

Cardiff Children's Services – Adolescent Services

Service Report

A report outlining the remit, current activity and performance of the teams within Children's Services' focused on working with adolescents. This report will also outline areas for improvement and proposed next steps.



Working for Cardiff,
working together



Overview

Cardiff Children's Services recognised that working with adolescents required a bespoke and different approach. Evidence shows;

- There is a cohort of young people in their teenage years for whom the risk of family breakdown is high.
- In the unlikely event that these young people become looked after, our experience suggests that they are more likely to require specialist fostering or residential placements in order to safely manage the entrenched challenging behaviour that many of these young people display.
- There is limited availability for such placements locally and consequently these young people are more likely to be placed a distance from Cardiff.
- These placements face huge financial costs on the local authority, not to mention the emotional costs to these young people of being placed away from family and friends and their local community.
- Adolescents need workers who are available, consistent and who are able to meet their changing needs. Young people and their families need a timely response in order to help them feel supported, to change behaviour and prevent escalation with the aim of reducing crisis and develop families' ability to manage.
- It is essential to work 'with; adolescents to help keep them safe rather than doing 'to' them.
- Early Help Strategy and Social Services and Wellbeing Act (2014) reiterate that intervening as early as possible would produce better outcomes for children, young people and their families.

In response to the identified needs, we now have a number of teams specifically working with adolescent young people and their families who are at risk.

Adolescent Resource Centre (ARC) – Provides intensive therapeutic support to young people and their families at risk of being looked after who present such a challenge that they would be likely to otherwise be placed in external agency placements. This service offers integrated support in partnership with key organisations such as health, education, youth service and housing. The ARC also provides access to planned overnight short breaks provision.

Think Safe! – Provide specialist interventions with children and young people most at risk of Child Sexual Exploitation. The team also deliver preventative group work and training in partnership with universal services. The team remit it also broadening to cover other forms of exploitation.

11+ Case Management Team – offering relationship based social work practice with a specific adolescent approach.

Core Values

These teams work to a set of core values that are essential when working with young adolescents and their families.

1. Understand adolescence as a development stage and what that means for an individual young person
2. Recognise young people as experts on their own lives and that they are the key resource
3. Enable families to work together, rebuild supportive relationships and building resilience by taking a whole family approach
4. Through assertive outreach, build protective, nurturing relationships between a young person and their worker, recognising that trust needs to be earned.
5. Recognise the risks and work with a wide network of multi-agency partners to disrupt and address them
6. Provide a skilled, responsive workforce that values young people and their contribution

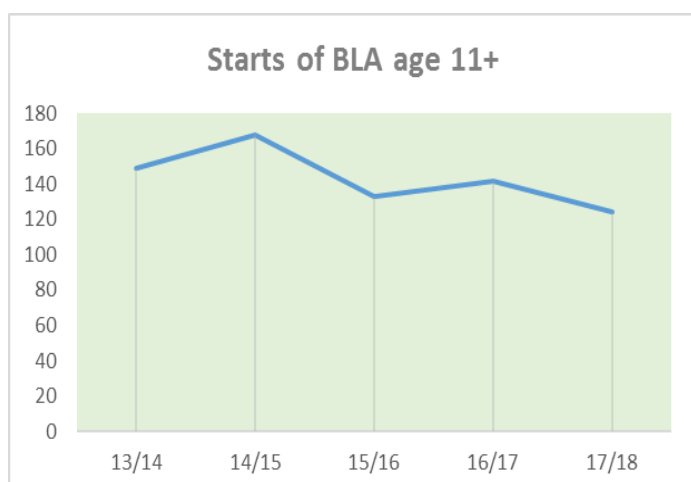
Looked After Children – Performance Data

The Looked After Children Population as of the end of October 2018 was 882. This is a significant increase in the number of looked after children since the last reported figures of 796 in October 2017. The numbers that become looked after in the 11+ age group is however decreasing. Since the published figures in 2013/14 there has been an overall decrease of 16.78% in the numbers of children becoming looked after between the ages of 11-19.

