

## STORY OF CHANGE TEMPLATE

<b>Reporting Period</b>	Q2 – 6 month reporting,
<b>Strategic Partnership</b>	West Glamorgan Regional Partnership
<b>Programme Name</b>	Children and Young People Programme
<b>Programme Reference</b>	

### Programme Overview

The Children and Young People [CYP] Programme covers the services and support for people who are under the age of 18. This programme focuses on children and young people who require specialist support from health and social care, such as children who are looked after by the local authority and children and young people with complex needs such as mental health conditions. This includes supporting children and young people who receive services and support as they transition into adulthood, where they may receive a different type of service as an adult. An underlying principle of this work is to follow a 'whole systems approach' to change which will form a part of a new framework across health and social care services for children and young people (covering statutory and voluntary sectors).

Our vision for this programme is that **services across West Glamorgan support children and young people to be safe, healthy and prosperous**. To achieve this, we will need to work closely with CYP, their carers, their families, local communities and other important stakeholders such as Education in order to hear the 'voice of the child' and understand their rights/needs and what matters to them, in order to co-produce services and support that will meet their needs.

In order to achieve our vision, our mission for the next five years will be to deliver the following strategic outcomes:

- Supporting CYP to remain within their family.
- CYP with emotional well-being and mental health needs have access to the right services at the right time to prevent escalation of need
- CYP with complex needs have access to the right services at the right time to meet their needs.
- Young People who need to transition to adult services have help to do so at the right time.
- More CYP have their needs met closer to their home.

### Priority Population Group

The outcomes delivered by the projects within the CYP Programme have the following primary and secondary beneficiaries:

Population Group	Primary	Secondary
Children and Young People aged 0-18	✓	
Young adults (where ALN is applicable up to the age of 25)	✓	
Parents		✓
Carers		✓

Guardians		✓
Professionals		✓
Volunteers		✓

## Delivery Partners

Across the Regional Partnership we take a pragmatic approach to Partnership working. Statutory Partners included in the delivery are Swansea Bay University Health Board, Neath Port Talbot Council and Swansea Council and the 3<sup>rd</sup>/ voluntary sector.

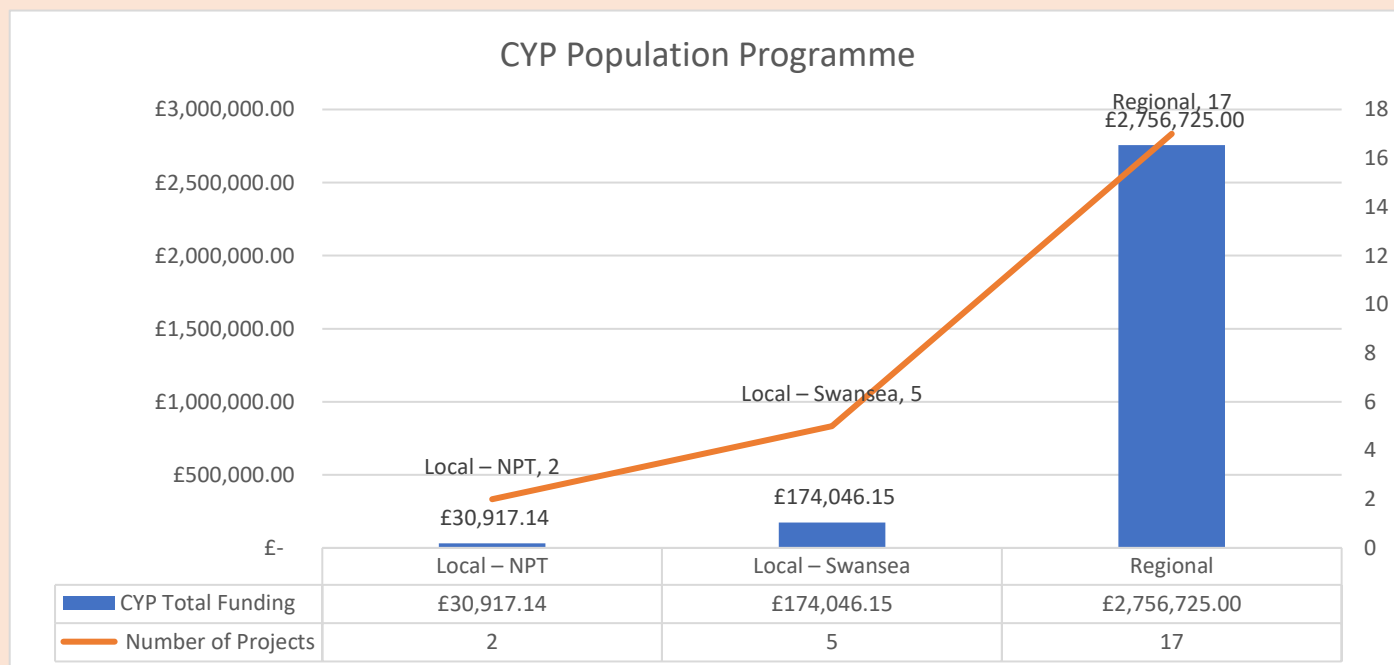
The CYP Programme and workstreams all have Chairs/ Leads from partner organisations and membership reflects the partnership working and engagement taking place. We endeavour to include people with Lived Experience, but we recognise the need for different ways of working for the programme cohort. We therefore ensure representation from carers and volunteers in all levels of our governance as we believe their voices need to be integral to the work we deliver.

Where there are particular elements of work that require direct engagement with children and young people, we work closely with our partners to utilise their structures and networks as well as develop and deliver bespoke workshops to capture the direct voices of children and young people.

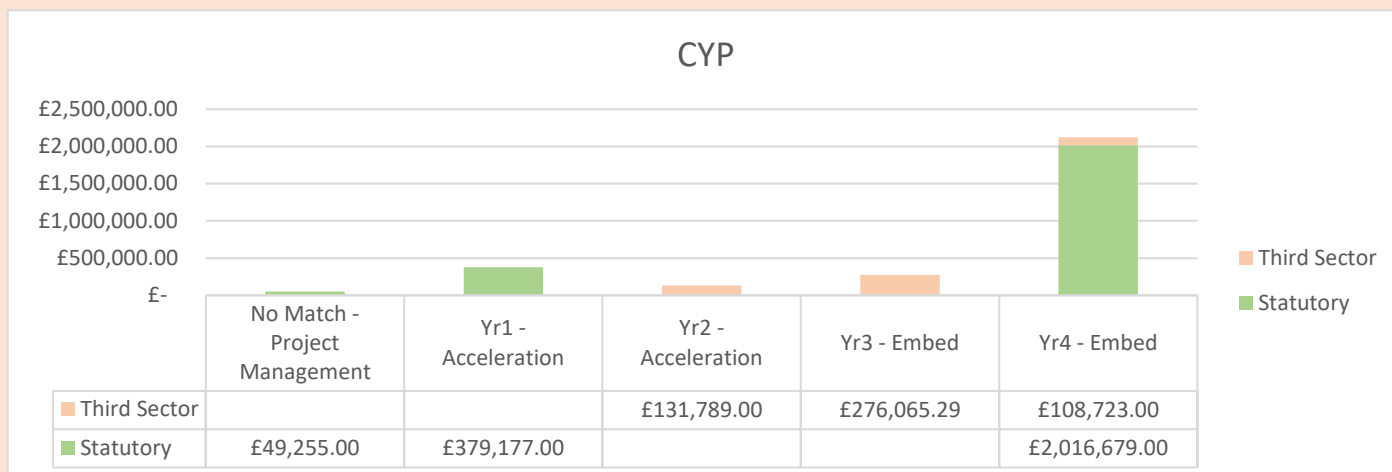
## Funding Utilisation

The total allocation for the CYP Programme for 23/24 is **£2,961,688.29**.

