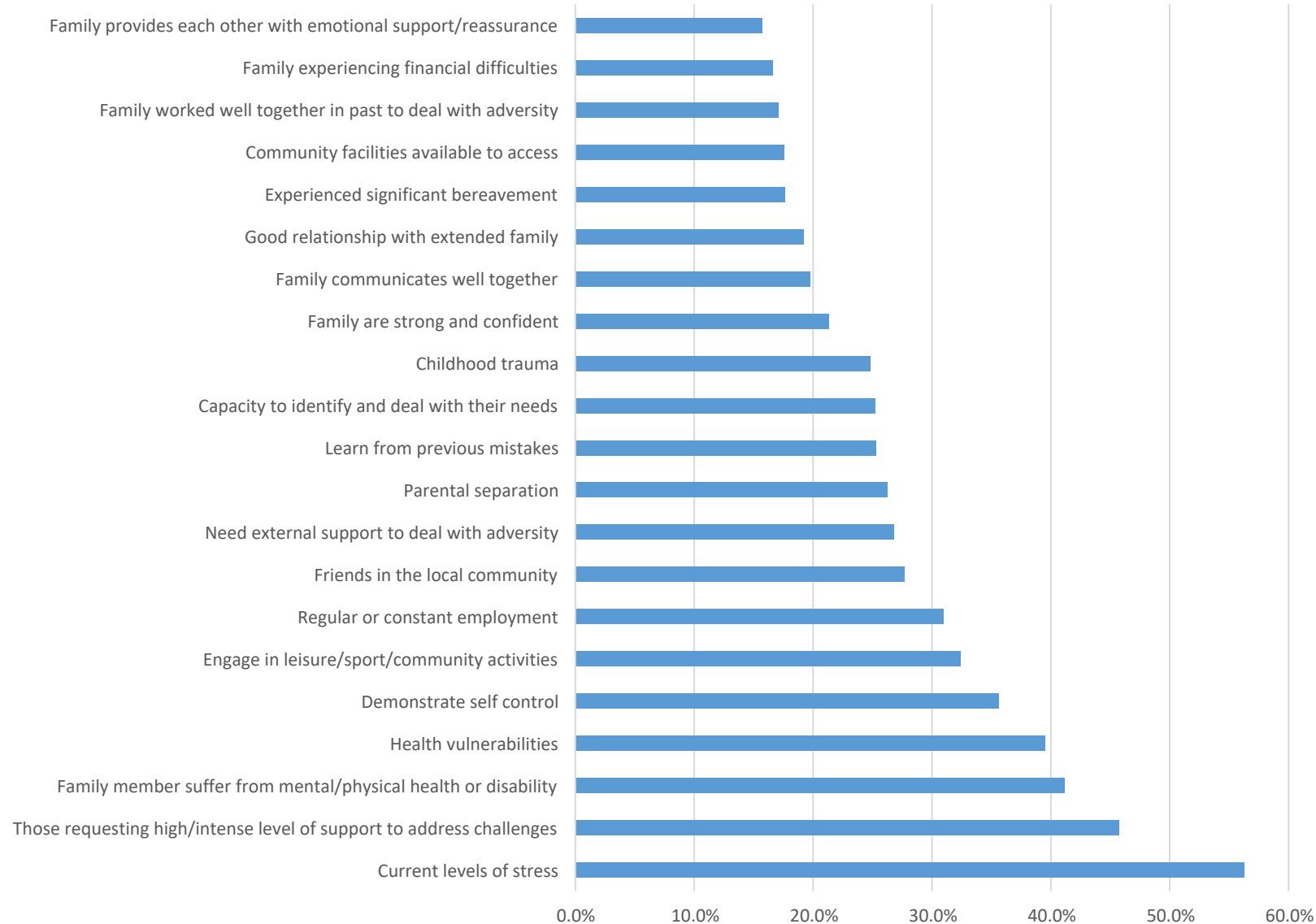
The measures in this chart have been identified as areas where improvements can have a significant impact on mitigating against ACE's or reducing the impact of ACES for family members.

The areas where the greatest impact is realised are:

- **Home is safe and** (98.5% improved or maintained)
- **Demonstrate self control** (98.5% improved or maintained)
- **Drug and alcohol use** (98% improved or maintained)
- **Positive relationship with schools** (97.2% improved or maintained)

RFS is able to demonstrate intervention is disrupting the cycle of impact of ACE's

Levels and type of support identified – 2020/21



The chart provides an overview of the responses to the resilience assessment questions asked, specifically highlighting those areas where families scored high or very high support requirements.

