

Model of Care Reporting Template

This template is for the specific purpose of describing how your projects are contributing towards building the national models of integrated care. You need to provide one completed template for each model of care where you have funded activity.

Model of Care: Supporting Families and Children (SF&C)
Reporting Period: April – September 2025/26 – Q2
Name of person completing the model of care report: redacted s40(2)
Email address: redacted s40(2)

Model of Care: Overview

Summarise the Model of Care being developed. Briefly outline the aims/objectives. Provide an overall progress and key features from project level activity.

- You will need to use the information from your completed Project / Local Programme Level Reporting Templates to help you fill in this form.
- You should aim to provide an overall summary of how information and evidence from all the projects can be pulled together to show how it contributes to the development of a Model of Care.
- Please aim for a new summary rather than simply cutting and pasting information from other documents into this template.

As a Children's Regional Partnership, our over-arching vision is that we want the children and young people of North Wales to enjoy their best mental health and well-being. We will do this by ensuring the organisations that support them are easily accessed, work effectively together, and aim to deliver outcomes in a timely way, based on children and young people's choices and those of their families.

To deliver this we have aligned the model of care around our 'No Wrong Door' Strategy (renamed to 'The Right Door') and are reviewing it within the context of the Nest / Nyth framework.



The MoC includes a range of interventions from early intervention through to specialist support. Many of the projects are delivered through multi-disciplinary teams (Strengthening Families; LIFT; MST) or through a partnership approach (Ty Nyth; Bwthyn y Ddol Residential Homes; Small Group Homes; Effective Child Protection).

We are, on an ongoing basis, assessing the impact of the projects with the aim of identifying what has the potential to be scaled-up to provide a holistic regional approach and also identify how we are meeting the support needs of our children, young people and their families including those who are neuro-diverse or those presenting with behavioural issues.

We deliver 6 tier 2 level schemes that support the outcomes of this Model of Care (MoC).

The outcomes are:

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

Throughout the report the 6 tier 2 level schemes and a selection of the tier 3 level that sit under SF&C will be presented. Those presented will be the schemes and projects that we feel best demonstrate the impact on achievement of the MoC outcomes.

Our tier 2 level schemes within this MoC are:

SF&C 01 Early Intervention - This programme supports children and young people who have had a wellbeing concern and have made good overall progress using preventative and non-specialist channels. There are no additional, unmet needs or there is/has been a single need identified that can be/has been met by support from educational support services, or a universal service.

SF&C 01 is 86.8% RIF funded.

SF&C 02 Repatriation & Prevention Services - This programme supports Children and young people who have needs that cannot be met by universal services and require additional, co-ordinated multi-agency support and early help. It also includes those whose current needs are unclear.

SF&C 02 is 80.4% RIF funded.

SF&C 03 Building Family resilience to prevent escalation – This programme supports children and young people with an increasing level of unmet needs and those who require more complex care, interventions and coordinated support to prevent concerns escalating.

SF&C 03 is 53.7% RIF funded.

SF&C 04 Intensive residential support for children with complex needs – The programme forms part of the 'Complex needs and secondary prevention including multi-agency early help programme'. The aim of the service is to support families to stay together through the provision of intensive support in a short-term residential setting for the child.

SF&C 04 is 74.2% RIF funded.

SF&C 05 Intensive support teams for children with complex needs – The aim of the programme is to provide intensive co-ordinated support for the child through specialised services, which is the right support and prevents escalation. The teams support children and young people with less severe mental health problems and may work with the child or young person directly, or indirectly by supporting practitioners working in universal services

SF&C 05 is 65.1% RIF funded.

SF&C 06 Specialist support for children with complex/specialist needs – The Specialist Support service for children with complex/specialist needs forms part of the 'High risk and very complex needs - acute/specialist including safeguarding programme'. The service supports children and young people at the greatest risk and those with specialist needs e.g. gender dysphoria. These are generally services for a small number of children and young people who are

deemed to be at greatest risk of rapidly declining their mental health, or from serious self-harm who need a period of intensive input.

SF&C 06 is 64.1% RIF funded.

In total SF&C is 63.9% WG funded.

Priority Population Groups

The priority population group for SF&C schemes is children and young people with complex needs.

Quantitative Measures

GUIDANCE NOTE:

This section of the report focuses on the performance accountability of the RBA methodology.

- **Please enter your performance measures (and infographics) in this section**
- **Please also provide a brief summary narrative, to explain the figures shown**

The full Q2 data set for the All-Wales performance measures for the Supporting Families and Children Model of Care is shown tabled in the embedded spreadsheet.

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Data is also provided tabled and as infographics in the National RIF Reporting Tool.

4 key metrics are shown below:

Number of individuals accessing the service



6,883

6,883 individuals accessed the services within this Model of Care in the first 6 months of the year. 1,739 of those accessed the services for the first time

Satisfaction levels with the services provided were very good. 729 individuals reported support prevented them from escalating their level of need (98% of those providing feedback) and 100% of those who provided feedback felt their independence has improved or remained the same.

Percentage of individuals who received support that has prevented them from escalating their level of need.



98%

Number of new individuals accessing the service for the first time.



1,739

Percentage of individuals reporting they feel their independence has improved or remained the same with the support of the project.



100%

Notable information about any significant events, changes, or challenges that have occurred during the last 6 months.

GUIDANCE NOTE:

Please use this section to tell us about any significant changes or challenges for projects/programmes aligned to this MoC.

You may wish, for example, to:

- **Share information about mainstreamed or discontinued projects**
- **Highlight major successes**
- **Report new problems or challenges**

Introduction

Within 'Supporting families to stay together and therapeutic support for care experienced children' (SF&C), our Tier 2 level projects have continued to build on the work undertaken thus far in supporting development of the MoC outcomes.

Throughout the report, 6 Tier 2 level schemes and a selection of the 42 Tier 3 level projects that sit under SF&C will provide an updated position for Q2.

Those presented will be the schemes and projects that we feel best demonstrate the impact on achievement of the MoC outcomes.

Q2 Finance Position

Please see embedded tables redacted s41 that evidence the finance position at Q2 – Tier 1 & Tier 2 level.

- Total investment
- Total Welsh Government funding
- Total partner match funding
- % Welsh Government RIF funding
- YTD spend – Q2
- Social value
- Unpaid carers

New and Discontinued Projects

TAC Pilot Expansion (RIF 33) is a new project this year. It has replaced **Reunification Practice Framework (RIF 17)**.

The TAC (Together Achieving Change) process is a way of organising and coordinating extra help for children, young people between the ages of 0–25 years and their families who have a number of additional needs requiring support through early help and prevention. Support can be offered on a family basis or to an individual requiring additional support.

TAC can be started by anyone who is working with a child, young person or their family e.g. School Teacher, Education Social Worker, School Nurse, Youth Worker, Counsellor, Community Health Team, Welfare Rights etc. A young person or parent can also ask for TAC themselves by contacting the TAC Support Team directly.

The funding is to enable the project to expand by rolling out a relationship-based model into one other locality area within the borough. The additional funding will enable the employment of a Family Support Worker to work within a new locality area, providing relationship-based practice to children, young people and their families.

The Right Door Solihull Parenting (CY&P TP 04) has now been integrated under, and funded from within, the **Emotional Health, Wellbeing & Resilience project (C&YP TP 02)**.

The Right Door Conwy Research Animation project (C&YP TP 04) has now ended.

The Right Door Central Pilot Profile Tool project (C&YP TP 04) has now ended.

Successes And New Activity Over the Last 6 Months

SF&C 01 Early Intervention

MoMo App (EI 24)

The MOMO App empowers vulnerable children and young people to express their views directly to Social Workers and Independent Reviewing Officers (ISROs), supporting their active participation in care planning, reviews, and decision-making processes. While the app has been operational throughout the reporting period, overall usage has been lower than anticipated.

Key Activities:

- Continued promotion of the MOMO App across Children's Services to uphold children's rights and encourage direct communication.
- Delivered targeted training sessions for Foster Carers and Kinship Carers, including the development of simplified flowcharts to support app usage.
- Initiated internal feedback loops to understand barriers to engagement, particularly around age-appropriate communication strategies.
- Prepared for integration of MOMO into the upcoming Social Care Recording System to streamline documentation and improve visibility of children's voices.

