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To:

Councillors: Mike Allport, Janet Axworthy, Marion Bateman, Sian Braun, Bob Connah, Paul Cunningham, Jean Davies, Carol Ellis, David Healey, Gladys Healey, Cindy Hinds, Joe Johnson, Tudor Jones, Mike Lowe, Dave Mackie, Hilary McGuill, Michelle Perfect, Ian Smith, Martin White, David Williams and David Wisinger

Co-opted Members:
Lynn Bartlett, David Hytch, Rebecca Stark and Wendy White

Date Not Specified

Dear Sir/Madam

NOTICE OF REMOTE MEETING
JOINT EDUCATION, YOUTH & CULTURE AND SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE
THURSDAY, 17 JUNE, 2021 at 2.00 PM

Yours faithfully

Robert Robins
Democratic Services Manager

Please note: This will be a remote meeting and 'attendance' will be restricted to Committee Members and those Members of Council who have asked the Head of Democratic Services for an invitation. Such attendees may only speak at the Chair's discretion.

The meeting will be live streamed onto the Council's website. A recording of the meeting will also be available, shortly after the meeting at https://flintshire.public-i.tv/core/portal/home

If you have any queries regarding this, please contact a member of the Democratic Services Team on 01352 702345.

A G E N D A

1 **APPOINTMENT OF CHAIR**

Purpose: To appoint a Chair for the meeting.

2 **APOLOGIES**

Purpose: To receive any apologies.

3 **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**

Purpose: To receive any Declarations and advise Members accordingly.

4 **RECOGNITION OF DAVID HYTCH AND REBECCA STARK**

Purpose: To recognise the contribution made by David Hytch and Rebecca Stark to the Education, Youth & Culture Overview & Scrutiny Committee, whose terms of office as Co-opted members of the Committee ends in June, 2021.

5 **LOOKED AFTER CHILDREN IN FLINTSHIRE** (Pages 5 - 10)

Report of Chief Officer (Education and Youth) - Deputy Leader of the Council (Partnerships)

Purpose: To provide an update on the provision for Looked After Children.

6 **SAFEGUARDING IN EDUCATION** (Pages 11 - 16)

Report of Chief Officer (Education and Youth) - Leader of the Council and Cabinet Member for Education

Purpose: To provide an update on the discharge of statutory safeguarding duties in schools and the Education portfolio.

7 **MULTISYSTEMIC THERAPY** (Pages 17 - 58)

Report of Chief Officer (Social Services) - Deputy Leader of the Council (Partnerships) and Cabinet Member for Social Services

Purpose: To provide an update on the multi-agency service to provide intensive therapeutic support to young people.

8 **ADDITIONAL LEARNING NEEDS AND EDUCATION TRIBUNAL (WALES) ACT 2018** (Pages 59 - 64)

Report of Chief Officer (Education and Youth) - Leader of the Council and Cabinet Member for Education

Purpose: To provide an update on the Authority's implementation plan and any national/regional updates

Please note that there may be a 10 minute adjournment of this meeting if it lasts longer than two hours

Procedural Note on the conduct of meetings

The Chair will open the meeting and introduce themselves.

The meeting will be attended by a number of Councillors. Officers will also be in attendance to present reports, with Democratic Services officers acting as hosts of the meeting.

All attendees are asked to ensure their mobile phones are switched off and that any background noise is kept to a minimum.

All microphones are to be kept muted during the meeting and should only be un-muted when invited to speak by the Chair. When invitees have finished speaking they should go back on mute.

To indicate to speak, Councillors will use the chat facility or use the electronic raise hand function. The chat function may also be used for questions, relevant comments and officer advice and updates.

The Chair will call the speakers, with elected Members addressed as 'Councillor' and officers addressed by their job title e.g. Chief Executive' or name. From time to time, the officer advising the Chair will explain procedural points or suggest alternative wording for proposals, to assist the Committee.

If and when a vote is taken, the Chair will explain that only those who oppose the proposal(s), or who wish to abstain will need to indicate, using the chat function. The officer advising the Chair will indicate whether the proposals are carried.

If a more formal vote is needed, this will be by roll call – where each Councillor will be asked in turn (alphabetically) how s/he wishes to vote

At County Council and Planning Committee meetings speaker's times are limited. A bell will be sounded to alert that the speaker has one minute remaining

The meeting will be live streamed onto the Council's website. A recording of the meeting will also be available, shortly after the meeting at https://flintshire.public-i.tv/core/portal/home

JOINT EDUCATION, YOUTH & CULTURE, AND SOCIAL & HEALTHCARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Thursday, 17th June 2021
Report Subject	Looked After Children in Flintshire
Cabinet Member	Leader of the Council & Cabinet Member for Education
Report Author	Chief Officer (Education & Youth)
Type of Report	Operational

EXECUTIVE SUMMARY

The report provides Members with an overview of the support provided for looked-after children during the academic year 2019/2020.

The Covid-19 pandemic has impacted on the ability to report meaningful outcome data in the report.

RECOMMENDATIONS	
1	For Members to actively engage as Cooperate Parents for looked after children, promoting awareness and challenging provision within Flintshire educational settings.
2	For Members to actively encourage all educational staff to promote the educational welfare of looked after children within Flintshire establishments at a 'whole school level'.

REPORT DETAILS

1.00	**EXPLAININGTHE PROVISION FOR FLINTSHIRE LOOKED AFTER CHILDREN**
1.01	The definition of looked-after children (children in care) is found in the Children Act 1989. A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours.

	The lead responsibility for the educational support of looked after children within the Education & Youth Portfolio sits within the Inclusion & Progression Service which has oversight of children meeting the definition above and also previously looked after children as per the definition below: *A previously looked after child is one who is no longer looked after in England and Wales because s/he is the subject of an adoption, special guardianship or child arrangements order which includes arrangements relating to with whom the child is to live, or when the child is to live with any person, or has been adopted from 'state care' outside England and Wales.*
1.02	The number of looked after children fluctuates month on month but stood at 259 (0-18 year olds) in October 2020, with 165 being of statutory school age. The following shows the breakdown across school key stages: • Foundation Phase – 29 • Key Stage 2 – 54 • Key Stage 3 – 44 • Key Stage 4 – 38 Of the 165, 126 looked after children attended Flintshire schools with the remainder accessing either mainstream schools in other geographical areas, or independent specialist provision. A significant proportion of the children are identified as having special educational needs, with 17% of the looked after cohort having a Statement of Special Educational Need; this compares with approximately 3% of all pupils across Wales.
1.03	The Covid-19 pandemic impacted significantly on the way in which education was delivered and accessed during 2019/20. The extended periods of lockdown resulted in a move to the remote delivery of education, and support services had to develop very different ways of engaging with pupils and families. The implementation of a corporate emergency response structure to the pandemic ensured all relevant Council services were sighted on the presenting needs and were able to respond in a timely fashion. Through the Silver Education Tactical Group, the working definition of vulnerable children below was developed to support the identification of those who were potentially most at risk at the early stages of the pandemic: • Children who are at a significantly increased safeguarding risk from being at home. • Anyone whose family/placement would be at risk of imminent breakdown without access to external provision. Social Services worked in close collaboration with Education to identify children who were 'vulnerable' and would benefit from additional support. The circumstances and needs of looked after children were considered as part of this exercise. Children identified as 'vulnerable' were offered

	access to the Resilience Hubs that were established across Flintshire's network of schools in response to the first lockdown in March 2020. Engagement with schools, along with the cross-service partnership working facilitated the ongoing monitoring of pupils in terms of their safety with home visits being undertaken where required.
1.04	In response to the transition from face to face to remote learning, officers worked in collaboration with schools to ensure looked after children had appropriate devices to secure their access to education. IT support was also offered to carers, where required, to enable them to support pupil engagement. Targeted engagement activities were also offered to vulnerable children during the summer holiday of 2020 to facilitate learning, development, play and support. This included provision at Theatr Clwyd and community based sport opportunities through Aura.
1.05	Council processes such as the Moderation Panel and the joint-commissioning Out of County Panel which oversee and allocate provision for those with special education (SEN) and additional Learning Needs (ALN) were quickly moved on line. This ensured that the processes around statutory assessments and the commissioning of specialist placements was continued in response to individual needs reducing the impact of delay on looked after children. Where pupils were accessing their education through out of county provision, contact was made by officers to request a copy of risk assessments and their models of delivery/engagement. Other key meetings such as 'looked after' reviews, Case Conferences and Education Planning meetings were also undertaken virtually.
1.06	Training and awareness raising has continued during the pandemic. Training and support has been offered to school-based staff with regards to Trauma Informed Practice, Attachment Theory and Boxall Profiling amongst others. Education officer contact details were also shared with foster carers and also included on the Fostering Facebook page. Education staff have regularly attended meetings with a range of Social Services teams to ensure a shared understanding of strategies and developments in each sector.
1.07	Additional funding is available to schools to support them to meet the educational needs of looked after children. This funding is known as the looked after Pupil Development Grant (PDG). This is allocated from Welsh Government (WG) to GwE, the regional school improvement service to support improved outcomes for learners. The allocation for Flintshire or the financial year 2020/21 was £163,300. The terms and conditions around this grant require schools to collaborate and develop a cluster approach to intervention, with the majority of the funding (£119k) being allocated to this. A 'Dashboard' has been developed for clusters to submit their bids for funding and the impact of these is monitored and evaluated by GwE. A further £30k was allocated to support Flintshire looked after children who are educated outside of Wales and £14,300 was allocated to the Council to cover local schemes/individual bursaries. Along with the individual allocations, the central funding has been used to support training for school staff and the purchase of the online assessment Boxall Profile tool. School bids have included requests to

	fund additional staff intervention, targeted training and a range of resources, e.g. unearthing boxes.
1.08	Other sources of funding such as the Education Improvement Grant (EIG), have been used by the Council to develop and expand its offer of alternative education. Where possible and safe to do so, programmes continued to be offered to maintain levels of engagement. In recognition of need, a range of welfare and wellbeing activities were also undertaken to support children and young people and key services such as the Young People's Counselling Service developed online ways of working.
1.09	In response to the pandemic and the extended period of lockdown in 2019/20, it has not been possible to generate meaningful data in relation to the usual areas of reporting for looked after children such as educational outcomes, attendance, changes of school placements and levels of exclusion. All of the 19 Year 11 looked after children, had a post 16 outcome identified which included staying on for sixth form, accessing courses within the local further education institutes and continued placement in specialist provision.

2.00	**RESOURCE IMPLICATIONS**
2.01	The Additional Learning Needs and Education Tribunal Act (Wales) 2018 brings additional duties for the Council in response to LAC who have additional learning needs (ALN). From September 2021, Flintshire will be responsible for implementing the new legislation for all of its looked after children, irrespective of where they live in Wales; the current system puts the responsibility for some elements of the process on the authority in which the child is residing. In response to this, additional funding has been allocated to the Inclusion & Progression Service to enable the statutory duties in relation to looked after children to be fulfilled.
2.02	A number of looked after children require specialist provision which is often only available through the specialist independent sector. The increasingly complex needs exhibited by some individuals and the increasing costs of provision does impact on the Out of County budget. Both the Education and Social Services Portfolios are exploring and developing ways to reduce the expenditure in this area including the expansion of in house provision and alternative forms of intervention.
2.03	The PDG is the main source of additional funding to support looked after children. Officers are working closely with schools to promote and support the submission of cluster bids to ensure the funding is accessed and goes to those who need it most.

3.00	**IMPACT ASSESSMENT & RISK MANAGEMENT**
3.01	Risk monitoring is a regular feature of Portfolio Senior Management meetings to ensure senior officers are sighted in relation to these.

3.02	Expenditure on specialist non-maintained 'Out of County' provision constitutes an ongoing financial risk to both the Education & Youth and Social Services Portfolios. This is monitored on a monthly basis and the findings reported to relevant members of the Council's Senior Leadership Team.

4.00	**CONSULTATIONS REQUIRED / CARRIED OUT**
4.01	None required.

