AGENDA ITEM No.7

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	15 August 2018
Agenda Item	7
Title	East Renfrewshire's Family Wellbeing Service

Summary

This report relates to the introduction and delivery of the Family Wellbeing Service to support children and young people who present with a range of significant mental and emotional wellbeing concerns. The service has been delivered by Children 1st as a one year pilot and commenced in September 2017 taking direct referrals from two predetermined GP practices. This report will provide details of:

Presented by	Kate Rocks, Head of Public Protection and Children's Services (Chief Social Work Officer)

Action Required

The Integration Joint Board is asked to:

- note the impact the service has had since September 2017
- comment on the proposal to expand the scope beyond the existing two GP practices
- agree to apply up to £50k from Children's Residential earmarked reserve

Implications checklist – check box if applicable and include detail in report

☐ Finance / Efficiency	☐ Policy	☐ Legal	☐ Equalities
☐ Risk	☒ Staffing	☐ Property/Capital	☐ IT

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

15 August 2018

Report by Chief Social Work Officer

EAST RENFREWSHIRE'S FAMILY WELLBEING SERVICE

PURPOSE OF REPORT

1. This report relates to the introduction and delivery of the Family Wellbeing Service to support children and young people who present with a range of significant mental and emotional wellbeing concerns. The service has been delivered by Children 1st as a one year pilot and commenced in September 2017 taking direct referrals from two predetermined GP practices. This report will provide details of:
   - the impact of the service over the nine month period it has been operating
   - a proposal to scale up the service to incorporate an additional two GP practices in East Renfrewshire
   - agree to apply up to £50k from the Children's Residential earmarked reserve

RECOMMENDATION

2. The Integration Joint Board is asked to:
   - note the impact the service has had since September 2017
   - comment on the proposal to expand the scope beyond the existing two GP practices
   - agree to apply up to £50k from Children's Residential earmarked reserve

BACKGROUND

3. The need to introduce the Family Wellbeing Service and test the effectiveness of its family centred approach was based on the recognition that many East Renfrewshire children and young people have presented at universal services particularly GP's with requests for support around anxiety, depression, distress, and associated behaviours which are symptomatic of relational disconnection and trauma. Many local professionals and parents have expressed worry about the wellbeing of children and young people and have called upon specialist and clinical services like CAMHS, or Educational Psychology to respond. Services have become overwhelmed often inappropriately which in turn has resulted in long delays before help is offered, if indeed it is offered at all.

4. The pressure on CAMHS is not unique to East Renfrewshire, in fact this is a national issue where Tier 3 services process large volumes of referrals and in particular referrals where restorative family support may be a much more effective approach. Over the last eight months the Family Wellbeing Service pilot has tested this assertion and as will be demonstrated has deployed a unique approach to supporting children as well as their families.

REPORT

5. The Family Wellbeing Service is based within the Eastwood Health and Care Centre in Clarkston and has been working with the two GP surgeries – Mearns and Glennifer practices since September 2017. Referrals come directly from GP's who assess that a child's distress is significant but social or emotional in origin rather than clinical or medical.

6. The agreed aims of the service are set out below:
   - Ensure that children's presenting needs are held within the context of family and community.
   - Effectively and honestly engage with parents, children and young people to fully understand the stories behind the presenting symptoms
   - Ensure prompt early help is offered to improve the emotional wellbeing of children and families.
   - Prevent unnecessary referrals to specialist clinical services
   - Improve the connection, relationships and resilience of families.