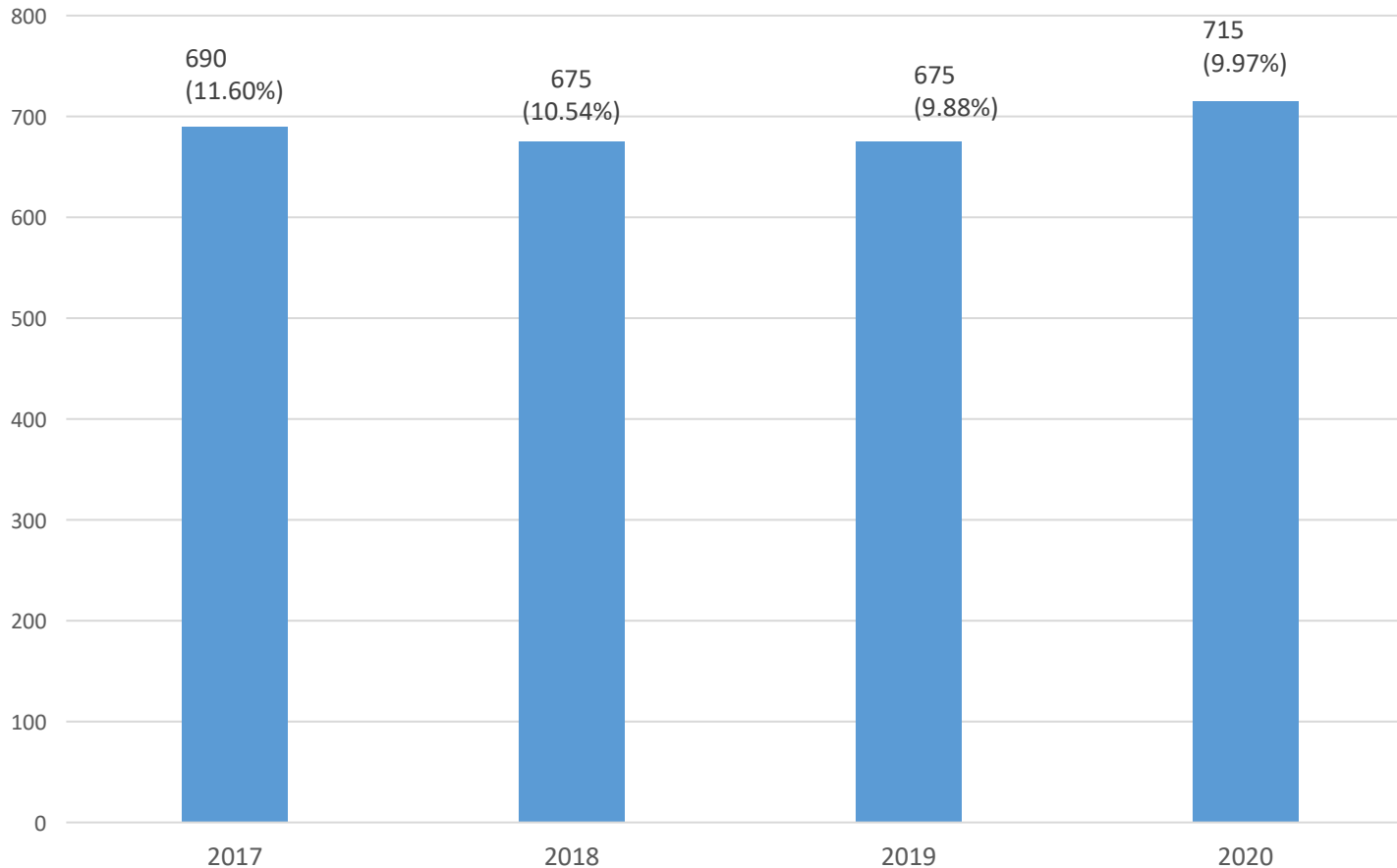
The areas with the highest percentage of families scoring high or very high are:

- **Current levels of stress (56.3%)**
- **Requires intense support to address challenges (45.7%)**
- **Health vulnerabilities (41.1%)**
- **Ability to demonstrate self-control (39.5%)**
- **Engage in leisure/sport/community activities (35.6%)**

Clear evidence of the impact of covid on presenting needs

Contributing towards reducing the number of Children Looked After (As of 31st March)

Number of Children Looked After (RCT)

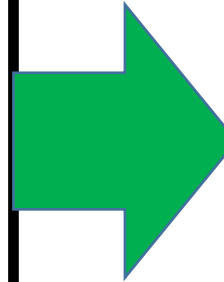


Since the introduction of the RFS in 2018 as a new model for providing early intervention support, the Local Authority initially recorded a reduction in the number of Children Looked After but this slightly increased last year.

Over the 3 year period, the number of CLA as a percentage of the Wales total has reduced. Whilst the number of CLA in 2020 saw an increase from the previous year, as a percentage of the Wales total the increase was only 0.09%. RCT CLA rates remain proportional to increases across Wales and better than pre RFS.