Successes	Challenges
Staff Engagement - Strong uptake and advocacy from frontline staff, demonstrating commitment to child centered practice. Task & Finish Group - Established a collaborative working group to improve information sharing and cross-team coordination. Training & Resources - Developed accessible training materials and visual guides to support carers and practitioners in using the app effectively.	Engaging Children & Young People - Many young people declined to use the app, highlighting a need for more tailored engagement strategies across age groups. Capturing Feedback - Limited feedback from users has made it difficult to assess impact and refine the approach. Capacity to Deliver - Resource constraints have affected the ability to scale training and support consistently across all service areas.

Action for Children - Ynys Mon and Gwynedd Young Carers (LD 07)

This initiative provides trauma-informed, evidence-based wellbeing interventions to young carers aged 10+ who are experiencing low mood, anxiety, or depression but do not meet the criteria for CAMHS or are on its waiting list. The programme uses two structured approaches:

- **Looking After Me** – Based on the Five Ways to Wellbeing and CBT principles, this 5-week 1:1 programme promotes mental health through practical, positive actions.

- **Living with Loss** – A grief therapy programme tailored to the unique experiences of young carers, addressing various forms of loss beyond bereavement.

Key Activities:

- Active participation in CAMHS Hubs across Ynys Môn and Gwynedd to identify and refer pupils showing emotional distress.
- Strong partnerships with school nurses, GPs, and CAMHS practitioners to streamline referrals and avoid duplication.
- Engagement with Bangor University through training delivery, student placements, and wellbeing workshops for young adult carers.
- The programme actively promotes equality and is developing an anti-racist approach to service delivery. Young carers from Black, Asian, and Minority Ethnic backgrounds are prioritised for support, with cultural needs carefully considered in wellbeing planning.

Successes	Challenges
Reduction in Depressive Symptoms - CESD scores show that most participants experienced reduced or maintained levels of depressive symptoms. Identification of Hidden Young Carers - Improved collaboration with health professionals has led to the discovery of previously unidentified young carers. Strengthened CAMHS Partnership - Enhanced coordination with CAMHS has improved referral quality and service alignment.	Session Disruption - School absences delay sessions, impacting both individual progress and waiting times for others. Capacity Constraints - High demand for support exceeds current staffing levels, risking delays in early intervention. Managing Expectations - While initial outcomes are positive, many young carers require ongoing support to reinforce wellbeing strategies in daily life.

Case Study -redacted s40(2)

Information Assistance and Advice (IAA) Provision – (LD 21)

The IAA service provides tailored support to families of children and young people with learning disabilities, focusing on accessible information, emotional support, and guidance through transitional stages.

Key Activities:

- Parent Drop In Sessions at St Christopher's, co-facilitated with WFIS Parent Champions, now evolving to termly sessions aligned with school events.
- Transitional Operational Group membership, enabling multi-agency collaboration to support families navigating transitions into Further Education.
- Feedback & Review Cycle every six months to assess service impact and track progress.

Successes	Challenges
Partnership with St Christopher's - Regular drop ins have strengthened trust and engagement with families, supported by school led promotion and direct conversations.	Long Diagnosis Waiting Times - Delays in accessing formal diagnoses hinder timely support and planning for families. Mental Health Pressures - Rising emotional and psychological strain on both children and

Person-Centred Support - Feedback from families highlights the compassionate, nature of the service, offering hope and practical solutions during times of distress.

TOG Collaboration - Active participation in the Transitional Operational Group has enhanced coordination across education, health, and social care sectors.

their carers complicates service delivery and increases demand.

Limited Specialist Services - Long waits and restricted availability of specialist interventions reduce options for families needing targeted support.

Case Study - redacted s40(2)

Integrated Disability Service (LD 15)

The Service enables children and young people with additional needs and disabilities to access inclusive, interest led activities they would otherwise be unable to attend. The programme promotes independence, reduces social isolation, and provides essential respite for families. A key focus is on integrating young people into mainstream activities and ensuring their voices shape the support they receive.

The Activity Support Worker service was set up to help build the confidence of children and young people with disabilities in a chosen activity in their community. A child/young person is supported for 8-10 weeks through 1-1 support.

The purpose is for the child/young person to feel confident enough to engage with the activity sustainably and as independently as possible by the time the support ends.

Key Activities:

- **Activ8-2-16:** Expanded access to inclusive sports (e.g. swimming, football, cricket)
- **Local Groups:** Karate, MMA, Signing Choir, Brownies, Cubs/Scouts, Senedd Yr Ifanc.
- **Transport Training:** Support with using public transport independently, including apps and route planning.

Successes	Challenges
Child-Centered Access to Activities - Through high-quality “what matters” conversations and a choice-and-control approach, young people are supported to independence, and greater understanding among staff and volunteers. Youth Voice – The consistent inclusion of young people’s preferences in planning ensures that activities remain relevant, meaningful, and empowering.	Inconsistent Engagement from Provider - Some organisations are less responsive or inclusive, creating barriers before engagement even begins. Family Support Limitations - Financial constraints, transport issues, and the need for additional support can limit families’ ability to sustain participation without ongoing assistance.

‘I have learnt how to use the bus independently; I have learnt how to use the Arriva app and how to use different bus routes if my original plan doesn’t work. I now can be more independent, and I don’t have to rely on my parents taking me anywhere, I can get to all the places I want to by myself’. – Young Person.

SF&C 02

Repatriation & Prevention Services

Repatriation & Prevention (RAP) Service Wrexham (EI 18)

The RAP service provides therapeutic support aimed at promoting placement stability and emotional wellbeing for looked after children. It operates across diverse care arrangements, with a core focus on foster care, while extending support to special guardianship, kinship care, adoptive families, and residential settings.

Key Activities:

- Attended team meetings with Special Guardians, Family Support, and LAC teams to refresh professionals on RAP services. Resulted in increased referrals, particularly from Special Guardianship and kinship arrangements.
- Weekly consults address complex cases, especially around adoption breakdowns and transitions from fostering to adoption. Emerging themes suggest trauma often surfaces after the first three years of adoption. Consults are collaborative, involving Health partners and referrers, with decisions resting with the referring professional.
- Increased involvement of residential staff in therapy sessions has led to greater placement stability and emotional safety. Staff trained in the PACE approach (Playfulness, Acceptance, Curiosity, Empathy), fostering trauma-informed care. Training cascaded across teams, embedding therapeutic principles into everyday practice.
- Staff completed training in:
 - Foetal Alcohol Spectrum Disorder (FASD)
 - Autism and ADHD in adopted/fostered children
 - Life Journey Work (Modules 1–6)
- Growing number of adoptive families accessing RAP through consults.

Student Placement

- Welcomed a psychology student from Bangor University with lived experience.
- Actively engaged in DDP training and contributing to reporting and project work.
- Recognised by the local authority as a valuable voice in shaping support for looked after children.

Goals Based Assessments: The word cloud below shows assessment responses summarised by importance.



Successes	Challenges
Increased Adoption Support - Early intervention and consults have helped prevent breakdowns and promote stability. Residential Collaboration - Staff training and therapeutic engagement have improved outcomes and emotional safety. Youth Voice - Children's voices shape service delivery, fostering autonomy and trust.	School Engagement - Difficulty scheduling trauma-informed training for school staff limits impact. Financial Constraints - Budget pressures challenge sustainability and limit added value activities. Team Connectivity - Limited in-office time reduces opportunities for bonding and shared reflection. High emotional load and limited time for selfcare affect team wellbeing.

RAP Gwynedd (EI 20)

Designed to support children in care and their foster or kinship carers during school holidays, when regular therapeutic sessions are paused. The aim is to foster emotional expression and regulation through sensory engagement, strengthen child carer relationships, and provide carers with peer support and access to therapeutic professionals in a relaxed, inclusive setting.

Key Activities:

- **Clay & Messy Play Day:** Sensory rich activities including slime making, clay modelling, and pebble painting.
- **Lego & Construction Day:** Hands on building activities such as Lego, den construction, and creative play.

Nourishing Identity – Culturally Affirming Intervention

Supported family outing to a redacted s40(2)

Support redacted s40(2) and relational repair for a mother reconnecting with her redacted s40(2)

Create a joyful, culturally resonant experience for the children.

- Strengthened family connection and emotional regulation.
- Created a new, positive memory rooted in identity and belonging.
- Demonstrated the power of culturally sensitive, trauma-informed practice.