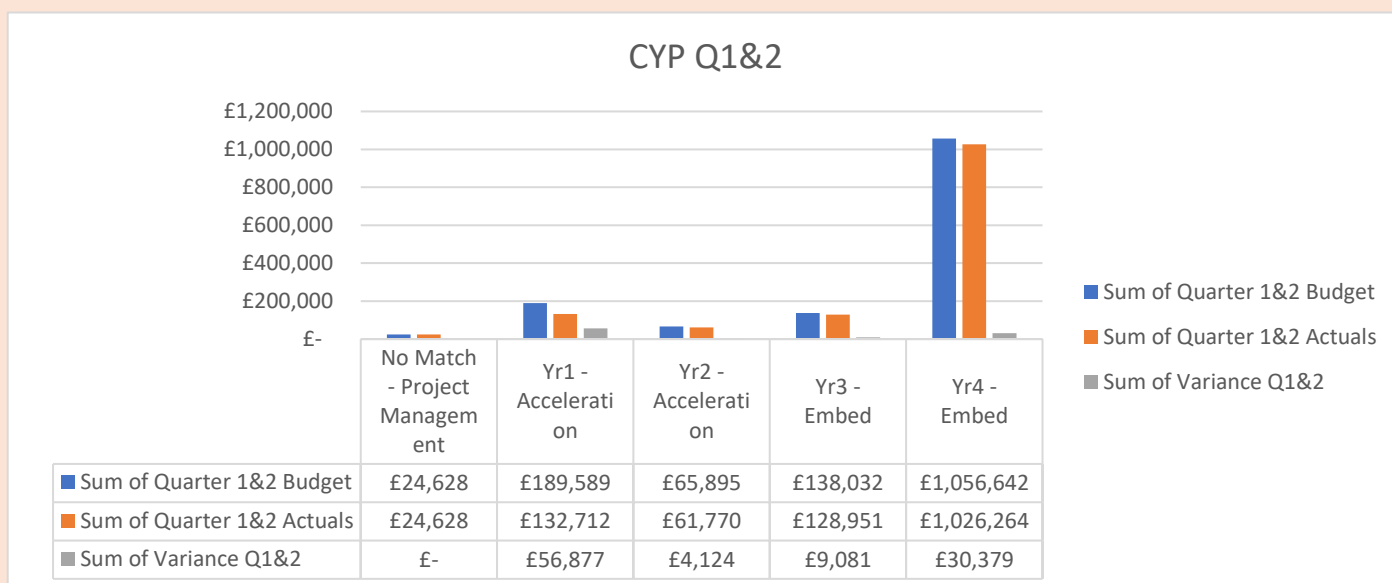
22 organisations were provided with RIF Funding in 2023-24. There are 4 statutory schemes and 17 third sector schemes. There are 15 regional schemes and 7 local schemes (2 in Neath Port Talbot and 5 in Swansea).



## CYP RIF Allocations 23-24



## RIF Budget/Spend Position at end of Quarter 2




In quarter 1 and 2, £1,374,325 has been spent out of the projected budget of £1,474,785.

## Assessment of Delivery

The CYP programme has identified six specific deliverables outlined in a CYP action plan which has been developed to reflect the population needs assessment and regional area plan (approved by CYP Programme Board April 2023):

1. Review and improve models of care that wrap around families to keep families together. (MC4)
2. Identify and implement transformative prevention and early intervention services (MC1, 3, 4)
3. Develop a regional EWBMH Strategy for CYP (MC3)
4. Co-produce, pilot and implement a Regional Transition Policy for Children, Young People with learning disabilities and complex care needs to ensure smooth transition into adult services at the right time. (MC 2)
5. Deliver a new regional model for safe, secure accommodation and wrap around support for Children and Young People with complex needs, with a focus on prevention and early intervention. (MC 3, 6)
6. Develop a robust comms and engagement plan that will ensure the voices of Children and Young People, Parents, Carers, Families, guardians and others are considered and heard.

Within the CYP Programme the below table reflects the progress of workstreams in delivering the action plan:

<b>Workstreams</b> (Coordinated rolling schedule of Microsoft teams meeting *including face-to-face workshops where required)	<b>Status (RAG)</b>	<b>Comments on progress</b>
Transition from Child to adult services		<ul style="list-style-type: none"> <li>Established new working group which meet on a monthly basis.</li> <li>In process of revising Regional Transition Policy in line with national guidance/frameworks (ALN Code, Health Transition).</li> <li>Strengthening regional principles and standards</li> <li>Planning underway on mapping current provision/ways of working against strengthened principles and standards.</li> </ul>
Safe Accommodation	 Action required to progress discussions with partners on jointly commissioned placement sufficiency and specialist provision.	<ul style="list-style-type: none"> <li>Established steering group which meet bi-monthly.</li> <li>Project brief developed.</li> <li>Regular update meetings with Welsh Government.</li> <li>Responding to New Frameworks for reporting issued by Welsh Government for CYP with complex care needs/edge of care.</li> <li>Planned engagement with CYP in secure provision on support required when transitioning into the community.</li> </ul>
CYP Emotional Health and Well Being Planning Group		<ul style="list-style-type: none"> <li>Governance transferred from Health Board to West Glamorgan Partnership.</li> <li>Mapping activities undertaking focused on priority setting and developing the model for emotional health and wellbeing for CYP.</li> <li>Updated delivery plan 2023-2026: workshop held using logic model to map key deliverables of the programme of work to desired outcomes and key actions.</li> <li>Alignment of regional Emotional Well Being and Mental Health Strategy to CYP Emotional Health &amp; Well Being delivery plan.</li> </ul>
Improving access to emotional support for well being (NEST/NYTH)		<ul style="list-style-type: none"> <li>Progress update on framework implementation to WG Deputy Minister.</li> <li>Workshop facilitated with partners for annual self-assessment (<a href="#">Newsletter - West Glamorgan Regional Partnership</a> – November)</li> <li>Annual self-assessment submitted and implementation plan reviewed -positive feedback received on implementation.</li> </ul>

		<ul style="list-style-type: none"> <li>• tidyMinds website reference as best practice case study to Easy Access to Expertise (<a href="#">NYTH/NEST 'in action': Good Practice Examples of the implementation of the NYTH / NEST framework 2023 (gov.wales)</a>)</li> <li>• Collation of case studies against principles.</li> </ul>
Psychological Interventions		<p>Priority areas identified, to be explored further with delivery plan and strategy alignment:</p> <ul style="list-style-type: none"> <li>• <b>Psychological interventions in relation to Neurodiversity</b>, and in particular those on the waiting list for an assessment and those receiving an assessment, whether or not this leads to a diagnosis. Proposal is that this is included in the bid for NDD funding from Welsh Government.</li> <li>• <b>Psychological interventions for children with learning disabilities</b>. There are significant gaps in service across all levels. Proposal is that there needs to be a full review of service gaps and needs in this area.</li> <li>• <b>Psychological interventions services that support the needs of children and families who have experienced developmental trauma and are showing significant distress</b>. There are service models being rolled out in many areas across Wales including teams offering training, consultation and support to services and families; and parent-infant relationship services aiming to reduce the incidence and impact of developmental trauma. Proposal is that the group could develop an SBAR or business case highlighting the need, if supported.</li> </ul>
Participation and Engagement		<p>Established new regional workstream to implement commitments outlined in CYP action plan:</p> <ul style="list-style-type: none"> <li>• Developed Best Practice Document.</li> <li>• Developed Engagement Plan.</li> <li>• Developed CYP engagement activity for NEST/NYTH in process of delivering sessions with CYP.</li> <li>• Collation of digital stories: young people have been involved in telling their story through film of their experiences of accessing RIF projects.</li> </ul>

### Prevention and Community Coordination

There are **two Third Sector** RIF Funded (£67,733) projects delivering 'Place Based Care - Prevention and Community Coordination':

**Y-Hub** is a direct response to the needs of young people in Swansea who may be engaged in or vulnerable too; County Lines, Antisocial Behaviour and Exploitation as well as young people who may be not in education or employment. There are two strands Y-Hub deliver: the drop-in youth club which runs on a Friday evening and an outreach provision which also runs on a Friday evening aiming to create communities where young people truly belong, contribute and thrive, offering a range of activities and opportunities to engage in.

**Glantawe** Outdoor Education Academy support young people who are struggling with mainstream school. Some are on the autistic spectrum, or have literacy difficulties, emotional or behavioural, or mental health issues such as anxiety or depression. Young people take part in a wide range of activities which develop their practical skills and resilience.

### **Supporting families to stay together safely and therapeutic support for care experienced children.**

There are **three statutory initiatives** RIF funded (£1,894,177) and **two Third sector** RIF funded (£49,682) projects which offer a range of support that aims to strengthen the offer for '**Supporting families to stay together safely and therapeutic support for care experienced children**'. These are split into **early help and support, intensive support** and **specialist support**.

### **Third Sector**

#### **Early help and support:**

The **Circus Development Project** delivers creative, integrated interventions to support young people on the edge of care/care experienced, to reduce the need for more intensive forms of support.

The **SGO Kinship Care project** aims to meet the needs of children and young people subject to Special Guardianship Orders (SGO's) and similar kinship orders whereby volunteers are matched to children and families to offer various support stabilising the children in their placement and helping the relatives to cope.

### **Statutory**

#### **Intensive Support:**

The **Multi Agency Therapeutic Support Service** provides support to vulnerable families with complex issues, and where there may be a possibility that a child or children could be taken into care.

By providing a preventative approach the model brings all therapeutic service provision together to create a much larger Multi Agency Therapeutic Support Service. The service delivers a brokerage type system that ensures consistency in referral information and response avoiding the need for residential care due to placement instability

The regional **Edge of Care, Working Together** which is delivered locally, works intensively over multiple weeks in the home environment as well as in \*intensive residential setting if needed (\*Swansea only). It provides families with the help they need to ensure children and young people grow up in conditions that are safe, that do not impact negatively on their well-being, and allow them to develop to their full potential.

#### **Specialist Support:**

**Western Bay Post Adoption Service** provides specialist support to the parent / family which recognises the impact of early traumatic experiences which result in many children with an adoption plan having complex psychological, social and emotional needs which can have a profound effect on the psychological health and well-being of the family as a whole.

