

Regional Integration Fund



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: October – March 2025/26 – Q4
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.

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

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 42 tier 3 level projects 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 95.9% 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 80.6% 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 53.8% 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 74.1% 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 64.9% 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 64.3% 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 Q4 data set for the All-Wales performance measures for the Supporting Families and Children Model of Care is shown tabled in the embedded spreadsheet.

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

4 key metrics are shown below:

4 key performance metrics at Q4 for this model of care

Number of individuals accessing the service



15,802

15,802 individuals accessed the services within this Model of this year. 4,140 of those accessed the services for the first time

Satisfaction levels with the services provided were very good. 1,700 individuals reported support prevented them from escalating their level of need (99% 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.



99%

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



4,140

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 Q4.

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

Q4 Finance Position

Please see embedded tables **redacted s41** that evidence the finance position at Q4 – Tier 1 & Tier 2 level.

- Total investment
- Total Welsh Government funding
- Total partner match funding
- % Welsh Government RIF funding
- YTD spend – Q4
- Social value
- Unpaid carers

Cost Avoidance

Further work will be required to identify the cost benefits of reduced escalation of need across Strengthening Children and Families MoC. Due to the number of projects and breadth of outcomes delivered.

A local cost avoidance exercise has been undertaken at scheme level (SF&C 04 Intensive residential support for children with complex needs) commenced in Q4,. Work has now been completed in Redacted sec 40(2) with cost avoidance figures calculated relating to out of county residential placements avoided. Further work to understand cost avoidance at a regional level is planned in Q1&2 26/27 in Redacted sec 40(2) and Redacted sec 40(2) Schemes. These figures will be shared in the next reporting period.

New and Discontinued Projects

TAC Pilot Expansion (RIF 33) is a new project. 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.

Successes And New Activity Over the Last 6 Months

SF&C 01 Early Intervention

MoMo App (EI 24)

The MoMo App has continued to be available, supporting children and young people, particularly Looked After Children, to express their views and contribute to care planning. No new activity has been introduced, as the contract is nearing its end date. It has now been confirmed that the MoMo App contract will expire and that the service is expected to be discontinued and decommissioned. Work is currently underway to clarify interim arrangements to ensure continuity in capturing children and young people's views following decommissioning.

Key Successes in Quarter 4	Key Challenges in Quarter 4
Learning to Inform Future Approaches Insights around usage and engagement are informing consideration of alternative, more appropriate methods for supporting children and young people to share their views.	Engagement and Meaningful Feedback Lower than anticipated usage limited the volume and depth of feedback captured through the app.

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

The service continues to evolve in response to identified needs. All staff are now trained as Trauma Informed Practitioners.

In response to an increase in **referrals linked to parental mental illness** a 12-month pilot project was launched (funded by Action for Children) to support parents to talk to their children about mental illness in an age-appropriate way. This aims to reduce anxiety and confusion among young carers and strengthen relationships.

Key Successes in Quarter 4	Key Challenges in Quarter 4
Preventative Impact Engagement in wellbeing programmes has led to reduced depressive symptoms among young carers, often removing the need for escalation to CAMHS. Positive Partnership Working A strong relationship with CAMHS has improved understanding of available support, with parents and young people feeling better informed about appropriate pathways.	Engagement and Attendance Barriers Young carers missing or delaying sessions due to school absence impacts both their own progress and waiting times for others. Hidden Young Carers and Consent Young carers identified within CAMHS school hubs are not always referred to the young carers service due to difficulties obtaining parental consent.

Ysgol y Gogarth – Hope Productions (C&YP TP 04)

During this period, the group shows increasing autonomy, professional capability and confidence, with their work contributing to the inclusive creative agenda at local, national and international levels.

The project has delivered a significant positive impact on learner confidence and wellbeing, alongside the development of personal and professional skills. This strongly supports the Four Purposes of the Curriculum for Wales and the development of integral skills.

Over the past year, learners have been involved in a wide range of high-profile activities, including the production of a feature documentary linked to the Supporting Shorts project, national and international engagement with organisations such as the BBC, BFI, Reuters and higher education institutions, participation in accessible media research, creative publishing projects, community premiere events, and festival recognition

The success of Hope Productions has directly influenced collaboration with Llandrillo College to pilot a new, coproduced creative project for learners transitioning from school to further education. Expectations among new learners entering the project are high, with increased ambition and confidence driven by peer success.

Key Successes in Quarter 4	Key Challenges in Quarter 4
Learner Confidence Learners demonstrate growing independence, increased self-esteem and communication skills. Engagement levels are high, with strong wellbeing benefits. National and International Recognition Work with partners including the BBC, BFI, and the University of Leeds, alongside awards and public premieres, has shown the project as a model of inclusive creative practice.	Sustainability and Capacity The scale, ambition and profile of the project continue to grow, bringing increasing demands on facilitation, coordination and resources to maintain quality and learner led practice. Embedding New Progression Pathways The proposed college-based pilot will require development and resourcing to ensure it retains the same inclusive ethos while becoming embedded within formal education structures.

