Rhondda Cynon Taf
Children's Services

Reports for Corporate Parenting Board

- **Miskin Report 2020-21**
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- **Therapeutic Families Team Report 2020-2021**
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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.

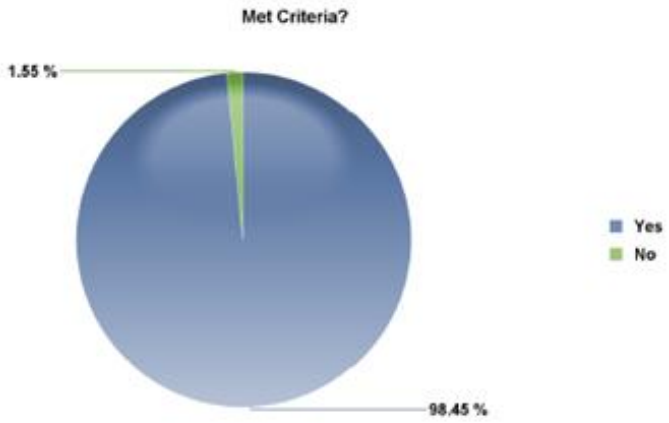
Miskin Referral Summary

Open Cases at 31/03/2021	Referrals - 01/04/2020 to 31/03/2021	Interventions - 01/04/2020 to 31/03/2021	EOI Stats - 01/04/2020 to 31/03/2021
315	582	456	450

Total Miskin Referrals	582

Total Children Referred	548

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	



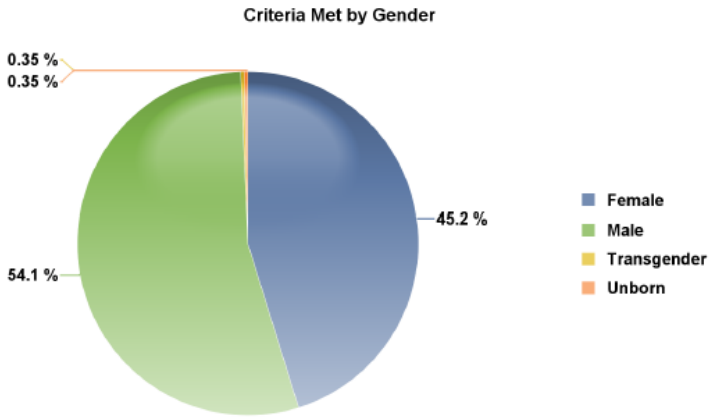
The above data evidence yet another busy year.

- **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

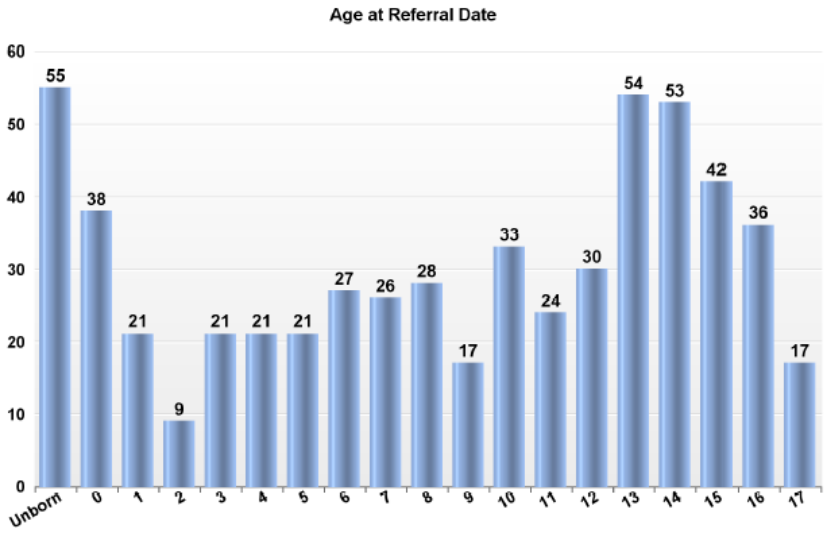


The above data evidences a shift in demographics.

