

Rhondda Cynon Taf Children's Services



MISKIN SERVICES

2021-22

Authors: Matthew Free
Service Manager

Sarah Longhurst/Jay Goulding
Team Practice & Performance Managers



1. About this document

1.1 This document provides outline information about Miskin Services, covering period 2021-22.

2. What is Miskin

2.1 Miskin is a set of services whose purpose are to prevent child–parent separation or placement breakdown. We do this through the deployment of evidence-based, time limited interventions which are co-produced with the family and the referring case worker. Our work can include:

- Supporting children and young people to remain living at home in their own communities with parents/family members, reducing risks to children living at home, whilst also reducing risk of child/parent separation and family breakdown.
- Supporting young people who are looked after where there is a risk of breakdown.
- Supporting reunification plans for children and young people to return home from care to live with parents/family members.
- Supporting young people to return from living in ‘out of county’ care placements to return home to parents/family members or to live more locally.

2.2 Miskin Services work co-productively with families and aim to deliver family focused evidence-based interventions, responsive to family need, supporting parents/carers/children (0-17 years of age) to improve parenting capacity and enable them to care for their children with the minimum statutory interventions.

2.3 Sitting under the Head of Service for Family Support and Accommodation, Miskin Services are managed by a Service Manager (Edge of Care & Family Support) and organised into **four** main areas (1) **Miskin Teams** (2) **Integrated Family Support Team (IFST)** (3) **Therapeutic Families Team (TFT)** (4) **Glyncornel Centre**.

2.4 **Miskin Teams** – comprises of four social work led 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. The teams have a solution focused approach delivering strength-based, outcome focused whole family interventions and consist of staff with skills and training to deliver the prescribed interventions and practical support relative to the age group they support. The Miskin teams respect families as experts in their own lives, empowering them to move towards positive change, based on the needs of the family which can be achieved in timely outcome focused way.

2.5 **IFST** – is a multi-agency and multi-disciplinary team, which delivers time limited, targeted work to children and families identified by children services who most need evidence-based interventions due to parental drug and alcohol misuse, domestic violence, and parental mental health. Consisting of Social work, health and Barod staff, the team bridges gaps between services,

engaging whole families to develop safety, as a platform to engage in strengths based and relationship-based practice. The IFST also has a strong emphasis on training and developing practice across health and social care.

2.6 **TFT** – is a multi-disciplinary team offering consultation, therapeutic assessments and interventions to children, families, and professionals. Consisting of Systemic (Family) Psychotherapists and Educational Psychologists, the team receives referrals from Resilient Families, Enquiry and Assessment, Intensive Intervention, Disabled Children Teams and 16+ Teams. Educational Psychologists in Therapeutic Families Team do not offer a service to Resilient Families.

2.7 **Glyncornel House or Glyncornel Centre** – The Centre provides a valued and essential base from which teams across the Edge of Care and Family Support Service, as well as others across children services, who can undertake direct work and deliver therapeutic interventions that support children, young people, and families.

2.8 RCT has a legal duty to provide preventative services under the Social Services and Well-being (Wales) Act (2014), including Part 9 which makes it a requirement for the provision of Integrated Family Support Services (IFSS) to enable children to remain safely with their families and reduce the risk of them becoming looked after by the local authority. The service provides support to families in order to safeguard the welfare of their children and enable them to remain safely with their families. A key principle is that children are best looked after within their families, with parents playing a full part in their lives – unless compulsory intervention is necessary.

3. Values and Principles

The infographic below summarises our recent updated values, vision, and principles. The first and foremost value is our promotion of a child's right to a family life.