7. The main methods of engagement the service deploys is the following:
   - Systemic Family work – this involves working with all family members to understand and empathise with each other, to get a greater sense of understanding, connection and to build a sense of safety within relationships.
   - Family group decision making (FGDM) - an opportunity for family members to get together to make a plan for their child/ren which addresses the concerns identified by the family and the professionals who know the child

8. The service outcomes were agreed at the beginning of the pilot and these are:
   - Improve the emotional wellbeing of 30 – 40 children/young people aged 8 – 18 years
   - Reduce the number of inappropriate referrals to CAMHS and or other acute services
   - Support appropriate and timely recognition of acute distress in children and young people accessing clinical help if required
   - Less reliance on statutory or clinical interventions
   - Improve family relationships
   - Engage, restore, reconnect children/young people with school and wider community

<u>Service Activity September 2017 to May 2018</u>

i. Number and Sources of Referral

GP referrals from Mearns Practice, Newton Mearns	27
GP referrals from Glenniffer Practice, Barrhead	17
Total Number of Children/Young People Referred	44

ii. Referral Outcome September to May

Number of children who have received service	34
Currently open with allocated worker	29
Waiting List	6
Closed following completed service delivery	5
Closed due to family not engaged with service	4
Referrals not meeting service Criteria	8

iii. Age Breakdown

8-11	12
12-15	20
15 +	12

iv. Gender

Male	15
Female	28
Transgender	1

v. Ethnicity

White	33
White - Central/Eastern European	1
Asian	3
Unknown (service offered but not taken up)	7

vi. Duration of Service per child/young person

Service lasting longer than 6 months	22
Completed in less than 6 months	12

vii. Sessions delivered and number of DNAs

No of sessions carried out with child/young person and/or family members	308
Number of DNAs	3

viii. Presenting issues at point of referral

Presenting Issue	Number	Percentage
Anxiety	20	55%
Low Mood	18	50%
Social Isolation	17	47%
Self Harm	13	36%
Loss and bereavement	20	55%
Relationship breakdown/difficulties – family	22	61%
Relationship breakdown / difficulties – friends	19	52%
Anger management	12	34%
Difficulty in managing emotions	36	100%
Victim of sexual violence (peer)	3	8%
Lack of parental emotional availability	20	55%
Negative impact of parent's own difficulties or adversity	26	72%

Removed from birth parent(s) care due to abuse/neglect	4	11%
Presenting Issue - Education Based	Number	Percentage
Pressure to achieve	14	39%
Elective attendance e.g. arrive late to school, leave early	11	31%
Emotional distress viewed as a behavioural problem	12	33%
Has experienced bullying	14	39%

Impact

9. Evaluation procedures are embedded in the delivery of the service and children's progress at meeting agreed outcomes is regularly tracked. An impact assessment exercise was carried out at the end of the first 6 month of the service with children and parents who had accessed the Family Wellbeing Service for a minimum of three months service. They were asked to identify changes and differences (outcomes) they felt was as a result of their involvement with the service. Responses from young people and parents are outlined below.

10. Young People's outcomes:
    - 100% of young people stated that they felt more able to manage their emotions
    - 100% of young people who reported they had been self harming stated they had stopped or reduced this behaviour.
    - 100% reported feeling more resilient or stronger
    - 83% reported that they felt relationships had improved generally within their family
    - 83% stated they felt more positive about the future and better able to cope
    - 100% of young people agreed they had learnt new ways to cope
    - 67% felt they would be less likely to require ongoing support from other agencies i.e. GP, social work services, counselling
    - 83% said they felt more able to cope in school
    - 50% reported increased school attendance

11. Parents/carer outcomes:
    - 100% of parents who returned the questionnaire stated that they felt more positive about the future for their family
    - 86% suggested that they felt their son or daughter was coping better as a result of the service and stated that they understood better that their own difficulties impacted on their son or daughter.
    - 100% reported that they believed their son or daughter was more able to manage their emotions
    - 57% of parents reported feeling that family relationships had improved