	c) 11-15	d) 16-17	Total
Diff 13/14 to 17/18	-10	-15	-25
%	-12.66%	-21.43%	-16.78%

Starts of BLA by Age Range

	c) 11-15	d) 16-17	Total
13/14	79	70	149
14/15	101	67	168
15/16	71	62	133
16/17	71	71	142
17/18	69	55	124
18/19 q1-3	34	41	75
Totals	425	366	791



Adolescent Resource Centre

- Based in a dedicated centre in Neville Street which offers a safe space for young people and families to engage in the therapeutic intervention on offer.
- Provides whole family support both centre based and in families homes.
- Offers support on evenings and weekends to ensure the service is responsive to the needs of the families.
- uses a range of programmes and support that is based on enhancing the strengths within the family and assessing the motivation for change

Criteria

- Young people aged 11+ who have been assessed as having complex needs that are deemed edge of care and place the family unit at risk of breaking down. The young person will have an allocated Social Worker and a clear assessment and plan that identifies the outcome for both the young person and the family.
- The behaviour displayed in both the family home and the community is likely to place the young person at risk of being accommodated.
- The behaviours displayed by the young person are likely to place family members at risk of physical and emotional harm.
- Family are willing to engage in intensive intervention.
- Not an emergency service FISS Rapid Response and Duty System will hold the case until above criteria is met.

Caseload

Caseload for ARC support workers is up to 6 cases to enable intensive, targeted, therapeutic work.

Referral Process

- ARC manager will hold a consultation with the Social Worker to ensure ARC is the correct service for the family.
- If ARC referral is agreed, Social Worker will complete the referral and send to the ARC manager for allocation.
- If agreed the case will be allocated within 2 working days, dependant on capacity, and the allocated worker will undertake a further assessment with the family and prepare them for the multi-agency meeting.
- A multi agency meeting (MAM) is held within 5 working days of allocation to ratify the assessment, family goals and interventions, identify roles, tasks, responsibilities and timescales.
- The outcome of the multi agency meeting should be an agreement by young person, family and agencies of what intervention will be offered over the initial 12 weeks of ARC involvement.
- Schedule is reviews on a 2-3 week basis.

Multi agency meeting membership.

- Youth Offending Service
- Youth Service
- Education

Available Interventions

- Cookery
 - Music and art therapy
 - Family therapy
 - Specialist health worker support
 - 1:1 targeted intervention
 - 1:1 and group work parenting interventions (triple P, nurturing, attachments, NVR)
 - C-card
-
- The option to access any of our therapist is voluntary and can be done with or without parents, carers or family members
 - The service is open to the family and young person until they feel they no longer need the service
 - The aim of therapy is to help work through any issues, and to help other family members to understand.

ARC Short Breaks

- One respite support worker is contracted who offers her home for one or two night a week as agreed to a young person.
- Respite is agreed and is part of a plan not an emergency placement
- The purpose of support is to offer a safe space for the young person to reflect and think about what they would like to change. Arc Short Breaks worker offers support within her home, and this could be to explore safe relationships, personal care and what they would like to happen.