4. Miskin/IFST/TFT Interventions and Models of Practice

- 4.1 Interventions delivered by Miskin/IFST/TFT teams begin with consultation and Intervention Assessment/Report and Plan to help decide whether an intervention is necessary and which interventions will be most effective.
- 4.2 Across the Miskin/IFST/TFT all teams embody person-centred, relationship-based approaches, which draw on families' strengths and are underpinned by the core communication style of Motivational Interviewing.
- 4.3 Miskin/IFST/TFT staff draw on a range of theories and intervention models, these include.
- Safety Planning
 - Harm Reduction
 - Cognitive Behavioural Therapy
 - Eco-Mapping/family relationships/stories.
 - Trauma Recovery Model
 - Dyadic Developmental Psychotherapy
 - Five to Thrive
 - Parenting Puzzle
 - Non-Violence Resistance Therapy
 - Gro Brain
 - Emotion Coaching
 - Kids Talk/Teen Talk/Parent Talk
 - Solihull Model
 - Secure Based Attachment Mode
 - CEOP/Internet Safety
 - Reality Baby
 - Outdoor Adventure Activities

There are some activities specific to each team, e.g., IFST are required to set family goals plans, which are reviewed by an independent, social work qualified practitioner.

More Than Activities

Activities, including outdoor adventure activities are a key tool used within our model of practice as a means of engaging with children and families. A rapidly growing body of evidence exists highlighting the benefits (including therapeutic benefits) of outdoor learning and play, that can lead to improved language and communication skills, motivation, independence, confidence and self-esteem, concentration, self-evaluation, creativity, and openness to new perspectives.

Outdoor adventure activities provide opportunities for children and parents/carers to develop team working skills, work on their own initiative, developing social skills and discipline to manage challenging situations, they can all transferable into everyday family life, promoting positive behavioural change and family relationships.

Activities offer an opportunity to engage young people into mainstream provision, further learning, and universal community-based services. Engaging children and young people in positive and constructive use of their time, re-engaging them in mainstream provision can reduce pressure on everyday family life and requests for children to come into care.

IFST what we do

The RCT IFST is a team of experienced staff, delivering Evidence Based Interventions (EBI) to families with complex issues to reduce risk and promote positive outcomes for children. EBI's are interventions, informed by research, which utilize elements of practice which are proven to work, when compared with social work case management models. The IFST employs a range of approaches including Motivational interviewing (MI); Solution Focused Brief Therapy (SFBT) Goal setting, safety planning, and systemic therapy models. The interventions employed by the team are promoted by Welsh Government as essential to good quality social work practice.

The IFSTs were created across Wales, to deliver a short-term intensive model of intervention. This has been adapted in RCT in recent years to meet the demands of children services. The current model of practice delivers interventions, based on the same key principles and skills, oriented by the same theories, values and skills. The IFST remains committed to the core elements of the IFST model; evidence based, person centred, goal oriented, relational, compassionate practice, which is now delivered less intensely.

TFT

The Systemic (Family) Psychotherapists apply 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). Within the TFT, Education Psychologists (EP's) 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.

TFT offer a range of ways to intervene with 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.

Roles within Miskin/IFST/TFT

The roles across Miskin provide a progressive and resilient structure which is integral to our delivery model. The structure supports our approach to workforce development in the recruitment and retention of staff at all levels from apprentice through to CSWs and Managers. This approach embodies the “grow your own” ethos of the council, providing a steady flow of qualified and experienced workers into our own service, as-well-as, the wider children services teams.

Consultant Social Workers (CSW’s)

The CSW role is unique in this service area of RCT. There are a broad range of responsibilities/activities which CSWs are required to undertake; these include holding complex cases (Welsh government suggest that CSWs should spend 50% of their time concerned in social work practice).

Developing capacity within Miskin/IFST and across wider children services, through the sharing of resources, consultation, coaching and mentoring. Within each Miskin/IFST team CSW’s provide line management and monthly professional supervision, leading practice developments with colleagues to respond to the needs of the families they support. The role of CSWs is integral in workforce development through delivery of training, coaching, and mentoring in the use of specific approaches. Although the undertaking of primary research has always been part of the CSW remit, since the role was established in 2010, this has continued to be an area which requires development and strategic direction. CSWs support and deputise for Team Practice and Performance Managers in their absence.