### **Promoting good emotional health and wellbeing**

There are **14 projects** funded via RIF (£900,895) which offer a range of support under the **Promoting good emotional health and wellbeing**' model of care. These are split into 4 categories:

- Information. Advice and Assistance (IAA)

- Early help and support
- Intensive Support
- Specialist Support

These projects deliver a wide range of interventions that enable children and their families to achieve improved emotional health and wellbeing:

1. Brighter Futures
2. Bouncing Back Plus
3. Brighter futures – ACE recovery
4. Care for our children
5. Counselling for near miss suicide cases RIF
6. Farm Ways to Wellbeing
7. Swans supporting the mental health of children & y
8. The Play Room Project
9. Therapeutic Counselling Services for Children/Youn
10. Wellbeing Worker
11. Early Help Hubs
12. Interplay's ENSpir & Wellbeing Project 12-18
13. Interplay's Wellbeing 4 Early Years – 4 -11
14. Swansea Autism Movement CIC

## Key Enablers

### Integrated planning and commissioning

The supporting programme, Commissioning Processes for Complex Care ensures partners work together to take forward jointly agreed priorities. This commitment is informed by the findings in the Regional Market Stability Report for 2022.

### Technology and Digital Solutions

This work sits under the Digital and Data Programme. One of the aims will be to consider technological developments to enable people to live within their own homes with increased independence.

### Promoting the Social Value Sector

A number of RIF projects are from third sector organisations. There is a risk however in relation to the current financial pressures. Inflation and the cost-of-living crisis are impacting voluntary organisations that support the most vulnerable in society. Partners who need to make difficult decisions in order to balance the budgets, could result in local funding being cut which will impact on the overall service offer across the region. This will then impact on those service users who rely on these essential community services, which could result in escalating needs, which in turn impacts on the statutory services. At the same time some of these voluntary organisations are seeing record high service demand together with escalating complexity of service user needs. This will need to be considered as part of the strategy going forward.

### Integrated Community Hub

The development of Hub's is being led by the Regional Strategic Capital Group.

### Workforce Development and Integration

One of the supporting programmes is Workforce.

## Successes and Progress

- **Early identification/help/prevention** reducing the requirement to escalate to statutory services.
- **Long term** engagement, connections, and interventions.
- **Impact:** reach and outcomes achieved of those supported by projects.

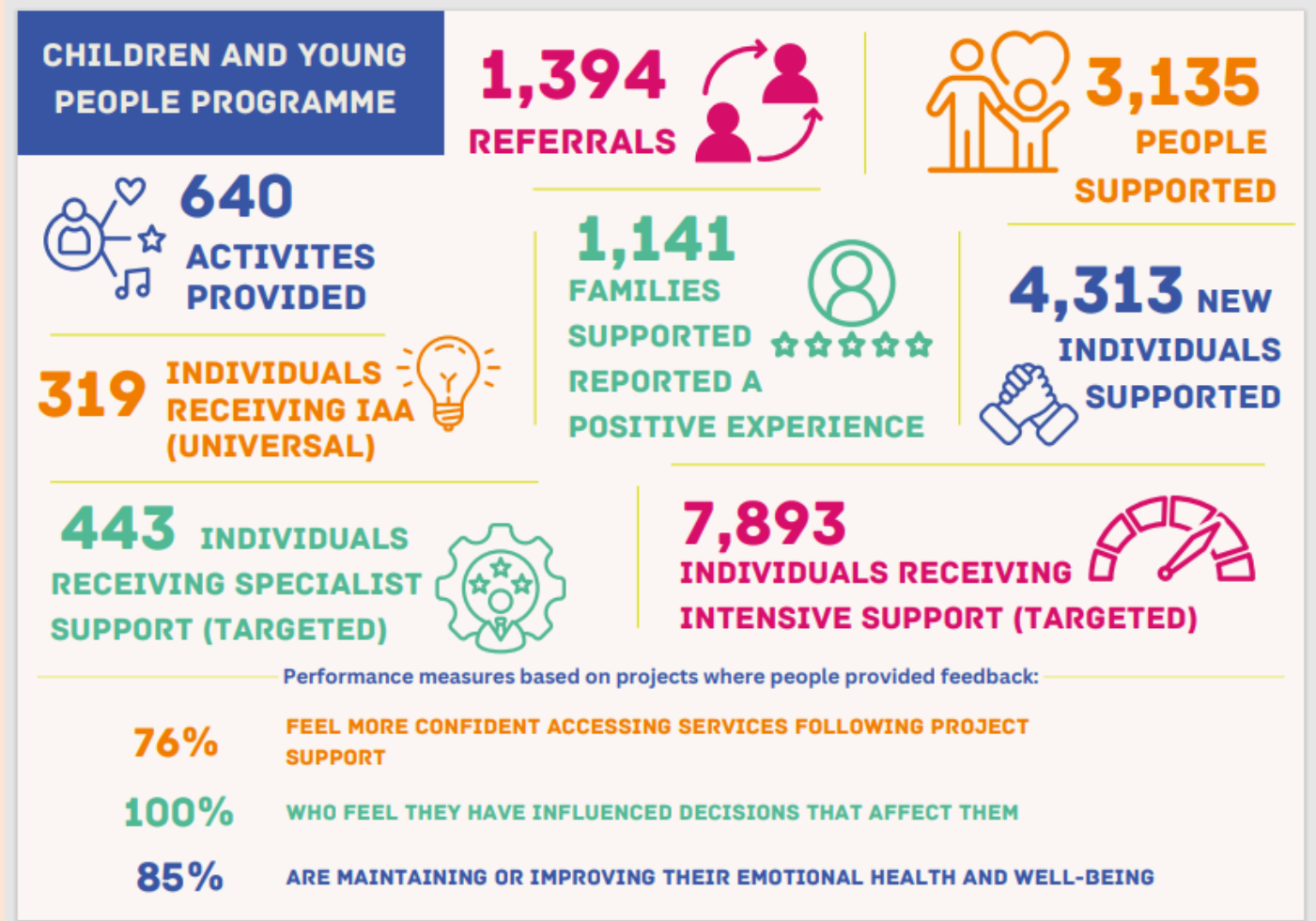
## Challenges

- **Volume of need/demand/capacity:** Demand outstrips resources and capacity to deliver
- **Waiting lists and access** to most appropriate support/help/ therapeutic provision (behaviour exasperated as children get older and their wellbeing needs have not been met or placements breaking down -need for escalation)
- **Funding** (short term, insecurities) and **Resources:** time able to spend with Children and families, resources, delivery timescales, staffing and recruitment into posts (Workers with specialist knowledge, skills and expertise progressing into other sectors due to short term nature of funding)

Also noted were ongoing pressures on own and other agencies, as well as the capacity of information sharing of opportunities between agencies.



## Quantitative Measures



### Prevention and Community Coordination

Y-Hub supported **207** individuals with **127** receiving IAA and **80** receiving Early Help and Support (Targeted). **80** individuals accessed the project with **59** new individuals (CYP) accessing the project for the first time. In total there were **53** Activities Provided by the project.

**21** new CYP supported by the with the Glantawe forest school experience and accessed the new WG Initiatives for CYP improved Health and Wellbeing with **10** passing the Agored level 2 qualification provided via the academy.

### Supporting families to stay together safely and therapeutic support for care experienced children.

#### Third Sector

- Circus eruption received **47** referrals in the period and supported **96** individuals to access their services, of which **82** were new individuals accessing the project for the first time (**47** new CYP).
- **22** people supported by SGO Kinship Care with **8** new individuals accessing the project for the first time. **22** individuals receiving Early Help and Support (Targeted) with **12** families accessing the services.

## Statutory

### Intensive Support:

- Therapeutic support provided by the Multi Agency Therapeutic Support Service (MATTS) received **132** referrals. All **132** received support from the service with **129** individuals accessing the intensive support services provided. A total of **57** families (**23** new) and **102** children (**34** new) received therapeutic intervention.
- The Working Together (Edge of Care) project received **180** referrals with a total of **336** people have been supported by the project. In total **112** families and **200** children (**233** new individuals) accessing the project for the first time.
- 

### Specialist Support

- The Western Bay Post Adoption Service received **101** referrals with a total of **254** people supported, of which **78** new individuals accessing the project for the first time.

## Promoting Good Emotional Health and Wellbeing

- Information, Advice and Assistance (IAA)
- Early help and support
- Intensive Support
- Specialist Support

### Information, Advice and Assistance (IAA)

- **319** individuals supported by Bouncing Back Plus (action for Children/Ospreys) **all** receiving universal IAA.

### Early help and support

- **1200** individuals supported by Swansea Autism Movement CIC with **576** individuals accessing early help and support (**254 new**), **168** families and **142** children accessing the service
- Interplay's Wellbeing 4 Early Years (4 -11) and Interplay's ENSpir & Wellbeing Project (12-18) supported **51 individuals (9 new)**. **37** people accessed the **43 activities** provided by the projects
- Of the **252** referrals received to the Early Help Hubs, **252** accessed support offered by the project, **89** of those were new individuals accessing the project for the first time. **210** families and **252** CYP accessed the service with **74** new families and **80** new CYP.
- There were **31** referrals to DEWIS (Well Being Worker) supporting **70** individuals with **39 (19 new)** accessing the project for the first time.
- Care for our Children provided support to **135** individuals, **all** accessing the services provided by the project. In total, **111 children (28 new)** and **61 families (18 new)** accessed the service.
- Swans Foundation supported **261** individuals to access their services via delivery of **96** activities.
- **190** individuals supported (**165 new**) and receiving Early Help and Support from Farm Ways to Well Being. **122 CYP (97 new)** and **43 families (25 new)** accessing services provided by the project.