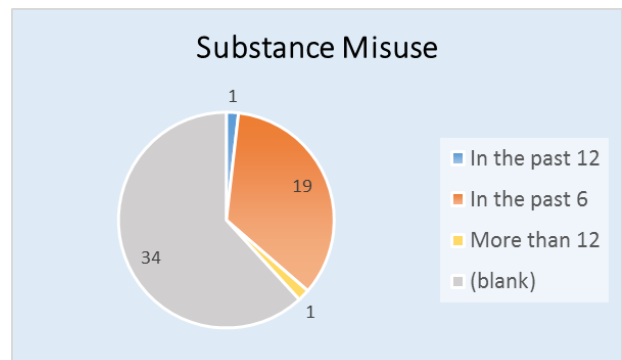
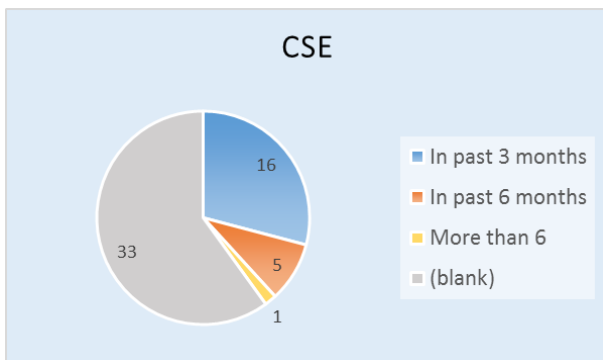
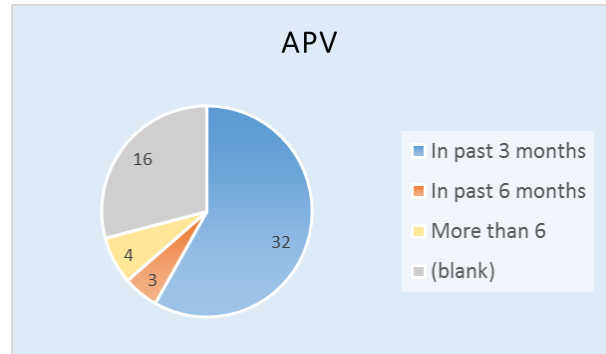
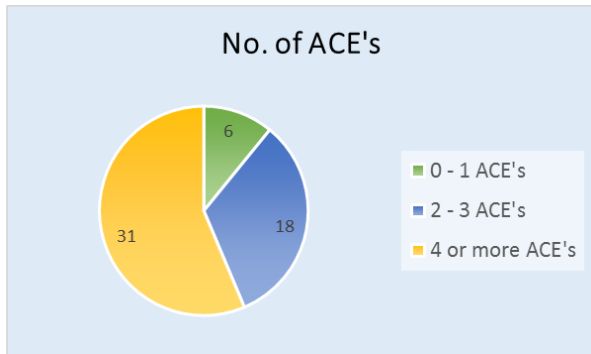
Service Strengths

- Multi agency approach to working with adolescents
- Support for as long as it's needed
- Specialist Interventions available 'on tap'
- Intensive nature of the service delivered

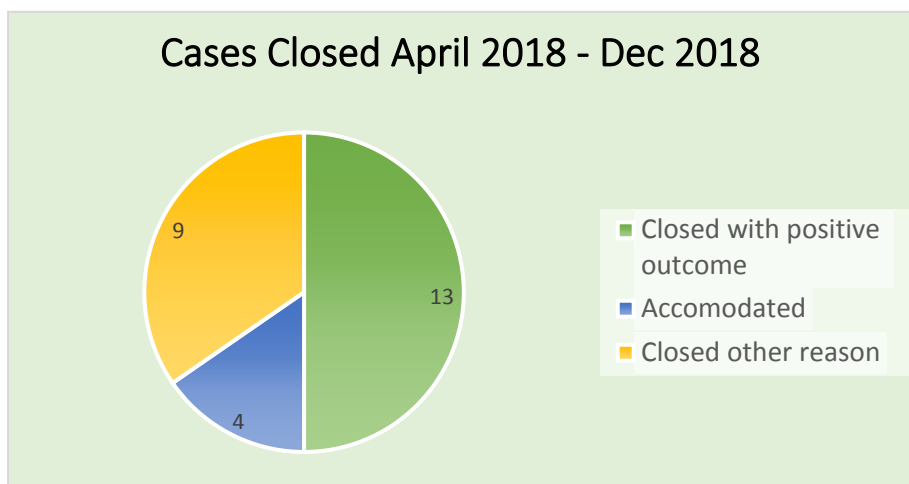
Performance Data

Since March 2018 ARC have received **68** referrals. Out of this **55** were accepted for ARC intervention.

The below graphs give an indication of the range of issues those 55 young people presented with.



Of the 55 young people accepted for ARC intervention, **26** of those cases are now closed. The below charts demonstrate the outcome.



29 cases are still open and receiving ARC intervention. Of these 29 **2** cases have been accommodated and **7** cases are currently receiving therapy.