5.00	**APPENDICES**
5.01	N/A

6.00	**LIST OF ACCESSIBLE BACKGROUND DOCUMENTS**
6.01	**WG Guidance - Making a Difference a guide for the designated person for looked after children in schools**

7.00	**CONTACT OFFICER DETAILS**
7.01	**Contact Officer:** Jeanette Rock, Senior Manager – Inclusion & Progression **Telephone:** 01352 704017 **E-mail:** jeanette.rock@flintshire.gov.uk

8.00	**GLOSSARY OF TERMS**
	Pupil Development Grant – Welsh Government funding to improve outcomes for learners eligible for free school meals (eFSM) and Looked After Children (LAC). It is intended to overcome the additional barriers that prevent learners from disadvantaged backgrounds achieving their full potential. **GwE**: Regional school improvement service **Out of County provision:** Specialist education/residential provision which is not maintained by Flintshire County Council. This could include mainstream provision maintained by an alternative authority or specialist independent provision. **Additional Learning Needs and Education Tribunal Act (Wales) 2018:** New Welsh legislative system relating to the support given to children and young people aged 0 to 25 who have additional learning needs and are receiving education and/or training.

	Education Improvement Grant (EIG): Welsh Government grant funding to improve educational outcomes for all learners and reduced the impact of deprivation on learner outcomes by: • improving the quality of teaching & learning; • addressing learners' barriers to learning and improving inclusion; • improving the leadership of educational settings; and • improving the provision for learners, and the engagement of learners.

JOINT EDUCATION, YOUTH & CULTURE AND SOCIAL & HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Thursday 17th June 2021
Report Subject	Safeguarding in Education
Cabinet Member	Leader of the Council and Cabinet Member for Education
Report Author	Chief Officer (Education and Youth)
Type of Report	Operational

EXECUTIVE SUMMARY

To provide an overview of the updated guidance on Keeping Learners Safe (2021).

To provide assurance of the focus of the Education and Youth Portfolio and its schools on discharging statutory safeguarding duties.

RECOMMENDATIONS	
1	That members note the content of the safeguarding in education report and provide their feedback to officers on the strategies used by the Portfolio to effectively discharge its duties.
2	That members note the positive work undertaken by Flintshire schools to safeguard children and young people during the pandemic.

REPORT DETAILS

1.00	**EXPLAINING THE SAFEGUARDING IN EDUCATION REPORT**
1.01	The Education and Youth Portfolio usually undertakes an annual self-evaluation of safeguarding processes against the framework for the inspections of Local Government Education Services published by Estyn. This framework was suspended as a result of Covid-19. This report is

	therefore presented in a different format with a focus on work over the last twelve months in responding and adapting to the health emergency, whilst at the same time implementing the new national safeguarding procedures and guidance.
1.02	The last twelve months have presented new challenges for the Council, particularly in relation to its delivery of education services. The statutory provision of education for all learners was suspended for the period March 2020 to September 2020 and schools had to repurpose themselves as childcare hubs for vulnerable children and children of critical workers. Since the restart of education provision in September and the rising rates of infection though the autumn term and early spring term, the delivery of education in all Flintshire schools has been significantly disrupted with pupils having to isolate for extended periods of time. In January 2021, Welsh Government directed all schools to cease face-to face learning for the majority of pupils and only making provision for those children identified as vulnerable or those of critical workers in the face of escalating infection rates. We then saw Foundation Phase pupils return to school after February half term, with more learners able to return from 15th March and all learners after Easter.
1.03	Through all of this time, safeguarding of children and young people has remained the highest of priorities for the Education and Youth Portfolio. Schools have worked tirelessly to keep in touch with learners throughout the various stages of the pandemic. Whilst the national position with COVID 19 was changing rapidly, the Council's approach from the very beginning was to continue to protect and support vulnerable children and families. The way we have worked has had to change significantly however in order to also protect our staff, clients and partner agencies. Flintshire schools have received regular updates from Children's Social Services as to how they could continue to report any safeguarding concerns and continue to participate where required in Child Protection Conferences and Looked After Reviews. During this year, we have also seen the implementation of the new Wales Safeguarding procedures for children and adults at risk of abuse and neglect as well as updated guidance on Keeping Learners Safe. Schools in Flintshire have responded positively to these changes, despite the pressures of the pandemic. We have seen significant uptake of training around the new procedures and have had to increase the number of sessions initially planned.
1.04	During the pandemic, schools have had to move to firstly remote and then blended learning models of education. We know that children and young people have therefore had increased access to digital technology and resources. With so many aspects of our lives now using technology in a digital world, supporting our children and young people to be digitally resilient and safe is fundamental. Digital resilience encapsulates the need to develop knowledge, skills and strategies in order for children and young people to:

	• manage their online experience safely and responsibly • identify and mitigate risks to stay safe from harm online • understand the importance of using reliable sources and employing critical thinking skills to identify misinformation • seek help when they need it • learn from their experiences and recover when things go wrong • thrive and benefit from the opportunities the internet offers. WG continue to update the Keeping Learners Safe online section of Hwb. This online area has been designed and developed to support online safety in education across Wales. It provides an extensive suite of up-to-date bilingual resources, Welsh Government guidance and links to further sources of support on a range of online safety issues. In addition Keeping Safe Online also hosts bilingual resources created by or developed in collaboration with key partners, such as the South West Grid for Learning (SWGfL), the NSPCC, Common Sense Media and the National Crime Agency.
1.05	The North Wales Safeguarding Board endorsed the new Wales Safeguarding procedures for children and adults at risk of abuse and neglect from **1st September 2020.** These are the national Wales Safeguarding Procedures. They detail the essential roles and responsibilities for practitioners to ensure that they safeguard children and adults who are at risk of abuse and neglect. They support a consistent approach to safeguarding practice and procedures across Wales. Within the new children's procedures, many of the changes are around the emphasis placed on how children should be supported and how practitioners work e.g. co- production, person centred, advocacy, use of reflective practice and practitioner judgement etc. rather than the process of safeguarding which remains largely unchanged. Several new terms have also been introduced, including 'Report', 'Report Maker', 'Lead Coordinator' and 'Lead Practitioner'.
1.06	The Welsh Government's Keeping Learners Safe Guidance has been updated in line with the Wales Safeguarding Procedures and was reissued in October 2020. Keeping Learners Safe provides guidance for local authorities and governing bodies of all maintained schools on arrangements for safeguarding children under the Education Act 2002. The guidance also sets out effective practice for wider education settings and related agencies, particularly those inspected by Estyn. All Flintshire schools have been advised of this updated guidance and support and advice is available from designated local authority officers.
1.07	The Safeguarding training for staff in Flintshire schools has been updated to reflect the new Wales Safeguarding Procedures and the revised Keeping Learners Safe Guidance. Level 1: The updated training materials were shared with headteachers in schools in September 2020 to enable the delivery of Basic Awareness

	level 1 training to all their staff at the start of the Autumn term 2020. A full refresh has also been undertaken ahead of September 2021 and will be issued to schools before the end of the summer term. The Level 2 Safeguarding training for middle leaders (or equivalent), Level 3 for New Designated Safeguarding Persons and Level 3 Refresher courses for existing Level 3 trained colleagues have been delivered online from October 2020. The number of participants per course is limited to 20 to ensure the quality of the delivery and maximise opportunities for engagement. The content has been adapted and updated accordingly and the sessions do not exceed 3 hours – which includes a break and opportunities to participate in various discussions through the use of virtual break-out rooms. Level 2 online Safeguarding training for middle leaders (or equivalent), (3 hour duration): 5 x courses delivered October 2020 – May 2021 benefiting 94 participants. There are two further courses planned; the projected total number trained at Level 2 by mid-July is 134 participants. Level 3 online course for New Designated Safeguarding Person's is delivered over two 3 hour sessions; 6 hours duration in total. There were two courses delivered October 2020 – May 2021 benefiting 18 participants. There is one further course planned over two dates; the projected total number trained at the full Level 3 level by mid-July is 38 participants. Level 3 online Refresher Course for colleagues trained at level 3 previously: five courses (3 hour duration) delivered October 2020 – May 2021 benefiting 78 participants. There is one further course planned; the projected total number trained at Level 3 Refresher level by mid-July is 98 participants. There were 190 participants trained October 2020 – May 2021 on twelve courses. By mid-July 2021 it is projected this number will have increased to 270 participants delivered over sixteen courses.
1.08	In response to the updated Keeping Learner's Safe guidance, the Education and Youth Portfolio has now established a Safeguarding Panel to maintain a strategic overview of the Portfolio's responsibilities in relation to safeguarding. The purpose of the panel is to: • Ensure "safeguarding" is everybody's business in each service area • Ensure the Portfolio is operating effective management and assurance processes • Consider matters referred to the Panel within its terms of reference • Drive continuous improvement in safeguarding across the Education and Youth Portfolio • Ensure schools have the opportunity to access appropriate support and training to improve their safeguarding processes. The Panel will develop and oversee the Portfolio's annual work in relation to safeguarding and ensure service areas are fully compliant with

	safeguarding legislation / policy. It will ensure that there continues to be good joint working arrangements between the Portfolio and other Council departments and partner agencies, including working arrangements with the North Wales Safeguarding Children Board.

2.00	**RESOURCE IMPLICATIONS**
2.01	Safeguarding is a core responsibility of everybody who works for the Local Authority. Delivering the commitments contained within this report are within existing human and financial resources.

3.00	**IMPACT ASSESSMENT AND RISK MANAGEMENT**
3.01	There are no specific risks arising from this report and subsequent actions. The Education Portfolio has a detailed risk assessment which outlines key risks related to the delivery of education services and the continued disruption of teaching and learning as a result of the ongoing pandemic and method statements which describe how these risks are managed. These are regularly reported to the Education, Youth and Culture Overview & Scrutiny Committee. There will continue to be ongoing monitoring of the portfolio and schools in discharging of statutory safeguarding duties.

4.00	**CONSULTATIONS REQUIRED/CARRIED OUT**
4.01	None required for this report.

5.00	**APPENDICES**
5.01	There are no supporting documents for this report.

6.00	**LIST OF ACCESSIBLE BACKGROUND DOCUMENTS**
6.01	**The Wales Safeguarding Procedures for children and adults at risk of abuse and neglect** https://safeguarding.wales/ https://diogelu.cymru/ **Keeping Learners Safe (2021)** https://llyw.cymru/cadw-dysgwyr-yn-ddiogel

	https://gov.wales/keeping-learners-safe Guidance for local authorities and governing bodies on arrangements for safeguarding children. **Hwb- Keeping Learners Safe online** https://hwb.gov.wales/zones/keeping-safe-online/ https://hwb.gov.wales/parthau/cadwn-ddiogel-ar-lein/

7.00	**CONTACT OFFICER DETAILS**
7.01	**Contact Officer:** Vicky Barlow, Senior Manager for School Improvement **Telephone:** 01352 704019 **E-mail:** vicky.barlow@flintshire.gov.uk

8.00	**GLOSSARY OF TERMS**
	Safeguarding - safeguarding means preventing and protecting children and adults at risk from abuse or neglect and educating those around them to recognise the signs and dangers. **Wales Safeguarding Procedures** - These are the national Wales Safeguarding Procedures. They detail the essential roles and responsibilities for practitioners to ensure that they safeguard children and adults who are at risk of abuse and neglect. **Hwb** - This is the digital platform for learning and teaching in Wales. Hwb provides its users with access to a range of centrally-funded, bilingual, digital tools and resources. It is the Welsh Government's strategic digital channel to support the delivery of the curriculum in Wales.

JOINT EDUCATION, YOUTH & CULTURE AND SOCIAL & HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Thursday, 17th June 2021
Report Subject	Multisystemic Therapy
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

North Wales has secured Welsh Government funding for a regional Transformation Programme for Children's social care. Working on a regional footprint the programme is delivered on an Area basis. The East Area project is a partnership between Flintshire, BCU and Wrexham local authority. As part of the work programme we have established a North eats Wales Multisystemic Therapy Team (NEW MST).