- **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



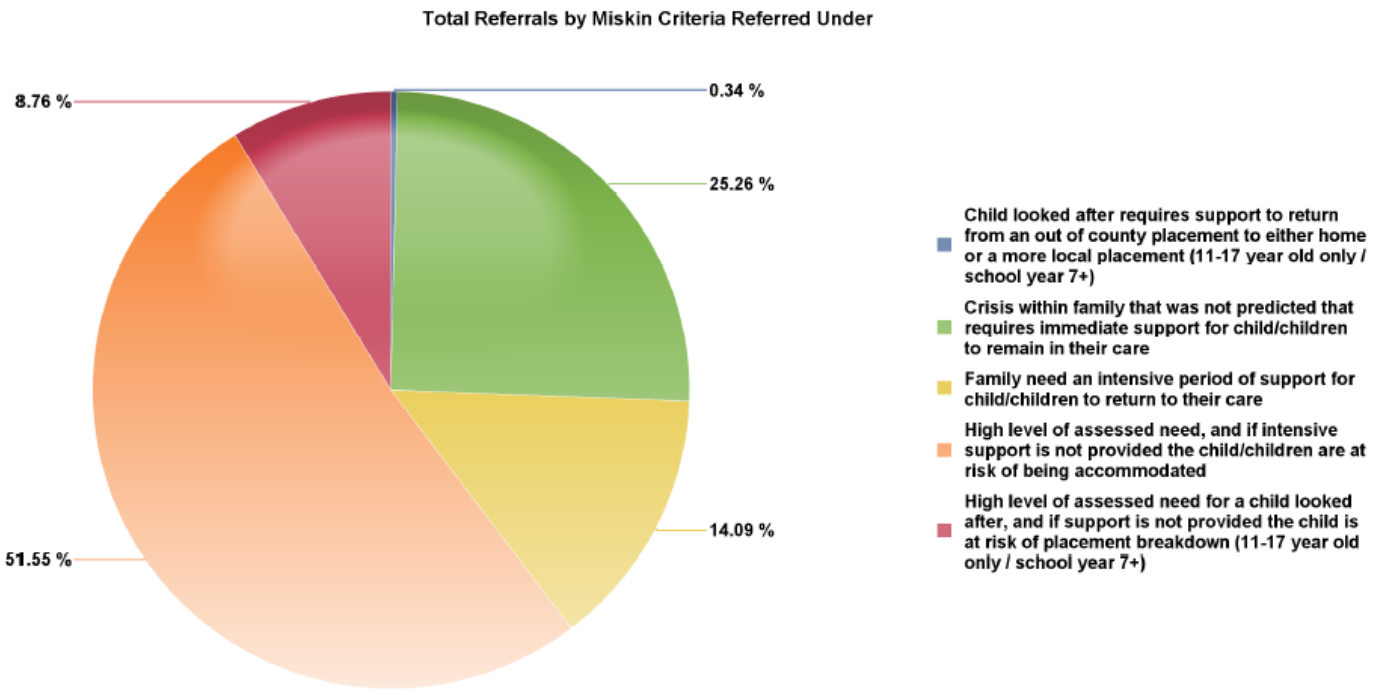
	Female	Male	Transgender	Unborn	Total	% of Total
Unborn	26	27	0	2	55	9.60%
0	18	20	0	0	38	6.63%
1	7	14	0	0	21	3.66%
2	2	7	0	0	9	1.57%
3	15	6	0	0	21	3.66%
4	5	16	0	0	21	3.66%
5	11	10	0	0	21	3.66%
6	12	15	0	0	27	4.71%
7	10	16	0	0	26	4.54%
8	11	17	0	0	28	4.89%
9	5	12	0	0	17	2.97%
10	14	19	0	0	33	5.76%
11	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 Critieria)
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%



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

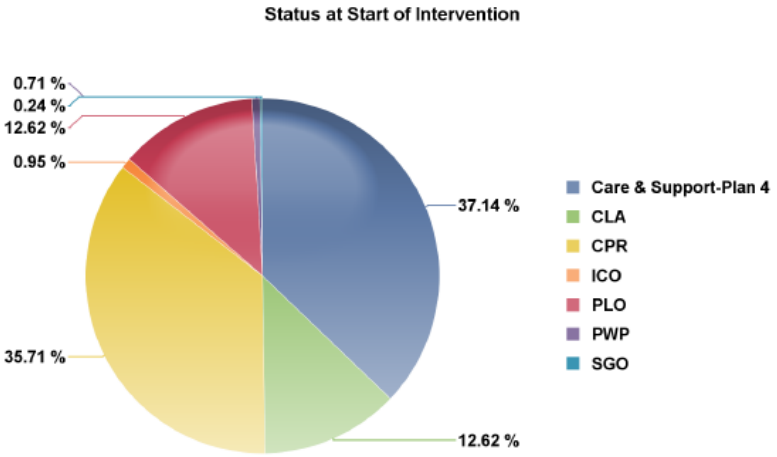
- **An increase in number of families experiencing crisis requiring immediate support for child/children to remain in their care, from 122 (20.82%) to 147 (25.26%).**
- **An increase in families, where following assessment, needed intensive support to prevent child/children coming into care, from 300 (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