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

During this period, the Information Outreach Officer (IOO) has continued to work closely with the Single Point of Access (SPOA)/Together Achieving Change (TAC) and the Childcare Team to support a number of complex Additional Learning Needs cases that sit between Threshold Tier 2 and Tier 3, as well as cases involving the breakdown of ALN respite childcare placements.

A fast-track triage model has been used to respond to cases that are high risk, time-sensitive and at risk of escalation. Families are appreciative of the level of service provided at a time when they are on the verge of crisis and are grateful for the holistic approach of partnership working, which eases pressure on families by contacting several organisations avoiding duplication and delays.

The role has also expanded to include cross-border working with services in England, this includes supporting transitions between English SEN and Welsh ALN frameworks and identifying alternative provision where services differ.

Key Successes in Quarter 4	Key Challenges in Quarter 4
Positive Outcomes for Families Families, including terminally ill and bereaved parents , report feeling supported, informed and confident that robust plans are in place for their children. Children remain within their families and continue to access education and childcare wherever possible.	Long Waiting Times Significant delays in diagnosis and access to specialist services continue, compounded by service closures and increasing demand, with reliance on other agencies recognising and responding to urgency.

Redacted s 40 (2)

Integrated Disability Service (LD 15)

The service has reviewed and adapted its delivery model to respond to increasing referrals and to further promote independence and meaningful engagement for children and young people. The new structured delivery approach has been introduced to strengthen long term outcomes.

This revised model offers C&YP a 12 week, skills-based programme, providing opportunities to build confidence and independence within a supported setting before transitioning into community-based activities of their choice. The approach was developed through co-production with young people, focusing on the skills they felt were important to develop prior to wider community engagement. Partnership working has expanded, with a growing number of organisations collaborating to offer inclusive universal activities.

New services include police cadets, community arts and crafts clubs, coffee and crafting, Lego club, accessing parks and play areas independently.

Key Successes in Quarter 4	Key Challenges in Quarter 4
Strong Co-production Young people have been actively involved in shaping the service. This has resulted in higher engagement. Growing Partnerships The number of partner organisations	Limited Awareness Wider promotion is needed to ensure families understand referral criteria and service scope. Capacity of Community Organisations Some organisations lack training or

engaging with the service has increased, creating a broader and more inclusive range of universal activities for CYP who previously struggled to access community provision.

confidence in supporting CYP with disabilities and additional needs. This limits the range of suitable activities available and increases the need for further training.

SF&C 02 Repatriation & Prevention Services

Repatriation & Prevention (RAP) Service Wrexham (EI 18) & (EI 19)

Alongside service development, engagement has begun with local higher education providers to strengthen input on developmental trauma within social work training. This was initiated following feedback from frontline practitioners. The aim is to improve trauma-informed readiness across the workforce and strengthen system-wide practice.

The service has also continued to add value through student placements, inclusive learning environments, and ongoing support from local community and faith groups. These partnerships enhance both workforce development and the therapeutic environment for children and families.

Key Successes in Quarter 4	Key Challenges in Quarter 4
Consistency of Trauma-Informed Practice Despite increasing complexity and system pressures, the service has maintained a consistent, relationship-based approach valued by carers, residential staff and partner agencies. Strengthened Workforce and System Learning Engagement with higher education providers, inclusive student placements and reflective partnership working have contributed to wider system learning and increased trauma-informed capacity.	Staff Capacity Delivering intensive therapeutic work within complex systems is emotionally demanding. Sustaining staff wellbeing through supervision and support remains essential and requires careful workload management. Financial Uncertainty Rising costs and funding uncertainty present challenges for long-term planning and capacity management.

Together Achieving Change (TAC) Pilot Expansion (RIF 33)

This project is in its early implementation stage following the successful recruitment and induction of the worker into the TAC team.

Families referred into the service and accepted for support, but awaiting allocation of a TAC Officer, have received interim support through regular telephone contact and home visits. This has helped to maintain engagement, reduce anxiety whilst waiting, and mitigate the risk of escalation.

Home visits have played a key role in relationship building, improving understanding of family circumstances and ensuring that children and young people's voices are central to decision making. Where required, the worker has also accompanied parents to education

meetings, providing advocacy and building parental confidence to raise concerns and strengthen relationships with education providers.

In addition, Early Help drop-in surgeries have been delivered within one primary school and one secondary school. This community based approach has enabled parents and carers to access advice, guidance and early intervention at the earliest opportunity.

Key Successes in Quarter 4	Key Challenges in Quarter 4
Improved Continuity and Engagement Providing a consistent worker for families on the TAC waiting list has strengthened engagement, reduced the need for families to repeat their story, enabled earlier identification of needs, and reduced the risk of escalation while waiting for full TAC allocation. Accessible Early Help Early Help drop-ins have improved access to advice and support at a community level, enabling concerns to be identified and addressed earlier and ensuring families are directed to the most appropriate level of support.	Waiting Lists Across Partner Agencies Extended waiting times for services remain a challenge, delaying access to specialist support and requiring ongoing interim support to manage emerging needs and reduce escalation risk. Access During School Holidays As Early Help drop-in surgeries are currently school-based, access to support is reduced during school holidays. Plans are in place to expand delivery to a community-based venue to ensure year-round accessibility.

