



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	16 August 2017
Agenda Item	10
Title	East Renfrewshire Family Wellbeing Service
Summary	
<p>This report relates to the introduction and delivery of a new Family Wellbeing Service to support children and young people who present with a range of significant mental and emotional wellbeing concerns. The service will be delivered as a one year pilot from September 2017 to September 2018 taking direct referrals from two predetermined GP practices. The service will be independently evaluated by an external organisation in order to measure its effectiveness and overall impact. The findings will inform service provision thereafter.</p>	
Presented by	Kate Rocks, Head of Children's Services and Criminal Justice (Chief Social Work Officer)
Action Required	
<p>The Integration Joint Board is asked to approve the introduction and delivery of the Family Wellbeing Service as a pilot for a one year period.</p>	
Implications checklist – check box if applicable and include detail in report	
<input checked="" type="checkbox"/> Finance/Efficiency	<input type="checkbox"/> Policy
<input type="checkbox"/> Risk	<input checked="" type="checkbox"/> Staffing
<input type="checkbox"/> Legal	<input checked="" type="checkbox"/> Property/Capital
<input type="checkbox"/> Equalities	<input type="checkbox"/> Directions

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

16 August 2017

Report by Chief Officer

EAST RENFREWSHIRE'S FAMILY WELLBEING SERVICE

PURPOSE OF REPORT

1. This report relates to the introduction and delivery of a new Family Wellbeing Service to support children and young people who present with a range of significant mental and emotional wellbeing concerns. The service will be delivered as a one year pilot from September 2017 to September 2018 taking direct referrals from two predetermined GP practices. The service will be independently evaluated by an external organisation in order to measure its effectiveness and overall impact. The findings will inform service provision thereafter.

RECOMMENDATION

2. The Integration Joint Board is asked to approve the introduction and delivery of the Family Wellbeing Service as a pilot for a one year period.

BACKGROUND

3. The need to test the effectiveness of a family centred wellbeing service is based on the recognition that many East Renfrewshire children and young people are presenting 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 are expressing worry about the wellbeing of children and young people and they are calling upon specialist and clinical services like CAMHS, or Educational Psychology to respond. Services are becoming overwhelmed often inappropriately which in turn is resulting in long delays before help is offered. 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. Although there is increased demand across all communities, a sharp rise is more evident within the Eastwood area of the local authority where traditionally many families have been less familiar with accessing social care services for their children.
4. The pressure on CAMHS is not unique to East Renfrewshire, in fact this is a national issue where Tier 3 services are overwhelmed by referrals and in particular with referrals where restorative family support may be a much more effective approach. The pilot will 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. Ensuring the needs of children and families are identified quickly and early help is made available is key to eliminating distress in the child or family, reducing demand for clinical treatment services, and overall promoting resilience in the child and family.

5. Children 1st have created a model of intervention for children and their families that is based on taking a restorative approach. By way of definition this term describes practice which helps to build and maintain healthy family relationships, resolve difficulties and repair harm where there has been conflict or trauma. This approach depends on those who work with children and families focussing on building relationships that create change.
6. The model's design is underpinned by research into what works in this area as well as the effectiveness of other programmes therefore we are confident it will improve the outcomes for many of the children and young people who engage with it.
7. In East Renfrewshire parents and services alike are highlighting the limitations of current care and support models for children and young people with significant mental and emotional wellbeing concerns. Evidence of the level of demand in East Renfrewshire is presented below.

Referrals to GGC East Renfrewshire CAMHS

8. Referrals are shown in the box below covering 1st October 2015 to the 31st March 2017.

1st Oct 2015 – 31st Mar 2017	Received	Accepted	Rejected
GGC East Renfrewshire CAMHS	1044	633	411
Total	1044	633	411

9. As is clear from the table a very high proportion of referrals to CAMHS are rejected as a consequence of not meeting the eligibility threshold to access a Tier 3 service. Many of these children and young people may be more appropriately supported by a Tier 2 service such as the Family Wellbeing Service if it were available locally and the pilot will test this out.
10. Further evidence of local need is derived from an analysis of the volume of referrals to the Educational Psychology Service where it is clear from the table below that approximately one third of children and young people referred to the service over the last three year period have social, emotional and behaviour difficulties.

Educational Psychology - new referrals per academic year

Academic year	New referrals total	SEBN referrals*
2015/2016	327	105 (32.2%)
2014/2015	349	112 (32%)
2013/2014	313	92 (29.3%)

* SEBN referrals relate to what have been identified as social, emotional and behavioural difficulties.

