Rotherham Metropolitan Borough Council

Public/Private Report
Council/or Other Formal Meeting

Summary Sheet

Committee Name and Date of Committee Meeting – Corporate Parenting Panel

Report Title
Intensive Intervention programme (IIP): Pilot Phase Report

Is this a Key Decision and has it been included on the Forward Plan?
No

Strategic Director Approving Submission of the Report
Mel Meggs

Report Author(s)
Dr Sara Whittaker, Dr. Hayley Wright, Anne-Marie Banks, & Ian Walker

Ward(s) Affected
All wards

Summary
The Intensive Intervention Programme (I.I.P.) has developed during the past year as part of the RMBC CYPS Therapeutic Team. Over 30 looked after children and young people (LAC) have been supported through this programme including young children who have faced multiple placement breakdowns, teenage young women at risk of Childhood Sexual Abuse and Exploitation, and young people who have histories of complex developmental, familial trauma who need lengthy packages of therapy. Initial outcomes suggest the IIP promotes placement stability, delivers carer and staff support and training, and delivers complex psychological and therapeutic interventions in an acceptable, bespoke and finely tuned approach, within a standard protocol. Feedback from carers and colleagues within the networks is positive.

Ofsted also noted the impact of the team during the Inspection undertaken in November 2017 and highlighted it as an 'Annexe O' (Outstanding Practice).

As a result the impact of this programme on outcomes for some of the most challenging and high need looked after young people is beginning to be clearly evidenced. In addition it is reasonable to assume that increased placement stability will have a positive impact on the demand for out of authority placements and therefore contribute to reduced budget pressures.

However, despite these positive impacts there is a risk to the sustainability of the programme given that funding was only agreed for the IIP within the MTFS for 3 years and is therefore due to end on 31 March 2020.

Recommendations
DLT is recommended to note the contents of this report and the positive impact that IIP is having on the outcomes achieved by the LAC who have been able to access it. Evaluation and corresponding reports will be produced on a 6 monthly basis from 1 April 2018.
DLT is also recommended to consider if/how to create a secure funding stream for the Intensive Intervention Programme to be continued given that, as funding was originally only agreed until 31 March 2020, some staff are on fixed term and temporary contracts.

List of Appendices Included
appendix 1: IIP protocol, 19.9.2017
appendix 2: Initial pilot service evaluation, September 2017
appendix 3: Report up to 31.03.2018.

Background Papers
Original paper to DLT & cabinet.

Consideration by any other Council Committee, Scrutiny or Advisory Panel
No

Council Approval Required
No

Exempt from the Press and Public
No

Intensive Intervention programme (IIP): Pilot Phase Report

1. Recommendations

DLT is recommended to note the contents of this report and the positive impact that IIP is having on the outcomes achieved by the LAC who have been able to access it. Evaluation and corresponding reports will be produced on a 6 monthly basis from 1 April 2018.

DLT is also recommended to consider if/how to create a secure funding stream for the Intensive Intervention Programme to be continued given that, as funding was originally only agreed until 31 March 2020, some staff are on fixed term and temporary contracts.

2. Background

2.1 The South Yorkshire Empower and Protect project (SYEP) was closed down after a period of working with young people who were at risk of child sexual exploitation/abuse or going missing from home or from care, and worked with their carers and networks. This project was also designed to have a longer term legacy impact in terms of positively affecting social work practice and as a result the IIP was developed to offer an intensive package to some of the most vulnerable LAC. An intensive intervention programme was therefore devised which drew on best practice, using a model where support for up to a day a week could be offered to the network around a young person for three months, followed by up to 4 hours a week for up to 6 months, and then 2 hours a week for the final 3 months. The package involves whole system, therapeutic network meetings, consultation and training to the whole system working with a LAC as well as direct therapeutic training to carers and direct therapy to carer and child. Each network has one therapist is attached to the network, carers and young person and they act as both therapeutic care manager and therapist.