### Intensive Support

- The Play Room supported **38** individuals via play therapy, one to one and group therapy, counselling and family support.

### **Specialist Support**

- There were **64** referrals, **all** supported to access specialist interventions by The Jac Lewis Foundation. Of the 64, all were new individuals accessing the project for the first time with **25** CYP accessing the service.
- New Pathways supported **26** individuals, all supported by and accessing their services. A total of **340** activities provided in the period.
- Brighter Futures ACE Recovery (Faith in Families) received **37** referrals with **41 (28 new)** individuals supported. In total, **38** families benefited from accessing their services.
- The Western Bay Post Adoption Service received **101** referrals with a total of **254** people supported, of which **78** new individuals accessing the project for the first time.

## **Qualitative Indicators**

### **Prevention and Community Coordination**

#### **Glantawe**

The young people feel they can achieve qualifications and get a GCSE level qualification in only year 9 which increases their confidence and empowers the pupil to continue in education which assists in preventing these young people falling out of education and training when they are struggling with mainstream schooling. 100% of individuals noted they were satisfied with the Early Help and support provided that has enabled individuals to also maintain and improve their emotional health & wellbeing with 100% feeling they have influenced decisions that affect them.

#### **Y-Hub**

Y-Hub plays a significant role in enhancing the skills, knowledge, and confidence of young people to recognise and address their well-being needs independently which prevents the need for escalation/demand into higher need services. Y-Hub conducts various educational sessions and workshops on topics such as mental health, healthy lifestyles, personal boundaries, resilience and overcoming challenges. When asking young people how much Y-Hub support their independence, of the sample 90% responded with very helpful.

#### **Young Persons Account:**

*'I am involved as a member of the Youth Forum, assisting in the setup of the club facilities and activities before the initiation of each session, as well as cooking, clean-up, Youth club outreach and hosting a session on a Chinese festival, encouraging me to showcase and celebrate my culture. When hosting, I had to plan the food, activities, budget and prepare the necessary components e.g. decorations and ingredients. As part of the Youth forum, I feel I have been provided many opportunities to develop my skills, such as my organisation, communication, delegation, teamwork skills, etc. As such, I feel the development of these skills have well-equipped me for adult life by allowing me to develop the necessary skillset beyond what opportunities may be presented to me otherwise.'*

### **Supporting families to stay together safely and therapeutic support for care experienced children.**

#### **Third Sector Example:**

## **SGO Kinship Care project**

### **Partner Feedback:**

*'The involvement of the SCVS project in the Family and Friends team has been enormously helpful in providing these SGO families with much needed additional support. In addition to taking referrals for befriending and respite SCVS have increased overall support offered to this service area group by:*

- Linking with ourselves in FAFT to support monthly FAFT Kinship carer support groups*
- Sharing SCVS wider carer information so that FAFT are able to include this within quarterly FAFT carer Newsletters*
- Attending workshops as facilitated by FAFT at the carer support group ( as In The NVR workshop held yesterday) and linking with kinship carers at this time also in attendance*
- Linking in with FAFT Support Officer in helping to deliver the SGO Workshop to all prospective SGO carers'*

### **Statutory Example:**

#### **Statutory Intensive Support**

#### **Multi Agency Therapeutic Support Service**

##### **Case Study 1**

*'I have been working therapeutically with the child, aged 7, since March 2023. The child was referred by the social worker due to his grandmother, (who he lives with) sharing that he had communicated about experiences of trauma.*

*The child initially came weekly with a male worker to support with travel arrangements. This worker soon left, and the child was quite dysregulated by the change. The grandmother took over the arrangements for attendance. She has four children in her care, who have the same mother, (who is her daughter) and different fathers. The disruption to the sessions after the departure of the worker meant that the child faced challenges with adjusting to this change. This also required another worker to attend some sessions to support with managing safe and effective engagement and boundaries.*

*He has had over ten sessions and is engaging with integrative arts. Coming into the room was challenging and it was a process of developing trust. He could be destructive towards the environment. His impulses and energy were being channelled into work with the arts including sand play. He was keen on water play and he also used puppets to convey difficult feelings. He also buried objects in the sand and could appear emotionally overwhelmed.*

*The aims were to support the child to develop the ability to emotionally regulate and stay within their 'window of tolerance' through connecting, relating, regulating, and reflecting. Initially, he was only willing to go outside and sit on a yoga ball, throw the ball, and play hide and seek. He needed plenty of space and freedom to be able to build a relationship. The creative process enabled him to express powerful feelings and to start to potentially make sense of these emotions in relationship to a compassionate presence.'*

##### **Case Study 2**

*Young person 14 year old male had type 1 diabetes, symptoms of undiagnosed neurodiversity, a trauma incident when young, extremely overweight, a fear of needles and was not taking his medication. Over eating and not taking meds, he was at risk of a heart attack and other medical complications. He was also struggling with anxiety, social anxiety, and sensory processing difficulties. He did not like attending school as he got overwhelmed and he was masking and getting aggressive before and after school.*

*'Success was about resolving his care needs and enabling the right services to support the young person. Having a good relationship with the social worker. It was lovely to gain feedback from the carer as she commented that she cannot thank me enough, she felt believed and supported. She felt that I had been able to resolve the situation by working through the systemic barriers as she had been coming up with barriers for years. It was successful for the service user and carer'*

### **Case Study 3**

*Child A's long term foster placement of nine years broke down and his placement with new carers sadly also ended, child A then experienced 2 weeks of not having a stable care placement. The therapeutic team worked closely with child A's social work team helping them recognise and evidence that the best plan to consider at this point was a residential placement as the main priorities were that child A had a period of stability and safety to allow him to process recent events, work could then be facilitated by the therapeutic team with child A and his previous long term foster carer so their relationship was repaired and they had a positive ending. What worked well:*

- Enabling young person and parent to tell their story and to be understood and believed in terms of the young person's neurodiverse symptoms.*
- Being able to complete a thorough assessment to support the young person with complex needs.*
- Evidence based practice in terms of assessment information to highlight concerns and risks to education, health GP and CAMHS.*
- Being able to negotiate systems by use of evidence-based practice reports and letters to escalate risks to life to the young person and gain a forth coming appointment with CAMHS psychiatry to explore medication for anxiety and other medication.*
- Education is now filling in paperwork with mother for the neurodevelopmental pathways.*

### **Working Together (Edge of Care)**

#### **Case Study 1**

*The family household composition comprises of Adult A who is mother to Child A (Age 10) and legal guardian to her niece Child B (Age 13). Maternal grandfather Adult B also lives with them. Adult A has her own needs which she is managing, she had ADHD and learning difficulties. She struggles to process information and can often misunderstand conversations with professionals. Home conditions are not great, there is clutter and disrepair throughout the family home. Which Adult A is struggling to keep on top of. There are a number of hazards which are of risk to the children. Adult A and Adult B have been making progress in this area however this is slow due to the lack of time and funds. Child A's bedroom is in poor condition, the plasterwork is crumbling and there is no decoration on the walls. She has expressed that this affects her emotional wellbeing. Child A spends a lot of time in her room which is her go to safe space and could benefit from having a comfortable space to relax in.*

*What worked well:*

*The whole family have engaged really well with WTS and have built a good relationship throughout. The home has been fully de-cluttered where the family have filled a total of two skips with the support of the WTS. Initially rubbish was an issue in both child's bedroom however Child A is following a step-by-step visual routine well. Child B has also been proactive in-decluttering her own room, creating her own routine however the family continue to have issues with Child B keeping her room tidy and an on-going issue with smearing. This has been highlighted in each WTS review and addressed with the family and Social Worker as it is causing tensions in the family home. The Social Worker has made the relevant referral to CAHMS and the Rainbow project for counselling with a view this can help support Child B as she has experienced a lot of trauma / grief and loss throughout her life. The Social Worker has also made a referral to the therapeutic team for support as smearing has been on-going and during WTS support Child B's bedroom has been de-cluttered twice within a two-week period and it was highlighted that Child B has been storing faeces in her bedroom as well as the bathroom. The WTS completed the CEASER Programme with Child B where she has engaged really well. All Motivational Interviewing sessions completed with the family and the WTS has helped the family to develop a family agreement of rules and*



visual and word routines to help with every area of the home. Adult A shared that she is finding these useful and has been able to learn how to recycle / work the washing machine.

WTS Family Feedback

What was most useful?

*"You've' helped me more than any other service, it's helped me keep on top of the house and learn how to do this".*

Do you feel that the worker/s helped you and your family?

*"Yes – \*worker helped me clean and learn about how to do this rather than just tell me what to do you showed me".*

WTS Child B Feedback

*"I liked working with you because 1: you got me out of lessons I didn't like and 2: you listened to me".*

**Statutory Specialist Support**

**Post Adoption Service**

31 individuals reported they were satisfied with the Specialist intervention (Targeted) provided with 34 Individuals maintaining improving emotional health & wellbeing and Achieving Personal Outcomes.