RAP Gwynedd (EI 20)

Demand for the RAP service continued to increase steadily across the year. This reflects both the ongoing level of need within Gwynedd and growing confidence in the RAP model. Sustained participation during school holidays and staff shortages suggests families feel safe, emotionally supported, and held within the service.

During this period, RAP delivered the redacted S40 (2) While feedback from participants continues to be positive, securing sufficient numbers for timely delivery has been challenging, resulting in a delayed start. RAP continued to deliver therapeutic Activity Days, with further sessions scheduled in 2026 following their success. These events provide calm, relationally safe environments that reduce isolation and support emotional regulation, particularly for children who find group settings challenging.

Redacted s40(2)

Capacity-building work progressed, with **redacted sec 40 (2)** in Therapeutic Life Story Work (Rose Model), enabling RAP to meet growing referral demand in this area. The team also completed Neurodiversity Profiling training, increasing the ability to support young people meaningfully while they wait for lengthy diagnostic assessments.

Key Successes in Quarter 4	Key Challenges in Quarter 4
High Engagement Consistently high participation , rising	Workforce Recruitment and Capacity Recruitment remains difficult due to the

referrals and 100% satisfaction ratings demonstrate the effectiveness of RAP's trauma-informed, person-centred model, even during periods of reduced staffing.

specialist nature of the RAP role, requiring both therapeutic and systemic practice skills. A vacant therapist post in Q4 reduced clinical capacity and increased pressure on staff.

SF&C 03 Building Family Resilience to Prevent Escalation

Supporting Families MDT Gwynedd (C&YP TP 06)

During this period, the service has strengthened its capacity to support children and families by undertaking specialist training delivered by CAMHS, nurses from the Children with Disabilities Team, and the Gwynedd Autism Service.

The team has worked closely with nursing colleagues to support children who have experienced long waits on nursing waiting lists. Behaviour support has been the primary intervention, delivered flexibly across schools, clinics and family homes, ensuring support is accessible and responsive to need.

Preventing escalation of need within the community remains a key priority. Planning is underway to provide coordinated support for children who are unable to attend full-time education and are often open to multiple services. These interventions will be delivered across home, education and community settings from the next quarter.

The team has also completed Trauma-Informed Practice and Neurodiversity Profiling training, increasing capacity to support children and young people holistically.

Resilient Families Ynys Mon (EI 15) & Supporting Families MDT Ynys Mon (C&YP TP 05)

During the past six months, there has been a slight reduction in the overall number of families supported by the Resilient Families service. This reduction reflects improved gatekeeping and more effective signposting to universal services, ensuring that intensive intervention capacity is focused on families with higher levels of complexity and risk.

The service has also responded to wider system pressures. Workers have supported families choosing to pursue private neurodevelopmental assessments due to extended NHS waiting times, enabling onward planning with schools. In response to increasing

concerns around youth vaping, a worker has contributed to a task and finish multi-agency group, recognising vaping as an emerging stressor that can exacerbate family conflict and risk of homelessness. In response to rising demand, the team manager has developed a formal Harmful Sexual Behaviour process, introducing structured screening, assessment and coordinated multi-agency risk management to safeguard children effectively.

Key Successes in Quarter 4	Key Challenges in Quarter 4
High Engagement The 'Own My Life' programme continues to be a standout success, with excellent attendance and sustained engagement. A key enabler is the provision of childcare, which removes a significant barrier for mothers.	Workforce Capacity Staffing pressures and increasing case complexity have required the team to prioritise families at greatest risk. External Pressures Long waiting times, rising concerns around exploitation and vaping, and wider social pressures (housing, poverty, domestic abuse), continue to increase stress within families and complicate intervention.

MST Community (CYP TP 08)

During Quarter 4, the team closed 16 cases, with an average length of intervention of 119 days. Families received an average of three visits per week, with flexibility to increase contact where required to meet presenting need. Visits were delivered at times convenient to families, reducing disruption and avoiding additional stress such as time off work.

Outcomes at case closure were strong and consistent across key indicators:

- **96% of young people remained living at home**
- **96% were engaged in education, employment or training**
- **100% had no further arrests during the treatment period**

Family Group Conferencing Wrexham (EI 10)

During this period, although uptake of Family Group Conferences (FGCs) within education settings has been lower than anticipated, where they have taken place, engagement and outcomes have been extremely positive. Families have actively participated, and conferences have successfully linked families into Early Help services, with close liaison alongside Together Achieving Change to ensure wrap-around support.