2.2 Direct therapies draw on trauma and attachment models, including Dan Hughes' dyadic developmental psychotherapy (DDP), Theraplay, creative therapies, the Anna Freud centre's mentalisation model, play & family therapy, and Eye Movement Desensitisation and Reprocessing (EMDR).

2.3 Therapeutic Network meetings draw on systemic thinking to ensure all colleagues share understanding and ways of working. Network meetings use psychological formulation to link the past to the present, and to look at fresh understandings and new interventions to support children in placement and in school. Staff Clinical Supervision is provided by Dr Donna Fisher and Dr Sara Whittaker with specialist supervision and external clinical supervision and training being sought as required.;

2.4 The Therapeutic Team continue to offer consultation and therapy to all LAC. Following a basic intervention, children at risk of further placement breakdown can be referred to IIP. Furthermore a statistical screening protocol has been developed whereby number of placement moves, high scoring strengths & difficulties questionnaires (SDQs) , identified risk factors including CSE/going

missing, and age are considered to generate statistical RMBC CYPS referrals each month. It was this pre-emptive approach to identifying the need for a therapeutic intervention to achieve increased placement stability that was identified by Ofsted as being an 'Annexe O' – recognised outstanding practice.

2.5 The key aim of IIP is to reduce the emotional trauma inflicted on children in care who face multiple ongoing placement moves. Many indicators show poorer outcomes when children have higher numbers of moves. This includes their educational outcomes as identified in the Rees Report "The Educational Progress of looked After Children." The programme aims to take the children at risk of further placement moves and to work intensively with the team/network around the child, and in particular the carers to minimise risk of further moves.

2.6 More specifically the overall aims of the programme are:

- To stabilise and support placements of challenging young people at high risk of placement breakdown. (Prevent moves /reduce the number of moves in a 12 month period).
- To foster a therapeutic and psychologically informed understanding of the young people, including developing an understanding of how their previous experience impacts on their current challenging behaviour in order to develop effective strategies for managing these. (A shared formulation is created and shared in network meetings).
- To deliver effective therapeutic interventions which result in improved outcome measures (Carer and school rated SDQ scores improve during the IIP).

2.7 As young people experience more placement disruptions it becomes increasingly difficult to secure them family based care arrangements especially given the market is becoming saturated as a result of the increase in numbers of LAC across the UK. As a result it is the experience of a significant number of young people for them to migrate towards Out of Authority residential placements simply because they have exhausted all viable family based options. It is therefore reasonable to anticipate that the IIP will be able to evidence some achieved cost avoidance being achieved by successfully maintaining young people within their existing foster placement. The team are working with both the Commissioning and Performance teams to monitor outcome measures in relation to psychological wellbeing and placement stability and monitor placement and other costs to demonstrate cost effective therapeutic interventions. The team will follow up outcome data following the one year intensive intervention programme ending by monitoring placement activity and wellbeing over the next two years.

3. Key Issues

3.1 The IIP is able to evidence a positive impact on the placement stability and emotional wellbeing of the young people involved in the project. The appendices contain two summary reports of the activity and outcomes achieved thus far by the team.

3.2 The pilot phase of five cases finished in March 2018, with some further cases which started later due to complete in October 2018. Evaluation of the successes and limitations of the service are being reviewed and changes to the protocol being agreed to further the effectiveness of the work moving forward.

3.3 However, despite these improved outcomes, the external validation of the project from Ofsted and the positive financial impact the project is achieving there is a risk that these benefits will only be short-lived given the time limited funding that is currently available.

4. Options considered and recommended proposal

4.1 DLT is recommended to support the continued implementation of the Intensive Intervention Programme for the more vulnerable LAC and to continue to monitor selection, intervention and effectiveness of the service and its outcomes. This will be supported by the Rotherham Therapeutic Team providing DLT with an annual report detailing the number of young people supported, the interventions provided, the outcomes achieved and any cost avoidance that can be evidenced.

4.2 DLT is further recommended to consider whether there is an argument for securing funding to extend the IIP project for a further three years from 1 April 2020.