Case Study -redacted s40(2)

Successes	Challenges
Positive Feedback - High attendance and enthusiastic feedback from families. Increased visibility and understanding of therapeutic approaches among carers. Strengthened rapport between families and therapists. Flexible Delivery - Effective use of school holidays to maintain therapeutic momentum.	Funding Constraints - Demand for more frequent events exceeds current resources. Venue Access - Limited availability of suitable, affordable community spaces. Planning & Communication - Clear, inclusive communication is essential to ensure accessibility for all families.

SF&C 03 Building Family Resilience to Prevent Escalation

Supporting Families MDT Gwynedd (C&YP TP 06)

This project continues to drive transformational change in service delivery across Health and Social Care, with a focus on building a resilient, upskilled workforce and improving outcomes for children and families. The MDT approach has strengthened collaboration between CAMHS, nursing teams, Gwynedd Autism Service, and social care professionals.

Key Activities:

- Staff now receive cross disciplinary training, enabling them to deliver a broader range of interventions and maintain continuity for families.
- Joint working with nurses from the children's disability team has reduced waiting times and improved behavioural support across schools, clinics, and homes.
- Intensive multi-agency intervention has enabled 11 children previously on care orders to return home safely without an order.
- Proactive strategies are being developed to support children unable to attend full-time education, with tailored interventions planned for the next quarter.

Successes	Challenges
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Staff Training, Cygnet Programme - Team members are now equipped to support families of autistic children, promoting consistency and reducing the need for multiple referrals.

Information Sharing - Well-attended multi-agency meetings have improved coordination and responsiveness across services.

Preventative Impact - Intensive support has helped reduce the number of looked after children, keeping families together and reducing escalation.

Scheduling Across Agencies - Coordinating time for joint meetings remains difficult despite strong willingness to collaborate.

Panel Engagement - Monthly multi-agency panels were established but have seen limited case submissions after initial sessions.

Cultural Shift in Practice - Transitioning to a fully integrated service model requires ongoing adaptation and commitment from all staff.

Case Study -redacted s40(2)

Resilient Families Ynys Mon (EI 15)

Supporting Families MDT Ynys Mon (C&YP TP 05)

Key Activities:

- Healthy Relationships Officers continue to support vulnerable young people at risk of criminal or sexual exploitation through:
 - One-to-one support
 - STAR programme delivery
 - Online safety education for parents/carers
 - Return home interviews
- Domestic Abuse Officer provides:
 - Safety planning
 - Impact assessments on parental capacity and child wellbeing
 - Referrals to specialist services such as Gorwel.
- Alcoholics Anonymous Partnership:
 - AA facilitators now visit parents directly, easing anxiety around group attendance.
 - Discreet leaflet distribution has improved privacy and uptake.
- Psychoeducation Packages:
 - Developed on topics such as ACEs, domestic abuse, and substance use.
 - Designed to move parents from 'pre-contemplative' to 'contemplative' stages of change.

'Own My Life' Domestic Abuse Course

A trauma-informed, 12-week group programme empowering women who have experienced domestic abuse. Delivery features include interactive videos, journaling, peer support, "Own My Story" online platform and childcare provided to support attendance.

Outcomes:

- Increased confidence, boundary-setting, and emotional regulation
- Stronger parent child relationships
- Participants pursuing education and volunteering

Successes	Challenges
‘Own My Life’ Course Engagement - Highest attendance and impact among group programmes, supported by childcare provision. Case Formulations with Psychologist - Bi-weekly sessions improve risk assessment alignment and consistency across professionals. Motivational Psychoeducation - Helps parents understand risks and move toward change, reducing premature case closures.	Short Notice Court-Ordered FGCs - Unrealistic timelines (1–2 weeks) strain staff capacity and compromise process quality. Late-Stage Family Referrals - Families often reach the service after years of unresolved risk, limiting early intervention impact. Multi-Agency Coordination - Inconsistent attendance at mapping meetings delays joint decision-making and limits shared intelligence.

“For many families, the course has been a pivotal step—helping them move from surviving to thriving.” – Staff member.

Case Study -redacted s40(2)

MST Community (CYP TP 08)

The MST team continues to deliver intensive, evidence-based interventions aimed at keeping young people engaged in anti-social behaviour safely at home with their families. The service remains one of the few collaborative models integrating health and social care, offering 24/7 support and flexible, family-centered delivery.

Leadership Transition: Temporary coverage by MST-FIT clinical lead and seconded supervisor due to staff sickness. The original supervisor has now returned, with the team adapting well to both transitions.

Location: Team currently based in an isolated community resource. Mixed views on relocating to a community hub; discussions will be held collectively if a new base is identified.

Key Activities:

- Families receive round the clock access to therapists, reducing reliance on emergency services.
- Face to face sessions are arranged around family availability to avoid disruption to work and daily life.
- Trauma Informed Practice: The team works with families and systems to understand self-harm as functional behaviour, helping prevent unnecessary hospital admissions.
- Quarterly booster sessions and adherence measures ensure consistent delivery aligned with MST principles.

At the point of closure, the team in Quarter 2 the team had worked with 16 families. 100% of young people at home in the care of the families, no new arrests and 100% of young people in school, education or training.

Successes

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Family Group Conferencing Flintshire (EI 03)

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The Family Group Meeting (FGM) Service provides a structured, family-led decision-making process for children and young people identified as being at risk. Meetings are facilitated by independent Coordinators trained in the FGM model, legal frameworks, and trauma informed practice. The goal is to create a family-owned plan that ensures child safety and is supported by statutory services.

Key Features:

- Independent from the Local Authority
- Neutral facilitation by trained Coordinators
- Inclusive planning involving extended family
- Higher father figure attendance than statutory meetings
- Option for multiple review meetings based on family needs

Feedback from parents.

Positive External Evaluations - Independent reviews after Year 1 and Year 2 confirmed strong outcomes and fidelity to the MST model.

Adaptability to Leadership Change - Team maintained consistent outcomes and collaborative practice during supervisory transitions.

Integrated Health & Social Care Approach - Effective collaboration across sectors has supported complex cases and reduced crisis escalation.

Challenges

Referral Sustainability - High turnover in partner agencies affects referral flow and awareness of MST. Ongoing engagement efforts are in place.

Leadership Disruption - Temporary supervisory changes required flexibility and adaptation, which the team managed well.

Multi-Agency Education - Continuous effort needed to educate new staff across mental health, education, criminal justice, and social care about MST processes.

Successes	Challenges
Strengthened Family / Professional Relationships - FGM fosters collaborative, respectful partnerships between families and social workers, improving trust and outcomes. Prevention of Statutory Escalation - Families are empowered to address concerns early, reducing the need for formal statutory intervention. Placement Stability - Children are supported to remain safely within their family or care setting, avoiding unnecessary disruption.	Awareness Among Social Workers - High turnover in social care teams means ongoing efforts are needed to promote the service and its referral process. Staffing Capacity - Limited staff availability can delay referrals and reduce the number of families supported. Budget Constraints - Demand for FGMs exceeds current funding levels, highlighting the need for additional contracted workers to meet service demand.

Family Group Conferencing Wrexham (EI 10)

The FGC Service continues to offer a family led, decision making process that empowers extended families to create safety and support plans for children. The service remains independent from the Local Authority and is facilitated by trained Coordinators who guide families through the process without influencing decisions.

Key Activities:

- Continued support provided to Child Health & Disability, Adult Services, and Flying Start teams.
- FGCs in disability-related cases often face personal and financial barriers, but still offer valuable space for families to be heard and supported.
- Rise in enquiries around civil matters, which may be suitable for FGCs but require deeper assessment and tailored support.

Education Pilot – Reducing Exclusions

- A 12 month pilot has been launched in partnership with a local high school to explore how FGCs can reduce exclusions and rebuild relationships between families and schools.
- Referrals will focus on children not currently involved with Children's Services, allowing for early intervention and measurement of progress.

Successes	Challenges
Education Engagement - Strong collaboration with schools to pilot FGCs as a tool for reducing exclusions and improving family school relationships. Stabilisation of Cases - Levelling off of Child Protection case numbers indicates the preventative impact of the service. Increased Family Interest - More families are proactively reaching out to explore FGCs, showing growing trust and awareness.	Social Worker Communication - Difficulty securing meeting dates and timely responses from social workers affects scheduling. Court-Driven Timeframes - Statutory deadlines often conflict with the family led pace of FGCs, requiring negotiation and flexibility. Extended Deadlines - Delays in court processes can disrupt FGC planning and impact family engagement and outcomes.