ARC Case Study

H and family came to the UK in 2014, after fleeing Domestic Violence. H was referred to the Adolescent Resource Centre in April 2018. H was excluded from school for carrying a weapon, and her behaviour deteriorated significantly. H was diagnosed with ADHD, and struggled to regulate her emotions. H was going missing, and was at high risk of sexual exploitation. H was associating with older males, and was misusing drugs and alcohol. Behaviour at home was often very challenging, with physical altercations between H and her Mum, leading to the Police being called. H would also self-harm on a regular basis, and was admitted to hospital, following an overdose. H was regularly misusing her mobile phone, talking to older males, and sending images of herself, and getting into arguments on social media, with dangerous repercussions.

H did a piece of work with the Think Safe! Team to raise her awareness of CSE, and online safety. H worked with ARC, exploring her emotions and anger management, and this was further explored via Art Therapy, which H still continues to attend, and feels it helps her. ARC also did some work with H around her identity, looking at some of the foundations of life story work.

ARC worked with H's Mum on rules and boundaries, and completed some elements of the Nurturing Attachments Programme. Both H and Mum worked extremely well with ARC, always engaging and attending appointments. ARC closed the case in December 2018.

11+ Case Management Team

Offering relationship based social work practice in line with the Social Services and Wellbeing Act (2014)

Criteria

Care and Support Part 4&6, Child Protection Plans. 11+ team support children and families under;

- Care and support part 4, part 6 when the plan is reunification not under the Public Law Outline (Social Services and Wellbeing Wales Act 2014)
- Children subject to Child Protection Plans (All Wales Child Protection Procedures, 2008)
- Many of the children are subject to the strategy meeting process under the addendum protocols; part 5 of the All Wales Child Protection Procedures (Child sexual Exploitation, Criminal Exploitation, Sexually Harmful Behaviour and Modern Day Slavery)
- Children subject to Care Proceedings or PLO will not transfer to the 11+ team. At the point that PLO or Care Proceedings are instigated, the child will transfer to targeted services.

- Sibling groups open for child protection / care and support needs to targeted services do not meet the remit of the team, due to the CP concerns for parenting.
- The team cannot respond to new or step up crises for young people not allocated to the 11+ team for example from MASH or Support 4 Families.

Caseload

Social Workers will have a maximum of 12 children allocated (individual children, not family groups) the amount of work generated by the children on the caseload is high and the Social Workers must be responsive dealing with frequent, unplanned events.

Transfer in points

- Intake and Assessment
- Targeted Services
- 14+ team
- Support 4 Families (also a step down point)
- CHAD

Service Strengths

- Social Workers having the time to manage, respond to and pre-empt high-risk edge of care crisis work.
- Stable team committed to working with teenagers.
- A team who understand the needs of young people and able to build a good rapport and create change.

Performance Data

111	cases
51	ended
60	open
2	Long term care (subject to care proceedings)
1	Long term care (possible return home)
2	Looked after (rehab home)

Case study

S became looked after at 15 ½ . He lived at home with his mum and sister prior to this. S had a statement of educational needs and hadn't attended school for 2 years when he became looked after, due to drug misuse. S was described as impossible to engage and no one had a meaningful relationship with him, in spite of a child protection plan. S was aggressive at home, was dealing drugs, high level offending and criminal exploitation. It got so bad the family experienced physical harm from drug dealers at their home. S had experiences domestic violence as a child and there were no boundaries. Family relationships were really fraught with dad and adult siblings and mum.

S became looked after following intensive support to build his trust by his social worker as mum could not cope any longer. S went from talking to no one to agreeing to a move to a placement. This was through the trusting relationship.

S is now happy in placement. He doesn't use drugs. He doesn't go missing. S is following the boundaries and talking positively about his future. S sees his family regularly.

Whilst S is looked after, we believe if he had relationship based, targeted social work support earlier, the accommodation could have been prevented. Now the 11+ team is established, this support can be offered to other young people.