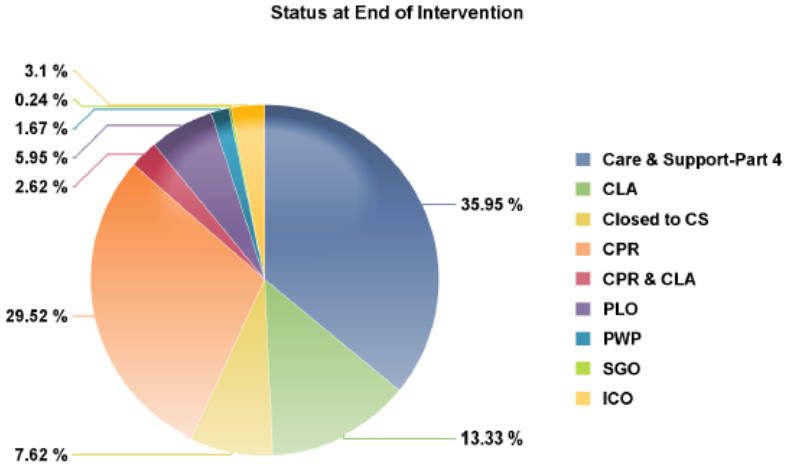
Total End of Intensive Phase Statistics Forms completed	450

Proceeded to Intervention	420

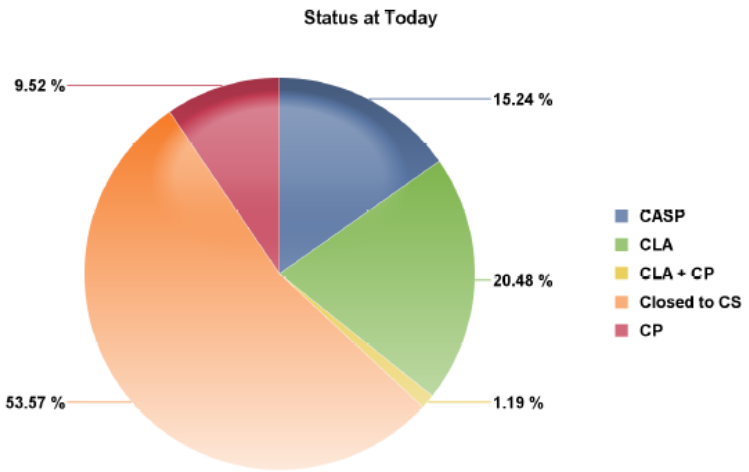
Status at Start of Intervention	Total	% of Total
Care & Support-Plan 4	156	37.14%
CLA	53	12.62%
CPR	150	35.71%
ICO	4	0.95%
PLO	53	12.62%
PWP	3	0.71%
SGO	1	0.24%
	420	



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	80.68%	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	
	271	74.86%	52	14.36%	39	10.77%	0	

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	
	298	76.80%	53	13.66%	37	9.54%	0	

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	234	27	207	0
		11.54%	88.46%	

^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	104	3	101	0
		2.88%	97.12%	

^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	49	16	0	7	19	7	0
		32.65%		14.29%	38.78%	14.29%	

^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 Critieria	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+)	32	24	8
		75.00%	25.00%

^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+)	1	1	0	0		0
		100.00%				

^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 Glyncornel 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 we 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%
	173	

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 been 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.