The team are skilled and build very important relationships with young people and their families; improving chances of positive outcomes. Strong Relationships with the adoption support team (social workers) are crucial in ensuring that the family very much feel there is a team around the family approach to the work. The virtual Hub consultations which the therapy and psychological service support have a huge impact on the confidence and wellbeing of families in managing the challenges they face, with very few families needing to escalate to a full adoption support assessment within a 6 month period. Access to the service is flexible and the therapy team join case discussions and consultations on a weekly basis to provide ideas and support to complex cases they may not be involved in which upskills the wider workforce. The therapeutic service works across the whole adoption process.

**Promoting Good Emotional Health and Wellbeing**

The CYP Emotional Health and Well Being Planning group and workstreams that sit under have undergone various mapping and prioritising exercises ranging from developing our model for emotional; health and well Being (mapping out services at each tier of entry), reviewing the 2023-2026 delivery plan, alignment with regional Strategy and completing the first annual review of implementation of the NEST/NYTH Framework.

Some examples of RIF projects:

**Example 1: Y Hub**

The Y-Hub project has undergone a significant transformation, marked by the introduction of a new lead worker who has brought fresh vision and enthusiasm to the initiative. The formation of a youth forum, where members are actively involved in the planning and management of the Friday night youth club, reflects the commitment to youth participation. The addition of a new kitchen area has enhanced the project's ability to offer a wide range of activities, including cultural diversity initiatives, and provide hands-on culinary experiences for the young people. These efforts have broadened the project's scope and impact, promoting inclusivity and a sense of belonging for young people. The lead worker's proactive role in coordinating community outreach events has facilitated valuable connections and has increased awareness of YMCA Swansea's and other organisations services for young people and has expanded Y-Hub's reach considerably in engaging with young people.

How Well?	Number of individuals satisfied with the Early Help and Support (Targeted) provided = 30 (100%)
-----------	---

Actual Difference made?	Number of Individuals reporting they are less Isolated = 28 (93%) Number of Individuals maintaining improving emotional health & wellbeing = 30 (100%) Number of individuals whose independence has improved or remained the same with the support of the project = 29 (96%)
-------------------------	--

Digital Story: [Y-Hub Master1HDR v4 \(vimeo.com\)](https://vimeo.com/878217270/305bdb3a04?share=copy)

### Example 2: Brighter Futures

The project has increased the number of schools working with to 43 and continue to provide a range of 1-2-1 interventions and group support. 100% of assessments pre and post intervention indicating change. Positive feedback from parents and child i.e. feedback forms, schools, SDQ's. Improved parental engagement - positive outcomes for the whole family. Positive change in family dynamics through relationship based play interventions and activities. Children have more positive outlook, feeling more positive and confident. Improved resilience/ Children reporting feeling better in themselves.

How Well?	Number of Referrals Accepted = 18 (49%) (19 referrals on the waiting list) Number of individuals satisfied with the Specialist intervention (Targeted) provided = 38 (100%)
Actual Difference made?	Number of Individuals maintaining improving emotional health & wellbeing = 38 (100%)

Digital Story <https://vimeo.com/878217270/305bdb3a04?share=copy>

Both projects nominated for Social Care Accolades Awards.

### Example 3: New Pathways

CYP clients attend counselling and often present with significant and co-morbid issues such as anxiety, depression, symptoms of post traumatic stress disorder and self-injurious and suicidal behaviours. Through a variety of clinical approaches, clients are supported to develop an understanding of their psychological and physiological responses to trauma, their sense of self, how to set healthy boundaries and focus on their physical and emotional wellbeing whilst making better-informed decisions.

#### Client feedback has included:

*'I have learnt new coping skills have been beneficial to me'.*

*'I really appreciate it (counselling sessions) and they have been a big help and have given me new coping strategies to implement into my day to day life especially now with the upcoming exams. Thank you so much and I wish you all the best.'*

*'Counselling has made all of the difference to how I feel about myself. I feel more empowered and in control and feel good about myself.'*

*"I really enjoyed counselling with New Pathways because it helped me to feel recognised and it helped me to understand myself better. I would recommend this service to other people who experienced something similar to me."*

*A key feature of their work is to help the clients develop healthier coping mechanisms so that they feel able to control what is going on for them, tolerate distress and to regulate their emotions. By providing a safe space in which the client can experience a healthy relationship, they can begin to develop greater self-awareness and grow in confidence.*

#### Client feedback has included:

*'My counsellor was very kind and always listened to me, I felt heard.'*

*'I felt really comfortable working with my counsellor. Thank you for being a massive support, you've made me feel so much better and more confident since our first session, it means the world.'*

*'I liked having a safe space where I could be myself thank you for helping me.'*

#### **Example 4: Community Farm**

Saturday Farm Clwb project is for young people aged 8-18 offering a chance to improve their well-being by having a hands-on experience of Farm life. They play a full part in Farm life, learning how to look after the animals, grow and cook organic vegetables and maintain and develop the Farm's wildlife areas and adjoining nature reserve.

M has been attending Farm Clwb for the past 2 years and has taken part in all aspects of the Farm. M is a 10-year-old boy who came to the Farm after experiencing an educational and family trauma. M attended the exchange counselling service and mum was looking for somewhere for M to attend that would help with his mental health.

M and his family would describe attending the Farm and being part of Farm Clwb as a great success as it has made a "big impact" on not only M but also his family. Farm Clwb has helped M with his mental health and helped him gain his confidence back. The Farm has been a positive experience for M with him recording that the Farm has helped him feel much better about himself and who he gets on with other people. Farm has "made me talk to other young people" where m was isolated previously due to not attending school and being insular with not wanting others to know he was suffering Farm has given M the chance to open and meet and relate to other young people.

#### ***What is being done differently?***

##### **MATTS-Year 1**

##### **Swansea Council**

As a therapeutic service within an Edge of care provision and with a statutory organization, they receive referrals via a single point of entry process. This enables the understanding of the presenting need for children, young people and families and be able to understand what matters and offer the right service at the right time.

The Swansea In house Therapy Service adopt a 4 staged model of consultation/formulation and outcomes. All new referral will be processed through a stage 1 consultation based on advice and guidance for internal staff/systems around a child/family, this consultation will develop a therapeutic formulation of an individuals/family's needs and support the referrer to acknowledge trauma and therapeutic needs within care and support plans. As a result care and support plans will be more holistic and attuned to therapy needs within families and systems. The recommendation from this stage 1 will belong to the referrer and the referral will either be closed NFA at that stage or be considered for a more in depth stage 2 assessment of therapeutic needs where family/individuals and outside agencies are engaged in the process

Acknowledging trauma, thinking systemically with a neuro sequential lens while care planning for vulnerable and traumatized children is evidence based best practice, whether care experienced or not. Care experienced children in particular will benefit from targeted therapeutic formulation which will support and enhance their well being through focused and informed care planning.

##### **NPT**

One of the main objectives of the NPT MATSS service is to promote secure attachment as a means of helping children/young people and their carers maintain placements or children/young people to remain with their families so that families can stay together.

Supporting social work teams with helping them make sense of the complex needs within families, how to intervene and what therapeutically informed interventions are suitable, they provide a team around the family approach where other services such as education and health are included so that we all reach a shared understanding of the therapeutic needs of the families we work with. This approach increases



staff knowledge and understanding, confidence and skill in terms of being more therapeutically informed in understanding children and family's needs and the appropriate support required.

Also working directly with families offering therapeutic support helping them to build relationships/ attachment security, promoting emotionally attuned care and helping families to stay together. Families and children benefit from building relationships with members of the therapeutic team who work with parents to help them develop their parenting approach to meet the specific needs of their children. Via direct interventions with children the team aims to help children better understand themselves, others and their experiences better. This work has helped the stability of families and prevented children coming into care.

Where children are already placed in care this work has supported by preventing foster placements from breaking down and children having to move on to new placements. This has been particularly important with children who have had previous placement moves in terms of preventing the escalation of placements to Independent Fostering Agencies and residential homes (both these options are very expensive and increase the probability of the children and young people being moved out of their local community).

### **GLANTAWE- Year 2**

Working with CYP struggling with mainstream school who may also be autistic, or have literacy difficulties, emotional or behavioural, or mental health issues such as anxiety or depression, the educational programmes are designed to give future generations better prospects by helping them get the most from their education, and especially to help those who do not thrive in a **traditional classroom setting**. The focus is on what pupils can do, encourage them to try things and not be afraid of failure, but seeing this as part of the learning process. Within the natural environment pupils are allowed to develop transferrable sociological and practical skills within an environment that encourages innovation and freedom of expression. They develop tool handling skills, planning, risk assessment and management, with a sense of pride in individual and group achievement.

The qualification offered is 'Team-working'- sometimes have found that the main barrier many of these young people face is their inability to form supportive relationships, communicate clearly and take responsibility. In focusing on team-working they prepare them for working with others in the workplace, so that rather than expecting instructions and being confrontational about them, or avoiding responsibility, we teach them the skills they need to get on with others and problem-solve. The challenging environment, when the weather in the winter is often bad, encourages them to see the necessity of collaboration and both group and individual action. They are educated in the different roles within a team and why it's so important that each member contributes and ensure they understand the true meaning of working together, resolving conflict, being flexible, communicating to each other (asking questions and giving directions rather than making statements in the hope someone will help), knowing and recognizing consequence, realized through learning, (rather than it being punishment in school). Independent problem solving is actively encouraged, as is questioning process, recognizing and challenging self-imposed rules, taking ownership and all forms of planning and forward thinking.