S is now spending unsupervised family contact with family and we are working hard to rebuild relationships with his family and supporting all members to repair relationships and further build on S's progress. S feels much happier and is feeling a part of the family once again. Rehabilitation is constantly being reviewed.

Think Safe!

- Specialist direct work interventions for children most at risk of Child Exploitation.
- Timely allocation and specialist support.
- Relationship based practice aimed to improve children's knowledge, resilience and self esteem
- Also deliver preventative programmes including group sessions and the Think Safe Ambassadors Programme.

Ambassadors Programme

- 19 young people from 7 Secondary schools took part in the CSE Prevention Ambassadors project which is a Peer Education Project for schools.
- The aim was for participants to gain an awareness of Child Sexual Exploitation, inform Children's Services what the key CSE prevention messages are from a young person's perspective and as CSE Prevention Ambassadors for their schools, advise on how these messages can be delivered best.
- Ambassadors were also set a challenge where they were asked to design a school project that raises awareness around the issues of CSE.

Caseload

Maximum caseload of 10 per worker.

Referral

Referrals are generated through CSE MASM process and through conversations with the allocated social worker if there is an unmet need to prevent CSE.

Service Strengths

- Non Social Work relationship leads to positive engagement
- Weekly visits that build a trusting relationship that enhances safety and wellbeing
- No other role can provide this regular targeted support.
- Support can be offered for as long as needed and is not time limited.

Case Study

M was 15 when she was referred to Children's Services due to significant CSE. M had a complex and traumatic childhood. She was living with her aunt who was committed to her. M was functioning significantly younger than her age. M had links with the homeless community due to her childhood.

Adults were giving M drugs, taking her around the city (trafficking) and it is strongly suspected she was sexually exploited. M was regularly missing.

A multi-agency plan was put in place and regularly reviewed (CSE MASM) The police undertook significant disruptive work to keep M safe. A Think Safe! worker, alongside the multi agency team worked with M for 9 months. Over this time M learnt about CSE, how to keep safe and what a healthy relationship is. The work was intensive on a weekly basis and the TS! Worker undertook robust safety planning with M and the adults around her.

M is now safe, she didn't experience any further CSE. M is looking forward to college. M was able to keep herself safe and she had a nurturing network around her. M was helped to achieve her goals and develop healthy friends and interests.

Identified areas for development.

- **Look to aligning the teams to make one cohesive edge of care 'adolescent service' for Cardiff**

Consultation is currently underway with the teams to explore a new vision for the future. Staff believe that there is a need for an alignment of the services in place for adolescents in order to have improved clarity of roles and responsibilities, reduce duplication of workload and provide a clear service identity for young people, families and key partners. This will also build resilience in the team coming together to have one 'duty' system.

Edge of Care

Services and activities can often bridge service structures and operate at the intersection between targeted and statutory provision for children and families.

- **Develop a robust 'working model' for the service.**

Clear systems and processes and effective preventative and crisis management structures need to be built into a working model. This will ensure that the staff teams remain focused on what they are there to achieve. For example a duty system and rapid response support will ensure that staff can concentrate on delivering the planned interventions as opposed to 'fighting fires' and responding to crisis. Having clear and well communicated referral mechanisms will ensure young people and their families are receiving the right level of support at the right time.

- **Develop a consistent and effective outcomes framework and associated tools to measure outcomes effectively.**

Carefirst currently collects data regarding how many cases are worked with, however it is recognised that more needs to be done to effectively measure and showcase the impact and difference the services are having on young people and their families. Development of a new outcomes framework for the team is currently underway and it is hoped that Results Based Accountability methodology can be applied to ensure the difference we are making is effectively measured, as well as ensuring 'the story behind the baseline' is represented.

Preventative work is difficult to measure and no one can know what may or may not have happened if the interventions and support were not in place. What we can do is look at risk factors and draw on the wealth of evidence and expertise that shows by making certain changes and improvements the risks *will* reduce.