Case Study -redacted s40(2)

Strengthening Families Service Conwy (EI 06)

The Strengthening Families Team continues to deliver tailored, trauma-informed interventions for children and families facing complex challenges. The Connected Persons Team provides regulatory support and guidance to kinship carers and Special Guardians, ensuring children remain within familiar, stable environments.

Interventions vary in intensity, ranging from multiple weekly visits to targeted, issue specific sessions. The views, wishes, and feelings of the individuals involved are central to the work undertaken. Practitioners are committed to working at the family's pace, listening with empathy and professionalism, and promoting empowerment.

Key Activities:

- Group for Girls: Targeted intervention for teenage girls facing exploitation, mental health issues, and isolation.
- Signs of Safety Framework: Embedded in Edge of Care and Early Intervention Panels to ensure strengths based, multi-agency planning.
- Mediation, transport, sibling coordination, and peer support groups now part of standard practice.

- **DART Forum (Discharge and Reunification/Transition Panel):** A new monthly panel has been established to identify and support cases where children are either in Local Authority care or subject to Care Orders. The forum assists social workers in developing structured plans for discharge, reunification, or step-down arrangements. Direct therapeutic support from the Strengthening Families Team is available as part of this process.

Connected Persons Team Caseload:

- 42 Kinship Fostering Households
- 54 Looked After Children living with family or connected persons
- 69 Special Guardian Households supported under private orders

Successes	Challenges
Video Interactive Guidance - Strengths-based video feedback approach now embedded in direct work, improving family communication. Systemic Family Therapy Training - One team member undertaking advanced training to enhance therapeutic capacity. Safe and Together Lead - Dedicated practitioner supporting domestic abuse cases with safety planning and consultation. DART Forum - Monthly panel supporting structured discharge and reunification planning for children in care.	Staffing Pressures - Bereavement leave, AMHP training, and sickness have impacted capacity. Parental Health Needs - Physical and mental health issues require stronger links with adult services. Teen Risk Behaviours - Substance misuse, CSE, and risk-taking behaviours are leading to placement breakdowns. Coordinator Shortage - Lack of a second Connected Persons Coordinator increases pressure on the team.

LIFT Team Conwy & Denbighshire (C&YP TP 07)

LIFT (Local Integrated Family Team) is a multi-agency early intervention service operating across Denbighshire, Conwy, and BCUHB. LIFT supports families with children aged 0–18 who present with challenging behaviours at home and fall outside the remit of other specialist services like CAMHS and CALDS.

Target Population

- Families experiencing complex behavioural challenges at home.
- Children and young people aged 0–18.
- Priority groups not eligible for other specialist services.

Key Activities:

- Positive Behaviour Support plans
- Video Interactive Guidance
- Neuro and sensory profiles
- Parenting strategies
- Recruitment underway for Family Systemic Therapist (interview scheduled October 2025).
- Temporary support from Denbighshire behaviour specialist.

- Development of accessible workshop summaries for Denbighshire's website.
- Introduction of referral triage via contact forms and collaborative communications to manage demand.

Referrals: Paused new referrals in August 2024 due to staffing gaps and a waiting list of 80 families.

Support Provided: 133 families received advice and consultations; 53 families remained open for full intervention.

Closures: 40 families closed with **65%** of families reported significant improvement

Successes	Challenges
Pause on Referrals: Allowed the team to focus deeply on existing families and develop psychoeducation tools and workshops to improve future service delivery. Service Model Revision: The entire team collaboratively redesigned the LIFT model, endorsed by the steering group, reflecting learning since July 2021. Evidence Based Tools: Developed three psychoeducation tools aligned with key themes: reducing challenging behaviour, sensory awareness, and adult resilience. University Partnerships: Bangor and Wrexham universities identified LIFT as a suitable placement site for multiple disciplines.	Vacant Specialist Posts: Two key roles (clinical psychologist and family systemic therapist) were vacant from January 2024, impacting service capacity and effectiveness. Recruitment Delays: Specialist input is critical to the model's success; delays slow down interventions and reduce impact. High Demand vs. Capacity: Increasing distress among families referred by GPs and paediatricians. Rising contact form submissions from professionals and families. Family Readiness: Selecting families at the right time for intervention is crucial; emotional dysregulation and feelings of disconnection are common.

Tŷ Nyth (Integrated Treatment Model Home), MST FIT and Mesen Fach (Emergency Provision) (C&YP TP 11)

Tŷ Nyth provides short-term, therapeutic residential support for young people experiencing family breakdown or requiring assessment. The service integrates Dialectical Behaviour Therapy (DBT) and works collaboratively with MST FIT to support reunification or transition into longer term placements. MST FIT delivers intensive, evidence-based interventions to prevent care entry and strengthen family systems.

Total Young People Supported at Tŷ Nyth: 8
 Previous Care Experience:
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To

SF&C 04

Intensive Residential Support for Children with Complex Needs

Key Activities:

- All young people engage in DBT to support emotional regulation and transition planning.
- CAMHS DBT Away Day (Sept 2025): Strengthened cross-sector collaboration and practice development.
- Student Social Worker Placement launching April 2026 to provide hands-on experience in tri-collaborative service delivery.

Tŷ Nyth was inspected by Care Inspection Wales on 5th August 2025. The inspection was unannounced and has been the first inspection since Tŷ Nyth was registered in July 2023. Tŷ Nyth has achieved commendable ratings of 'Excellent' across all four inspection themes.

Successes	Challenges
Care Inspectorate Wales Inspection (Aug 2025) - Tŷ Nyth rated 'Excellent' across all four inspection themes in its first unannounced inspection. Effective Reunification - MST FIT enabled 3 families to close to social services through strengthened parenting and ecological support. Positive Family Feedback - Families report sustained improvements in wellbeing, behaviour, and relationships post-intervention.	Financial Support Gaps - Families face delays accessing Universal Credit and penalties like bedroom tax post-reunification. System Responsiveness - Wider services are not aligned with the urgency of reunification timelines, impacting family stability. Mesen Fach Dormancy - Remains closed pending recruitment, limiting capacity for additional residential support.

"We still talk about our Therapist often... Who would've thought we'd make it this far?" – Parent

Bwythyn y Ddol, MDT Team (CYP TP 09)

The service is a collaborative initiative between Betsi Cadwaladr University Health Board, Denbighshire County Council, and Conwy County Borough Council, which hosts the service. It was developed in response to the growing need for early, therapeutic intervention to address complex family dynamics and reduce unnecessary entry or prolonged stays in care.

Delivered by a multi-disciplinary Therapeutic Team, BYD works intensively with children, parents/carers, and families to promote positive change in family functioning. The service is grounded in a whole-family, strengths-based approach, empowering families to identify their own solutions and build sustainable skills.

Key Activities:

- **Residential Assessment Centre Operations** Hosting up to six children, the centre provides a safe, therapeutic environment for in-depth assessment and intervention.
- **Multi-Disciplinary Team (MDT) Delivery** The MDT includes Clinical Psychologists, Occupational Therapists, Family Systemic Therapists, Health MDT workers, education professionals, and social care teams. This enables holistic, specialist assessments and collaborative care planning.

- **Extended Assessment Period (16–20 weeks)** Allows for comprehensive understanding of each child’s needs, leading to more informed recommendations and smoother transitions.
- **Priority Scoring Tool Implementation** Developed to assess and review referrals into the unplanned setting (Eryri), ensuring resources are allocated based on evolving needs and urgency.
- **Transition Planning Support** Coordinated MDT involvement in transitions into and out of the service, including joint planning meetings, follow up support, and early professional engagement.
- **Partnership with Education and Health Services** Facilitates timely access to health records, supports educational continuity, and enables faster identification of additional learning needs.
- **Community Engagement** Emerging partnerships are being explored to support post-assessment transitions and long term stability.
- **Specialist Interventions** Between April and September, 34 individuals accessed the service, with 20 engaging in specialist interventions such as WISC assessments.