Principal Social Workers

Principal social workers support and deputise for CSW’s in their absence, provide line management and monthly professional supervision for support workers and apprentices. The majority of the principal social worker role is involved in direct work with complex cases.

Social Workers

The primary role of social workers is to deliver interventions to children and families, whilst also supporting the development of social work student placements and the mentoring of support workers and apprentices.

Intervention Workers

The primary role of intervention workers is to deliver interventions to children and families on their own caseloads.

Support Workers

The support workers primary role is to support other team members in the delivery of interventions to children and families. Support workers in Miskin are generally experienced having come through the apprentice scheme, they are supported as a development opportunity to hold their own caseload relevant to their level of experience.

Apprentices

Miskin apprenticeships provide the first step for many into the social care field. They have their own fulltime workload which is managed by qualified social work staff/Outdoor Adventure Activities Officer. The apprentice primary role is the starting point of the Miskin service “grow your own” ethos. The majority of current support worker and intervention worker positions are held by past apprentices. Miskin apprentices are now beginning to study for and qualify as social workers.

Apprentice “A” gained an apprenticeship with Miskin after working in finance as an administrative assistant for 2 years following sixth form. “A” knew they wanted to learn while earning and had always wanted to work in social care. A’s long-term goal was to become a social worker and the apprenticeship provided experience and skills to apply for a place on the social work degree. Over the two years apprenticeship, Miskin supported “A” with regular supervision and mentoring provided by the Outdoor Activities Officer and a social care mentor. “A” gained the Level 2 Social Care Induction Award and Level 3 Diploma in Health and Social Care. “A” was supported and nurtured to develop confidence, skills, knowledge, and experience in working with children and families. “A” was supported to attend many training courses appropriate to the role and to complement her development. “A” gained a place on the social work degree and during which time remained as a casual project worker within the Miskin and residential services teams. This allowed “A” to gain further experience while undertaking the social work degree. “A” has now completed the social work degree and has fulfilled her dream of becoming a social worker by gaining a full-time social worker position within our Childrens Services department.

IFST and TFT hold some multi-disciplinary roles specific to the function of the team. These include staff employed by Third Sector organisations (Barod), Health Visiting, and disciplines including Systemic (Family) Psychotherapists and Educational Psychologists.

5. How do families access Miskin Services?

- 5.1 All referrals to Miskin/IFST/TFT are made by the case responsible social (care) worker.
- 5.2 Referrals are received via children’s services teams, through the WCCIS system. The child and/or family must remain open to children services, for the

duration of the work, unless they are supported by Systemic (Family) Psychotherapists, who also support families in the Resilient Families service.

5.3 Referrals are reviewed by a Team Performance and Practice Manager and allocated to an appropriate team within the service.

5.4 Where demand outweighs resources available, referrals are placed on a waiting list and prioritised at weekly Children's Services Interface Meetings.

6. How well are we doing & how do we know?

6.1 Quality Assurance - In addition, to analysis of regular WCCIS performance management data reports, Miskin Services have developed a 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. Audits evidence regular team meetings, regular staff supervision and case file audits are being undertaken. Although observed practice takes place throughout Miskin Services, further development of the observed practice element of this framework has seen a delay due to the need to respond to the Covid-19 pandemic.

6.2 Service User Feedback matters to us. It provides a great opportunity to help us evaluate whether we are making a difference with the children and families we support and to the professionals that refer to us. Below are some examples of feedback we have received from families.

Brain development with babies, how much information the brains take in between newborn - 2 years, how a baby's brain grows, development is affected not being in a safe happy environment. (Parent of Baby)

*That they would help with everything they could to make me happy and settled.
(Female 16 years)*

*Yes, if it weren't for Miskin being involved then my son would probably be adopted.
(Parent)*

Miskin has helped me turn my life around and my son has returned back to my care. (Parent)

*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).*



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.