Practically, the young people learn how to create and manage fires, use wood as a resource, cook and safely handle tools, all of which develops self-reliance and enables a sense of well-being. Being outdoors is a challenging environment and when the weather deteriorates, the need for collaboration with group and individual action provides additional experience and skill sets unachievable in a classroom environment.

Participation in this programme away from the disempowering normality of life produces a sociological and behavioural mind set change with increase in well-being simply not possible within conventional educational constraints. The link between these programmes and well-being is well documented and acknowledged but when faced with the pressures of conventional schooling is too-often discarded.

One key strength of the project is their engagement style, listening to and working with pupils to develop the project, empowering them to take decisions and design the project they work on. This gives them more pride and sense of achievement in what they do. It also makes a huge difference to keep them motivated, we often see that the first couple of weeks that participants play around and do not take it too seriously. However, after this they become more engaged and as the ideas develop and grow, they become more committed to the work and its successful outcomes. The young people feel they really can achieve qualifications and they get a GCSE level qualification in only year 9 which gives them a lot of

confidence to continue in education. Sometimes learners will attend our sessions even if their attendance in school is not good.

**Reach: Who we worked with (priority population groups – older people including people with dementia, children and young people with complex needs, people with learning difficulties and neurodevelopmental conditions, unpaid carers, people with emotional and mental health wellbeing needs).**

Across the CYP Programme, there is wide representation from parents/carers/guardians and volunteers. While CYP are not directly involved within these governance arrangements we endeavour to seek/include lived experiences wherever possible. For example, use of digital stories at Board and Steering Advisory Board embedded as first agenda item, collation of case studies and utilising our existing and partner networks to extend direct reach for dual dialogue and feedback of partnership business.

Recognising the need to broaden reach to involve CYP direct, a new Regional CYP Participation and Engagement group has been established with work underway on the development of an action plan. Where specific workstreams in the programme require input for CYP, we plan bespoke opportunities for engagement for example recently developing an engagement activity booklet to incorporate CYP views and NEST/NYTH implementation for the first annual review and workshops for CYP leaving residential care as well as using these activities at a Universal Children’s Day event reaching 50 CYP and a further 50-70 adults engaging.

Population Group	Primary	Secondary
Children and Young People aged 0-18	✓	
Young adults (where ALN is applicable up to the age of 25)	✓	
Parents		✓
Carers		✓
Guardians		✓
Professionals		✓
Volunteers		✓

**How have people felt about what has been delivered**

**What have we learned about things that went well? What have we learned from any challenges that occurred?**

**Changes to System**

<b>System Outcomes/Benefits</b>
<b>Lessons Learned</b>
<p><b>Prevention/early identification/ help and support-</b> being able to identify and support early on significant impact on reducing the need for escalation into statutory services.</p> <p><b>Performance and Monitoring</b> - Two workshops held, one with all RIF projects and a second specific to address the performance outcomes for statutory partners where they are already reporting on other funding streams. It was necessary to work with providers on how the data can be gathered in the most meaningful and systematic way that also does not duplicate nor add further pressure.</p> <p><b>Voice of the child</b> – It is important to acknowledge that across the CYP Programme where there are particular elements of work that require direct engagement with children and young people, we work closely with our partners to utilise their structures and networks as well as develop and deliver bespoke workshops to capture the direct voices of children and young people. Work is underway to strengthen our approach to ensure that the beneficiaries of the RIF projects are also included for example, both Steering and Advisory Boards and CYP Programme Boards now begin with a digital story – outlining lived experience of the projects of which they access. In line with the NEST/NYTH annual self-assessment 2024, all RIF funded projects will now be required to report against the implementation of the principles:</p> <ul style="list-style-type: none"> <li>• Trusted adults</li> <li>• Wellbeing across education</li> <li>• <b>Co-produced innovations</b></li> <li>• Easy access to expertise</li> <li>• Safe and supportive communities</li> <li>• No wrong door</li> </ul>
<b>System Constraints</b>
<p><b>Capacity</b> – volume and demand of services outweighing resources and capacity to deliver what is needed.</p> <p><b>Access to services</b> - especially with increase of need for services where therapeutic or specialist intervention is required.</p> <p><b>Short term Funding</b> – difficult recruiting to posts as well as being able to deliver long term interventions with children and families.</p>

<b>National Models of Care (NMoC)</b>
<p><b>Programme Contribution</b></p> <p><i>Identify the learning and provide descriptors that will contribute to the NMoC ‘Spec’ as an output of the 5 year RIF programme.</i></p> <p><i>Describe thematic learning from projects re. the working practices that enable successful delivery, as an example this may include how they achieve collaborative delivery with other partners, what practices enable integrated approaches, how they are overcoming challenges to deliver the local model of care, etc.</i></p>
<b>NMoC: Prevention &amp; Community Co-ordination NMoC – Outcome Statements:</b>

1. People's well-being is improved through accessing co-ordinated community-based solutions
2. Local prevention and early intervention solutions support people to avoid escalation and crisis interventions

### **Glantawe Riverside Park - Outdoor Education Academy**

There is overwhelming evidence to support the investment in outdoor education for children and young people in Wales. The young people who access this project struggle with mainstream school within the Neath and Port Talbot catchment. Some are on the autistic spectrum, diagnosed ADHD or have literacy difficulties, emotional or behavioural, or mental health issues such as anxiety or depression. They arrive on site lethargic, reluctant, and quiet, disempowered by the frustrations of schooling, family life, sociological & media pressures, and life in general.

Young people from disadvantaged backgrounds are more likely to have poor attendance, be reluctant learners and engage in off-task activities. The project focus on team-working to prepare them for working with others in the workplace, so that rather than expecting instructions and being confrontational about them, avoiding responsibility. Participants are taught the skills they need to get on with others and problem-solve. Many of the pupils we have are on-course to leave school with no or few qualifications.

The outdoor educational strategies create new normalities away from the disempowering influences of their normal lives allowing them to express themselves with a sense of freedom that invariably leaves them returning to their lives animated and energized. Regular and consistent exposure to this natural environment within our programme structure results in increased personal empowerment with positive behavioural change that demonstrably increases happiness and well-being both in the individual and group.

Barriers of the classroom walls are removed, and the teaching pedagogy is learner centred and responsive to the needs and interests of the child. By participating in the educational activities and by just being in the outdoor environment increases the sense of well-being.

The project also offers a chance to start their learning journey with a Level 2 vocational style qualification that allows them opportunities they wouldn't be able to access through mainstream education.

Learners are encouraged to:

- *Learn through experience.*
- *Ensuring understanding of consequence and ownership.*
- *Work and learn autonomously.*
- *Be involved not passive.*
- *Share responsibility in decision making.*
- *Understand key principles of team building.*
- *Recognise their knowledge is relevant to real world experiences.*

### **Y-Hub**

The Y-Hub project is designed as a community-based initiative that focuses on preventing issues that may lead to poorer health and wellbeing outcomes among young people. Y-Hub offers a range of services and activities that are centered around health and wellbeing, reducing isolation, and building peer and supportive networks, providing essential information and advice, and having a safe space to feel accepted. Street-based Youth Work (Outreach) is a fundamental element of the approach used to engage with young people. It involves, building rapport and relationships with young people in 'their' environments and spaces, taking vital preventative support to them.

Experienced youth workers target various locations around Swansea that include; schools, colleges, other youth groups, local communities as well as responding and engaging with young people in areas of risk, that have been identified in Swansea's Multi-agency CMET meetings. By addressing vulnerabilities that can lead to criminal or sexual exploitation, anti-social behaviour, knife crime, and peer-on-peer abuse, the project acts as a preventative measure. It equips young individuals with the skills, knowledge, and resources to make informed life choices and build resilience against these risks.

The aim of outreach is to identify young people that are falling through gaps in provision, in need of intervention, nowhere to go for support, experiencing personal barriers or challenges, are not safe, and/or experiencing issues with their wellbeing. By building relationships with young people in their environments,

is acts as a catalyst to identify young people who may be more vulnerable to exploitation and are off services radars. By building relationships with these young people, it gives them the opportunity for more in depth, vital and long-term support at our open access Friday Night Youth Club based at YMCA Swansea. The youth club enables us to provide more intensive support to those individuals and network with other specialist services and agencies as necessary.

Working closely with other professionals in a multi-disciplinary approach provides better understanding of a young person's background and history, so that service providers can offer more personalised and relevant services. This increases the likelihood of positive outcomes in a young person's life.

The impact of this projects work extends beyond the immediate young people supported. By empowering young people and addressing their specific needs, the project contributes to building a stronger and more inclusive community. Y-Hub promotes social cohesion, reduces stigma and discrimination, and encourages positive relationships among young people from diverse backgrounds.