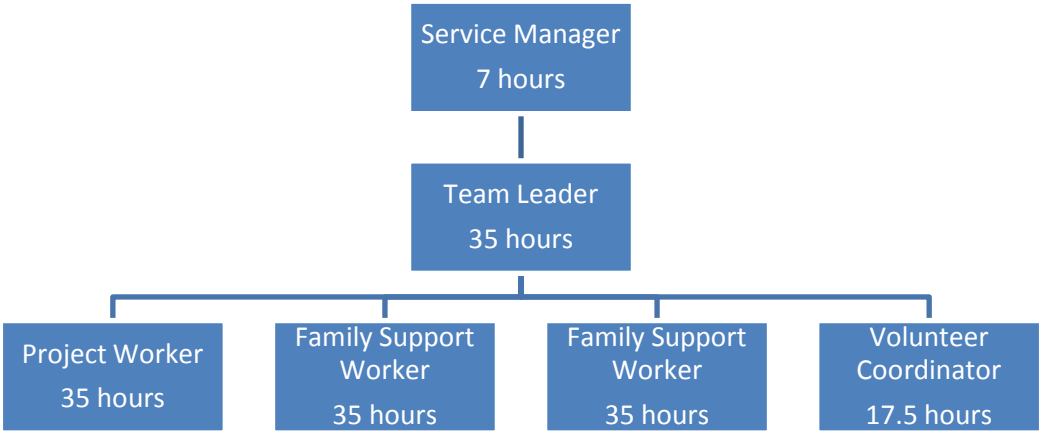
12. Stakeholder Feedback**:**
    - Key messages reported back so far:
    - The service is highly valued by GP's who acknowledge the different skill set and emphasis on child and the family
    - GP's report less repeat presentations
    - Schools report increased attendance, coping skills and resilience in those pupils who have been using Family Wellbeing Service
    - Pastoral Support staff report reduced anxiety and emotional distress in pupils accessing service

Proposal

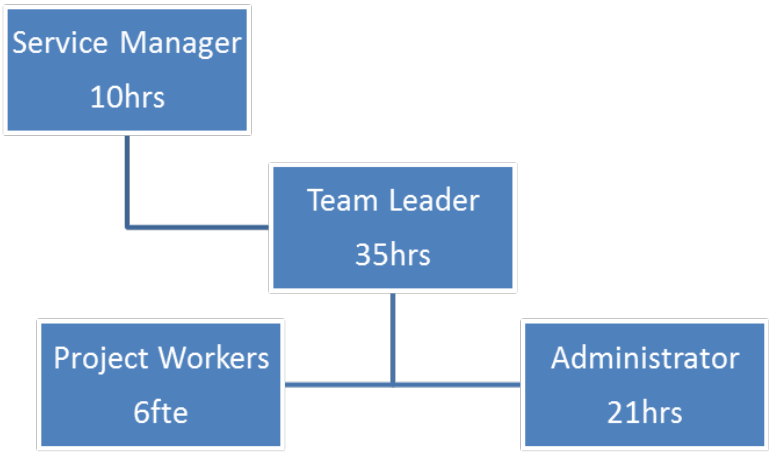
13. An external evaluator – the Scottish Recovery Network - has compiled an independent evaluation of the programme's first 8 months of activity. Based on the early indications of the effectiveness of the service and the significant demand from children and families for an appropriate service response we are proposing that the service continue but expand its scope wider to increase the number of children who will be beneficiaries. This will be managed by extending the service to an additional four GP practices totalling six across East Renfrewshire.

14. The GP Practices again will be selected based on high volumes of CAMHS referrals and readiness of the practices to participate. For the service to be effectively scaled up in this way, additional funding sources require to be secured to increase the staffing complement capable of delivery of the expanded service. A proposed new staffing structure that would respond to the increase in demand is outlined below along with the existing staff complement.

Existing staffing structure:



Proposed new staffing structure:



15. An expansion of the team would aim to increase the number of children/young people that receive the service to around 120 – 140 per year. In particular the service is keen to free up as much frontline project worker time as possible to devote it to direct client contact and as such a part time administration post has been created to support this aim. As there is now a pool, of volunteers to support children's inclusion and community engagement the Volunteer Coordinator position will be removed from the structure although the role will continue to be provided by Children 1st as they seek to secure resources for this work from other funding sources.