To strengthen early intervention and improve timeliness, the service has begun attending the Youth Referral Panel. This enables earlier identification of need, improved multi-agency collaboration, and increased opportunities to offer preventative FGCs before issues escalate to statutory thresholds.

The service is also exploring a new approach to offer all Looked After Children (LAC) a minimum of one FGC per year, with a focus on reviewing and progressing supervised contact arrangements towards more family friendly options, such as family or long-term foster carers supervising contact where appropriate.

Key Successes in Quarter 4	Key Challenges in Quarter 4
Increased Face to Face FGCs A move towards more in-person conferences has supported stronger rapport, improved trauma-informed practice and deeper family engagement.	Timeframes Driven by Court Processes Tight court deadlines can limit the feasibility of holding an FGC, even where families wish to engage. Ongoing work with Legal Services is helping to improve communication with courts where delays are unavoidable.

Strengthening Families Service Conwy (EI 06)

Engagement with Kinship, Special Guardianship Orders, and Foster Carers has continued to strengthen. Inclusive, family-focused activities have been used as a gateway into wider support, increasing accessibility for carers who may feel less confident engaging with formal or adult-only groups.

During the past six months, six support groups were delivered, combining adult-focused and child-centred sessions. This approach has reduced isolation, strengthened peer networks and encouraged shared learning across carer communities.

Further development of the Kith and Kin support offer has included seasonal children's events such as Easter parties and Halloween celebrations. These relaxed, welcoming events have proven effective in reducing barriers to engagement, particularly for newer kinship and SGO carers.

A further priority for 2026 is to reduce the number of children and young people in Local Authority care, including those placed in high-cost residential settings. To support this objective, the DART Forum (Discharge and Reunification/Transition Panel) has been established and has been operating for the past six months. The forum provides multi-agency planning and oversight to support safe reunification, transition and step-down from care wherever possible.

Redacted S40(2)

Key Successes in Quarter 4	Key Challenges in Quarter 4
Strong Outcomes The service has supported 90% of children to remain within family-based care, providing clear evidence of effective early, targeted therapeutic intervention and reduced escalation into care.	High Risk Behaviours There has been a notable increase in concerns relating to adolescents presenting with substance misuse, exploitation and high-risk behaviours, which in some cases have contributed to the breakdown of family placements.

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

During this period, LIFT has successfully recruited a Clinical Psychologist (August 2025) and a Family Systemic Therapist (January 2026). This marks the first time since January

2024 that the service has operated with a full multidisciplinary specialist team, alongside family support workers, administration, management and a multi-agency steering group.

With improved capacity from August 2025, LIFT introduced a collaborative communication approach, replacing traditional lengthy referral forms with professional discussions. This model supports clearer shared understanding of LIFT’s specialist remit, ensures appropriate expectations, and focuses on advice, assessment, formulation and intervention where children aged 0–18 present with behaviours of concern at home and are not open to CAMHS or CALDS.

A key theme from family feedback was positive communication. They were ‘listened to’ and they felt “it was a big relief to finally be heard”. As a result of this they described a ‘good’ sense of ‘connection’.

Looking ahead, LIFT has developed a programme of face-to-face workshops (April 2026–April 2027) and three evidence-based psychoeducational tools (available online from April 2026). These are intended to build parental understanding, peer support and resilience, and will be formally evaluated for effectiveness.

Key Successes in Quarter 4	Key Challenges in Quarter 4
Restored Specialist Capacity Recruitment of two specialist roles has stabilised the service, enabled reopening to referrals and allowed safer, earlier intervention.	High Demand and System Pressure Demand remains high across Conwy and Denbighshire due to long waits for diagnosis, parental mental health challenges, cost of living pressures and pressures on universal and specialist services.

SF&C 04

Intensive Residential Support for Children with Complex Needs

Tŷ Nyth, MST FIT (C&YP TP 11)

During this reporting period, Tŷ Nyth supported seven young people to develop Dialectical Behaviour Therapy (DBT) skills as part of reunification planning or transition into sustainable, long-term placements. The integrated Tŷ Nyth and MST FIT model continues to provide a structured, phased intervention that strengthens family systems, supports sensitive repair work, and reduces reliance on intensive statutory services.

Outcomes during the period demonstrate strong impact:

- Four young people returned home with their families receiving MST FIT support to reconnect relationships and prevent further breakdown.
- Three additional young people have now closed to MST FIT following successful reunification, with no ongoing need for intensive social services due to strengthened family ecology and parenting capacity.
- Two siblings currently residing at Tŷ Nyth are progressing through the DBT programme with a clear plan for reunification with their grandparents.

- One young person is developing a relationship with a family member while exploring a foster placement that meets their needs, with DBT supporting transitional work, life-story exploration and independence skills.

MST FIT have successfully closed 25 cases during this reporting period, and 25 young people remain at home following intensive support.

Over the period there has been a notable increase in referrals for children and young people not previously care experienced, where a structured return home is required to prevent entry into care, alongside a decrease in referrals for care-experienced young people seeking reunification.