When asking young people how Y-Hub improves their confidence, young people responded with:

- *'It helps me make friends.'*
- *'There is no pressure to do or be anything it's just a comfortable place with comfortable people.'*
- *'Help me be confident talking to others.'*
- *'It helps me communicate.'*
- *'Gives me opportunity to meet and interact with new people.'*

When asking young people how Y-HUB has helped you get involved in social groups and activities, young people responded with:

- *'Without Ymca y hun I wouldn't really be involved in social groups.'*
- *'Goodvibes LGBT introduced me to Y-HUB who introduced me to platform and possibly surfability which all help me in their own way'.*
- *'Without y hub I wouldn't get to do social activities apart from school'.*
- *'Lots of activities to get involved with.'*

Many of the other CYP RIF projects while deliver other primary models of care, also extend their impact by contributing to prevention and early intervention, utilising coordinated community-based solutions to support people to avoid escalation and more complex/crisis interventions.





1	anonymous	GoodVibes has been really beneficial to me. I have learnt so much about myself, come out my shell and learning about others I feel I can finally be out as transgender
2	anonymous	I really appreciate what the YMCA do
3	anonymous	people my age feel hopeless about finding jobs, my friends and i are feeling that uni is pointless as we wont even get a job afterwards
4	anonymous	YMCA young carers is a place where I am able to be free and express myself. If there was no funding for young carers, then I would be lost and wouldn't have a place to go where I enjoy participating in activities and have freedom that I'm unable to have at home.
5	anonymous	I haven't usually got time college for attending many things, due to college, but I am free on Monday afternoons (11am to 2pm); I would like to meet more like-minded LGBT people
6	anonymous	I really enjoy young carers because I make new friends and it's really fun and I wouldnt get the opportunity to do that otherwise
7	anonymous	The YMCA are amazing!!! This place is what has kept me safe and given me so much support. i would be lost withotu them
8	anonymous	There is so much we are not taught in school such as how to budget or cook or clean. I would love to do more of this and learn skills about being independent
9	anonymous	The YMCA is my only safe place. i can trust the adults here
10	anonymous	The staff at YMCA are amazing but it would be nice to just pop in and chat sometimes

### **NMOC: Emotional Health and Wellbeing**

1. People are better supported to take control over their own lives and well-being
2. People have improved skills, knowledge and confidence to be independent in recognising their own well-being needs

### **Swansea Autism Movement**

Families (especially families new to autism) report increased feelings of confidence, being part of a supportive peer-to-peer group that offers emotional support, advice, signposting and more. The Parent Carer Connect countryside walks and community meals have been really successful in making and keeping connections to improve a sense of well-being. The family events are tailored to the needs of autistic community and families report that there is a great benefit to them of our project being led by a team that includes neurodivergent individuals who understand the unique nature of the autism community in relation to needs, communication methods, sensory and anxiety challenges.

#### **Interplay (young people aged 12-17/18)**

Through access to the project young people develop the skills to make informed choices. This leads to them having a better understand of societies expectations and their own strengths and thereby, as adults will be better able to take control of their own lives and wellbeing. The project enables young people with disabilities and additional support need to have the opportunities to develop in an environment that understands their support needs to help them to develop the coping strategies and understanding to gain the skills, knowledge and confidence to meet their own wellbeing needs.

#### **Interplay (children aged 4-1)**

Through play children develop the skills to make informed choices. This leads to them having a better understanding of societies expectations and their own strengths and therefore as young people and adults, will be better able to take control of their own lives and wellbeing. The project enables children with disabilities and additional support needs to have the opportunities to develop through play, in an environment that understands their support needs and therefore enables them to gain the skills, knowledge and confidence to understand their own wellbeing needs.

## **The Playroom**

Provide a specialist and intensive support to children, young people and their families. Each Play Therapist is BAPT Registered. A BAPT Registered Play Therapist® is a qualified mental health professional who has had intensive university and clinical training accredited by the British Association of Play Therapists (BAPT), working closely with parents to help them better understand their child's inner world, feelings, responses, and behaviours. This intensive therapeutic support and psychoeducation increase parents' skills and confidence to better meet the needs of their child, improving attachment relationships. Building a therapeutic relationship with the parents is essential for them to best support their child outside of the sessions.

Providing Play Therapy which is a dynamic process between child and Play Therapist in which the child explores at his or her own pace and with his or her own agenda those issues, past and current, conscious and unconscious, that are affecting the child's life in the present. The child's inner resources are enabled by the therapeutic alliance to bring about growth and change. Play Therapy is child-centred, in which play is the primary medium and speech (in the form of Speech, Sign or Augmentative and Alternative Communication) is the secondary medium. Play is children's primary form of communication. Children tell us about their inner world through play long before they are able to link words to their experiences through language. Through play, children can experiment with, process and master different skills and experiences. They form a sense of who they are, whilst learning to understand that other people can be different from them. Relationship skills, such as being able to trust, respect, empathise, share, and co-operate with people, can be developed through play. Play Therapy, therefore, is a form of counselling for children that builds on this developmentally appropriate form of communication through play. It enables children to explore difficult experiences in a safe environment. The trust, acceptance, boundaries, modelling, and reflectiveness of a BAPT Registered Play Therapist® working alongside a child playing can enable them to:

- Feel more confident in expressing their thoughts and feelings
- Develop their emotional vocabulary by accessing the language the Play Therapist relates to their experiences
- Develop more socially appropriate behaviour
- Improve their self-image and self-esteem
- Improve concentration and organisation
- Become more confident and creative in their play

## **Swans Supporting the mental health of children and young people**

The project works with young people, at both primary and secondary level, to increase their understanding of health and wellbeing and providing them with techniques that enable them to maintain a healthy lifestyle. A particular emphasis is placed on emotional wellbeing – how to understand and regulate their emotions. The project consists of two hour sessions, one session of classroom and one practical. Linking the theory and practical has been particularly beneficial as highlighted below. The classroom sessions cover physical and particularly mental wellbeing – focusing on the 5 ways of wellbeing delivered through the context of football. One of the outcomes of the project is that young people have increased understanding of emotional health and wellbeing.

## **Farm Ways to Wellbeing**

The peer mentoring program 'Farm Rangers' gives young people the opportunity to take on more responsibility on the Farm and support each other. This gives the young people a boost in confidence and an opportunity to take the lead. The young people have had the chance to attend peer mentoring and mental health workshops, and to gain a first aid qualification, amongst other sessions. This gives the young people the tools to support each other and themselves in these roles inside and away from the Farm. Attending a project where all the young people have the same or similar experiences helps the young people feel less isolated. Knowing that everyone around them is facing similar situations and that they are not the odd ones out gives them a chance to feel free.

Parents also comment on the role the Farm has on their young person's mental health and are pleased to have been able to find a setting that meets the needs of their young people. Some state that this is the only setting outside of school that they attend and that it is the one they have attended for the longest. A is a girl

with ASD and ADHD: Mum was so happy that she had found a unique place where A could be accepted and make friendships with people who were like her and shared A's interests. "Best of all, the programme was for kids like her."

In the past 6 months, young people have had the opportunity to create new habitats for wildlife, create a sensory garden in the Farm for all to enjoy, carried out ground's maintenance including woodwork, tool use and planning new areas. They have learnt bee keeping skills, taken part in bush craft sessions as well as cooking for lunch for each other. 87.5% of young people have said they have learnt something new in the past 6 months from attending the Farm. Over the summer holidays, the young people took part in the annual summer residential where 14 young people stayed at the Farm for 2 nights. For many, this was the first time that they had stayed away from home.

During Farm Clwb sessions alongside working with the animals, the young people have the chance to participate in wellbeing workshops. During these sessions, they discussed what they can do to improve their mental health. Many stated that visiting the Farm helps them feel calmer and is where they feel happy. During Farm Clwb, the young people have the chance to nominate each other for 'Star Farmer'. We use the end of day 'star farmer' debrief for young volunteers to reflect on their day, offer praise to their peers about their efforts and leave on a positive note. A 10-year-old boy who has been bullied in mainstream education said, "My proudest moment was my first star farmer, in school they wouldn't choose me but on the Farm I have friends who choose me." These moments are important to the young people's mental health and wellbeing, helping them to improve their confidence and see all the things that they are able to do.

### **Jac Lewis Foundation**

This project provides early intervention to people who have significantly attempted to end their life and who are highly vulnerable to completing the act of suicide next time they try. Through the project and accessing counselling individuals learn positive coping strategies that can enable them to take control over their own lives and wellbeing with the support of the foundation. Through counselling individuals are able to improve their coping skills and knowledge of self-care to have the confidence to be independent in recognizing their own wellbeing needs.

### **Well Being Worker-Dewis**

This service aims to support young people to take more responsibility for their own Emotional Health and Wellbeing. This is achieved by engaging with the young people we work with and assessing their needs through the Warwick-Edinburgh Mental Well Being Scale (WEMWBS) which is embedded in support planning and case management recordings to effectively support early intervention and prevention of escalation to higher tiers. Young people make progress towards outcomes in relation to their mental health and wellbeing, are supported to engage with their local community and local resources to improve their health and wellbeing, and gain a network of sustainable support links. Completing the WEMWBS assessment is enabling the young person to have more insight into how they are feeling and also how they can see themselves progressing by engaging in support.

The young people are directly engaged in setting achievable targets to improve their independence skills and give them the knowledge and confidence to recognise and understand their wellbeing needs and develop the network of support they need for the future.