FINANCE AND EFFICIENCY

16. A financial resource of £200k was previously agreed to deliver the service for the one year pilot for the period September 2017 to September 2018. This report proposes to extend the pilot for a further twelve months until September 2019 and scale up from the original two GP Practices already included in the programme to six i.e. an additional four GP Practices. This will allow more data to be captured for evaluation purposes and this in turn will inform further decision making in relation to the future model, size, and scale of the service. In essence the service will be evaluated after 18 months and a decision will be made following based on evaluation outcome:
    - discontinue the service
    - extend the pilot for a further period
    - move to a contractual service through due procurement processes

Budget	**Year 1 to September 2018 £'000**	**Proposed Year 2 to September 2019 £'000**
Expenditure:		
Salaries	168.0	279.6
Property	0.4	2.1
Service Activity	5.9	1.6
Office & Support Costs	4.2	6.9
Management	18.1	29.0
TOTAL EXPENDITURE	**196.6**	**319.2**
Funded by:		
Earmarked Reserve	196.6	
Existing budget release from preventative strategy		227.0
Mental Health Action 15		50.0

Draw from Children's Residential Earmarked Reserve		42.2
TOTAL FUNDING	**196.6**	**319.2**

17. The proposed funding set out above identifies funding for a further 12 months, subject to agreement. Following the outcome of the evaluation and associated decision we will then review the recurring funding requirement.

CONSULTATION AND PARTNERSHIP WORKING

18. There is a very strong wider interest in scaling up the Family Wellbeing Service from key partners such as GPs, schools and other children's services partners. The Improving Outcomes for Children Partnership has been regularly consulted on the operation of the service over the last nine months, its achievements and the proposal to expand has been welcomed.

19. This programme is a partnership between East Renfrewshire HSCP, local GP Practices, and Children 1st to provide a targeted service intervention. Children 1st are the only provider at this stage to adopt this unique approach to reducing emotional and mental distress in young people. Other partners include Education/Schools and Psychological Services who have engaged with Children 1st staff in instances where pupils are recipients of the new service. A small number of local schools have entered into discussions with Children 1st in relation to commissioning elements of the service that would in turn enable direct referrals from schools to be made.

IMPLICATIONS OF THE PROPOSALS

Policy

20. No immediate policy implications have been identified.

Staffing

21. The complement of staff delivering the programme is outlined above.

Property/Capital

22. Although the service is based in Eastwood Health and Care Centre it can be accessed from the Barrhead Health and Care Centre by pre-arranged appointment. The service is also delivered when appropriate at family home or other agreed locations.

Equalities

23. The service is recording and monitoring referrals and take up in relation to gender, ethnicity, disability, and sexual orientation to ensure it has been fully accessible to eligible families residing initially within the GP practice catchment areas. As can be seen the majority of referrals have come from families identified as white and a higher number of girls.

IT

24. No immediate IT implications have been identified.

CONCLUSIONS

25. In East Renfrewshire there are a proportion of children and young people experiencing significant mental and emotional health problems where the nature of the needs the children present with cannot be met by existing specialist mental health services. Children 1st in partnership with East Renfrewshire HSCP, has been providing a service over the last nine months to address the root causes of the difficulties experienced by

the children and their families. This report has detailed the impact of the service and proposes an expansion to increase the number of GP practices eligible to make referrals from 2-6 and therefore increase the number of children and young people who will be supported from 30-40 to 120-140.

RECOMMENDATIONS

26. The Integration Joint Board is asked to:
    - note the impact the service has had since September 2017
    - comment on the proposal to expand the scope beyond the existing two GP practices
    - agree to apply up to £50k from Children's Residential earmarked reserve

REPORT AUTHOR AND PERSON TO CONTACT

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July 2018

Chief Officer, HSCP: Julie Murray

BACKGROUND PAPERS

None

Appendix

Proposal to deliver a service to restore and improve the emotional wellbeing of children and families in East Renfrewshire. (one year pilot)

Background

Children1st is Scotland's National Children's Charity. We help Scotland's families and communities to put children first, with practical advice and support in difficult times. And when the worst happens, we support survivors of abuse, neglect, and other traumatic events in childhood, to recover.