4.3 The only other option to be considered would be to allow the project to wind down as from April 2020, allow all fixed term and temporary contracts to come to an end and to return permanent employees to their substantive posts within the RTT

5. Consultation

5.1 There has been ongoing consultation with referrers, and service users including carers & young people. This data is included within the Appendix 3. Feedback has broadly been positive and some feedback recommends the service as one of the best they have experienced. However, there have been some carers who have been reluctant to engage in the therapeutic work and engagement was further limited by placement moves.

6. Timetable and Accountability for Implementing this Decision

6.1 If DLT agree that further funding should be provided to sustain the project as from April 2020 onwards, the funding would need to be identified and allocated to IIP as part of the Therapeutic Team. This would be decided and actioned within the Finance Team.

6.2 Ian Walker & Anne-Marie Banks to oversee the work of the Therapeutic Team and IIP, in consultation with Team Manager Dr Sara Whittaker, to continue to monitor effectiveness and positive outcomes.

7. Financial and Procurement Implications

7.1 Finances are committed to the IIP and the TT within the existing budget until 31st March 2020. .The budget for 2020/21 onwards will be found from a realignment of existing Children's Services budgets.

7.2 Ongoing financial monitoring will be undertaken in order to evidence the Invest to Save effectiveness of the project by virtue of diverting the most high risk young people from Out of Authority high cost residential placements.

8. Legal Implications

8.1 The work undertaken by the IIP assists the Council in complying with the statutory duties it has in relation to looked after children, including the general duty under section 22 of the Children Act 1989 to safeguard and promote the welfare of looked after children.

9. Human Resources Implications

9.1 The Rotherham Therapeutic Team has 2.5 full time equivalent posts for LAC, 3 wte for IIP, 3 wte for post adoption and SGO support, 1.5 wte for in-house ASF therapeutic work for post adoption and SGO families, 2 f.t.e. business support staff, one consultant clinical psychologist as clinical lead and team manager, and 4 trainee psychologists/therapists/social workers. Initially a contract worker (AT) was employed to offer therapeutic interventions to the young women discharged from the SYEP programme.

9.2 The IIP has been staffed with experienced therapists/clinicians – one full time clinical psychologist (split into two part time posts) seconded from Sheffield Health & Social Care Trust. The other two posts are split between 3 part time workers employed directly by RMBC (0.8, 0.6 & 0.5 fte).

9.3 If further funding cannot be secured these posts will need to be considered, notice served and redeployment considered. The secondment/contracting between RMBC and SHSCT will need notice to be served.

9.4 Where an extension is approved then the contract arrangements may need to be reviewed with SHSCT.

10. Implications for Children and Young People and Vulnerable Adults

10.1 The IIP provides a high level of therapeutic intervention to the young LAC who most need support following initial interventions and support. The intervention promotes wellbeing and placement stability, addresses past trauma, promotes secure attachments and embeds skills within the network of carers and other professionals to assist this. The enhanced skills that all professionals and carers develop as part of this programme are also likely to benefit other looked after young people who will be supported into greater placement stability due to a more competent caring network. .

11 Equalities and Human Rights Implications

11.1 There will be more demand than we can meet and therefore careful statistical and other monitoring is undertaken to ensure the most needy and most receptive placements are offered the IIP for up to 12 months.

12. Implications for Partners and Other Directorates

12.1 The closure/reduction of the IIP could lead to placements failing, breaking down and children being moved outside of South Yorkshire. Complex children with a history of placement breakdown can be difficult to place in foster families and we have had several children considered for residential provision at young age (below 12). IIP may offer a robust service to enable carers to care for a young person in their own home. The strength of programmes like the Mockingbird may be enhanced by the IIP, and over time the CYPS workforce will be skilled to use a wider range of therapeutic approaches which will enhance social work practices.

13. Risks and Mitigation

13.1 The main risk is the temporary Financial insecurity into the year 2019/2020 – plan to address with RMBC at the earliest time.

14. Accountable Officer(s)

Ian Walker.