In addition, **Tŷ Nyth** has supported workforce development through hosting a first-year student social worker (20-day placement), offering experience delivering DBT-informed intervention.

'We as a family, are so grateful, and it makes me emotional just thinking how much you have all cared and go above and beyond to help us. Ty Nyth is a more than valuable service that saved our family. His Social Worker has worked tirelessly and flawlessly to assist us and we will be forever grateful. Many thanks from us all. You have kept our Loving Caring family complete Thank you.' -Parent feedback.

Key Successes in Quarter 4	Key Challenges in Quarter 4
Strong Outcomes The combined 12-week DBT programme and MST FIT intervention has led to sustained reunification and prevented escalation into care. • A young person experiencing homelessness, daily substance misuse and disengagement from education completed the DBT programme, reunified with family, enrolled in college and ceased substance misuse.	Limited Understanding of the Model As the Tŷ Nyth ITM and MST FIT model differs from traditional residential approaches, some professionals initially struggled to align their expectations and practice with the phased DBT and systemic framework. Need for System Wide Alignment Significant time has been required to educate and support partner agencies through DBT awareness training, reflective discussions and shared practice. While this has improved alignment over time, continued investment in collaboration and communication remains essential.

Bwythyn y Ddol, MDT Team (CYP TP 09)

Over the last 6–12 months there has been significant progress in workforce recruitment, particularly within health roles. The recruitment of a Systemic Family Therapist and Psychologist (with the exception of one remaining vacancy) has strengthened the service's therapeutic capacity. A key addition has been the appointment of a fully qualified Band 07 Occupational Therapist, who has added substantial value by supporting staff to deliver bespoke therapeutic activities within the assessment centre.

Alongside recruitment, a structured workforce development pathway has been introduced for residential staff, supporting progression from Level 1 to Level 3 roles. MDT staff are undertaking foundation training in Systemic Family Therapy, increasing confidence and competence when working with highly complex family systems.

Between January and April 2026, the service worked with 7 children in the BYD residential setting and 2 children in the community, supporting a total of 9 children and their families during the quarter. Closer and more effective working relationships have been established with CAMHS colleagues, alongside improved access to specialist consultations, including Forensic and Advisory Consultation Services (FACS), paediatric services, and family therapy.

The multidisciplinary team (MDT) now provides targeted and ongoing support to residential key workers to strengthen the therapeutic work they deliver with children. This includes regular consultation, reflective discussions, and practical guidance to help staff understand and respond to children's emotional and behavioural needs through a therapeutic lens.

Feedback is gathered through direct engagement, reflective practice and the development of case studies. An evaluation process has been introduced using short "snapshot" surveys distributed via QR codes and email links to children, families and professionals.

Key Successes in Quarter 4	Key Challenges in Quarter 4
Strengthened Capacity Recruitment of specialist health professionals and a senior Occupational Therapist has significantly enhanced assessment, intervention and MDT working, improving outcomes and system integration.	Extended Lengths of Stay and Capacity Impact Delays in transitioning children who are ready to move on have extended lengths of stay, reducing BYD's capacity to support additional children and affecting system flow.

Supported Lodgings (EI 17)

During the reporting period, the Supported Lodgings Scheme has operated with 6 registered hosts. A significant development during this period has been the transfer of the Supported Lodgings Scheme to the Special Guardianship Support Team (SGO). This transition followed the departure of the previous scheme worker and has resulted in a notable increase in support capacity, from one worker to five family support workers, overseen by an Assistant Team Manager. This team brings extensive experience in supporting carers and has strengthened the scheme's operational resilience.

Time has been invested in relationship building with hosts, supporting continuity and trust following the transition. The transfer has also strengthened interdepartmental working, particularly with the Leaving Care Team.

All support visits are now delivered face to face, enabling stronger relationships between staff and hosts. Hosts are supported to access online training, with practical assistance provided where needed (e.g. support workers accompanying hosts to libraries to access IT).

The service has maintained active engagement with regional and cross-border networks, including attendance at quarterly Supported Lodgings Network meetings facilitated by English authorities, to share learning and strengthen local practice. A recent recruitment campaign, including leaflet distribution across Wrexham, has generated several new enquiries, with **one applicant currently progressing to assessment.**

Key Successes in Quarter 4	Key Challenges in Quarter 4
Successful Transition to the SGO Team The transfer of the scheme to the SGO Team has strengthened capacity, safeguarding oversight and continuity of support. Family support workers have adapted quickly, bringing strong expertise in non-statutory care arrangements.	Impact of Transition on Host Relationships While the move to the SGO Team has been positive, it represents another change of worker for hosts. Continued time and support are needed to fully embed relationships and maintain confidence.

Amser Ni (LD 09)

Over the past six months, **Bryn Hwfa Short Breaks Day Service** has continued to provide essential respite support for children with disabilities and their families, while adapting delivery in response to regulatory and workforce changes.