Upon arrival, each child or young person is supported through a structured and personalised induction process, which includes:

- A One-Page Profile capturing key information about the child’s personality, strengths, and support needs.
- An “All About Me” booklet, designed to help the child express their likes, dislikes, routines, and aspirations in a way that feels safe and accessible.
- A Priority Checklist, which outlines immediate needs, risks, and areas requiring focused support.

redacted s40(2)

Successes	Challenges
Resilient Service Delivery During Staffing Transitions - Maintained safe, supportive environments for children despite limited staffing, reflecting team dedication and adaptability. Expansion of MDT Roles - Inclusion of specialist health professionals has enhanced assessment quality and care planning, improving outcomes for children. Extended Assessment Model - The longer assessment period has led to more accurate diagnoses, better informed transitions, and reduced pressure on wider services.	Misaligned Referrals - Some referrals do not align with the service’s early intervention focus, indicating a need for clearer communication with external agencies. Cross-Authority Collaboration Complexity - Operating across two local authorities has revealed gaps in communication and role clarity, requiring strengthened protocols. Group Compatibility and Transition Planning - Insufficient planning during child transitions can disrupt group dynamics and individual progress, highlighting the need for robust protocols.

Supported Lodgings (EI 17)

The service provides safe, supportive accommodation for young people transitioning out of care, including those supported by the Leaving Care Team. The service currently operates with:

- **6 registered hosts**
- **5 active placements**
- **3 available placements** (currently being matched)
- **1 newly approved host**

The scheme is coordinated in close partnership with the Leaving Care Team, ensuring that referrals are matched thoughtfully through detailed profiles and collaborative planning.

Key Activities:

- Young people are actively involved in selecting their placement, empowering them to contribute to decisions that affect their living arrangements.
- Training Hub Launch - Hosts now have access to a comprehensive online training dashboard, including mandatory courses (e.g. safeguarding, confidentiality, first aid, CSE, county lines) and optional modules (e.g., trauma, attachment theory, challenging behaviours)
- A blog initiative featuring current hosts has been launched to attract new applicants. One blog is already published, with another scheduled for release. Promotional efforts continue across social media platforms.
- An upcoming event will bring together supported lodgings hosts and foster carers to share experiences and promote the benefits of supporting Unaccompanied Asylum-Seeking Children (UASC).

"It came at a time when I needed it, improved my mental health and gave me the freedom to grow into who I am. I hadn't experienced this with my foster carers." – Service user.

Case Study-redacted s40(2)

Successes	Challenges
Empowered Matching Process - Young people now have a voice in choosing their placement, fostering ownership and improving placement stability. Comprehensive Host Training Access - Hosts are enrolled onto a training hub post-approval, ensuring they are equipped with both mandatory and elective learning to support diverse needs. Innovative Recruitment Through Host Blogs - Two hosts have engaged in a blog initiative to share their experiences, helping raise awareness and attract new applicants to the scheme.	Limited Willingness to Accept UASC Referrals - Some hosts remain hesitant to support UASC young people, limiting placement options for this vulnerable group. Reduction in Host Availability - Hosts placed on hold for extended periods have resigned due to changing personal circumstances, impacting overall capacity. Referral Compatibility Constraints - Some hosts are only willing to accept young people with lower levels of need or risk, which restricts placement flexibility and may delay support for those with more complex needs.

Amser Ni (LD 09)

Amser Ni provides a range of short break opportunities for disabled children and their families across Gwynedd. The service is delivered through three core strands:

- **Short Break Foster Carers**
- **Pool Staff at Hafan y Sêr**
- **Volunteering Service**

By offering flexible and tailored support, Amser Ni helps families recharge, sustain their caring roles, and prevent escalation to full-time residential placements. The service works in close collaboration with the Derwen multidisciplinary team, SEN schools, CAMHS practitioners, SALT, and paediatric health professionals to ensure holistic care aligned with each child's complex needs.

Key Activities:

- Six children regularly receive short breaks with foster carers specifically assessed under the Amser Ni framework.
- Hafan y Sêr Staffing Model - A trained pool of bank staff enables the service to meet high demand, maintain continuity during staff absences, and respond quickly to family crises. Despite temporary pauses due to individual high-need cases, plans are in place to resume onboarding children from the waiting list.
- The volunteering service strand has faced delays due to personnel changes and recruitment challenges. A strategic review is underway to recalibrate responsibilities and improve sustainability, with data analysis informing future planning.
- Collaborative Practice Strong partnerships with health, education, and social care professionals ensure that children receive integrated support. Staff and carers benefit from shared expertise across disciplines.

Successes	Challenges
Development of a Dedicated Home for Children with Disabilities - In collaboration with the Small Group Homes project, Amser Ni successfully secured council funding to open and staff a specialist home, marking a major advancement in service provision.	Increasing Complexity of Needs and Service Pressure - Rising demand and more complex family circumstances have made it difficult to balance short break provision with higher level care referrals, such as residential placements.
Intensive Support Preventing Family Breakdown - The service has provided weekly short breaks for families in crisis, helping to avoid escalation to full-time residential care and preserving family stability.	Personnel Changes Impacting Capacity - Staff turnover has temporarily reduced operational capacity, prompting a strategic reassessment of delivery models and internal roles.
Flexible Staffing Model at Hafan y Sêr - The use of trained pool staff has been instrumental in maintaining service delivery during peak demand and staff shortages, ensuring timely and consistent support.	Paused Progress Due to High-Need Placement - redacted s40(2) temporarily paused onboarding from the waiting list, highlighting the impact of individual cases on overall service flow.

SF&C 05

Intensive Support Teams for Children with Complex Needs

Emrallt (EI 05)

Tim Emrallt is a specialist advisory service hosted by the Gwynedd and Ynys Môn Youth Justice Service, focused on supporting children and young people across the Harmful Sexual Behaviour (HSB) Continuum. The service aims to:

- Upskill professionals across agencies to undertake assessments and direct work
- Reduce unnecessary referrals to social services
- Promote early identification and preventative intervention
- Empower parents/carers as central figures in managing behaviours

The team currently consists of three full-time staff, with one on maternity leave, and support from an Independent HSB worker. The service operates on a hybrid model, with increased face to face engagement across schools and local authority offices.

Key Activities:

- 63 requests for advice/support received in the first two quarters of 2025, with medium to long-term support provided to 14 young people.
- Eight training sessions delivered to 90 professionals, plus five sessions on Healthy Relationships for 19 Year 9 pupils in Gwynedd.
- Reintroduction of the *Respect u, me and others* CEOP course for Year 9 pupils, covering topics such as values, gender stereotypes, healthy relationships, and online sexual content.
- Strong links with social care, education, CAMHS, SALT, and paediatric services. Increasing engagement from education and health settings reflects growing awareness of Tim Emrallt role.
- NSPCC Pilot Participation Tim Emrallt will pilot the *Problematic Preventative Model* developed by NSPCC, with staff training scheduled for January 2026.

Successes	Challenges
Independent Evaluation Recognition - The 2025 evaluation described Tim Emrallt as “an essential and pioneering service model for HSB intervention in Wales and beyond,” highlighting its strategic value and potential for national influence. Positive Training Feedback - Training sessions received strong praise from attendees, particularly for relevance to learning disabilities and practical application. Participants valued the team’s expertise and accessibility for ongoing advice. Police Collaboration - Tim Emrallt has been invited to contribute to North Wales Police’s Specialist Child Abuse Investigators Course in June 2026, enhancing officers’ understanding of HSB in children.	Accountability and Data Management - As a small team, maintaining accurate records and monitoring outcomes is a challenge. Strengthening data systems is a priority to ensure transparency and evidence of impact. Uneven Sector Engagement - While education and social care are well engaged, health and police sectors show lower participation. A more visible and targeted outreach strategy is needed to ensure equitable access. Competing Priorities Across Agencies - HSB concerns may be deprioritised amid broader workloads. There is a need for structured intervention frameworks and materials to ensure timely and complete support.

Meeting Needs of Children at the Edge of Care (EI 07)

The service is designed to strengthen workforce capacity and deliver preventative and responsive support to children and adolescents at risk of entering care. It targets children known to statutory services or referred by partner agencies such as education, youth justice, and housing. The support is aligned with:

- Social work assessments
- Family conferencing
- Direct therapeutic interventions
- Short-term intensive support

Key Activities:

- Early Help and Emotional Wellbeing Support Providing timely information and interventions to prevent issues from escalating and to promote emotional resilience.
- Parenting Support Delivering practical guidance and tools to help families manage challenges and strengthen caregiving capacity.
- Care and Support Planning Implementing tailored plans that enable children to remain with their families, avoiding unnecessary entry into formal care.