Approvals Obtained from:-

	Named Officer	**Date**
Strategic Director of Finance & Customer Services	Colin Allen	
Assistant Director of Legal Services	Neil Concannon	
Head of Procurement (if appropriate)		
Head of Human Resources (if appropriate)	Ian Henderson, Amy Leech, Rebecca McAlister (secondment)	

Report Author: Dr Sara Whittaker, Therapeutic Team Manager.

This report is published on the Council's website or can be found at:-

http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=

Appendix 1 : IIP Protocol

Rotherham Therapeutic Team (RTT) Intensive Intervention Programme (IIP) April 2018

1. Background to IIP

RMBC's IIP has been developed by the Rotherham Therapeutic Team (RTT). IIP aims are to offer 'wrap-around' support for children, young people and foster placements where severe and multiple vulnerability are identified, are causing difficulties for the child/young person and are impacting on the stability of the placement. The support is initially intensive but reduces until the risk to placement breakdown is reduced. Outcomes measures are used to monitor the progress of the programme and to review.

The IIP is evidence based; informed by the National Institute for Clinical Excellence – NICE- guidelines on attachment and looked after children, and research in other areas such as youth offending and edge of care (Flint et al 2011). Research on children in care shows that the stability of a foster placement is pivotal to a child/young person's journey of recovery from early neglect and trauma (Schofield & Beek 2014; Munro & Hardy 2006). Unstable placements and many moves within the care system are closely associated with poorer mental health outcomes and behavioural problems (Sinclair, 2005). As adults, these children may have poorer employment and education outcomes, and involvement with the criminal justice sector, with a higher financial cost for agencies such as local authorities, the NHS and the criminal justice sector, as well as society as a whole.

The National Children's Attachment Guidelines (2015) commissioned by NICE noted that intensive training for foster carers combined with group cognitive and interpersonal skills sessions for children, has the potential to reduce care placement instability. NICE judged that the provision of such interventions is likely to lead to cost savings since it allows better placement of children and young people, timely and effective management, and potentially prevention of attachment difficulties (and costly short-term multiple placement changes).

The Department of Education research report (Flint et al, 2011) noted that the IIPs which were developed to support young offenders and young people on the edge of care, had often achieved 'soft' transformative outcomes such as reduced risky behaviours, enhanced self-esteem and confidence, improved domestic environments (emotional, social and physical) or had stabilised families. IIPs had also aided crisis management which had prevented situations from escalating. The majority of young people and their parents / carers believed that the IIP had been a positive experience that was directly linked to their significant progress and improved outcomes.

The South Yorkshire Empower and Protect Project findings (SYEP, 2017) demonstrated that by providing foster carers with specialist training and direct access to clinical expertise from the beginning of a challenging placement, rather than only when a breakdown is emerging, had greatly enhanced carers' willingness

and ability to cope with self-harm/missing episodes. The SYEP evaluation concluded that placements with trained and experienced foster carers with access to clinical expertise, combined with key worker support for young people, should be considered as viable alternatives to secure or specialist residential placements for exploited or high risk young people.

A review of factors that lead a foster placement to breakdown over the past 2 years within RMBC Children's Services gave a picture of possible common themes including the number of placements moves, high Strength and Difficulties scores (SDQ), absconding and high risk behaviour in terms of risk to self or others, as well as risk of child exploitation.

Information was gathered in relation to RMBC children who had more than three placement moves alongside SDQ scores of above 17. 65 children/young people were identified as having 3 or more placement moves:

- 1 child/young person had 10 placement moves with a SDQ score of 18
- 2 children/young people had 7 placement moves, with one of those young people scoring very high at 27 and one score unknown
- 5 children/young people had 6 placement moves with scores ranging from 19 to 31
- 10 children/young people had 5 placement moves and scores of 17 +
- 15 children/young people had 4 placement moves and scores of 17 +
- 32 children/young people had 3 placement moves with scores of 17 +.