Following de-registration with Care Inspector Wales, direct support is now delivered in sessions of up to 1 hour 59 minutes. Although this reduced the length of individual sessions, the service responded flexibly by extending delivery to seven days per week, including after-school and weekend provision. This adjustment has enabled families to continue accessing reliable, timely respite tailored to their circumstances.

Staff have completed training in RESPECT behaviour management, Active Support and Positive Behaviour Support (PBS), and the manager has enrolled on a Train the Trainer PBS course, supporting long-term sustainability. All new staff have completed the All Wales Induction Framework.

During this period, the service has shifted from a primarily play-based model to a more purposeful, outcome-focused approach, underpinned by Active Support and PBS. This ensures respite time meaningfully supports children's independence, communication and emotional regulation.

SF&C 05

Intensive Support Teams for Children with Complex Needs

Emrallt (EI 05)

The team has continued to work in a hybrid model, with a minimum of two days per week office based; however, there has been a notable increase in face to face engagement, including visits to school sites and other local authority offices to meet directly with practitioners and parents/carers.

Demand for the service has continued to increase steadily, with a growing number of enquiries received over the last six months. As part of practitioner consultations, the team offers direct engagement with parents/carers, to explore feelings, provide reassurance, and support understanding of why a child or young person may have HSB. This offer has been taken up by **nine families** during the period, with feedback indicating that parents felt listened to, reassured and less isolated.

Tim Emrallt has worked in collaboration with the NSPCC over the past 6 months and were chosen to pilot the organisation's new Let's Talk model of intervention, focusing on preventing young people displaying HSB. 16 members of staff across agencies have completed the two-day training in January and we have two practitioners currently providing the interventions with young people in the Gwynedd area.

NWP will be running a two-week Specialist Child Abuse Investigators Course in June 2026 at their training **venue in Unit in St Asaph**. Tim Emrallt have been invited to provide an input to increase officers' insight in regard to HSB in children.

Key Successes in Quarter 4	Key Challenges in Quarter 4
Strengthened Preventative and Early Intervention Offer Partnership with the NSPCC and delivery of the <i>Let's Talk</i> pilot has enhanced the service's preventative approach, equipping practitioners with skills to intervene earlier and reduce escalation. Positive Engagement with Families Direct support to parents/carers has been well received, with families reporting reduced isolation and increased understanding.	Data Recording and Accountability Capacity As a small team, balancing frontline work with robust data recording remains a challenge. Dedicated time is required to strengthen monitoring processes and evidence impact. Engagement Across Sectors Engagement from health and police services remains lower than from social care and education, highlighting the need for a more targeted presence and clearer pathways for practitioners in these sectors.

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

Funding during this period has continued to sustain workforce capacity to deliver preventative, responsive and targeted support for children and young people at the edge of care. The service focuses on children already known to statutory services, as well as those referred by partner agencies including education, youth justice and housing.

Key Successes in Quarter 4	Key Challenges in Quarter 4
Effective Early Help and Prevention The service has successfully provided early information, advice and emotional support to children, young people and families, helping to prevent escalation of issues and supporting improved emotional health and wellbeing.	Rising Demand and Complexity Increasing numbers of children subject to child protection plans and looked after through formal care arrangements have placed sustained pressure on capacity and resources.

Targeted Support (EI 06)

The Targeted Support Project forms a core part of the Adolescent Strategy, providing bespoke, relationship-based support to young people aged 10–16 and their parents. The project aims to prevent placement breakdown within the family home or school by strengthening relationships, improving emotional wellbeing and addressing emerging risks through early, targeted intervention.

In the second half of the year, the project supported 68 individuals, including 30 young people new to the service, in addition to wider support offered to family members.

The complexity of adolescent cases has increased. Many young people are now not attending full-time education, or any educational provision, and some are reluctant to leave the family home. As a result, work with education partners has intensified, with greater coordination required to manage attendance, safeguarding and wellbeing concerns.

Demand for the service continues to exceed capacity, with a waiting list of six months or more. Ongoing work is underway to evidence the need for an additional Adolescent Strategy worker.

Key Successes in Quarter 4	Key Challenges in Quarter 4
Partnership Based Practice The service has successfully adapted its approach to incorporate Contextual Safeguarding and strengthened partnership working with Early Help Hub members and other agencies, ensuring interventions are responsive to risk across home, school and community settings.	Engagement Challenges in Early Intervention Work Engaging adolescents and families at an early stage can be complex, particularly where motivation is low or needs are not yet fully recognised by the family.

SF&C 06 Specialist Support for Children with Complex / Specialist Needs

ECP Wrexham (CY&P TP 12)

Two Train the Trainer sessions were successfully delivered, focusing on Steps to Change, Thresholds and Risk Part 2. These sessions trained 32 permanent members of staff, including managers and experienced social workers, strengthening internal expertise and building confidence in applying ECP principles consistently across practice.

Planning and preparation has progressed for whole department ECP training, scheduled for May, which will be delivered to all Children's Services staff. In parallel, training and practice materials are being reviewed for accessibility and prepared for upload to SAM (staff intranet) to support sustainability, refresher learning and ongoing workforce development.