Case study – Family A

- The family unit consists of A (mother) and Child B (age 2)
- Referred by health visitor. Child B is presenting with social communication difficulties, the referral advises that 'he is showing signs of ASD'.
- A has suffered with ill mental health since her teenage years, during her pregnancy her anxiety and depression escalated, and struggles to bond with child B. A has had mental health support from the Perinatal Mental Health Team and Psychiatrist as following Child B's birth she was diagnosed with Post-Partum Psychosis.
- A is struggling to understand Child B's behaviours and feels that he 'does not like her' and his lack of response to her is her own fault, as a result, A's attempts to engage with Child B are lessening as she sees little improvement in their communication with each other.
- Child B is on the waiting list for the NDT, SALT, and also for the Enhanced play team, he attends the local Meithrin although A questions if the Welsh medium nursery is the right placement for him.
- Support for A to understand Child B's behaviours and the underlying causes for them, Mother wishes to be confident in her parenting of him and explore methods to engage with him



FAMILY PLAN GOALS

To support child B's social and communication development through provision of childcare

- Ensure strategies in place for setting to meet Child B's needs and address sensory issues and social /developmental skills.
- To encourage attendance at childcare setting

To support improvements in parent / child attachment

- Provision of RFS Specialist HV intervention
- Encouragement to implement advice from RFS Specialist HV
- Introduce the use of activities designed to promote attachment

To support mum to maximise family income

- CAB to provide one to one financial advice and support to access relevant benefits

Case study – Family A

To support child B's social and communication development through provision of childcare

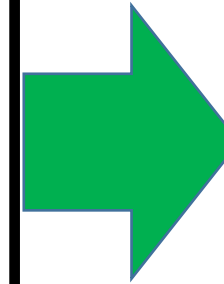
- Child B settled very well in childcare setting
- Evidence of social and communication development as a result of nursery attendance and one to one support provided.
- Educational Psychologist strategies in place to use with Child B to tackle some of his sensory issues and his social /developmental skills
- Mum able to cope better with time to herself as well as seeing child B's development

To support improvements in parent / child attachment

- Direct work with Mum by RFS Specialist Health Visitor focused on coping strategies to maintain good mental health and self-care skills
- Watch Wait Wonder programme with mum and child B and he is making progress
- Mum is persevering daily with the activities given to her
- Mum more confident to play with Child B
- Mum more engaged with Child B and has made an application for primary school admission next year

To support mum to maximise family income

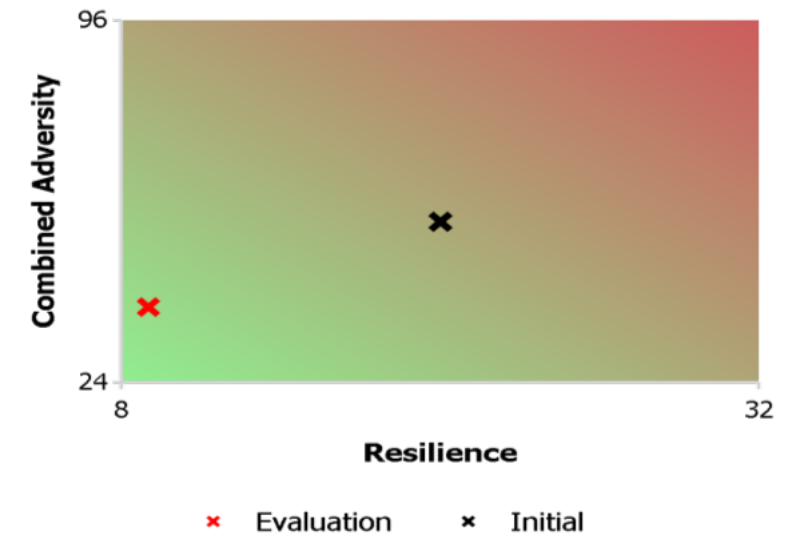
- Mum supported to make application for Disability Living Allowance for child B and application for housing benefit made
- Application made to charity to fund specialist pram awarded
- Mum is now receipt of all her entitled benefits

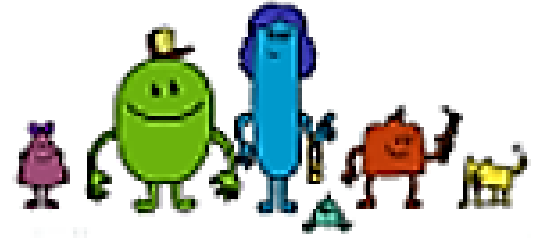


OUTCOMES

Resilience Assessment Click for breakdown			
	Initial Assessment	Evaluation Assessment	Change
Environment	17	10	↓
Adversity	23	17	↓
Resilience	20	9	↓
Vulnerability	16	12	↓
Combined Adversity	56	39	-17

Resilience Matrix





Any Questions?

Corporate Parenting Board
September 2021