- **Enhanced workforce development to ensure consistent models of working / use of evidence based approaches**

The teams are highly skilled and trained in a variety of evidence based approaches and tools a robust staff training package is required to ensure consistency of approaches and continuous development of staff. All staff use a strengths based Signs of safety approach which we are fully committed to and hope to develop further.

➤ **Improve links with Early Help/prevention Service**

With the launch of the Early Help gateway and the various levels of support and intervention within that service, work will be done to ensure there is connectivity between Early Help and the adolescent services. This will ensure effective step up and step down systems, avoid duplication of work and foster a clear and open approach for young people and families.

➤ **Broaden the scope of Think Safe! To include other forms of exploitation.**

A huge amount of work has been done in Cardiff to raise public and professional understanding and awareness of child sexual exploitation. A similar approach needs to be taken with other forms of exploitation. An exploitation strategy is in development for Cardiff and the Vale and the Think Safe! team will play an integral part in supporting this.

➤ **Increase the scope of therapies on offer for young people and their families.**

To enable a wider range of therapies available to young people and families to engage and target their interests.

➤ **Increase the availability of 'short breaks' support**

Currently the service has access to one short breaks worker. This can cause issues with capacity and availability. The aim is to increase the number of workers in order to be able to offer this provision to more young people who need it.

➤ **Improve mechanisms to involve young people and their families in the design, development and continuous improvement of services**

Consulting with young people and families and involving them in all decisions made is the core business of all teams, however additional methods to capture their thoughts feelings and ideas regarding the services they have received will be further developed.

➤ **Ensure we are an integral part of delivering a 'Child Friendly City' and are committed to ensuring children and young people are accessing their rights and we are working in a rights based approach.**

Children and young people needs and rights will be at the heart of all work undertaken. We will work with the team to ensure they are aware and are working towards the 5 goals laid out in the Cardiff Child Friendly Strategy.

Proposed Next Steps

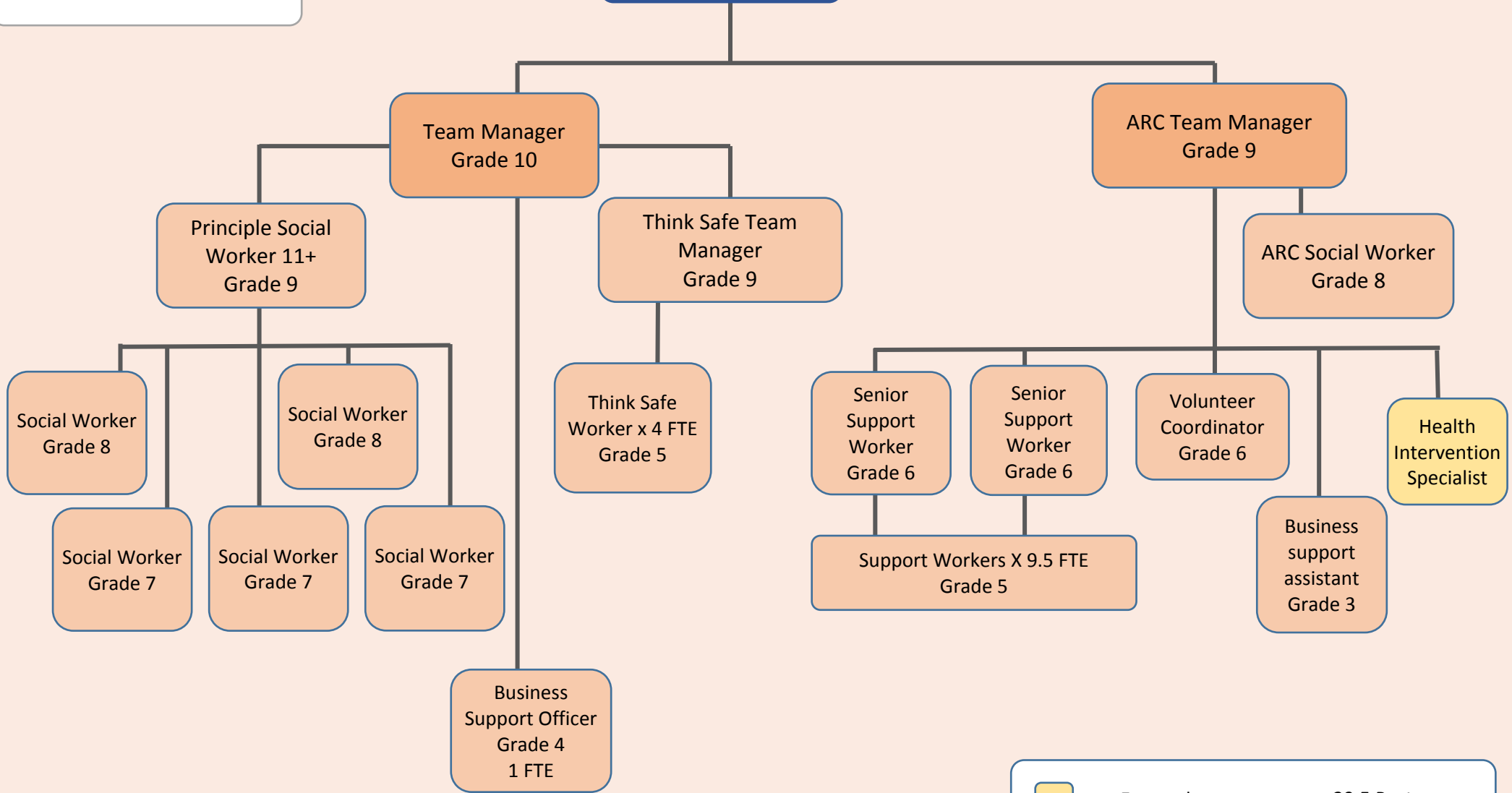
- **Consult on proposals to better align the 'adolescent services'**
- **Work with management team to implement the areas for development identified.**
- **Work with the performance team to quantify what data can be collected and ensure that this can feed into robust performance monitoring processes.**