11. The service reports that many referrals derive from parents concerned about the mental health of their child. However this service is not a clinical Tier 3 service, indeed the basis of a referral must be a concern about the child's learning or education needs. As such many referrals to this service appear inappropriate and more likely to be when there are unrealistic parental expectations about the service addressing significant mental health issues, in isolation of other more relevant specialist support.

12. East Renfrewshire Council Education Services commissioned a survey “*How Are You?*” targeting secondary school age children to gather data on the level of mental health needs being experienced. The results from the survey indicated that stress/anxiety, and school and family issues ranked the highest among children and young people’s concerns. Furthermore approximately 30% reported experiencing low mood half or most of the time during the last 12 months too. Further evidence of demand among young people is available from school Joint Support Team (JST) recording systems where education colleagues report that mental health constitutes a high volume of the referrals received.

REPORT

13. The Family Wellbeing Service will be based within the Eastwood Health and Care Centre in Clarkston and will work across two GP surgeries. Referrals will come directly from GP’s who assess that the distress is significant but is social or emotional in origin rather than clinical or medical. 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 and partner agencies. The aims of the service are set out below.
14. The Family Wellbeing Service will work to:
- Ensure that children’s presenting needs are held within the context of family and community
 - Effectively, transparently 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
15. The main methods of engagement the service will deploy are the following:
- i. **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.
 - ii. **Family Group Conference (FGC)** - 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.

Service Outcomes

16. The above activities will support outcomes as follows:
- 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
 - Less reliance on statutory or clinical interventions
 - Improve family relationships
 - Engage, restore and reconnect children and young people with school and their wider community

FINANCE AND EFFICIENCY

17. A financial resource of £220k has been identified from reserves for an initial one year pilot. Continued funding of the service will be determined by the outcome of the evaluation that is likely to be undertaken by a notable academic institution.
18. Future funding modelling will be explored with national charitable trusts and there will likely be some element of match funding or contribution from the HSCP and partners. In the event that the latter discussions are unsuccessful, there would be a requirement on the HSCP budget to fund any ongoing service.

CONSULTATION AND PARTNERSHIP WORKING

19. Young people's views on the development of the service and pilot have been considered and this will be an integral part of the ongoing evaluation of the programme. The YISS service has sought the views of young people over a number of years in relation to gaps in provision; the lack of mental health support for those on the cusps of clinical service interventions arises consistently. A mental health survey was undertaken in schools last year where young people had the opportunity to share views and experiences. In addition feedback from parents is overwhelmingly in favour of a service model that is responsive and incorporates an early help approach.
20. The Improving Outcomes for Children Partnership has been consulted throughout the development of the specification and all relevant partner agencies are represented at this forum.
21. 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. With the help of the GP Forum we have selected 2 GP practices that will directly refer to the pilot. Other partners including Education and Psychological Services have participated in discussions on the need to undertake a pilot and also in relation to the design of the service.

IMPLICATIONS OF THE PROPOSALS

Risk

22. None

Policy

23. No immediate policy implications have been identified.

Staffing

24. The agreed complement of staff to deliver the programme is as follows:
 - 1 Service manager (7 hours) - Will have overall management responsibility
 - 1 FTE Team Leader /FGC co-ordinator – will provide reflective supervision and FGC
 - 1 FTE 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

Legal

25. None

Property/capital

26. Accommodation within the Eastwood Health and Care Centre Partnership has been approved for the full period of the pilot programme.

Equalities

27. The service will record and monitor referrals and take up in relation to gender, ethnicity, disability, and sexual orientation to ensure it is fully accessible to eligible families residing initially within the GP practice catchment areas.

Directions

28. None

CONCLUSIONS

29. 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. As a consequence of the increasing demand in this area a unique model has been devised by Children 1st in partnership with the HSCP that will support the child and their family and address the underlying root causes of the difficulties. The programme will operate for one year and be evaluated externally in order to determine its effectiveness and overall impact.

RECOMMENDATIONS

30. The Integration Joint Board is asked to approve the introduction and delivery of the Family Wellbeing Service as a pilot for a one year period.

REPORT AUTHOR AND PERSON TO CONTACT

Chief Officer, HSCP: Julie Murray

Kate Rocks, Head of Children's Services and Criminal Justice (Chief Social Work Officer)

kate.rocks@eastrenfrewshire.gov.uk

0141 451 0748

BACKGROUND PAPERS

None

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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