### **NMOC: Supporting families to stay together safely and therapeutic support for care experienced children**

1. Families get better support to help them stay together
2. Therapeutic support improves and enhances the well-being of care experienced children

### **Third Sector**

**Circus Eruption** engages children and young people with care experience and on the edge of care through circus workshops. Project staff work closely with other agencies and respond to bespoke needs and issues outlined to them by other professionals (and parents/carers). Our circus workshops support positive decision making, a safe and supportive environment to gain confidence and resilience, and, for many who participate over time, the development of positive relationships with trusted adults. The workshops run through this project enhance wellbeing and connectedness – and they're fun – in themselves, plus increased social and motor skills and the chance to be part of something positive and collaborative, where their achievements are appreciated. Participants can also access our long term, permanent workshops, so the project also acts as a 'bridge' to additional support with trained and experienced staff and volunteers. The experience of the way we teach circus reinforces personal resilience. Learning circus skills in a



constructive atmosphere enables CYP to accept initial failure and keep trying, and we ensure each person is appreciated and valued as part of a collaborative group.

**SGO Kinship Care Project** offers support to the child, carers who holds the SGO for the child or family as a whole. That support is offered via staff and volunteers to enable the family to remain together, offer support and provide a listening ear. Volunteers offering support to the family to be able to spend quality time together will allow families to have support to enjoy quality time together. Carers having a volunteer as a listening ear can allow carers to feel listened to and supported in their role. Volunteers offering support to the child provides respite to the carer and also an opportunity for the child to have time doing something they enjoy or developing an interest, offers respite to the carer and allows the child a break from the home.

### **Statutory**

#### **MATTS**

**The Swansea model:** As a therapeutic service within an Edge of care provision and with a statutory organization, referrals are received by a single point of entry process. This enables to understand the presenting need for children, young people and families and be able to understand what matters and offer the right service at the right time.

The Swansea In house Therapy Service adopt a 4 staged model of consultation/formulation and outcomes. All new referral will be processed through a stage 1 consultation based on advice and guidance for internal staff/systems around a child/family, this consultation will develop a therapeutic formulation of an individuals/families needs and support the referrer to acknowledge trauma and therapeutic needs within care and support plans. As a result care and support plans will be more holistic and attuned to therapy needs within families and systems. The recommendation from this stage 1 will belong to the referrer and the referral will either be closed NFA at that stage or be considered for a more in depth stage 2 assessment of therapeutic needs where family/individuals and outside agencies are engaged in the process.

Acknowledging trauma, thinking systemically with a neuro sequential lens while care planning for vulnerable and traumatized children is evidence based best practice, whether care experienced or not. Care experienced children in particular will benefit from targeted therapeutic formulation which will support and enhance their well being through focused and informed care planning.

#### **NPT Model:**

One of the main objectives of the NPT MATSS service is to promote secure attachment as a means of helping children/young people and their carers maintain placements or children/young people to remain with their families so that families can stay together. Using a team around the family approach where other services such as education and health are included, all reach a shared understanding of the therapeutic needs of the families we work with. This approach increases staff knowledge and understanding, confidence and skill in terms of being more therapeutically informed in understanding children and family's needs and the appropriate support required. Working directly with families offering therapeutic support helping them to build relationships/attachment security, promoting emotionally attuned care and helping families to stay together. Families and children benefit from building relationships with members of the therapeutic team who work with parents to help them develop their parenting approach to meet the specific needs of their children. Via direct interventions with children the team aims to help children better understand themselves, others and their experiences better. This work has helped the stability of families and prevented children coming into care.

Where children are already placed in care this work has supported by preventing foster placements from breaking down and children having to move on to new placements. This has been particularly important with children who have had previous placement moves in terms of preventing the escalation of placements to Independent Fostering Agencies and residential homes (both these options are very expensive and increase the probability of the children and young people being moved out of their local community).

#### **Working Together Project (Edge of Care)**

The edge of care statutory services are a referral-based service that Social Workers can access through a single point of entry process. This enables to understand the presenting need for children, young people and families and be able to understand what matters and offer the right service at the right time. Following the allocation of referrals a bespoke plan of support is developed that meet the needs of the families and address the worries of the professionals delivering against where it's safe to do so, keep families together.

The team, work in a trauma centered way and have the flexibility to deviate from plan when family are in crisis and when stabilized return to plan of work.

### **Post Adoption Service**

We know that Adopted children are amongst the most vulnerable children in Wales, the reality of being a child looked after one day and adopted the next does not of itself mitigate these higher levels of needs; adopted children's needs are increasingly complex. Historically the provision of adoption support and access to therapeutic support has been poor and inconsistent resulting in many families reaching crisis point with a high level of adoption disruptions in later teenage years. The virtual hub consultations highlight a high number of adopted children who are presenting with sleep disturbance, sensory issues, eating issues, high levels of aggressive behaviour, tantrums, spitting and hitting out. There are also a large number who have a diagnosis of ADHD/ASD or who are on the assessment pathway.

These families are now accessing support from the point of placement so that issues are being addressed early on in their adoption placement and adopters are being supported to manage these behaviours. Some of these children access direct therapy, in other cases the children attend the BUSS playgroup (supported by the therapy team) or adopters attend one of the parenting programmes (such as Therapeutic parenting) or the managing teenage behaviour workshops.

All of these interventions have the purpose of supporting families to remain together better able to manage the challenges of parenting their children.

### **Therapeutic support improves and enhances the well-being of care experienced children**

#### **MATTS**

##### **Swansea Model:**

Acknowledging trauma, thinking systemically with a neuro sequential lens while care planning for vulnerable and traumatized children is evidence based best practice, whether care experienced or not. Care experienced children in particular benefit from targeted therapeutic formulation which will support and enhance their well being through focused and informed care planning

##### **NPT Model:**

The consultation and team around the family approach develops a shared understanding between professionals of the child's needs, the young person's situation, history, how difficulties have developed and how they might be best addressed. This creates a shared attachment and trauma recovery therapeutic approach bespoke to each child /young person so that the team around the child/young person is therapeutic and empathic in their support when working with the child/young person. This approach improves and enhances the child's / young person's wellbeing as it helps support professionals to understand how to work therapeutically with children/young people to build relationships and increase the child/young person's sense of safety and trust in relationships.

Supporting carers to understand the child/young person's trauma and attachment experiences and how this plays out in day-to-day behaviour, supporting them to become therapeutic in their parenting and to support the children in their care to feel safe and secure. Using DDP informed parenting (a model of parenting that is congruent with Dyadic Developmental Psychotherapy); therapeutic direct work is relationship based and aims to develop a relationship with a child/young person, supporting them to make sense of any difficulties that they have/are going through, to develop resilience and a sense of self-worth enhancing their wellbeing. Therapeutic direct work involves:

- The Just Right State (JRS) -sensory attachment intervention
- Relationship Based Play
- Theraplay
- Emotional Literacy (ELSA)
- Counselling
- Integrated Arts Psychotherapy; and therapeutic life story work

- Healthy parent child relationship
- building a safe and secure relationship
- sensory attachment work
- sensory processing along side their emotional regulation
- Therapy sessions- process complicated feelings related to their trauma and building their resilience
- Therapeutic life story work- feel and express their thoughts and emotions, , how their past may be negatively impacting on their present so that they can reflect on their past, develop compassion for themselves and move on to achieve a better future

### Post Adoption Service

The therapeutic team have provided direct therapy to a considerable number of children since its inception with there no longer being a need to commission any new therapy cases to external resources for children in Swansea and NPT. Children and young people have had access to play therapy and music therapy. Older children, young people and their families have also been able to access NVR, systemic family therapy and therapeutic support groups which have addressed identity, self esteem and confidence. Whilst not completing any formal Psychological assessments the Service Psychologist has been able to feed in to trauma nurture timelines on the most complex children ensuring that their early trauma experiences are identified and well understood by everyone. They have also led in the development of emotional health plans to address their adoption support needs. Ensuring that adoptive parents have an understanding of how to therapeutically parent their children using a PACE approach is key with the therapy team providing a 10 week programme and follow up sessions for all new placements.

### Financial and Economic Data

Supporting families to stay together by empowering them to take positive steps to change and improve their lives whilst addressing any safeguarding concerns is a key priority for the region. By focussing on this key area of work it will make a critical contribution to the reduction in the number of looked after children. More importantly it supports the emotional health and wellbeing of the children and families supporting the children to remain safe, healthy and prosperous within the family home.

For every child that is prevented from coming into care there is an approximate **cost avoidance saving of £5,000 per week, £260,000 per year.**

Investing in more therapeutic, edge of care and specialist type services, under the model of care for **supporting families to stay together**, together with early help and wellbeing support and emotional wellbeing and mental health support, under the model of care for **promoting good emotional health and wellbeing** is key to supporting more families and children, thereby reducing potential future numbers and associated costs of looked after children.

### Programme Case Studies

Y-Hub [Y-Hub Master1HDR v4 \(vimeo.com\)](https://vimeo.com/878217270/305bdb3a04?share=copy)

Brighter Futures <https://vimeo.com/878217270/305bdb3a04?share=copy>