MST is an intensive family and community based intervention for children and young people aged 11-17, where young people are at risk of placement breakdown. It is a well-regarded, evidence based approach that achieves excellent long term results for young people and families

This report provides an overview of the MST project and the findings of two independent evaluations of the work achieved to date. The report also identifies the planned expansion of the service as part of the local authority's ambition to transform our support to children and young people by developing high quality in house residential care aligned with new models of support.

RECOMMENDATIONS	
1	Committee endorse the work to safely reduce the numbers of children in need of care through the provision of intensive targeted MST support for families.
2	Committee support the establishment of a local authority Children's Residential Care as part of an approach to rebalance care provision for children, with a focus on ensuring an affordable and sufficient range of local high quality placements.

REPORT DETAILS

1.00	BACKGROUND
1.01	Flintshire County Council is committed to ensuring safe, high quality support for children on the edge of care and those we look after. We want our young people to develop the skills and resilience to lead fulfilled lives.
1.02	Our main aim is to support families to care for their own children, and to prevent them, if safe to do so, from becoming looked after. This is what the majority of families want and where most children will best achieve their potential.
1.03	**MST - Intensive assessment and therapeutic support for families**
1.04	We have established a health and social care Team to provide intensive assessment and therapeutic support for young people who don't meet the thresholds for CAMHS, but are displaying significant needs, often with high levels of dysregulated behaviour, and patterns of school exclusion/risk of exclusion. During the COVID lockdown we successfully appointed, and launched, a Team which comprises of a Team Manager, Psychologist, Family Therapist, 4 therapists and part time administrator. The Team have met the criteria to operate the MST model under strict licencing requirements including competency to practice through intensive training. MST a clinical model that works with all systems surrounding the child including education, community influences and any significant adults/others in the family. It builds resilience of the child and family as a collective, and offer supports that is accessible '24/7'. The Team provides direct support to build the resilience of families between 3 and 5 months. The focus is preventing family breakdown and reducing the need for children to unnecessarily entering the care system. As the Team will be working with some of the most complex cases they have capacity to support up to 6 families across the East Area at any one time.
1.05	As part of the regional Transformation Fund, Oxford Brookes University, Institute of Public Care (IPC) were commissioned to evaluate the MST project. A copy of their evaluation is attached as Appendix 1.
1.06	**Evaluation of MST**
1.07	The key findings of IPC are that: **The MST Team moved quickly to implement a new service** and adapted ways of working to ensure that delivery would not be interrupted by the pandemic. It is the first time that an MST team has successfully completed the specialist training on-line. **The 'right' families are accessing the service**, by which we mean the target population of children and young people with complex Emotional and Behavioural Difficulties (EBD) linked to Adverse Childhood Experiences (ACEs), at risk of family breakdown for whom other services and interventions have not worked.

	Families have engaged really well with the service. Key aspects that have facilitated the high level of engagement by families are the rapid response following referral; highly skilled workers able to build trusting relationships; the 24/7 "whatever it takes" approach, working intensively with the whole family in their home; a model of care that combines crisis support with long term behaviour change using therapeutic interventions; and a focus on empowering parents, so that change is sustainable. A key focus of MST is to work with the "ecology around the young person". **The MST service has worked effectively alongside other agencies,** including schools, social workers, youth offending team, and voluntary sector organisations by facilitating joint planning, review and exit strategy meetings, sharing insights they were gaining from working closely with the family, and helping to manage challenges that arose in different settings. Partner agency staff said they felt more confident and supported in their work with these children and families and able to manage risk effectively working alongside the new service. They also said they were beginning to feel more confident (still early days) about the overall arrangements locally for meeting the needs of children and young people with complex emotional and behavioural difficulties. **Very good outcomes for children, young people and families have been achieved.** In 7 out of the nine cases IPC looked at parenting has improved, which has empowered parents to feel more in control and able to manage their child/young person's behaviour and meet their needs. Families have become more resilient with better relationships and stronger capacity to cope with difficulties. There have been improvements in the child/young person's emotional wellbeing, fewer behavioural problems and better educational and employment outcomes. Statutory services are no longer involved with families and children/young people have remained in the family home. In the two cases where a placement was needed, it appears that this may have been because the intervention had come too late or parent(s) had severe and complex needs of their own that 'got in the way' and prevented them from engaging fully in the behaviour change work. A full copy of the IPC evaluation is included as Appendix 2.
1.08	The hard work and willingness of the North East Wales MST Team to go above and beyond was recognised through the MST "Whatever It Takes" program. This recognition is given to individuals within the MST community that have demonstrated outstanding and meritorious service.
1.09	**Setting up a local Residential Children's provision to rebalance the market and support children and young people locally**
1.10	Like many authorities Flintshire is currently reliant on the independent sector for Children's Residential Care provision. This provision is very expensive and often in placements that are out of area. There are opportunities to use this grant funding to facilitate a different approach to help reduce our reliance on Out of County placements.

1.11	We are moving forward to establish a short term residential assessment and support provision to meet the needs of young people whilst seeking family reunification, or a longer term local fostering/residential placement. The support model at the provision will be the clinical MST FIT approach.
1.12	There can be occasions where a placement (with family or carer) can reach crisis point and breakdown. In these emergency situations the choices for placements can be limited and can result in long term high cost Out of County provision. We are seeking an alternative, where a local authority Residential Care provides short term intensive MST model. This would enable an in-depth assessment of the young person to fully understand their needs, whilst providing therapeutic work with them and their families. The intention would be to de-escalate the crisis, assess and understand the core issues/needs of the family, and work with them to develop their skills/relationships with a view to reunification so that young person can appropriately step down back to their family network. There would be a strong focus on supporting attendance within education during this time as well as developing a long term care and support plan if needed for the family. This approach would also help to minimise avoidable long term entry into the looked after care system.
1.13	Where a return home is assessed as not being in the child's best interest the assessment and support period will provide time to secure the best setting possible for that child to thrive and facilitate a planned and structured placement, avoiding a crisis placement based on availability on the day.

2.00	**RESOURCE IMPLICATIONS**
2.01	Safely and appropriately supporting young people through intensive assessment and support is the most cost effective way of delivering our services. For some children specialist residential placements will always be the best provision for them. This Strategy will help to ensure high quality local/regional residential placements that secure positive outcomes and placement stability.
2.02	Grant funding is in place for the capital development of the residential provision along with initial revenue costs. Revenue costs have then be identified through Flintshire's Medium Term Financial Strategy.

3.00	**CONSULTATIONS REQUIRED / CARRIED OUT**
3.01	The IPC evaluation carried included in-depth case file analysis of the first 9 cases to complete the programme, as well as interviews with four parents and a young person. Interviews with partner agency staff and managers and a focus group with the MST team as well as secondary analysis of management information provided other valuable perspectives.

4.00	RISK MANAGEMENT
4.01	Failure to implement alternative pathways is likely to result in a continued increase in the number of looked after children without the opportunity to fully explore and deploy intensive support which can, in some cases appropriately support family resilience and maintain family arrangements. There is also a risk of an over reliance on costly provision through independent fostering and residential providers, with a lack of appropriate placement choice within the local/regional area.

5.00	APPENDICES
5.01	Appendix 1 - MST Evaluation March 21.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None

7.00	CONTACT OFFICER DETAILS
7.01	**Contact Officer: Neil Ayling** **Telephone: 01352 702500** **E-mail:** Neil.J.Ayling@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	**Looked After Child** Looked after children are children and young people who are in public care and looked after by the state. This includes those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care. The term is also used to describe 'accommodated' children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents.

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Driving improvement and innovation in care

North Wales Children and Families Partnership

Early Intervention and Intensive Support for Children and Young People Transformation Programme

Evaluation Report for North East Wales Multisystemic Therapy Service

March 2021

OXFORD BROOKES UNIVERSITY

http://ipc.brookes.ac.uk

North Wales Children and Families Partnership

Early Intervention and Intensive Support for Children and Young People Transformation Programme

Evaluation Report for North East Wales Multisystemic Therapy Service

Contents

Executive Summary

The North East Wales Multisystemic Therapy (MST) service began working with families in May 2020, having successfully recruited and trained staff and obtained a licence to deliver the first MST standard programme in Wales during the Covid 19 pandemic lockdown. By December 2020, 27 families had accessed the service, 14 had completed and 13 were still receiving a tailor made package of interventions and support.

MST is an intensive family and community based intervention for children and young people aged 11-17, where young people are at risk of out of home placement in either care or custody. It is a well-regarded, evidence based approach that achieves excellent long term results for young people and families[1].

The evaluation carried out by the Institute of Public Care has included in-depth case file analysis of the first 9 cases to complete the programme, as well as interviews with four parents and a young person. Interviews with partner agency staff and managers and a focus group with the MST team as well as secondary analysis of management information provided other valuable perspectives. Our key findings are that:

The team moved quickly to implement a new service and adapted ways of working to ensure that delivery would not be interrupted by the pandemic. It is the first time that an MST team has successfully completed the specialist training on-line.

The 'right' families are accessing the service, by which we mean the target population of children and young people with complex Emotional and Behavioural Difficulties (EBD) linked to Adverse Childhood Experiences (ACEs), at risk of family breakdown for whom other services and interventions have not worked.

Families have engaged really well with the service. Key aspects that have facilitated the high level of engagement by families are the rapid response following referral; highly skilled workers able to build trusting relationships; the 24/7 "whatever it takes" approach, working intensively with the whole family in their home; a model of care that combines crisis support with long term behaviour change using therapeutic interventions; and a focus on empowering parents, so that change is sustainable.

A key focus of MST is to work with the "ecology around the young person". **The MST service has worked effectively alongside other agencies,** including schools, social workers, youth offending team, and voluntary sector organisations by facilitating joint planning, review and exit strategy meetings, sharing insights they were gaining from working closely with the family, and helping to manage challenges that arose in different settings. Partner agency staff said they felt more confident and supported in their work with these children and families and able to manage risk effectively working alongside the new service. They also said they were beginning to feel more confident (still early days) about the overall arrangements locally for meeting the needs of children and young people with complex emotional and behavioural difficulties.

[1] MST website (no date) accessed 18.2.2021. Available at: http://www.mstuk.org/mst-research-outcomes/international-research

Very good outcomes for children, young people and families have been achieved. In 7 out of the nine cases we looked at parenting has improved, which has empowered parents to feel more in control and able to manage their child/young person's behaviour and meet their needs. Families have become more resilient with better relationships and stronger capacity to cope with difficulties. There have been improvements in the child/young person's emotional wellbeing, fewer behavioural problems and better educational and employment outcomes. Statutory services are no longer involved with families and children/young people have remained in the family home. In the two cases where a placement was needed, it appears that this may have been because the intervention had come too late or parent(s) had severe and complex needs of their own that 'got in the way' and prevented them from engaging fully in the behaviour change work.

Overall this evaluation demonstrates that the North East Wales MST service has made an excellent start, all be it for a small number of children/young people and families. The final evaluation in a year's time will demonstrate whether the positive changes in these families have been maintained and whether the service continues to bring about positive change and improved outcomes for more families.

1 Introduction

1.1 Background to the evaluation

This report outlines findings from an early evaluation of a new Multisystemic Therapy Service (MST) for children and families in Flintshire and Wrexham, carried out by the Institute of Public Care (IPC). The service has been developed as part of the North Wales Early Intervention and Intensive Support for Children and Young People's Transformation Programme which has received funding from Welsh Government to transform approaches to working with children and families to improve outcomes.

Early work to produce a Theory of Change for the Programme identified an urgent need to address the growing numbers of children with emotional and/or behavioural difficulties (EBD) entering care in a crisis with complex needs that are currently met largely through out of area residential placements. All partners agreed that this situation needed to change and radical re-thinking and new approaches were needed to keep children out of care and improve their life chances. Key elements of the new approach include the formation of multi-disciplinary teams to ensure an integrated response; a recognition that therapeutic interventions would be needed to address Adverse Childhood Experiences (ACEs) and the work would need to include both parents and children.