Our **vision** is for a happy, healthy, safe and secure childhood for every child and young person in Scotland.

We deliver national and local services across Scotland. Our local services are delivered in 17 Local Authorities from community based family support hubs delivering a range of relational, restorative services.

Our national services include the management of The National Safeguarders Panel on behalf of the Scottish Government, Parentline, The National Kinship Care service and Safeguarding in Sport.

The model of work across all our services is based on taking a child centred /family minded approach. We use a restorative, relational approach to practice in order to support families to improve outcomes for their children. Restorative practice is a term used to describe a way of behaving which helps to build and maintain healthy relationships, resolve difficulties and repair harm where there has been conflict, distress and or trauma. We find that working with and alongside the people we support through strong relationships can make a real difference to their lives.

Our restorative and relational approach has no one single theory or source of evidence; rather it is informed by an understanding of human development, attachment and trauma, systemic family work and describes a 'way of being' when communicating and resolving difficulties. Our staff focus on building relationships that create change. Creating change sometimes requires high challenge as well as high support and our staff are skilled in using courageous conversations in our own teams, with partners and with families to understand the stories behind presenting issues.

Proposal

We are pleased to offer this proposal to develop a test of change service or pilot to offer early help for children and families in East Renfrewshire who are experiencing emotional distress. Further to our discussions with key leaders and colleagues in East Renfrewshire we understand that there is clear recognition that many parents, children and young people are presenting at universal services with requests for support around anxiety, depression, distress and associated behaviours which are symptomatic of relational disconnection and trauma. Many local professionals and parents are expressing worry about the wellbeing of children and young people and they are calling upon specialist and clinical services like CAMHS or Education Psychology to respond. Services are becoming overwhelmed which has, in turn resulted in long delays before help is offered. There is a particular challenge around families from the more economically affluent areas of the authority who can find it difficult to accept help and acknowledge difficulties for a variety of reasons including stigma and a fear of being seen as not succeeding. There is also a concern that many children , some as young as 5, are being presented to GP's as "mentally ill" with parents seeking a "diagnosis" when the more likely hypotheses is that these children are presenting coping behaviours linked to family stress and pressure.

The pressure on CAMHS is not unique to East Renfrewshire, in fact this is a national issue where services are overwhelmed by referrals and in particular with referrals where restorative family support may be a much more effective approach. Our proposal would test this assertion and offer early help at the point of need in order to ensure that children and young people have their needs assessed much quicker and get the help they need from the right professional without unnecessary delay. A key element of the design is to ensure that children's presenting needs are held within the context of family relationships and community resilience.

Further to our co-production phase over 6 months Children 1st are pleased to propose the following service model to address the identified need.

We will work with the HSCP to deliver a service which will be based across 2 GP surgeries to;

- Improve the emotional wellbeing of 30 – 40 children and young people aged 8 – 16
- Reduce the number of inappropriate referrals to CAMHS and or other acute services
- Support appropriate and timely recognition of acute distress in children and young people accessing clinical help if required
- Improve family relationships and help build understanding of what has led to the distress and concerns
- Engage, restore and reconnect children and young people with school and their wider community

Additional results of achieving these outcomes will be reduced waiting times for CAMHS with fewer incidences of children being treated where the cause of their distress is rooted in disrupted family relationships. There will be a greater partnership with families to develop solutions and less reliance on statutory or clinical intervention.

Definitions

Early help or early intervention means that we ensure that needs of children and families are identified quickly and that support is provided as soon as a problem emerges. It may be required at any stage in a child's life. The aim is to reduce or eliminate distress in the child or family, reduce the need for support and to promote resilience in the child and family. Principles that

Our approach is based on taking a **restorative** approach, this term describes a way of behaving which helps to build and maintain healthy relationships, resolve difficulties and repair harm where there has been conflict. ... this approach enables those who work with children and families to focus upon building relationships that create change. The principles that underpin this approach are;

A **family group conference** (FGC) is an opportunity for family members to get together to make a plan for their child/ren which addresses the concerns identified by the family and the professionals who know the child (like a teacher or social worker, GP,) once the plan is developed the family are supported to access any resources and solutions identified.