Appendix

- **Current Staff Structure**
- **Draft outcomes Framework**

**Adolescent Service
Current Staff Structure**

Operational Manager



External post

29.5 Posts

Children's Service Business Plan	Adolescent Service Outcomes	Service Aims - Make positive CHANGES in young people age 11-25 and their families.	Performance measures	How is outcome achieved	Evidence to support outcome
Children and Young people are supported to live safely within their families with the lowest appropriate level of intervention.	1. Reduce the number of young people needing statutory intervention through early intervention and prevention.	Confident and resilient young people who have high self-esteem, feel good about themselves and an ability to bounce back from difficult episodes in their lives.	Improved resilience in young person		
			Improved self- esteem in young person		
	2. Reduce the number of young people being accommodated, and support them and their families to enable them to remain at home.	Healthy young people who have good mental, emotional and social wellbeing, who manage their own health and make informed decisions about how to be safe	Improved mental wellbeing in young person		WEMBS Score improvement
		A functioning family and positive family relationships, ensuring family strengths are utilised.	Young people remain safely in the family home.		
	Improved behaviour of young person				
	Improved family relationships				
	Improved communication within the family.				
	Improved Family resilience				
	3. Reduce the number of adolescents being subject to legal proceedings		Improved parenting skills		
	4. Reduce the number of adolescents being subject to child protection plans.	Network of community support - young people and families feel valued members of their communities and are confident in addressing the support available.	young people / family know where to get help if needed.		
	5. Reduce the number of adolescents in children's homes, by providing support to young people and their foster carers to remain in their placements.	Goals - Young people and families have a positive outlook about their future and are motivated / informed how to set and achieve their goals.	Primary goals set and achieved		
			Secondary goals set and achieved		
	6. Reduce the risk of exploitation in adolescent young people	Empowered - young people who feel their voice matters and are able to make informed positive decisions about things that effect their lives.	Young person feels listened to.		
Young person feels confident to make positive decisions that effect their lives.					
	Safe - Young people are free from harm and its effects.	Young people are aware of the forms of exploitation and the signs to spot.			
		Young people are attending school.			