From the outset it was recognised and agreed that local areas would develop their own choice of 'model of care' in response to local needs and the views of local stakeholders. The Programme as a whole is supporting areas to try out different models to test 'what works', 'with whom', 'why' and in 'what circumstances' to build an evidence base of good practice that can be shared around the region and more widely across Wales. It was also acknowledged that implementation of new models of working takes time and is likely to happen in stages.

This evaluation report focuses on the work that has been done in the East area across Flintshire and Wrexham in 2020 to establish a new service that responded to local need in a more integrated way and focused on a cohort of children and families with complex needs for whom existing interventions hadn't worked or thresholds were too high and a new response was needed.

1.2 Baseline analysis

IPC interviewed professional stakeholders from across the region in December 2019 before the Transformation Programme was implemented and identified a number of issues including that:

- It had been difficult for some parents to get help and it felt like a 'battle.'
- Some children and young people had fallen between the gaps in existing provision as their behaviours didn't match service criteria.
- Assessments and interventions had come too late.

Examples included:

"*Children caught in the gaps, for example CAMHS say they have behaviour problems not mental health issues, social services say mental health needs"*

"The issue is when we feel we don't have expertise in the (edge of care) teams about emotional and behavioural issues. CAMHS only deal with mental health diagnoses"

"*Some good stuff, but way too late*"

"One of the issues is (that) our multi-disciplinary assessments are not cohesive enough, quick enough and don't get to the root of the problem"

"Parents (still) say they need a label to get a service (for their child). Everything is (still) a big battle"

1.3 What does the evidence say about the overall approaches and models that seem to have shown the most impact on improving children's lives, including reducing the need for out of home care?

A literature review carried out by the Institute of Public Care in December 2019[2] has helped to inform the development of new 'models of care' in the region and to ensure that they are 'evidence based'. Some of the key findings about 'what works' from the literature are summarised below:

- Services with an evidence-base and clear practice model that incorporate common features which all staff are trained in and expected to apply.
- Services that build relationships with children and their family and where these relationships are the key mechanisms to enable change.
- Service models that are strengths-based and focus on building engagement – a therapeutic alliance, motivation and relationships with children and their family.
- Teams that are multi-disciplinary and include practitioners with knowledge and expertise in working with adults on domestic violence, mental health and drug and alcohol problems as well as with children of the family in addressing their specific therapeutic and other needs related to their emotional and behavioural difficulties;
- Services that are intense - offering multiple contacts every week and flexible working when required to meet family need.
- Services that are responsive including rapid response when required.
- Services that offer practical help when needed.
- Services that work with the whole family rather than focusing solely on the young person can enable the development of family relationships, provide strategies for managing difficulties without the need to involve services, and can increase the likelihood that young people remain in a stable placement;
- Services that are clearly located on the child's journey so that handovers are understood. When specialist services end, the changes made are maintained by the social worker who continues to work with the child and family.

[2] IPC (2019) North Wales Early Intervention and Intensive Support for Children and Young People Initial Literature Review

Taking on board these findings, the multi-agency steering group in the East carried out their own in depth research and investigation of specific approaches that have been successful elsewhere, including a visit to an MST service in England. They decided that this model incorporated the key elements of best practice (as described above) and would be the right approach for their area. It also offered the advantage of being fully formed and therefore more likely to be quick to implement in a Programme that was looking to see results in a relatively short period of time. With the support of MST UK and an intense period of working to meet the requirements of the licence which included recruiting and training specialist staff, they successfully obtained the licence and started taking referrals to the new North East Wales MST Service in May 2020.

1.4 The Model of Care: Multisystemic Therapy (MST)

MST UK[3] describes MST as an intensive family and community based intervention for children and young people aged 11-17, where young people are at risk of out of home placement in either care or custody.

MST teams focus on the whole world of the young person - their homes and families, schools and teachers, neighbourhoods and friends. MST staff go to where families live and work with them intensively for three to five months, including being on call to families 24 hours a day, 7 days a week. MST therapists aim to:

- Work intensively with parents or carers to empower them with the tools and resources to manage the young person's behaviours.
- Increase young people's engagement with and success in education and training.
- Promote positive activities for parent and young person.
- Reduce young people's offending and/or anti-social behaviour.
- Improve family relationships.
- Tackle underlying problems in the young person or parent, including substance misuse.

MST is based on many years of research into what works for families and therapists use approaches such as behavioural therapy, cognitive behavioural therapy and structured family therapy to work with young people and their families. This evidence base has shown that the MST approach achieves excellent, long-term results for young people and families.

1.5 Overview of the evaluation

IPC's approach to this evaluation has been to use a Results Based Accountability (RBA) approach[4] which focuses on investigating 'how much did we do'? 'how well did we do it?', is anyone better off? Our starting point is the Theory of Change (TOC) that was co-produced with the Programme team and Steering Group members from across the region, covering all workstreams and projects. The TOC addresses the following questions:

[3] MST UK website (no date) Multisystemic Therapy. Accessed 4.2.2021. available at: http://www.mstuk.org/about/about-2

[4] Based on the theory developed by Mark Friedman (2005) Trying Hard Is Not Good Enough

- What is the problem you are trying to solve?
- What steps/activities are needed to bring about change?
- What is the short/medium term measurable effect?
- What is the long term population change/outcome you will see?

Our key questions for the evaluation, based on the Theory of Change are:

- Whether the service has been delivered to the target population.
- To what extent did families receive timely, accessible and effective responses to their needs.
- To what extent multi agency working has improved.
- To what extent have children, young people and families achieved good outcomes including whether children and young people have remained at home, whether they have improved emotional health and wellbeing and whether parents are better equipped to safely support and meet the needs of their children/young people and whether families are more resilient.

A mixed method approach has been taken to this evaluation incorporating quantitative as well as qualitative research methods. The following evaluation activities were carried out in December 2020 and January 2021:

- Secondary analysis of collated management information collected by the MST Service between May and December 2020 including information relating to demand, service activity and outcomes.
- Case file analysis of 9 cases (7 from Flintshire and 2 from Wrexham) for families that had completed interventions between May and December 2020 (this represents a third of all families who accessed the service in this time frame).
- 5 semi structured interviews with families who had received a service between May and December (4 with mothers, 1 with a young person) conducted by telephone and online.
- 7 telephone and online interviews with practitioners from partner agencies working closely with the MST service.
- 10 telephone and online interviews with managers from partner agencies working closely with the MST service including members of the Steering Group.
- 1 focus group with the MST staff team.

A further evaluation method, the Warwick Edinburgh Mental Wellbeing Scale, had been identified for use in the evaluation to measure any changes in emotional wellbeing of children and young people who receive a service. However, this tool had not yet been implemented with the families whose cases had been closed at the point of evaluation. It is expected that this method will be used in the final phase of evaluation in 2021/22.

The sample sizes of data collected at this early stage are relatively small. They do however provide an in depth picture of the early implementation of the service as well as some early outcomes which will help to inform the development of the approach as it moves into its second year.

2 An analysis of needs and demand for the service

2.1 Characteristics of the children, young people and families who accessed the service between May and December 2020

50 families from Flintshire and Wrexham were referred to the Service between May and December 2020 and of these 27 accessed it. Most of the families accessing the Service were referred by social workers (25) and 2 by CAMHS. 23 referrals were either deemed not suitable by the MST supervisor or families had moved out of the area.

Gender of child / young person

	Male	Female
Management data for all cases between May and December (27)	15	12
Case files (9)	2	7

Overall, children and young people accessing the Service so far were fairly evenly split between males and females. The case files we looked at had a greater proportion of females.

Age of child / young person

	Aged 11-12	Aged 13-17
Management data for all cases between May and December (27)	5	22
Case files (9)	3	6

There were more young people aged 13 – 17 accessing the service than younger children.

Level of statutory need of child/young person

	Care and Support	Care and support at start, became Child Protection	Child Protection	Full Care Order with parents
Management data for all cases between May and December (27)	22	1	2	2
Case files (9)	7		2	

Most children and young people who were accessing the service were in need of care and support. This indicates that the cohort were at a stage when the intervention might be expected to help to prevent need from escalating to child protection or becoming Looked After (LAC).

Referral behaviours of child/young person, from management data for all cases (27) (not mutually exclusive)

Verbal aggression	**26**
Physical aggression	24
Anti-social behaviour	13
Substance misuse	7
Anti social peers	2
Missing from home episodes	2
NEET	3
Self harm	1
Property damage at home	1
None of the above	1

Child/young person needs from case file analysis (9)

Missing from home	School Refuser / poor attendance / excluded	CSE / at risk	Alcohol / Substance misuse	Mental health issues	Verbal and physical aggression	Emotional wellbeing needs	ADHD / ASD
7/9	6/9	5/9	5/9	7/9	8/9	8/9	4/9

Data was collected in a different way by the Service and in the case file analysis. Comparing the two, the incidence of verbal and physical aggression was high in both.

However the case file analysis suggested a much more complex and wide ranging picture of need that included diagnosed mental health conditions such as Obsessive Compulsive Disorder (OCD), low levels of emotional wellbeing, substance misuse, missing episodes and poor attendance or exclusion from school. It also highlighted other needs including child sexual exploitation and abuse which included online and face to face grooming, criminal exploitation, exposure to domestic abuse and diagnosis or suspected additional needs including Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).

It is likely that more in-depth information was found on case files because needs often emerge over time when relationships become more established and the child / young person and family feel able to open up more fully and reveal a more complex range of need than was apparent at the time of referral.

The data suggest that the cohort accessing the Service is the right one, that is, children and young people with complex emotional and behavioural difficulties who have experienced multiple Adverse Childhood Experiences (ACEs).

Parental Needs

	Historic Drug abuse	Substance misuse/ alcohol	Mental Health	Domestic Abuse	None
Management data for all cases between May and December (27)	11	4	11	0	13
Case Files (9)		2	4	7	0

Some interesting differences are apparent from the two sources of data regarding parental needs, most notably that the management data did not pick up any domestic abuse but did pick up historic drug abuse. Almost half were recorded as having no issues.

As with the children and young people, it seems likely that the information collected at the point of referral may have been incomplete. The case file analysis revealed a far higher incidence of the so called 'toxic trio' of domestic abuse, mental health problems and substance misuse which for some are likely to have impacted negatively on their ability to provide a safe and stable home environment and foster positive and supportive family relationships where children felt nurtured and cared for. A number of case files also noted that parenting styles were not helping, for example harsh, inconsistent or confrontational discipline, or ineffective, laissez faire approaches including a lack of boundary setting.

Open to other services

	Social Worker	CAMHS	Youth Offending Service	Other services*
Management data for all cases between May and December (27)	27	11	10	16
Case files (9)	9	5	2	5

*Other services included: Targeted Support, Neuro Developmental Service, Action for Children, NSPCC, Careers Wales, Inter2change, Youth Homelessness, Drug and Alcohol services

Family History

Apart from one case, families had a long history of referrals to and involvement with children's social care which included some or all of their children/young people being on the child protection register, or having a child protection plan, or a care order and a few had already experienced a period of time in kinship care, foster care or residential care.

The information from management data and the case files we examined suggests that the service is being delivered to the right target population. These were families at a high risk of breakdown who had been known to children's social care and other

agencies over a long period of time where a new approach was needed to address both the immediate crisis and deal with underlying causes that would improve family functioning and bring about long-term change.

3 An analysis of the quality of the service

The key areas of focus in terms of the quality of the service '*how well did we do it'* are:

- To what extent did families receive timely responses to their needs.
- How accessible was the service – how well did they engage and what were the enablers and barriers.

3.1 Timeliness

Information in the case files documents the severe and long term difficulties that families have endured and the resulting risk of family breakdown. For example, in one case mum was refusing to have her daughter home because of aggression directed at her and in another, the social worker felt the young person was at risk of criminal and sexual exploitation due to the amount of missing from home episodes and behavioural concerns and that the family was at significant risk of breakdown.