Systemic Family work involves working with all family members to understand and empathise with each other, to get a greater sense of understanding, connection and to build a sense of safety within relationships so that all family members, especially children, have their needs recognised and met. A key function is to help parents take responsibility for relationship patterns and commit to improve.

Principles

- All children have a right to grow up safe from harm, with opportunities to achieve to the best of their potential, and to enjoy life.
- Early help should be at the lowest level appropriate to meet the needs of the child and prevent the need for specialist services.
- The child is at the centre of our work and their needs are paramount. They will be listened to and have their voices heard.
- Our staff will establish good relationships with families: adopting a family centred approach, which promotes participation and co-design with children, young people and families.
- Families will be asked to make a commitment to change.

Proposed Service Design

We will recruit and develop a multidisciplinary team to offer and test a unique early help family – centred service to meet the needs and outcomes of children and young people as outlined above. We will do this in partnership with the HSCP and other third sector and community partners. We will also consult families about what is most helpful or challenging.

Family-centered services are based upon the belief that the best place for children to grow up is in a family and the most effective way to ensure children's safety, permanency, and well-being is to provide services that engage, involve, strengthen, and support families.

Key components of family-centered practice include:

- Working with the whole family to ensure the safety and well-being of all family members with children's wellbeing at the centre.
- Strengthening the capacity of families to function effectively by focusing on solutions and repair and recovery.
- Engaging, empowering, and partnering with families to jointly develop support plans
- Developing a relationship between parents and the team member characterised by trust, respect, honesty, and open communication
- Supporting parents to reflect and understand their own stories, patterns in relationships and impact of any adverse childhood experiences
- Providing sensitive, culturally responsive, flexible, and relevant services for each family
- Linking families with community-based networks of support.

The team will be based within the community health centre in Williamwood and will initially work across one GP surgery moving to two within 6 months. Referrals will come directly from GP's where there is agreement that a referral to a family wellbeing worker is acceptable. The service will be known as the Family Wellbeing Service. The team will link closely with colleagues across services to ensure that there is a clear understanding of the purpose and model of work which is linked to the wider strategic approach and plans in the HSCP.

Clear information about the service will be developed and shared during the implementation period and will reflect an approach which is non- stigmatising, strength based and focussed on repair and recovery.

A family's experience of the service could involve the following;

i) Initial meeting/s

This will take place further to consultation with the family GP. The parent/s will be offered an initial meeting with a member of the team within the Centre. This initial meeting will allow an opportunity for the parent to tell their story at length and without judgement, share their circumstances and concerns. This will be offered within 2 week of the initial referral. This meeting will focus on developing engagement, a shared understanding of the needs of the child and young person and to begin to develop a warm trusting relationship from which to build a plan of support. A main focus will be to assess the suitability of ongoing work with the family wellbeing worker.

ii) Home Visits

The Family Wellbeing Worker will visit the family at home, at times which suit the family to better understand the circumstances and to establish relationships with the wider family. The focus of these visits will be to capture the whole story and to give all family members a chance to explore their perspective. Any practical support needs can be identified and addressed during this phase.

iii) Individual sessions with parents and with the child/young person

Again, this will allow the relationship to build between the Worker and family members, to create an understanding of each family member's perspective and to reflect on their strengths and their needs.

The timing of this phase will depend very much on the time it takes to develop meaningful relationships and will be tailored to each child and family's needs. We recognise the challenges and will work empathically to ensure that the child's difficulties are retained within the context of the family relationships whilst supporting parents with their own pressures. These sessions can be held within the health centre, family home or other venue as decided by the family.