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.

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

*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)*

6.3 Below is sample of data and outcome information that the service collates and uses to evaluate the service.

How much are we doing?	How well are we doing & how do we know?																												
<p>MISKIN TEAMS</p> <ul style="list-style-type: none"> In 2021-22, Miskin Teams received 687 new referrals and worked with 670 (97.55%) new referrals. 17 (2.47%) of referrals did not meet service criteria. 2021-22, Miskin Teams completed 483 family interventions, an increase on the previous year of 456 completed family interventions. <table border="1" data-bbox="483 775 824 1074"> <thead> <tr> <th>Year</th> <th>No. Referrals Worked</th> </tr> </thead> <tbody> <tr> <td>2016-17</td> <td>346</td> </tr> <tr> <td>2017-18</td> <td>402</td> </tr> <tr> <td>2018-19</td> <td>441</td> </tr> <tr> <td>2019-20</td> <td>572</td> </tr> <tr> <td>2020-21</td> <td>573</td> </tr> <tr> <td>2021-22</td> <td>670</td> </tr> </tbody> </table> <table border="1" data-bbox="302 1102 1099 1361"> <thead> <tr> <th>Year</th> <th>Length of Intervention</th> </tr> </thead> <tbody> <tr> <td>2012-13</td> <td>119 days</td> </tr> <tr> <td>2013-14</td> <td>112 days</td> </tr> <tr> <td>2014-15</td> <td>104 days</td> </tr> <tr> <td>2015-16</td> <td>107 days</td> </tr> <tr> <td>2016-17</td> <td>98 days</td> </tr> <tr> <td>2018-19</td> <td>149 days</td> </tr> </tbody> </table>	Year	No. Referrals Worked	2016-17	346	2017-18	402	2018-19	441	2019-20	572	2020-21	573	2021-22	670	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	<ul style="list-style-type: none"> 2021-22, Miskin Teams responded to an increase in number of referrals for families: <ol style="list-style-type: none"> ‘experiencing crisis requiring immediate support for child/children to remain in their care’, from 147 (25.26%) to 148 (22.08%). ‘needed intensive support to prevent child/children coming into care’, from 327 (55.08%) to 377 (56.26%). 96% 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. An increase from 91% the previous year, but a positive outcome that has been maintained at above 89% for several years even in the face of increasing referral numbers year on year. Of the 483 completed Miskin Interventions during 2021-22, the number of children that received a Miskin Intervention based on their recorded status as of 05/08/2022 (date that Miskin statistical report was run from WCCIS) 47.61% (230) were closed to statutory Children’s Services. 79% of children 11-17 years of age remained living in the same foster care or residential children’s home placement at the end of
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2019-20	147 days							
2020-21	169 days							
2021-22	134 days							
<p>INTEGRATED FAMILY SUPPORT TEAM (IFST)</p> <ul style="list-style-type: none"> In 2021-22, IFST received 210 new referrals and worked with 207 (98.57%) of these referrals. The average length of an IFST Intervention in 2021-22 was 156 days. <table border="1" data-bbox="405 1214 745 1359"> <thead> <tr> <th>Year</th> <th>No. Referrals Worked</th> </tr> </thead> <tbody> <tr> <td>2020-21</td> <td>258</td> </tr> </tbody> </table>		Year	No. Referrals Worked	2020-21	258	<p>Of those referrals accepted.</p> <ul style="list-style-type: none"> Parental Substance Misuse was a factor in 81.16% of referrals. Domestic Violence was a factor in 80.18% of referrals. Parental Mental Health was a factor in 82.13% of referrals. Parental Learning Disability was a factor in 7.25% of referrals. <p>Evidencing the level of complexity, IFST work with, sometimes described as the toxic trio when these issues co-occur.</p> <p>In 2021-22, IFST had 112 completed interventions. By the end of the IFST Intervention,</p> <ul style="list-style-type: none"> there was an increase of those children subject to Care & Support Plan Part 4 (14.29% to 33.93%). 		
Year	No. Referrals Worked							
2020-21	258							