Time between referral and first contact

	Same day	Within a week	Within two weeks	More than two weeks	Not recorded
Management data for all cases between May and December (27)	5	14	5	3	0
Case files (9)	3	2	2	0	2

Data for all cases and from the cases we looked at for case file analysis indicates that a rapid response was achieved. This may be partly because it is easier to respond quickly when a service is starting up as there is likely to be more capacity at this stage. Time will tell whether this level of responsiveness can be maintained.

Some of the parents we interviewed revealed that they felt at breaking point when they were offered the service and that it came just in time:

"I was in a black void at the time, I was at the point where I really needed help. I couldn't suffer anymore. I was neglecting the younger 2 at the time. I would phone my mum up and cry down the phone…… I was at the end of my tether with x. I was feeling like she should go into Care. I thought I was going to lose them all actually"

"My 13 year old had really unmanageable behaviour, he had offended. I couldn't keep him in, he was hyperactive. It was really difficult to put boundaries in place around him. He was really aggressive when he didn't get his way. There wasn't anything more I could have done to keep him safe"

"X was at risk of being placed in residential care due to concerns about her being at risk of being sexually exploited. If x hadn't come on board, I don't know what would have happened"

3.2 Model of support

MST is a structured programme of behaviour change based on nine key principles[5]:

Principle 1: Finding the fit
Principle 2: Focusing on positives and strengths
Principle 3: Increasing responsibility
Principle 4: Present-focused, action-oriented and well-defined
Principle 5: Targeting sequences
Principle 6: Developmentally appropriate
Principle 7: Continuous effort
Principle 8: Evaluation and accountability
Principle 9: Generalisation

Therapists develop a bespoke package of work to meet the individual circumstances and needs of each family using standardised tools and resources. Interaction with the family is intensive, therapeutic, strengths based and goal orientated. Families are required to have a high level of engagement and commitment. The parent / carer is viewed as the key to long term success. North East Wales MST team members who participated in a focus group as part of the evaluation identified the following as being key components of their service:

- *"An ethos of 'whatever it takes"*
- *"Work around the family so not just 9am-5pm"*
- *"24/7 on call service to try and de-escalate incidents rather than calling the police and criminalising children"*
- *"Flipping the mindset of how we work with parents, look at whole picture rather than quick fix"*
- *"Just one service, not multiple appointments with multiple people/services – 1 therapist-1 family"*
- *"We look at struggles and strengths within family"*
- *"model is much more directed rather than random acts of intervention – goal orientated"*
- *"Don't necessarily need young person to buy-in to service, we can work around them. Focus is on ecology around the young person"*
- *"Interventions individual to families, family dictate direction of treatment"*

The following examples from the case files suggest that work was aligned with MST principles:

Example one:
The goal was to try and repair the relationship with mother and help mother to change her parenting approach and work with the young person to reduce verbal and physical

[5] MST UK website (no date) accessed 8.2.21. available at: http://www.mstuk.org/about/about-1

aggression, going missing and risk of online grooming. The approach focussed on understanding the problem and seeing how it played out in the context of the young person's environment. Therapist carried out regular and intense visits building rapport with mum who was seen on average four times a week for a substantial period each time. Work in sessions included parenting intervention and support, identifying behaviour frequency, intensity and duration, developing an 'exit and wait' strategy, safety plan and retrieval plan.

Example two
Contact between the therapist and mum was as needed. This included one to one face to face contracts and phone calls daily at one point. Specific focus was on reducing physical aggression, returning to full time education, and reducing absconding. Assertive parenting sessions were carried out with mum including tips and techniques for saying no to adolescents. Sustainability planning was carried out prior to exit.

Example Three
Areas of focus covered sequencing, retrieval planning, risk assessments and safety planning. Therapist increased face to face sessions through the summer to continue to role play/practice with mum (for example, using calm exiting strategies). Sustainability planning was done to ensure sustained change for the future for curfews and verbal aggression. Crisis happened in the middle and NSPCC worker was on annual leave. MST worker was able to support the young person.

3.3 Quality of support

Very good	Quite good	Not very good	Not at all good
9			

Positive evidence of high quality support was found on all the case files we examined.

For example, in one case it was stated that the mother would ring the therapist every morning. She developed an open, honest and trusting relationship whereby she would share very personal incidents she has been through with her son. There was evidence of strengths based and solutions focussed skills being used, and a flexible approach.

In another, case notes describe how the worker had clearly built a strong relationship with mum and the young person because the young person asked the worker for her support during a challenging time when she made an allegation that involved Police investigation.

Another notes that the support was clearly planned and structured but responded to whatever was happening in the household at the time. The therapist was said to be reliable and accessible and this enabled parents to trust her. The FITs[6] looked at positives too, evidencing the use of strengths based techniques. Overall, it was solution focussed - not dwelling on difficult moments but moving family members forward.

[6] FIT means "fit" between identified problems and how they play out and make sense in the entire context of the young person's environment. Assessing the "fit" of the young person's successes also helps guide the treatment process.

3.4 What worked well – from the point of view of parents

4 parents (and 1 young person) who were interviewed mentioned a number of positive aspects (enablers) of the service which included:

The friendliness and approachability of the therapist: "*She was lovely and friendly and I felt comfortable"*

Being able to ask questions: "*I felt able to ask questions anytime"*

Having an honest relationship: "*We were honest with each other and both said what we felt. We managed to click straight away*"

The fact that it was a new approach: "*I liked how it was presented as a new thing, it hadn't been tried a thousand times over like for example, star charts*"

"Everyone who intervened hadn't any clue about how they could help. Now there was a new service for children who have problems like this. It seemed like it could help"

A non judgemental approach: *She was non judgemental. We would look at x's behaviour and how we could change it. We talked about family members and how we view each other*

Feeling listened to: *"she always listened to me*"
"h*aving x meant we had the opportunity to say what the problems really were and she would listen*"

Reliability and consistency of contact, even during lockdown: *"If she ever had to miss a face to face she would call instead so there was always contact"*
"x always rang me every Monday. I would see her once a week even during lockdown"
"*x was quick to still come out when other services would pull away. MST always made the effort to"*

The benefit of having just one professional involved: "*It was also great because we had so many services involved and it just all got too much (too many meetings etc). We had YJS, CAMHS, Social Services, Education. There were so many meetings. But when MST got involved they all backed off and it narrowed down to MST. Which made life so much easier"*

Having time for quality support: "*We would go to Morrisons for a cuppa because I am distracted by all the kids being at home here. We saw each other twice a week. It was a Monday and Thursday plus aprox 2 hours a week on the phone. She had time which SW's simply don't have"*

Working with the whole family*: "She talked to all the children*"
"We met x and she would check in weekly…. She bought pens/pencils and books for my sisters and I"

Although also to be noted is the point that several parents made about the support being mainly for the parent(s):

"*Generally there were sessions with x on a 1:1 (less often), or with my partner and I or the whole family. The majority were with my partner and I"*
"*She mainly worked with me*"
"*Actually I found it a bit strange that it all focussed on me and not x"*

A focus on change: *"She talked about everything to be honest. There was always a lot going on in my situation. We would look at what can I do to change the situation"*

3.5 What was more challenging, from the point of view of families

Some parents mentioned challenges (potential barriers), for example:

It can feel intrusive: *"My partner liked it less (than me) in the beginning because it was intense and intrusive. He came round in time*

It was demanding: *"Nothing was a break for me. Everything was about me reading that, trying that, doing that"*

It didn't feel a good fit for a child with additional needs: "*the service wasn't what I thought it would be... x said she didn't know much about additional needs. It felt like she had strategies for neuro-typical children with emotional difficulties. So it wasn't straightforward*"

Crisis management got in the way: "*I don't think the work she did helped. We didn't actually cover a lot because there was a lot of stuff going on that she was trying to sort out for us rather than doing other things. e.g. the Police would be coming out 2 or 3 times a week so we would talk about that instead. We talked about crisis stuff rather than structured sessions we should have been doing*"

These could be said to be more about their personal challenges rather than the quality of the support overall**.**

3.6 What partner agencies said about the quality of the service

Key aspects that partner agency staff identified as strengths (enablers) included:

Being in the home – "*what was great was the worker being in the home and working alongside mum and seeing the family dynamics"*

"it gave mum more confidence having x there - to see the behaviours and experience them - mum didn't feel as isolated on her own. She could reflect on what happened together"

Small case load - "*having a very small caseload of 3 or 4 families which lets them do the intense work at a time when the family really needed it - a time when with Covid she was stuck at home with 8 kids*"

The intensity of the support – "*the great thing about this service is they are seeing the family multiple times a week"*

"it is an intensive service which can be involved for up to 20 weeks"
"going in 2-3 times a week you get a truer more real picture of what is going on"
"*they offer holistic support which is intensive. When they aren't in the home they are on the phone. Parents really need this level of intense support - it's the most valuable thing about this service*"

Out of hours support 24/7: "*In the past mum would have deteriorated and afterwards not used the right strategies. She called out of hours and said this is happening what shall I do? She would take the advice and follow through with it".*
"*With MST mum can call the service 24/7 (We don't have a 24/7 service) in the event of a crisis, the YP is more likely to engage with the worker not the police. They are more likely to speak to someone they have a good relationship with"*

Whole family approach – "*very good at explaining how mum's behaviour was impacting on the children, and where the behaviour of the children was coming from. I really like that whole family approach*"
"*The whole wrap around service is truly beneficial that they work with the whole family. When there are issues it tends to affect every single person in the family"*

Empowering parents – *"empowering the parents is key… I can say where there are multiple complex issues the parents feel so disempowered. MST talked about nurturing the relationship which makes absolute sense that parents are able to provide the nurturing environment and the YP is thriving in that"*

A therapeutic approach – "*mostly it is the therapy element which is something MST has and we don't have that is so valuable*"

Lead professional role: "*great having one person do one intense role*"

An independent service – "*It fosters the relationship that is needed. Having a support worker independent of me and our team has been positive. Families often perceive the local authority as negative"*

Flexibility of support – "*sessions were structured like set times, mum prepared to have kids entertained when x was coming. But there were also times sessions diverted a little bit to deal with what was happening e.g. something the night before. This flexibility was great"*

Highly skilled workers – "*non judgmental, trusting, reflective"*

Overall it was the intensity of the service including the frequency of contact, the availability of contact at any time day or night and at weekends, the choice of contact – face to face, phone, text, WhatsApp, that was mentioned most frequently as a positive.

3.7 What partner agencies said about the challenges

It was significant that there were far fewer challenges / gaps mentioned, than strengths. The key areas that interviewees highlighted were:

The ending of the support – "*In an ideal world I would like the service to be open for longer. MST was closing at a similar time to the LA which was questionable given the circumstances"*
"*when they reached 20 weeks and ending this can feel harsh for families if difficulties are arising. I think the end point should be more flexible…. e.g. closure to MST happened in the week the young person went into foster care. There was no other support in place for the family at a really difficult time*

More direct work with the young person - *It's sold as a family therapy but only actually works with the parent and the YP has their own personalities and issues often separate from the family home".*
"*The only issue I have, and I think it should be looked at if it's reviewed, is the need for direct work for YP. It's so focussed on the parent"*

3.8 Level of engagement by the family

Very good	Quite good	Not very good	Not at all good
7	2		

Evidence of very good engagement was found on 7/9 and quite good on 2/9 of the case files we looked at (in terms of number of sessions completed, how well they had participated and the subsequent changes to behaviour observed)

We looked at **how much** as well as **how well** families had engaged.

- The number of hours of support delivered to the families whose case files we looked at was in the range of 22 – 91.5 hours.
- The length of intervention was in the range of 6 – 20 weeks.
- The number of cancelled sessions was between 0 and 6.

Examples that demonstrate effective engagement included 1 case where mum was said to have engaged excellently especially considering previously she didn't engage well with professionals. She had successful engagement not only with the therapist but also met with a social services manager whom she didn't trust, in order to improve relations.

In another file it was noted that over the first few weeks Dad started to take responsibility for his reactions during difficult moments with his daughter and by mid-way through mum did too. Both parents felt empowered by this.