Successes	Challenges
Early Intervention Impact - The scheme has successfully delivered early help to prevent escalation, improving emotional health and wellbeing among children and families.	Rising Demand for Statutory Services - An increase in children on the child protection register and in formal care has placed additional pressure on service capacity.
Effective Parenting Support - Families have benefited from hands on parenting strategies, helping them navigate complex situations and maintain stability.	Financial Constraints - Public sector teams face rising service costs while funding remains static or reduced, limiting flexibility and reach.
Sustained Family Placements - Through targeted care and support plans, children have been able to remain living with their families, reducing reliance on formal care systems.	Future Pressures and Policy Shifts - Anticipated increases in demand, particularly related to unaccompanied asylum-seeking children and changes in not for profit care provision, pose strategic and operational challenges.

Children's Acute Liaison Service (LD 23)

The Children's Acute Liaison Service provides specialist support for children and young people with learning disabilities and complex needs (from birth to age 18) during hospital treatment. The service ensures a more person-centred experience, facilitates quicker and smoother discharges, and enhances access to healthcare for children who may otherwise face barriers.

Referral rates have grown significantly, from 1–2 per week to 20–25 per month, reflecting the increasing demand and recognition of the service's value. Outreach efforts have included professional engagement, leaflet distribution, and presentations to paediatricians, special needs schools, and health visitors.

Key Activities:

- Desensitisation Work Supporting children to undergo medical procedures (e.g. blood tests) through tailored desensitisation strategies.
- Communication and Sensory Support Helping children engage with previously challenging stimuli, improving their comfort and cooperation during treatment.
- Professional and Family Liaison Collaborating with families and healthcare professionals to ensure consistent, informed care and emotional support.

Successes	Challenges
Improved Medical Procedure Tolerance - Children who previously struggled with procedures like blood tests have successfully undergone them following targeted desensitisation work. Enhanced Sensory Engagement - Children have made significant progress in interacting with items they previously found distressing or inaccessible, improving their hospital experience. Positive Feedback from Families and Professionals - Families and practitioners have expressed deep appreciation for the service, acknowledging that the outcomes achieved would not have been possible without this dedicated support.	Staff Engagement - Some hospital staff do not fully engage with the liaison team's guidance, which can hinder the effectiveness of interventions. Underutilisation of Health Profiles - Health profiles created by the team, which detail communication strategies, preferences, and needs, are sometimes overlooked, reducing their potential impact. Inconsistent Implementation of Reasonable Adjustments - Despite clear recommendations, reasonable adjustments are not always made, affecting the quality and accessibility of care for children with disabilities.

Meeting Complex Needs (LD 35)

The service is a collaborative initiative between Health and Social Care partners in North Wales, developed in response to rising population needs and the increasing number of children on the child protection register and in formal care. The programme focuses on delivering safe, supportive environments for children, young people, and families through a system of prevention and early intervention.

The overarching goal is to help families stay together safely and improve outcomes for children, particularly in the early years, by providing accessible information, advice, and tailored support.

Key Activities:

- Increasing the volume and quality of assessments to better understand individual needs and inform targeted interventions.
- Implementing personalised plans that address specific goals and promote family stability.
- Use of Direct Payments - Empowering families to access services and resources that align with their care plans, offering flexibility and responsiveness.
- Coordinated efforts across health, education, and social care sectors to deliver integrated support.

- Feedback and Case Study Collection - While quantitative metrics are limited, qualitative data from families and professionals helps illustrate impact and guide service development.

Successes	Challenges
Increased Assessment Activity A rise in completed assessments has enabled more accurate identification of needs and improved service targeting. Effective Implementation of Support Plans Care and support plans have been successfully tailored to individual children, helping meet outcomes and reduce the risk of care entry. Empowerment Through Direct Payments Families have used direct payments to access bespoke support, enhancing autonomy and improving alignment with care objectives.	Rising Demand and Static Funding - Increased service pressure due to growing needs is compounded by limited or unchanged funding, affecting capacity and sustainability. Difficulty in Measuring Impact - The complexity of services and outcomes makes it challenging to capture success through direct metrics, requiring reliance on qualitative evidence. Service Integration Gaps - Ensuring seamless coordination across agencies remains a challenge, with ongoing efforts needed to improve communication and reduce fragmentation.

SF&C 06

Specialist Support for Children with Complex / Specialist Needs

Effective Child Protection

The project aims to ensure child protection practice is effective. A practice framework has been designed to address this. It is based on four principles:

- Conversations - effective communication through practicing 'collaborative conversations'
- Thresholds - consistent decision making when assessing risk
- Change - a clear focus on the change that is needed to prevent harm
- Measure - measuring our progress towards outcomes

This framework has been developed by practitioners from Gwynedd's Children and Supporting Families Service.

ECP Flintshire (CY&P TP 12)

Following a period of stalled progress due to the departure of the previous mentor, redacted s40(2) was appointed as the new Practice Mentor in September 2025. redacted s40(2) initial focus has been on conducting a diagnostic review, strengthening Collaborative Communication, and preparing for phased ECP implementation.

Key Activities:

- Diagnostic Review Completed Practice observations and team consultations have identified skill gaps and informed the development of an implementation plan.
- Collaborative Communication Training Flintshire has completed its second cohort of mentor training, with five staff now trained to deliver Collaborative Communication.
- Regional and Cross Authority Engagement Networking with mentors from Conwy, Gwynedd, Wrexham, and three South Wales authorities to share learning and troubleshoot challenges.

- Risk 2 Training and Integration Planning Three cohorts of Risk 2 training delivered; meetings with redacted s40(2) planned to align Risk 2 assessments with ECP and explore further training.
- Support from Training and Development Team Active involvement in planning and delivery, with future briefing sessions planned for partner agencies.

Successes	Challenges
Diagnostic Insight for Implementation Planning - The diagnostic has provided a clear understanding of current practice and readiness, enabling a tailored and phased implementation plan for ECP. Strong Regional Collaboration - Flintshire has leveraged peer support and expertise from other local authorities to inform its approach and avoid common pitfalls. Senior Management Buy In - Clear support from leadership has helped overcome resistance and build momentum for change across the workforce.	Loss of Momentum - The absence of a full-time mentor led to a stall in progress, requiring renewed efforts to re-engage staff and reintroduce Collaborative Communication. Hesitancy to Change - Time-lapse since initial training has led to diminished enthusiasm and uncertainty about new models, requiring refreshed engagement strategies. Staffing Instability and Training Needs - Increased reliance on agency social workers has impacted team stability and created additional training demands to ensure consistency in practice.

ECP Gwynedd (CYP TP 12)

Key Activities:

- Commissioning of new practice resources by redacted s40(2) focusing on Motivational Interviewing (MI) and Steps to Change.
- Development of child protection-specific Collaborative Communication materials by redacted s40(2)
- Continued mentoring and engagement in Gwynedd, with individual sessions underway
- Practice Resource Portal Enhancement New content added to the 'Conversations' domain, including MI techniques and child protection-specific guidance.
- Mentoring and Training Delivery Direct engagement with teams in Gwynedd and early years professionals in other authorities to embed Collaborative Communication.

Successes	Challenges
Process Transformation - Revised case conference reports have led to 100% of conferences now focusing on change, demonstrating effective process transformation. Commitment to Continuous Improvement - The initiative maintains a long-term vision for quality and consistency, recognising the depth and structure of practice must continue to evolve to improve outcomes.	Staff Turnover and Resource Gaps - Vacancies in Practice Mentor roles and the absence of the Project Lead in Gwynedd have slowed progress. Short-Term Funding Constraints - Reliance on grant funding with short contracts makes it difficult to recruit and retain staff, impacting long term planning and sustainability. Frontline Practitioner Workload - High demand and increasing expectations in child protection services make it challenging to introduce new models like ECP.

ECP Denbighshire (CYP TP 12)

Following the departure of Practice Mentor redacted s40(2) in September 2025, interim arrangements have been put in place to maintain momentum. Denbighshire has taken ownership of ECP training delivery and is actively developing resources to support implementation.

Key Activities:

- Ongoing collaboration across departments to guide implementation and troubleshoot emerging issues.
- Three ECP training sessions delivered in-house, with adapted materials and support from neighbouring authorities.
- A suite of documents has been created to support the ECP model, including:
 - Significant Harm Checklist
 - Social Worker Reports (Initial & Review Conferences)
 - Chairs Summaries
 - Care & Support Protection Plan
 - Core Group & Conference Minutes Templates
 - Denbighshire ECP Process Map

Additional resources are in development, including conference agendas, family literature, feedback forms, QA tools, and video briefings. Due to the upcoming regional system change, Word documents are being used as interim tools to allow flexibility and ease of amendment.