A review of language and materials used within Child Protection Conferences has been undertaken, with the aim of improving clarity, consistency and engagement for families and ensuring alignment with ECP values and principles. Managers have noted improved

confidence in supervision conversations and clearer, more confident challenge within decision making.

ECP Flintshire (CYP TP 12)

Following a period of slowed progress due to the departure of the previous ECP lead and subsequent recruitment, focus over the last six months has been placed on re-establishing foundations and embedding the Collaborative Communication model as the cornerstone for ECP implementation in Flintshire.

During this period, in-house Collaborative Communication training has been developed, and delivery has begun. Reflective Groups have been established to support practice learning, and further training has been booked to increase the number of Collaborative Communication Mentors, strengthening the model's sustainability. In addition, Reflective Supervision training for managers has been arranged across May, June and July 2026 to support leadership capability and consistent application in supervision.

The ECP Train the Trainer programme took place in February and March 2026. Building on this, work is underway to develop Flintshire's own ECP training materials, with delivery planned for July and August 2026. To further strengthen risk assessment practice, five days of Risk 2 training alongside the in-house ECP training programme will be delivered.

The ECP Mentor has been working closely with the Information Technology Team, who are leading on the implementation of Mosaic, to ensure new system forms reflect ECP practice, with interim Word documents being developed where necessary.

ECP Conwy (C&YP TP 12)

The Steps to Change Ladder template has now been formally introduced into Child Protection Case Conferences as a standard visual tool. This has improved transparency for families by clearly showing how progress will be measured. In addition, Social Workers are now required to submit completed Steps to Change Ladders alongside Review Conference Reports.

The ECP Practice Mentor role has expanded to include direct contribution to the review of policies and procedures, ensuring that ECP principles are embedded within the systems and guidance that shape everyday practice, promoting consistency across teams. To further strengthen quality assurance and learning, a staff survey has been developed and will be circulated imminently. This will capture practitioner experiences of using ECP in practice, identify what is working well, and highlight areas for development to inform future training and tool refinement.

Work is also progressing to improve family understanding of ECP, with exploration of both written leaflets and short animated videos that can be used in Conferences and Core Group meetings to explain the model in an accessible, family-friendly way.

In partnership with the Conwy Workforce and Training Department and ISRO service, a Section 47 Investigation Training programme was developed and delivered. The training incorporated ECP and Risk 2 components and was co-designed by an ISRO, a Workforce Development Officer and the ECP Practice Mentor. The first session was delivered to 12 practitioners, supporting greater consistency in threshold decision-making following Section 47 enquiries.

Alternatives to Secure Accommodation (EI 01)

Kickstart

Following direct feedback from young people, the Kickstart project has been renamed “New Era”. Young people reported that the previous name felt stigmatising and did not reflect their ambitions or progress.

Coordination of New Era continues to sit within the Social Care team, supporting strong contract monitoring, governance, and alignment with care planning and commissioning arrangements. The model has evolved to place greater emphasis on emotional readiness for independence, recognising that successful transitions depend on wellbeing and confidence as much as practical skills.

Young people report increased ownership of their plans, improved skills and confidence, and successful transitions into independent living.

The service previously used the PAMS (Parenting Assessment Manual Software) framework to assess and support parents or carers with learning difficulties and/or additional needs.

The team has now completed training in ParentAssess, and moving forward, this will be the primary assessment tool. ParentAssess is designed specifically for working with parents who have learning needs or additional vulnerabilities.

‘Kickstart has given me the opportunity to live independently when I did not think it was possible. Kickstart have helped me with my mental health, my friendships, relationships and learning how to live on my own.’ – Service User

Return Home Officer

Reporting processes have been strengthened to improve communication between services, with RHI reports now shared consistently with Police, Social Workers, TAC, SPOA and YJS. Improved liaison, particularly with YJS case-holding workers, has enhanced information flow and joint risk management. Alongside this, ongoing work is being undertaken to update RHI documentation and data-logging processes to better reflect emerging needs and improve accuracy of recording.

Overall, the service continues to prioritise minimising professional duplication, building trusted relationships with young people, and offering early help and preventative interventions to reduce missing episodes and associated risks.

Key Successes in Quarter 4	Key Challenges in Quarter 4
Early Identification of RHIs have effectively identified early indicators of exploitation, emotional distress and unmet need, enabling timely preventative action. Improved Access to Early Help Swift referral and collaboration with TAC, SPOA, YJS and specialist services has ensured children and families	Missing Episode Reporting Missing episodes are not always processed or reported consistently. This affects the accuracy of data and risk analysis. Engagement with Young People Some young people find it difficult to share information during RHIs, particularly where trust has not yet been established or where there are complex emotional needs,

receive appropriate support before risks escalate.

requiring persistence and repeated engagement.