Another record showed that mum was able to engage despite having 8 children at home during lockdown. She would prepare for sessions to ensure children were occupied whilst she met MST worker and there were only 2 cancelled visits.

There were only 2 cases where engagement was not quite so good. In 1, initial engagement was good, but there were phases of reluctant or non-engagement over time. It appeared that mum only wanted the MST worker when crisis hit her daughter – she was less able to ask for help when not in crisis and the level of trust with the professional was up and down. It was noted elsewhere on this file that mum was struggling with her mental health. In another case despite great engagement in the first few weeks there was a period when she wasn't honest about her daughter's behaviour and whereabouts.

Overall, there was less information on file about the engagement with children. In one case it looked like contacts with the young person averaged fortnightly and were brief. In another there was very little engagement with the YP other than the initial visit and when she called the 24/7 line a few times. In terms of siblings there was no evidence they were to be involved in this. This mirrors what some parents said about the work being mainly with them, and the concerns expressed by some partner agency interviewees that there isn't enough direct work with young people.

4 An analysis of joint working between agencies

The Wellbeing of Future Generations (Wales) Act, 2015 [7] and Welsh Government Ten National Design Principles, 2019[8] are very clear that health and social care services need to change their siloed ways of working and become more integrated and collaborative. An important question for the evaluation is therefore the extent to which the MST service and their partners are achieving this and what the benefits have been so far.

4.1 The extent to which the MST service was working closely with other agencies

To a great extent	To some extent	Not much	Not at all	Unknown/ not recorded
4	2			3

Evidence of a multi-agency approach was found on 6/9 of the case files. In 3 cases there was no information

For example, in 1 case the therapist attended meetings at school with the young person's teaching assistant and a speech and language therapist. The MST therapist represented mother and young person at some meetings outlining progress, strengths and positives.

In another case MST liaised with the Youth Offending Team to inform a plan and to improve the way police, mum and son interact and move forward to ensure the young person is safeguarded in the community.

[7] Welsh Government (2015) The Wellbeing of Future Generations (Wales) Act. Accessed 9.2.21. available at: https://www.legislation.gov.uk/anaw/2015/2/contents/enacted
[8] Welsh Government (2019) *A Healthier Wales: Our Plan for Health and Social Care. p.17 Accessed 9.2.21.* Available at: https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf

Another record notes that some services were 'paused' as per MST protocol but there continued to be very close working as evidenced by the core groups and the strong working relations particularly with the school.

One case file described close working between school and police e.g. critical incident at school, police complaint against school meant that school agreed to do a FIT with therapist around why they called the Police as opposed to calling mum first.

Many of the partner agency interviewees spoke about their positive experiences of working with the MST team. For example, one said:

"*I have a very good working relationship with x (MST therapist) - we would often catch up to review the work together. There was an incident in the summer and through that I felt we worked really well together. There were professional meetings we were all part of"*

"MST was doing intensive work with mum. I worked with mum on her early trauma and domestic abuse"

"we have a multidisciplinary meeting early on. We initiate this first meeting and see who's leading on what, and what our exit plan will be"

Interviewees also felt that there was good communication by the service about the family's progress. For example:

"The worker shared all she was doing and achieving like good insight and sharing of aims and goals, what's happening etc, and we talked about mirroring the same messages to mum"

"We have weekly case notes put on the system. Progress is recorded and shared and communication is very good"

"A day or two after the incident Michelle the worker contacted me by phone and if there were any concerns her end she would be in touch or vice versa".

Only 1 interviewee, who was from the Education sector (NEET team) felt that he was missing out on feedback about a young person on his caseload and didn't have the opportunity to be part of the exit planning.

The benefits of working in an integrated and collaborative way had helped the staff we interviewed to feel more confident and supported in their work with these children and families and able to manage risk effectively with the support of the new service. For example:

"It's been helpful for me cos I couldn't do home visits for a period of time. The other worker could see what the risks and issues were in the home. The communication has been excellent and the strategies mum put in place are keeping everyone safe in the home"

"There was a lot of risk, very high risk in the earlier days for this young person, so much has changed. Working alongside a team that can be about managing risk including social services it feels like all the bases are covered and you aren't alone holding the risk"

As a result of having the MST service in place, Staff felt more confident about the overall arrangements locally for meeting the needs of children and young people with complex emotional and behavioural difficulties. However due to it being early days and a small team, there were some concerns about capacity and unmet need going forward. For example:

"We have a very valuable service. it's still in its infancy. I think it can be adapted as it goes along to be greater. It's a very good resource to have"

"It is still work in progress. This is still a new service. It also depends on the criteria. Not every child with challenging behaviour will be able to access MST"

"I think they should open it up for others to refer, in particular in education. We have a mass of YP excluded from school and it's getting younger. Sometimes there's a massive gap between exclusions and services"

Other key benefits of working together that interviewees identified included enabling partners to have a better understanding of the family dynamics, being able to close cases sooner than they would otherwise have been able to do and reducing pressure and demand on their service.

Comments made in interviews with strategic managers also lend weight to the evidence that improvements have been made in partnership working. For example:

"The main outcome for me is the partnership working. When we talk about local authority – children's services, education, youth justice service – we have key partners around the table which are making the difference. Before MST we would struggle with these complex cases and they would go through all these different referral processes, and YP and families would then ultimately disconnect with us"

"Strong triangulation support - by this I mean between other agencies, young person and parent. MST comes to offending risk meetings. There is great communication, and awareness about who is doing what. It's a great partnership working and supportive with other agencies- agencies are no longer operating in silos"

5 An analysis of the outcomes for children, young people and families

The key areas of focus in terms of outcomes - is anyone better off? are drawn from the Theory of Change and include the extent to which:

- Children have been able to stay at home with their families and have not gone into care.
- Children have improved emotional health and wellbeing.
- Parents are better equipped to safely support and meet the needs of their child(ren).

- Families are more resilient.

The outcomes for the MST model are described as[9]:

- Supporting children's mental health and wellbeing.
- Enhancing school achievement & employment.
- Preventing crime, violence and antisocial behaviour.

The evidence we have been able to collect at this stage is somewhat limited as there were only nine cases that had completed at the point of evaluation. It is also focused on the outcomes that were achieved by the end of the intervention. Going forward, MST will be tracking the outcomes at 3, 6 and 12 months to measure whether changes have been sustained.

5.1 The extent to which children, young people and their parents have achieved the outcomes specified in their 'plan'/MST outcomes

To a great extent	To some extent	Not much	Not at all
7			2

We found evidence that 7 out of 9 families whose case files we looked at had achieved their outcomes to a great extent and 2 had not.

The types of positive change recorded in case files included:

Improved parenting, for example
Increased confidence in their parenting
Mum has stopped mirroring young person's aggression
Mum exiting the situation when the young person is trying to provoke and button push
Mum has identified a support network who can offer her positive support and advice

One of the parents interviewed said:

"The nurturing and high love has always been there. But it pushed me to use it. Even at the time he is most frightened, he needs nurture not more fear"

Improved relationships within the family, for example;
Parents more supportive of each other
Improved relationships between the child/young person and parent(s) for example more affectionate, more respectful
Improved relationships between siblings
Reduction in domestic abuse
Having quality time as a family

One of the parents interviewed said:

[9] MST UK website (no date) Multisystemic Therapy. Accessed 4.2.2021. available at: http://www.mstuk.org/about/about-2

"I schedule better and spend 1:1 time with each child daily. Sometimes it's only 10/15 mins and we sit down and have a cuppa and I say tell me how you are. She likes doing my hair and nails and as a family we have games night and it's UNO at the minute too! We are having so much more quality time as a family"

The young person interviewed said:

"*We had a family walk out and it was so much fun. My dad was swinging my younger sister around"*

"If I feel down I talk to my mum. Going back a year ago I wouldn't have done that then"

"*There are ups and downs now but we forgive each other. If we are arguing one day, we both start the next day fresh. I know that now"*

Changes in child/young person's behaviour, for example
Not being arrested
Reduction in missing episodes
Keeping to curfew agreements
Reduction in verbal and physical aggression / violence
Reduction in using alcohol and substances
Respecting rules and boundaries
No longer self harming
Mood improved
Improvement in emotional wellbeing
No longer at risk of sexual or criminal exploitation
Reduction in behavioural difficulties

One of the parents interviewed said:

"She knows boundaries now. She knows how far she can go. It helped with structure and routine, with kids knowing what they can and can't do. It helped her to be more emotionally stable"

The young person interviewed said:

"*I accept it now if my mum says no"*

Statutory services are no longer involved, for example:
No longer any police involvement
Case closed to children's social care
Case closed to CAMHS

Better educational and employment outcomes, for example
No longer NEET
Studying in college
Attending school and engaging in learning
Appropriate peer group
Found employment

One of the parents interviewed said:

"She started a new school, she doesn't run away from school anymore, she feels valued and she felt listened to when she went. Previously she was stealing from teachers… She has settled in brilliantly, made a small group of friends which is wonderful. She loves this. Previously she found friendships a real struggle. She's so much happier now"

Whilst it is a very positive finding that 7 out of the 9 cases have clear evidence of improved outcomes, there were 2 cases that did not achieve their outcomes and these same two young people were taken into care. Characteristics found in both cases that may have impacted on this include a high level of parental need – in one case mental health problems – depression and anxiety and in the other alcohol dependency and denial. Both had also experienced domestic violence. Both engaged well initially and there were some signs of positive change but these were not sustained. Case file notes both mention a lack of ability, motivation and capacity to change. One of the parents said:

"I don't think MST helped us at all. But I don't think anything would have helped. We always had to deal with the Police being there and we had to deal with that crisis at the time, but had I had something like this earlier it might have made a difference"

5.2 The extent to which the child has improved emotional health and wellbeing

Very much	Quite	Not very much	Not at all	No evidence
5			**2**	**2**

We found evidence that 5/9 children/young people whose case files we looked at had improved emotional wellbeing, 2 did not and for 2 there was not any evidence to make a judgement

For example, in one case self harming had stopped and aggression and violence had stopped which hugely improved their emotional health and wellbeing at point of closure.

The emotional health and wellbeing of another young person had improved so much that she felt safe enough to disclose something that had been happening for some time which helped explain why she had been behaving the way she was (putting herself at risk). CAMHS closed the case after 18 months. The young person stopped taking Fluoxetine and is now feeling stable. Her brother's emotional health and wellbeing also improved as a result of the improved relations in the household.

Parents who were interviewed had also observed positive changes, for example:

"*She says she feels loved now …. overall her emotional health has really improved. (she used to bite herself and slap herself). She doesn't do any of this anymore"*

Partner agency interviewees were also very positive:

"The YP can express her feelings in a more positive way, - she's more reflective, just like mum is and just like mum is modelling. Before, she couldn't speak out"

"They do invaluable work with families and this impacts positively on the young person's mental health and wellbeing"

The service has now started to implement the use of the Warwick Edinburgh Mental Wellbeing Scale and this will provide more in-depth data in the final phase of evaluation in 2021/22 about whether and to what extent children and young people's emotional wellbeing improves.

5.3 The extent to which parents are better equipped to safely support and meet the needs of their children/young people

To a great extent	To some extent	Not much	Not at all
6	1		2

We found evidence that in 7/9 cases that parents were better equipped to meet the needs of their children / young people (6 to a great extent, 1 to some extent, 2 not at all)

Improved parenting and family relationships
For many families, the work on parenting was key to bringing about change and enabled them to feel more in control and able to manage their children's behaviour and meet their needs. For example:

In 1 case file it stated that the approach had challenged mum to not always give in to her son which was one of the main difficulties. Mum now feels she can manage and safeguard the young person appropriately. She learnt to use strategies e.g. exit and wait to prevent escalation.

In another CAMHS worker is recorded as saying 'This has worked wonders' and feels that parents have been empowered. Parents state the main thing is the way we go about things and communicate with one another now.

Another case highlights the increase in family confidence - parents saying they feel they have 'got this.' It is now a supportive and loving home, there is high warmth and authoritarian, consistent boundary setting. The young person is responding well to rewards, rules and boundaries. Parents fed back that it had helped them to see and do things differently.