Successes	Challenges
Successful Delivery of ECP - Training Three sessions delivered with positive feedback, demonstrating strong engagement and readiness for change. Resource Development - Templates and tools have received positive feedback from other local authorities, supporting regional consistency.	Loss of Practice Mentor - The absence of a full-time mentor may hinder follow up support and embedding of the model post training. Interim arrangements are in place to mitigate this. Manual Templates - Reverting to Word forms increases admin workload and lacks integration with existing systems. Coordination with the new regional system will be essential to streamline future processes.

ECP Conwy (C&YP TP 12)

Following the suspension of regional ECP training in early 2025, Conwy and other local authorities have collaborated to maintain momentum through shared resources, peer-led training, and open access for practitioners.

A key development has been the implementation of a hybrid ECP Social Worker Initial Case Conference Report, which ensures that every family discussed in conference has a completed Risk 2 assessment. This has strengthened threshold clarity, improved identification of significant harm, and led to more focused child protection plans.

Key Activities:

- Embedding Risk 2 assessments into initial case conferences to improve clarity and consistency in decision making.
- Regional Collaboration and Training Continuity - Practice Mentors from five authorities have:
 - Initiated Train the Trainer sessions with redacted s40(2)
 - Shared training materials for consistency
 - Co-delivered sessions across authorities
 - Enabled open access to training regardless of practitioner location

- ISRO Engagement Independent Safeguarding and Reviewing Officers are actively involved in applying ECP principles, enhancing the quality of case conferences and review processes.

Successes	Challenges
Regional Mentor Collaboration - Despite the suspension of formal training, mentors have sustained progress through shared delivery, resource exchange, and open access, building long-term capacity. Practitioner Led Support Structures - The SCP group has fostered a supportive environment for practitioners, offering clarity, structure, and peer engagement to navigate evolving expectations and tools.	Limited Use of Significant Harm Checklist Uptake of the checklist in Section 47 enquiries remains low, with visibility and integration challenges within current systems. Restricted Access to Mentoring Practitioner access to mentoring remains limited, affecting the ability to embed and sustain ECP principles in daily practice.

Alternatives to Secure Accommodation (EI 01)

PAMS

As part of the Alternatives to Secure Accommodation initiative, the service has transitioned from using PAMS to the ParentAssess framework following training in March 2025. ParentAssess is designed to evaluate the parenting capacity of individuals with learning disabilities or additional needs in a way that is accessible, fair, and child focused.

The framework:

- Uses a visual traffic light system (red, amber, green) to communicate findings.
- Assesses five key areas of parenting.
- Incorporates the child's perspective.
- Encourages collaborative assessment involving the social worker, parent, and support network.

Successes	Challenges
Improved Engagement and Consistency Parents are engaging more consistently with the assessment process, aided by the accessible format and visual communication tools. Strengthened Partnership Working Relationships between families, referrers, and professionals have become more open and honest, fostering collaborative planning and support.	Delayed Referrals for ParentAssess - Referrals are not consistently made early enough in the process, limiting the time available for meaningful intervention and support. Court Recognition of Timescales - The courts do not always acknowledge the time required to complete ParentAssess evaluations, creating pressure and potential misalignment in planning.

redacted s40(2)

Return Home Officer

Since October 2017, Wrexham County Borough has offered Return Home Interviews (RHIs) to all children and young people reported Missing from Home (MFH). A dedicated officer leads this work, engaging with young people under 18, including those with complex needs and emotional health or mental wellbeing concerns.

The initiative has seen a significant increase in referrals, driven by improved reporting and strengthened multi-agency collaboration. Key partners include:

- Single Point of Access (SPOA)
- Internal and external Social Workers
- North Wales Police Exploitation Unit
- MET Panel
- Independent Child Trafficking Guardian Service (ICTG)
- Parents, carers, and residential providers

The RHIs aim to understand the reasons behind MFH episodes, assess risk, and connect young people with appropriate support services. Some young people are reluctant to share information during RHIs, limiting the depth of insight and effectiveness of follow-up support.

Successes	Challenges
Early Identification of At-Risk Children - RHIs have enabled timely recognition of vulnerabilities, allowing for earlier intervention and safeguarding responses.	Limited Capacity - With only one officer responsible for all RHIs in Wrexham, rising demand has placed strain on resources, affecting timeliness and follow-up support.

Waking Hours

The Waking Hours service provides preventative, therapeutic support to children and young people through 1:1 sessions delivered by Family Support Workers (FSWs). Referrals are made by allocated social workers, with a focus on areas such as:

- Preventing placement breakdown
- Keep-safe work
- Establishing routines and boundaries

The service has evolved into a more outcome-focused and measurable model, capturing the views of the whole family and promoting progress as a family unit.

Successes	Challenges
Empowering Children to Find Their Voice - Children are learning to express their emotions and needs, which is a key indicator of therapeutic progress. Holistic Family Engagement - The shift to a whole family approach has strengthened outcomes, allowing families to progress together.	Limited Engagement from Service Users - Some children and families are hesitant to engage. FSWs address this by building trust and relationships over time, allowing support to be accessed when the individual is ready.

redacted s40(2)

Southwark

This scheme focuses on supporting 16–17 year olds, who are at risk of family breakdown and subsequent homelessness, with a particular emphasis on addressing substance misuse and its impact on family dynamics. The approach is multi agency and preventative, aiming to stabilize young people's living situations and promote long term wellbeing.

Key support includes:

- Access to Advocacy Services to ensure young people understand their rights and are supported in decision-making.
- Referral to Multi Systemic Therapy for families experiencing challenging behaviours.
- Joint working with the Housing Department to complete assessments and identify appropriate accommodation.

Successes	Challenges
Development of Independent Living Skills - Young people are gaining practical skills that prepare them for adulthood and reduce reliance on crisis services. Placement Stability - Through tailored accommodation and support, young people are feeling more settled, which contributes to a reduced risk of further displacement. Positive Engagement - Young people are actively engaging with relevant support services, leading to improved outcomes in education, health, and personal development.	Family Breakdown Dynamics - Navigating strained relationships and rebuilding trust within families remains a complex and emotionally charged challenge. Community Based Risks - Vulnerability to anti-social behaviour, exploitation, and other external risks can undermine progress and safety for young people. Limited Resource Provision - A shortage of suitable accommodation and support services for homeless or at risk youth restricts options and can delay intervention.

Small Group Homes & Short Breaks for Complex Needs (LD 16 & LD 09)

Cartrefi Clyd consists of four small group homes on Anglesey, designed to provide personalised, trauma-informed care for children and young people with a range of needs:

- **Cartref Clyd Caergybi:** A short breaks home for children with learning disabilities and complex needs.
- **Cartref Clyd Bryn Hwfa, Cae Ffynnon, and Llanfair:** Homes for Looked After Children, supporting their development, education, and emotional wellbeing.

Over the past six months, the Cartrefi Clyd project has introduced several innovative and person-centred changes across its homes. Dedicated, consistent staff teams have improved emotional stability and reduced incidents, while trauma-informed training has enhanced the care provided. The children's voices are central, with active involvement in planning, personalising their environment, and shaping their routines. Life skills programmes and reflective practices have supported independence and emotional growth. Health and wellbeing are prioritised through proactive medical support, physical activity, and nutrition planning.

Key Activities:

- Staff have received training as part of Anglesey's ambition to become a trauma-informed island.
- From sensory play and cooking to reggae festivals and city visits, inclusive activities are tailored to individual interests.
- Proactive medical support, physical activity, and nutrition planning are embedded in daily routines.
- Participation in regional forums ensures continuous learning and alignment with sector best practice.

Successes	Challenges
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Child led, Empowering Care - Children are actively involved in shaping their care, choosing meals, activities, and personalising their rooms. Personal plans are co-produced and reviewed monthly, and advocacy is embedded.

Strong Multi-Agency Partnerships - Effective collaboration with education providers, CAMHS, health services, and advocacy organisations has improved transitions, safeguarded wellbeing, and enabled timely responses to complex needs such as bereavement and substance misuse.

Life Skills and Independence - Children are supported to develop practical skills, cooking, personal care and budgeting. These efforts have helped children achieve developmental milestones and prepare for adulthood with confidence.

Safeguarding Communication Gaps - Delays in decision making and inconsistent communication, particularly during missing from care incidents, highlight the need for clearer, more responsive protocols between Cartrefi Clyd, social workers, and police.