Planning Meeting/Family Group Meeting

A Family Meeting, drawing on the principles of Family Group Conference (FGC) will be offered to help create a Family Support Plan, which will be led by the family and facilitated by the Family Support Worker. The plan will focus on outcomes to be achieved, support required and a clear vision of what the family will be like by the end of the work.

Ongoing support

Underpinning the delivery of the Plan will be a strengths-based, restorative approach outlined above, seeking to reconnect family members and restore warm, loving and secure relationships and ultimately to improve emotional wellbeing and repair and recover from any disruption. The main framework in our approach will be drawn from attachment, trauma sensitive practice and systemic family therapy.

The support worker will facilitate activities to promote feelings of wellbeing, using tools like the IFF/Children 1st Kitbag, to build emotional literacy, compassion, kindness and promote effective, sensitive communication amongst family members with the child or young person very much at the centre.

Within 6 - 12 weeks, an assessment will be made about the need for further support to continue. In most cases this will recommend an ongoing Support Plan and will outline the specific outcomes or improvements to be met.

For some, it may be that the work has identified concerns where clinical assessment is required, and in such cases we will refer for consideration of ongoing care within CAMHS and other appropriate health services as soon as this becomes apparent. Any child protection or wellbeing concerns will be appropriately shared with HSCP colleagues in a timely fashion and in line with Children 1st Child Protection Policies and Guidance. Children and young people's safety will be the paramount consideration at all times.

In order to sustain and support reconnection back into community activities which will ensure ongoing wellbeing we will recruit, train and match volunteer befrienders to children and young people where appropriate. This volunteer will work alongside the young person to identify interests and talents to be developed and will support them to engage in activities within the community. This will offer a listening ear from a trusted and consistent adult to support the child or young person beyond their families involvement in the intense phase of support. The length of support will depend on the individual needs of families but will be reviewed at regular intervals so work is focussed and purposeful with a clear focus on a planned ending when outcomes have been achieved.

Endings

The ending of our work with families will be discussed right from the start and will be planned marked with a celebration of what has been achieved.

Outcomes and Learning

We will take a test of change approach to gathering data and will ensure that ongoing information about underlying issues, challenges, needs and outcomes are captured and shared. Staff from HSCP will provide the base line data. The service will be continually be adapted and developed on the basis of feedback and learning. We will write up our reflections on progress at 6 months and 12 months to share with HSCP colleagues in order to support the move to scale up the service.

Proposed Team Structure

1 Service manager (7 hours) - Will have overall management responsibility

1 FTE Team Leader / FGC co-ordinator – will provide reflective supervision and FGC

1FTE Project Worker (QSW) – will assess and deliver support in most complex scenarios

2 FTE Family Support Workers – will provide ongoing practical and emotional support

1 Part-Time Volunteer/ community engagement worker – will recruit, match and support volunteer befrienders

The team will be trained in systemic family therapy to foundation level, attachment and trauma informed family support, family group conferencing and restorative practice. We understand the specific demographic issues in the population to be supported and will recruit staff who have experience, confidence and skill in high support / high challenge family support work. We recognise that genuine engagement with parents will be the most crucial element which will determine the success of the service.

The team will work to make connections between professionals across children's services and will share learning in order that the approach can move to scale across the authority if successful outcomes are achieved.

Evaluation

There will be proportionate external evaluation of the service. We are in discussion with a number of organisations including the Scottish Recovery Network. SRN is a centre of excellence in mental health recovery and approaches. Their strategic aims include spreading learning from lived experience, research and evaluation of new approaches. Initial conversation indicates that because this new proposed approach is unique there is a keen interest from SRN to get involved in evaluation and if the service proves effective to assist in moving to scale up. We will confirm an evaluation partner within the first 2 months of the service being launched.

The evaluation process will be co –produce with the HSCP who will provide baseline data and will focus on a range of methods to measure and test the impact and effectiveness of the service set against the outcomes for the service overall and individual children, young people and families. A combination of quantitative and qualitative information will be used including families' feedback and professional observations.

Mary Glasgow, Director of Children and Family Services and External Affairs, Children 1st.

April 2017