MST worker says in the closure letter that '*whilst initially working with me to improve X's behaviours across the multi-systems of her life, you have also succeeded in improving the family dynamic as a whole.*' The whole family have clearly benefited and the needs of all the children are better being met now.

Parents themselves expressed that they felt better equipped, for example:

"*Now I have learnt new techniques rather than shout like I did. I feel better equipped if x headed that way again"*

"It helped to reinforce my role of being in charge and putting boundaries in place"

"Rather than have an argument, she (therapist) would tell us to walk away until it settles down. She would say come back when you are calm. When they are kicking off I think even now I must do what x does. Otherwise you get in a row and then we go in a circle and we don't get out of it because teens think they know best"

Partner agency interviewees had noticed positive changes. For example:

"*She has a different mindset now. She is stronger- it's like "I am the parent, these are my rules". Before this mum was saying I can't keep her safe. The work also strengthened the relationship between mum and daughter. Daughter was abusive towards mum previously and now sees mum as her safe person and her protector"*

Better understanding and response to Adverse Childhood Experiences
Several partner agency interviewees highlighted the importance of the work with parents to help them understand the impact of Adverse Childhood Experiences (ACEs), in particular domestic violence and how this has negatively affected the family and what they can do to support their children.

"*The older children witnessed serious Domestic Abuse and the worker could unpack how this impacted on the family and then what happened in incidents and how this impacts on ACEs for the children"*

"I would say that mum is feeling better about the past and understands more the impact on the family. Feeling more in control and better able to put in boundaries and is better able to recognise that if they do act out it is not a failing of hers"

"*I think it's really helped with the domestic abuse, helping mum get her confidence and self esteem across and helping her to understand how her trauma impacts on her, and how her older children witnessed and how they could easily feel dysregulated (due to witnessing DV in the past) and how they could be supported to feel more safe now"*

"*They are able to unpick the difficulties (ACEs) & reflect on their own parenting. It enables them to step back and consider how we can change our behaviour. Change comes from the parent"*

Severity of parental need
2 partner agency interviewees drew attention to the 2 families (see table) they were aware of who had accessed MST but were not better equipped to safely support and meet their child(ren)'s needs. In both cases, it was felt that complex and significant parental mental health problems were the cause.

"*The collapse of some parents, it has been because of more complex mental health needs and that's where the plan has become unstuck. It's entrenched and in some cases undiagnosed. It's complex*"

"*Dealing with the significant mental health of parents has been the failure of MST. The issues are so entrenched with parents"*

5.4 The extent to which families are more resilient

To a great extent	To some extent	Not much	Not at all
7	1		1

We found evidence in eight out of nine cases that families were more resilient (seven to a great extent and one to some extent).

Examples noted on case files that demonstrate greater resilience include:

A successful family group meeting took place with everyone around the table better able to communicate and a retrieval plan is in place.

They are communicating better and feel empowered, they have more of a handle on any situation. They seem stronger in themselves, and therefore are more resilient and can manage any situation as opposed to things feeling out of control like before.

There is so much improvement and change in 6 months, it appears developing resilience is key. I am not sure the family are there 100% but there is a safety net and exit strategy for the next few months if things slip.

Parents are confident in what they need to do to meet the YP's needs, manage her behaviour and keep her safe.

Even one of the cases where the child had gone into care, it was felt that the work carried out with mum had helped to build her resilience to some extent and this was likely to benefit her younger daughter.

Parents said:

"We are stronger as a family unit. There are far much less fallouts between all of us"

"We are all calmer, not shouting and not stressed out like we were".

"x made me feel like I was on the right track. It was strengthening and helpful whereas other agencies made me feel I was the problem….I feel empowered by it all, some of things she advised I went ahead and did"

"When there are arguments at home, I think of what we agreed I would do i.e. walk away. We have the strategies. I always was ok with my parenting skills but yes we are stronger now"

Responses from partner agency interviewees were equally assured:

"*I don't think mum would say again 'I can't cope with that" - she is far more resilient - she can stop situation escalating a whole lot more"*

"it's the premise of their work, to promote resilience. It comes from the parent to manage their parenting and manage the crisis and that's the bulk of their support"

"I can at this point reference that this service stopped this young person going into care. Mum was more empowered to manage the behaviour of the young person"

"We had really successful outcomes. And closure to children's services shortly after MST closure. The family haven't come back in through the front door yet. The most successful we must have closed 3 months ago. They are accessing only universal services now rather than targeted"

5.5 The number of children/young people who have remained at home with their families and the number taken into care

Stayed at home	Taken into care
7	2

A key outcome for the service is to enable children/young people to remain safely in the family home and prevent them going into care, where that is appropriate. In our sample of nine cases, seven out of nine were living at home at the end of the intervention and only two had gone into care. This is a significant achievement for a new service that has been up and running for less than a year.

For the two who did go into care this wasn't necessarily a bad outcome. Both families had engaged in the intervention to some extent and one of them spoke positively about it, but the complexity and severity of the needs of the parents suggests that in the end they were not able to safely look after their child at that time.

5.6 Cost avoidance

At a basic level the available unit cost figures suggest that there is potential for the MST service to save money over time by enabling children/young people to remain at home and avoid care experience and placement costs (table below).

Type of provision	Average weekly cost per child	Average weekly saving
MST intervention including supervisor time clinical supervision and licence	£232	
In-house fostering	£500	£268
Independent foster agency	£900	£668
Specialist residential care placement	£8,000 -£10,000	£7768 – £9,768

In addition, it is possible that MST interventions might result in (unquantifiable) cost savings to other services, for example, fewer police call outs, YOT and Children's Social Care cases being closed earlier than expected. However, such calculations need to be undertaken very carefully. For example, there are at least 3 very different scenarios:

- Some children may have avoided the need for a care experience as a direct result of the MST intervention.

- For others who also avoided a care experience, this might have happened anyway, even without the MST intervention.
- For other children where the MST intervention was followed by a care experience, it could be argued in some cases in purely financial terms that costs ended up being higher overall than if the MST intervention had not been undertaken.

On the basis of the small cohort supported to date we do not think it is appropriate to conjecture on the level of cost avoidance so far. This will need to be built up over time for the whole cohort of children and young people using the service, and recognising more subtle measures of impact such as length of care experience, quality of life or achievements and outcomes. Further work will be needed to develop these metrics and to ensure data is collected in the coming year so that the final evaluation will include a more detailed analysis of costings against the benefits in order to make a judgement about the sustainability of the service beyond the grant funding.

6 Key Findings and Recommendations

This evaluation was carried out at a very early stage in the development of the service. Our key findings are based on small numbers and it is not possible to draw robust conclusions yet. However it does suggest that things are moving in the right direction and it provides a baseline to compare against in the final evaluation in a year's time.

Finding One: has the service been delivered to the target population?
The North East Wales MST service appears to be targeting the cohort of children/young people and their families that were identified as needing a new approach to meet their needs. We found evidence on case files and from stakeholder interviews that children and young people had significant and complex needs including emotional and behavioural difficulties linked to ACEs which manifest in challenging and risky behaviour. Their parents/carers were struggling to provide care and support and meet their children's needs at home. There was significant risk of family breakdown and the child being taken into care.

Finding Two: have families received timely responses to their needs?
All families whose case files we looked at were quickly offered help after their referral was received. In three cases this was on the same day. The cases we looked at were the first to access this new service and therefore it is not surprising that the service could respond fast.

Finding Three: how accessible was the service – how well did families engage and what were the enablers and barriers?
We found evidence of high levels of engagement by all families whose case files we looked at. Only two out of nine parents disengaged after a promising start. The rest all successfully completed the intervention. The key elements identified by parents that helped them to engage and develop open, honest and trusting relationships with the therapist were: the friendliness and approachability of the therapist; feeling able to ask questions; being listened to in a non-judgemental way; the reliability and consistency of contact; only having one professional to work with; having enough quality time to work together on difficult issues; the focus being about change; the whole family being involved and that it was a new approach.

Professional stakeholders highlighted the following as being key to keeping parents engaged: being in the home; the intensity and flexibility of the support and it being available 24/7; highly skilled workers with small caseloads who took on a lead professional role; an approach that empowered parents, was therapeutic and involved the whole family; being independent of the local authority.

A few things identified by parents as being off-putting included that it could feel intrusive, it demanded a lot of effort and commitment and it might not be a good fit for a child with additional needs. One parent felt that she had not got the best out of the intervention as so much time had been taken up trying to de-escalate crises. A couple of professional stakeholders also felt that the reason why two parents had not been able to maintain their engagement was due to severe and complex (unaddressed) needs of their own, including mental health problems and substance/alcohol misuse.

It is important to note that half of all referrals were turned away. It is unclear whether this is because they were not considered appropriate or because there was not enough capacity to take them on.

Finding Four: to what extent has multi-agency working improved?
We found clear evidence that the MST service was working closely with partners throughout the intervention. Collaboration began with the multi-agency meeting right at the beginning to discuss needs, through to jointly developing exit strategies. The MST model requires the therapist to take on the role of lead professional and for other services to step back during the period of the intervention. Partner agency interviewees gave examples of how they had been kept well informed for example, the therapist had shared case notes with insights about the family and the progress they had made.

Overall these interviewees said they felt more confident and supported in their work with these children and families and able to manage risk effectively working alongside the new service. They also felt more confident about the overall arrangements locally for meeting the needs of children and young people with complex emotional and behavioural difficulties. However, although it was felt to be a step forward in the right direction, it was still early days and there were still some concerns around capacity and unmet need.

Other key benefits of working together that interviewees identified included enabling partners to have a better understanding of the family dynamics, being able to close cases sooner than they would otherwise have been able to do and reducing pressure and demand on their service.

Finding Five: to what extent have children, young people and families achieved good outcomes?
We found evidence that seven out of nine families whose case files we looked at had achieved the outcomes that had been set at the beginning of the intervention. These included improved parenting, improved relationships in the family, positive changes in child/young person's behaviour, better educational and employment outcomes, statutory services no longer involved and seven out of nine children/young people remaining in the family home with only two going into care.

In five out of seven cases children and young people had improved emotional wellbeing. For example, self harming behaviour had stopped, children/young people felt able to

express their feelings and were feeling more positive about life. It is expected that there will be more robust findings regarding any changes in emotional wellbeing in the final phase of evaluation, drawing on data from the Warwick Edinburgh Mental Wellbeing Scale (WEMWS) that is now being collected by the service.

In seven out of nine cases, we found evidence that parents were better equipped to meet the needs of their children / young people. The work on parenting was key to bringing about change and enabled them to feel more in control and able to manage their children's behaviour and meet their needs. In additional valuable work had been done to help parents understand the impact of Adverse Childhood Experiences (ACEs), in particular domestic violence and how this had negatively affected the family and what they could do to support their children to recover.

In eight out of nine cases, families were more resilient. Both parents and professional stakeholders expressed the view that they had strengthened their capacity to cope with difficulties that might arise as opposed to feeling out of control.

7 Areas for further discussion

- Ensure that the offer is made at the right time to the right families – consider whether parent(s) have ability, capacity and motivation to change. What might get in the way e.g. parent has serious and unaddressed substance/alcohol misuse issues or significant mental health difficulties. Or family is in constant crisis, firefighting, not in a stable place to reflect and do the work required for long term sustainable change. The planned addition of a short term residential facility in 21/22 will be a welcome addition that will provide a safe space and respite for parents to enable them to address their needs and challenges so they are more likely to succeed in the behaviour change work.
- It's a 'parent heavy model' – does more consideration need to be given to working directly with the child/young person and / ensuring they get any specialist help they might need e.g. for alcohol/substance misuse? In some cases we looked at this was happening alongside the work with the parent but didn't appear to be in others.
- Partnership working was good overall but there seemed to be some people in Education who weren't receiving feedback at the end of the intervention and some who were unaware that they could make referrals after consultation.
- Can there be a greater degree of flexibility about when cases are closed? Some partners felt that some families would have benefited if they could have had input for longer, in particular if there were other changes that were happening at the same time, for example transition to a new school.
- Families have the opportunity to give feedback at the end of treatment but could they also be more involved in the development of the service?