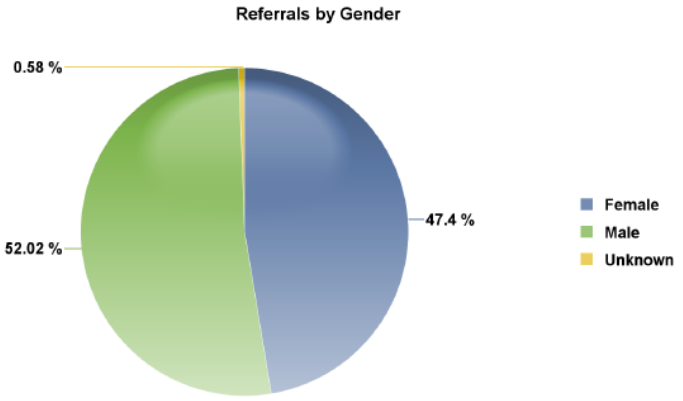
Therapeutic Families Referrals by Type

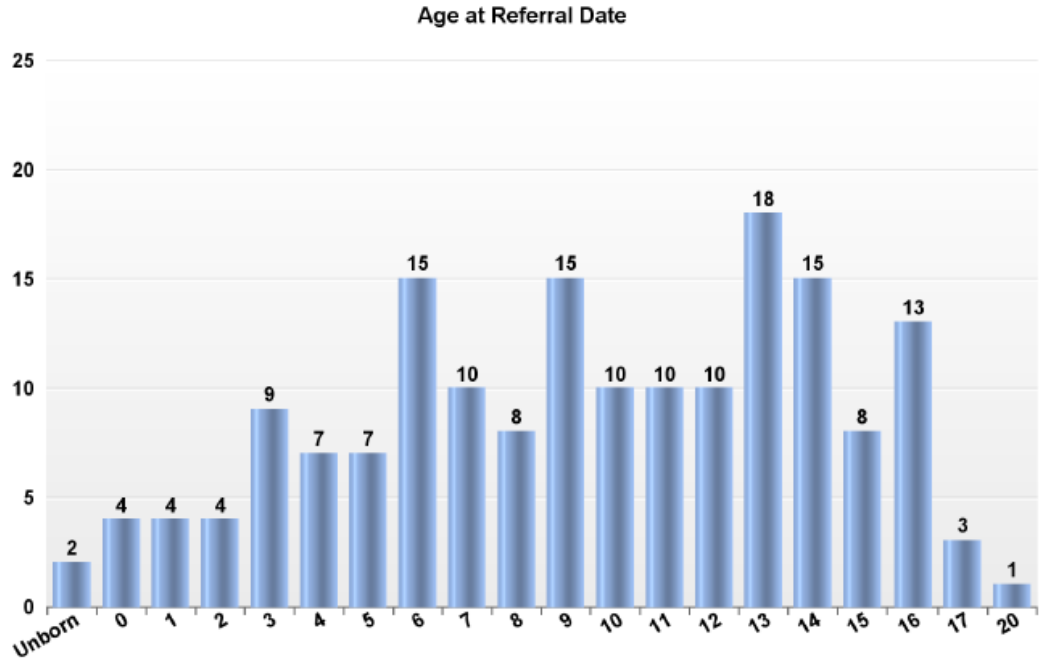
***Referral Type may not match Referral Criteria due to work required*

	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

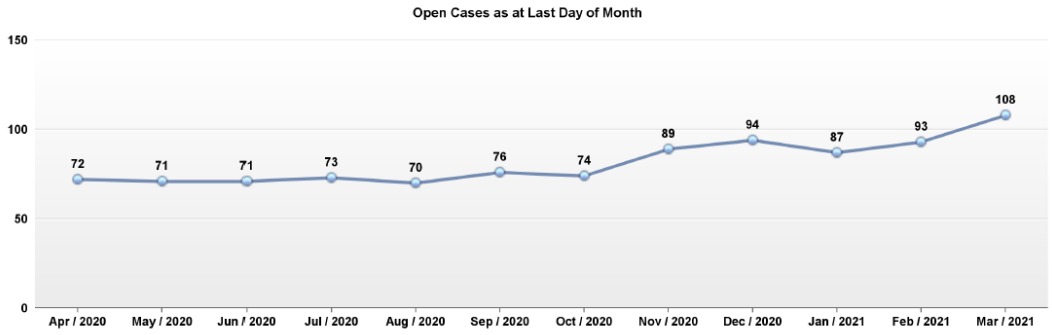
To understand the needs of the children and families referred, some demographic data is helpful. 52% of referrals to the team were for male, with 47% female and 2 unborn.





The nature of the work required often depends on the developmental needs of children. Referrals appear to increase when children are of statuary 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%
	99	

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%
	99	

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 and 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 undoubtably 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.