Unclear Pathway Planning - Planning for independence is sometimes vague or misaligned with young people's aspirations, leading to anxiety and a lack of preparedness around housing, budgeting, and emotional resilience.

Training Access Delays - Staff have experienced delays in accessing essential training such as RESPECT and Therapeutic Crisis Intervention, which are critical for maintaining trauma informed, consistent care.

Challenges over the last 6 months

Thematic analysis of the challenges reported throughout SF&C over the last 6 months can be seen below:

Workforce Capacity and Stability

- **Staffing Pressures:** Sickness, bereavement leave, and training commitments have impacted service delivery across multiple schemes.
- **Mentor and Leadership Gaps:** Loss of Practice Mentors in ECP projects and supervisory transitions in MST services disrupted momentum and required interim arrangements.
- **Training Delays:** Access to essential training (Therapeutic Crisis Intervention, RESPECT) has been inconsistent, affecting trauma informed care delivery.

Funding and Resource Constraints

- **Static or Reduced Funding:** Rising demand across services is not matched by funding increases, limiting scalability and sustainability.
- **Budget Pressures:** Financial constraints affect the ability to deliver added-value activities, maintain staffing levels, and respond to emerging needs.
- **Short Term Contracts:** Reliance on grant funding with short durations hinders recruitment and long-term planning.

Engagement and Participation Barriers

- **Children and Young People:** Low uptake of tools like the MOMO App and reluctance to engage in services such as Return Home Interviews (RHIs) indicate a need for more age-appropriate and culturally sensitive engagement strategies.
- **Families:** Late stage referrals and short notice statutory requirements (court-ordered Family Group Conferences) limit the effectiveness of early intervention.
- **Service Users with Complex Needs:** Hesitancy among hosts to accept Unaccompanied Asylum-Seeking Children (UASC) and high preparation needs for inclusive activities restrict access and participation.

Multi-Agency Coordination Challenges

- **Scheduling and Attendance:** Difficulty coordinating meetings across agencies and inconsistent attendance at panels delay decision making.
- **Communication Gaps:** Misaligned referrals and unclear role definitions in cross-authority collaborations (Bwthyn y Ddol) affect service efficiency.
- **Integration Issues:** Fragmentation across health, education, and social care sectors limits seamless service delivery and shared intelligence.

How People Felt About What Has Been Delivered

The case study storybook for SF&C can be seen embedded below: redacted s40(2)

Evaluation

There are currently no external evaluations that we know of taking place within SF&C to report.

Ripple Effects Mapping

Ripple Effects Mapping is our most recently tested evaluation method used to capture the wider intended and unintended impacts of our projects, bringing stakeholders together to reflect on achievements and look to the future. We have been using the method since June 2024 and have continued to map across the region due to the positive outcomes we have seen as a result.

Some recent feedback received from the Planning and Development Officer – North Wales Together:

“It was a great team building experience, helping to build mutual understanding between social work and supported employment staff which is one of the critical success factors for the project. Whilst we have an independent evaluation, my experience is that the REM workshops are adding a deeper layer to this, enabling us to see the smaller and more nuanced ripple effects of the project”.

“Ripple Effects Mapping has been a game changer actually, in challenging perceptions of managers about the impact of community based care and prevention. It has provided evidence which influences how I think about service delivery and design, and supported reflection on standardisation and responsiveness (within the hubs)” iCAN Mental Health Transformation lead – BCUHB

We use the Introduction to Ripple Effects Mapping (NIHR) guide to facilitation to conduct the sessions, alongside the RIF Model of Care Outcomes that support a deductive approach.

After each session, the maps are analysed by the RPB Team and digitised using a software called Kumu. Over the last 14 months, we have tried and tested a number of different methods to make the maps accessible and easy to share. Kumu has allowed us to map complex information and relationships in a way that contextualises progress, that often isn't linear!

During analysis, key themes are identified and Kumu allows searchable key words and narrative to be implemented. This means that key themes can be identified from different maps, across different services and projects. The digitised maps are then returned to the projects for their reference and for use in their project progress report.

We are continuing the work to spread and scale the REM mapping method and are beginning to look at how we can incorporate the Most Significant Change stories method to provide further qualitative evidence of how services are changing people's lives.

Throughout Q1 and Q2, we have focussed on reflecting and improving our approach, as well as sharing our learning across the region. We have had the opportunity to speak at a number of events about our experiences and learning from REM, including:

- Designing Success Together: Neuro-affirmative Innovations Conference

- Medi Wales Conference
- Most Significant Change and REM Conference

Over the last 6 months, we have completed REM mapping across 4 Models of Care. See the project tabled below. Any completed REM maps will be linked and referred to in the relevant MoC report.

RIF projects Ripple Effects Mapping in Q1/2 2025

Scheme Ref No	Regional scheme name (Tier 2)	Service Project name (Tier 3)	Total cost £	RIF funding £	% RIF Funded
CBC PC 15	Regional LD Supported Employment	n/a	redacted s40(2)	redacted s40(2)	81.6%
CBC CC 02	Community Resource Teams	West BCU and GCC	redacted s40(2)	redacted s40(2)	1.4%
SF&C 01	The Right Door	TAPE Ysgol Gogarth	redacted s40(2)	redacted s40(2)	100%
SF&C03	LIFT Team	n/a	redacted s40(2)	redacted s40(2)	30.2%
EH&WB 02	Community Activities	Nifty 60's	redacted s40(2)	redacted s40(2)	62.5%
EH&WB 04	iCAN Hubs	n/a	redacted s40(2)	redacted s40(2)	43.5%
TOTAL			redacted s40(2)	redacted s40(2)	12.2%

SF&C 01 Early Intervention

The Right Door Ysgol y Gogarth

A Ripple Effect Mapping workshop was undertaken retrospectively because the project received limited funding but continues to have ripple effects on young people with ALN.

The RIF funding was for TAPE, a local media company to work with students at Ysgol Gogarth resulted in the creation of Hope Productions, a co-created company with students and TAPE, who take ownership of every aspect of creating videos, commissioned by external organisations.

This small amount of funding has led to significant outcomes for individuals involved, and for the film and TV industry both in the UK through the British Film Institute, Final Draft and the BBC.

Hope Productions continue to create Ripple Effects on the film and TV industry through work with British Film Institute, BBC and Final Draft, to name a few, challenging perceptions of the capability of people with LD to make film and TV and making courses and every element of the production process more inclusive and accessible.

<https://kumu.io/NWRPB/regional-ripple-effects-map#tape-ysgol-y-gogarth>

SF&C 03

Building Family Resilience to Prevent Escalation

LIFT Team Conwy and Denbighshire

Ripple Effects Mapping workshop took place in Q1, participants included service manager, clinical nurse manager, support workers, psychology assistant and clinical psychologist.

The map tells the story of the service from its inception in 2019, during the session we also mapped a family journey of support. The map contributed to team reflecting on practice, successes and challenges. This map details 'how' the LIFT team has responded to wider system challenges, and 'why' their response to challenges has contributed to the achievement of service and individual outcomes, despite significant challenges in the wider system.

The journey map articulates how the team collaborate with the Central ND team within health (received NDIP funding in 2024/25 to support the 'ND Front Door'). The ND consultant held a joint consult with the family and LIFT team, and provided support in using the Neuro Divergence profiling tool. Use of the tool resulted in the YP to have a greater understanding of his needs, and was able to communicate them effectively. The profiling also led to a dual diagnosis of Autism and ADHD for the child.

This journey also showed how through the support of the LIFT team, mum and dad were also able to access support and diagnosis of autism themselves, and how they started to make sense of how this influenced their own communication styles, particularly with their child's teachers. The LIFT team were also able to step in and support mum and dad with their communication skills, which resulted improved relationships with teachers, so they could attend meetings independently and work in partnership with school to resolve any future issues together.

The map was presented back to staff in a team meeting, as a result the team recognised the value in mapping journeys and ripples up to a system level. They have received further support from RUC Hub Evaluation and Innovation Project Manager to co create a Ripple Effects Mapping session for families. The clinical psychologist, psychology assistant and service manager attended the Most Significant Change/Ripple Effects Mapping conference in Q2, and are planning further workshop in Q3/4 2025/26 with the joint Conwy and Denbighshire strategic LIFT Steering Group.

<https://kumu.io/NWRPB/strengthening-children-and-families>