Appendix One

MST management information between May and December 2020

Table 1: Number of referrals from Social Workers and CAMHS, by location who accessed the service

		FCC	WCBC	Total
Number of referrals from social workers		15	10	**25**
Number of referrals from CAMHS		2	0	**2**
Total				**27**

Table 2: Age of child at start of MST

Age	FCC	WCBC	Total
11	2	1	**3**
12	2		**2**
13	3	2	**5**
14	3	3	**6**
15	4	1	**5**
16	3	3	**6**
Total			**27**

Table 3: Gender of child

Gender	FCC	WCBC	Total
Female	8	4	**12**
Male	9	6	**15**
Total			**27**

Table 4: Number of days between referral and start of MST (first visit)

Number of days	FCC	WCBC		Total
Same day	5			**5**
1 – 7 days	9	5		**14**
8 – 14 days	2	3		**5**
More than 2 weeks	1	2		**3**
Total	**17**	**10**		**27**

Table 5: Number of days in treatment at close, summarised

Number of days, or open	FCC	WCBC	Total
Less than 1 month	2	0	**2**
1-3 months	4	0	**4**
3-5 months	4	1	**5**
More than 5 months	3		**3**
Total	**13**	**1**	**14**

Note: 13 still ongoing

Table 6: Level of need of child

	FCC	WCBC	Total
Care and support	16	6	**22**
Care and support at start, but now child protection		1	**1**
Child protection	1	1	**2**
Full care order with parents		2	**2**
Total	**17**	**10**	**27**

Table 7: Frequency of mentions of behaviours

	FCC	WCBC	Total
Verbal Aggression	16	10	**26**
Physical Aggression	15	9	**24**
Anti-social Behaviour	6	7	**13**
Substance Misuse	7	5	**12**
Anti-social Peers	2	5	**7**
Missing From Home Episodes	2	3	**5**
NEET	3	0	**3**
Self-harm	1	0	**1**
Property Damage at Home	1	0	**1**
None	1	0	**1**
Total	**54**	**39**	**93**

Table 8: Frequency of other services involved

	FCC	WCBC	Total
Social Worker (all cases)	17	10	**27**
CAMHS	6	5	**11**
Youth Justice	4	6	**10**
Neuro	2	1	**3**
Action for Children	2		**2**
Inter2change		2	**2**
Targeted support	1		**1**
NSPCC	1		**1**
Careers Wales	1		**1**
Education packs (school refuser)	1		**1**
On a Tag (8pm-8am)	1		**1**
Drug & Alcohol services		1	**1**
Pass		1	**1**
Youth Homelessness		1	**1**
None	1		**1**
Total	**37**	**39**	**64**

Table 9: Cases with parental issues mentioned - summarised

	FCC	WCBC	Total
Historic Drug Abuse	8	3	**11**
Substance Misuse / CAIS charity	2	2	**4**
Mental Health	6	5	**11**
Other		2	**2**
None	8	5	**13**
Total	**24**	**17**	**41**

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JOINT EDUCATION, YOUTH & CULTURE AND SOCIAL & HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Thursday 17th June 2021
Report Subject	Additional Learning Needs and Education Tribunal (Wales) Act 2018
Cabinet Member	Leader of the Council and Cabinet Member for Education
Report Author	Chief Officer (Education & Youth)
Type of Report	Operational

EXECUTIVE SUMMARY

This report updates Councillors about the Additional Learning Needs and Education Tribunal (Wales) Act 2018, which makes provision for a new statutory framework for supporting children and young people with additional learning needs (ALN). This replaces existing legislation surrounding special educational needs (SEN) and the assessment of children and young people with learning difficulties and/or disabilities (LDD) in post-16 education and training. The report references the activity undertaken by the Local Authority and schools in response to the Act to date.

RECOMMENDATIONS	
1	That Committee receives and considers the report on the Additional Learning Needs and Education Tribunal (Wales) Act 2018.

REPORT DETAILS

1.00	**EXPLAINING THE ADDITIONAL LEARNING NEEDS AND EDUCATION TRIBUNAL (WALES) ACT 2018**
1.01	The Welsh Government (WG) gave a commitment to review the legislation and guidance covering children and young people with special educational needs (SEN) following a period of consultation with all stakeholders in 2007. This was followed by a period of research, targeted trials and pilots and further consultation which fed into a white paper in 2014; this resulted in the publication of the draft Additional Learning Needs and Education Tribunal Bill (2015). Following a pause in process, the Additional Learning Needs and Education Tribunal (Wales) Bill was passed by the National Assembly for Wales on 12 December 2017 and became an Act on 24 January 2018 after receiving Royal Assent. The anticipated implementation date of the reforms as a result of the Act was September 2020, however this has been amended to September 2021. The Covid pandemic has impacted on the implementation plan and alterations have been made to the requirements including a delay in the conversion of Statements of SEN and also the application of the new process to Post 16 learners. There is still a requirement to operate the current system and the new system in parallel for a three-year period.
1.02	The Act extends the legal protection currently offered to pupils with a Statement of SEN to all individuals between the ages of 0 and 25 identified as having additional learning needs (ALN), significantly broadening the statutory responsibilities of the Council. To accompany the Act, WG produced associated Regulations and a draft Code which provided further information and detail regarding the duties to be placed on schools, local authorities and other stakeholders. A period of consultation on the Code was initiated in December 2018, closing on 22 March 2019. WG collated the information received and published a document in response.
1.03	WG indicated in their published document that the responses to the consultation raised a number of issues that required detailed consideration to determine what changes to make to the Code and the associated regulations. The volume and nature of the responses received resulted in the decision to delay the implementation by 12 months to September 2021. The revised operational Code was laid before the Senedd earlier this year and was finally published in April 2021 along with a number of Commencement Orders. The Implementation guidance is due for publication at the end of May. Despite the availability of the operational Code, there remain a number of queries which officers are attempting to resolve with WG.
1.04	Whilst there was a delay in publishing the Code, (the original publication date being by December 2020), WG implemented the regulations regarding the statutory posts that had to be in place by January 2021, namely:

	• Additional Learning Coordinator (ALNCo) in all schools • Early Years Additional Learning Needs Lead Officer (ALNLo) for the Council • Designated Clinical Lead Officer (DECLo) within the Health Board The regulations regarding the role of the ALNCo placed certain requirements on the post holder and expectations in relation to their role. An exemplar ALNCo job description was developed through one of the regional work streams and this was shared with all schools ahead of the January date. All Flintshire schools have an ALNCo in post. An ALNLO has been appointed and the post holder is working across the Council and external agencies to support the development of our new policies and processes in response to ALNET. Betsi Cadwallader University Health Board (BCUHB) has appointed a DECLo and the post holder is actively engaging in meetings at a regional and local level.
1.05	The Flintshire ALN Transformation Plan maps out the activity required to ensure the Council and schools are ready and prepared for implementation; this has been revised to respond to the new implementation date. Flintshire officers are actively engaging in the work taking place across North Wales to support a consistent regional approach to the Act. The completion of the WG Readiness Audit identified the need to recruit additional capacity to enable the Council to respond appropriately to the requirements of the Code. A senior officer was appointed in September 2018 and has been responsible for the development of the local Transformation Plan. Additional ALN officers have also been appointed to support the Council and schools to meet their statutory requirements, with one of these having specific responsibility for implementing the new system for looked after children (LAC).
1.06	Despite the Covid pandemic, preparation work for implementation has continued. Training for schools and officers has been provided on person-centred practice, an integral part of the reforms, and the writing of Individual Development Plans which will replace Statements of SEN. Regular county ALNCo Forums have been held and ALN officers have also joined Cluster ALNCo meetings. Following the recent publication of the Code, the Senior Learning Adviser for ALN has also delivered weekly sessions to help practitioners interpret each chapter and these have been very well received. An Operational Group comprising of relevant service managers has met regularly to discuss and agree the Council's new processes. A Steering Group comprising of multi-agency and school representation has overseen the work undertaken under the Transformation Plan.
1.07	The Council received an ALN Transformation grant of £45k for the last financial year to support development and implementation of ALNET. This

	has been used to buy in additional time from seconded school ALNCos to facilitate the release of officers to support the preparation and development required ahead of implementation. This has also facilitated some targeted support and coaching for ALNCos from existing practitioners to develop confidence in the face of reform.
1.08	A new IT system has been purchased to support the new processes. This operates across both schools and the Council, and will provide a portal for parents/carers and other agencies such as Health. The system has been purchased by four of the North Wales authorities and there is a high level of collaboration in place to develop a high quality system. This has been a labour intensive process which has demanded significant officer time to ensure the system meets the requirement of all stakeholders in response to ALNET.
1.09	Regional collaboration in response to ALNET has been very effective across North Wales. There remains a willingness to engage and align systems where possible. A number of regional work streams have also been developed to help share the workload associated with the implementation of the new legislation.

2.00	**RESOURCE IMPLICATIONS**
2.01	Implementation of the new Act comes with a number of resource implications which have been highlighted as part of the Council's Mid-Term Financial Planning (MTFS) process. Additional funding has been allocated to the Inclusion & Progression Service to support an increase in capacity across a number of service areas. Additional funding has also been allocated to address the dispute resolution and Advocacy service requirements, along with the expected increase in legal costs to respond to the anticipated level of legal challenge.

3.00	**IMPACT ASSESSMENT & RISK MANAGEMENT**
3.01	The risks associated with ALNET are included within the Education & Youth Portfolio Risk Register which are monitored on a regular basis.

4.00	**CONSULTATIONS REQUIRED / CARRIED OUT**
4.01	None undertaken as a result of this report.

5.00	APPENDICES
5.01	None.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	**ALN Factsheet: how will the Act affect local authorities?** https://gov.wales/sites/default/files/publications/2018-06/aln-factsheet-how-will-the-act-affect-local-authorities.pdf **The Additional Learning Needs Code** https://gov.wales/additional-learning-needs-code

7.00	CONTACT OFFICER DETAILS
7.01	**Contact Officer:** Jeanette Rock Senior Manager – Inclusion & Progression **Telephone:** 01352 704017 **E-mail:** Jeanette.rock@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	**Additional Learning Needs (ALN):** The Act replaces the current terms 'special educational needs' (SEN) and 'learning difficulties and/or disabilities' (LDD) with the one term ALN where ALN is defined as: (1) A person has additional learning needs if he or she has a learning difficulty or disability (whether the learning difficulty or disability arises from a medical condition or otherwise) which calls for additional learning provision. (2) A child of compulsory school age or person over that age has a learning difficulty or disability if he or she: (a) has a significantly greater difficulty in learning than the majority of others of the same age, or (b) has a disability for the purposes of the Equality Act 2010 which prevents or hinders him or her from making use of facilities for education or training of a kind generally provided for others of the same age in mainstream maintained schools or mainstream institutions in the further education sector. (3) A child under compulsory school age has a learning difficulty or disability if he or she is, or would be if no additional learning provision were made, likely to be within subsection (2) when of compulsory school age.

	(4) A person does not have a learning difficulty or disability solely because the language (or form of language) in which he or she is or will be taught is different from a language (or form of language) which is or has been used at home. **Statement of Special Educational Need**: A Statement is a document which sets out a child's SEN and any additional help that the child should receive. The aim of the Statement is to make sure that the child gets the right support to enable them to make progress in school. **Individual Development Plan:** An Individual Development Plan (IDP) is a plan created and agreed by those people most closely involved with supporting a child or young person with ALN including parents/carers, which outlines the support and provision that should be made for the individual. **Education Tribunal**: An independent process that deals with appeals against local authority decisions about a child or young person and their education and also discrimination claims of unfair treatment in schools related to a disability. **Code**: WG guidance outlining the statutory requirements in relation to systems and provision for ALN. **Commencement Orders:** statutory instruments that brings into force part or all of a piece of legislation at a date later than the date it became law.