<table border="1" data-bbox="407 193 745 233"> <tr> <td>2021-22</td> <td>207</td> </tr> </table> <table border="1" data-bbox="302 268 949 381"> <thead> <tr> <th>Year</th> <th>Length of Intervention</th> </tr> </thead> <tbody> <tr> <td>2020-21</td> <td>175 days</td> </tr> <tr> <td>2021-22</td> <td>156 days</td> </tr> </tbody> </table> <ul style="list-style-type: none"> IFST deliver training courses on the wider social care calendar (no data available due to courses not running throughout the pandemic). 	2021-22	207	Year	Length of Intervention	2020-21	175 days	2021-22	156 days	<ul style="list-style-type: none"> a decrease in those children on the Child Protection Register 64 (57.14%) to 25 (22.32%). 106 (94.64%) of children supported by the IFST, 101 (90.18%) either remained at home or returned home to family. As Parental behaviours including drug and alcohol misuse, adult mental health and domestic violence, are the reason that most children in RCT are deemed to be “at risk”, we are pleased that those children most at risk have remained with their families. Where children are looked after at the end of an intervention, we can be confident that they are safe.
2021-22	207								
Year	Length of Intervention								
2020-21	175 days								
2021-22	156 days								
<p>THERAPEUTIC FAMILIES TEAM (TFT)</p> <ul style="list-style-type: none"> In 2021-22, TFT received 220 (compared to 174 previous year) referrals and accepted 218 referrals. The average length of a TFT Intervention in 2021-22 was 144 days. <table border="1" data-bbox="302 914 949 1027"> <thead> <tr> <th>Year</th> <th>Length of Intervention</th> </tr> </thead> <tbody> <tr> <td>2020-21</td> <td>Data not available</td> </tr> <tr> <td>2021-22</td> <td>144 days</td> </tr> </tbody> </table> <ul style="list-style-type: none"> TFT undertook 132 (104 previous year) TFT initial assessments. 26 (20 previous year) EP assessments including ECMs 29 (15 previous year) referrals dealt with by Consultation only, with no Initial Assessment. Services offered; Family consultation 99 (62 previous year) Whole family therapy 33 (18 previous) Individual family therapy 44 (44 previous year) Reflecting Team 7 (7 previous year) 	Year	Length of Intervention	2020-21	Data not available	2021-22	144 days	<ul style="list-style-type: none"> Of 132 children worked with (3 were referred twice); 25 closed to children services (with 34 of those open to RFS). Child status as of 01/11/2022, 82 (62.12%) closed to Children’s Services. 		
Year	Length of Intervention								
2020-21	Data not available								
2021-22	144 days								

<ul style="list-style-type: none"> • TFT provide regular consultation & supervision to staff and management in RCT Children’s Homes. • TFT deliver training courses on the wider social care calendar (no data available due to courses not running throughout the pandemic). 		
<p>Who is better off?</p>		
<ul style="list-style-type: none"> • Service users in receipt of Miskin / IFST / TFT services. • Children / Young People / Parents / Carers / Extended Family members. • Foster Carers / Residential Homes – through support offered to the young people who are referred and staff through consultation and supervision, improved placement stability. • Wider Community – Our team support children and families to live fulfilled lives within their communities. • Childrens Services Teams / Professionals in Health and Education – staff in Miskin/ IFST / TFT provide training, consultation, and informal bitesize training such as going through methods of direct work/ resources. Improved recruitment and retention • Referrers into Miskin / IFST / TFT - Supporting them to improve outcomes for children 		

- Placement Team – supporting and maintaining placement stability for children / young people will reduce the demand, urgency, and cost for alternative placements.