Gwynedd Small Group Homes (RIF 30)

Golygfa'r Gest is now fully operational, with two children settled well in placement. The second property in **Deiniolen** has completed the majority of upgrade works and is now operational, with two children recently placed and settling positively. Upgrade works at the third property in **Edern** commenced prior to Christmas and are progressing as planned. Following completion, work will begin toward registration, with the intention of securing registration by mid 2026–27 financial year.

The Statement of Purpose, policies and registration application for **Gest View** have been completed and submitted to AGC, and the process is nearing completion for **Deiniolen**. The same registration process will be followed for **Edern** once building works conclude. An AGC inspection has already taken place at **Golygfa'r Gest**, and feedback is awaited. Staffing across the properties has strengthened.

The **Gest View** team has embedded well and is working effectively. A full staff team of six workers has been recruited for **Deiniolen**, with the final staff member taking up post on 1 May. Recruitment for the **Edern** property will take place during 2026–27 once the property is ready.

Key Successes in Quarter 4	Key Challenges in Quarter 4
Operational Delivery and Workforce Two properties are now operational, with children settling well. Full staffing for the first two properties, and ongoing training have strengthened care quality and consistency.	Local Community Concerns Some resistance within local communities has required additional engagement, reassurance and relationship building to address misconceptions about children's residential provision.

Small Group Homes – Catref Clyd (LD 16)

Over the past six months, **Cartref Clyd** Looked After Children's homes have provided residential care to five Looked After Children from Anglesey, all of whom present with complex emotional and behavioural needs. During this period, the service experienced significant workforce change, including the recruitment of three residential childcare workers and a manager, alongside the departure of four staff members and two long-term sickness absences. These workforce pressures placed additional strain on the service.

Alongside placement management, there has been a strong service-wide focus on embedding trauma-informed, relationship-based practice. Managers completed trauma-informed training, which has been cascaded to residential staff, and three staff members (one from each home) are currently undertaking further trauma-informed learning to strengthen in-house capability. Over the last six months, this approach has increasingly replaced reactive or crisis-driven responses.

Key Successes in Quarter 4	Key Challenges in Quarter 4
Workforce Confidence and Resilience Investment in training and reflective supervision has supported staff to manage complex behaviour confidently,	Workforce Pressures Staff turnover and long-term sickness posed risks to stability for children with complex attachment needs, requiring intensive

interpret behaviour as communication and maintain compassionate, consistent care.

Short Breaks Provision

The use of Active Support and PBS within the short breaks service has provided meaningful respite, increased family confidence and helped prevent family breakdown and crisis escalation.

management oversight to minimise disruption to children's experiences.

Increasing Complexity of Children's Needs

Children supported by the service present with increasingly complex emotional, behavioural and mental health needs, often linked to trauma and previous placement breakdowns, requiring multi-agency input.

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, Stability and Resilience

- Persistent staff shortages, turnover, sickness and recruitment difficulties, particularly in specialist and therapeutic roles.
- Reliance on short term funding and roles, making it difficult to recruit and retain skilled staff.
- Services frequently operating at or beyond capacity, requiring:
 - waiting lists
 - prioritisation of 'highest risk only'
 - interim or indirect support rather than direct intervention

Rising Demand and Increasing Complexity of Need

- Higher referral volumes.
- Growing complexity (trauma, exploitation, harmful sexual behaviour, neurodiversity, mental health, domestic abuse).
- More children sitting between thresholds or outside traditional service criteria.

Engagement Challenges with Families and Young People

- Engagement is harder when:
 - Families are in crisis
 - Young people are distrustful of professionals
 - Interventions arrive late
- Increased time investment per case.
- Risk of disengagement where support is rushed or transactional.

Placement Sufficiency and Transition Barriers

- Limited availability of:
 - Suitable foster carers
 - Supported lodgings hosts
 - Local placements meeting complex needs
- Children ready to step down remain in care due to lack of options.
- Longer stays than clinically necessary.

How People Felt About What Has Been Delivered

The case study storybook for SF&C can be seen embedded below:

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 the year, 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 3 MoC. See the projects tabled below. Any completed REM maps will be linked and referred to in the relevant MoC report.

RIF projects Ripple Effects Mapping in Q3/4 2026:

Scheme Ref No	Regional scheme name (Tier 2)	Service Project name (Tier 3)	Total cost £	RIF funding £	% RIF Funded
CBC CC 03	Complex and Intense Support Service	Positive Behaviour Support	Redacted s41	Redacted s41	Redacted s41
CBC CC 03	Complex and Intense Support Service	OT Specialist Support Service	Redacted s41	Redacted s41	Redacted s41
CBC PC 15	Regional LD Supported Employment	Regional LD Supported Employment	Redacted s41	Redacted s41	Redacted s41
SF&C 03	Complex needs and secondary prevention including multi-agency early help	LIFT	Redacted s41	Redacted s41	Redacted s41
ABS 04	LD Regional Accommodation	LD Regional Accommodation (PBS)	Redacted s41	Redacted s41	Redacted s41
Total			Redacted s41	Redacted s41	Redacted s41