From the sample of 65 it would appear that high SDQ scores are present in most cases where a child/young person has had 3 or more moves. A significant number of these children/young people were placed out of area.

In April 2017, Carol Sibley, Strategic Team Manager (LAC), study of looked after children with SDQ scores of 18 + and had experienced 3 or more placements, identified 6 children/young people: 5 were placed out-of-area and 1 within the local authority; 4 of the out of area placements were specialist residential units. From the information gathered it appears that placements which require support can be identified through high SDQ scores and by behaviour that raises significant concerns such as missing episodes, risk of child sexual exploitation, drug/and or alcohol misuse, anxiety, depression and self-harm. The themes which impacted upon the breakdown of the placements were:

- Foster carers' birth children either being hurt or threatened by the young person in their care, which led to the placement ending.
- Foster carers stating at point of breakdown that they had received insufficient information at the point of placement, and had they known from the start then they would not have offered to care.
- Evidence of delayed assessments of young people.
- Three of the six young people made allegations against placement providers within a 12 month period – two were against residential staff, and one against an IFA foster carer – which ended each placement and necessitated a placement move.

- Contact with birth family.

Successful and helpful interventions included:

- Strong evidence of the role of the Rotherham therapy team (RTT) being a positive intervention in terms of placement stability, the most helpful being feedback telephone calls from RTT practitioners to foster carers which unpicked negative language used by them, and promoted positive alternatives. Foster carers reported finding this advisory role extremely helpful, and were reassured by the conversational nature of the advice.
- Stability of the placement was enhanced by the cessation of contact with birth family in some cases.
- Attachment styles of both the children and foster carers to be understood in order for a more suitable match to be identified.
- Listening to carers.

2. IIP criteria

IIP will use a statistical method to look at data held by Liquid Logic to generate potential referrals.

The children and young people that can be referred to IIP are:

- Rotherham Looked After Children aged from 6 to 15 years old,
- SDQ scores of 17 +,
- number of placement moves,
- history of significant trauma and abuse,
- further factors to consider: Behavioural & emotional difficulties, emergence of missing episodes & risk of CSE, self-harm, anxiety, depression, drug and/or alcohol misuse.

Further requirement: Acceptance and engagement by the social workers, foster carers and whole team working with the young person of the utility of the whole IIP – network meetings, training, reflective practice, consultations and therapeutic sessions.

3. IIP aims

The overall aims of the programme are:

- To stabilise and support placements of challenging young people at high risk of placement breakdown. (Prevent moves /reduce the number of moves in a 12 month period).
- To foster a therapeutic and psychologically informed understanding of the young people, including developing an understanding of how their previous experience impacts on their current challenging behaviour in order to develop effective strategies for managing these. (A shared formulation is created and shared in network meetings).
- To deliver effective therapeutic interventions which result in improved outcome measures. (Carer and school rated scores improve during the IIP).

The Rotherham IIP Model

The model draws on the research discussed previously and also on therapeutic approaches such as Dyadic Developmental Psychotherapy (DDP) which includes an understanding of blocked care and brain blocked parenting, Theraplay, EMDR, mentalisation, narrative and creative approaches. The model is systemic – training and supporting the team around the child, including foster carers, to enable the network to address the therapeutic needs for the young people.

Phase	Details
Assessment and contracting	Statistical generation of young people who have high SDQ scores and high numbers/repeated placement moves. IIP worker will organise an initial pre-allocation consultation with social worker and fostering social worker. The IIP worker will discuss the required level of commitment and sign up requirements for the whole network. IIP worker to make a final decision on acceptance of referral or other recommendations.
	An initial therapeutic network meeting will be held. All adults involved in work with and the care of the child/young person shall be invited to this meeting. It will be important to identify professionals such as SW, FSW, carers, school, Police, Missing Officer, as well as Virtual School. At this point the child/young person's strengths, history and presenting issues will be discussed. This will provide an opportunity for sharing information and developing a live formulation using the chronology and other sources of information and beginning the process of linking current issues and behaviour to past experiences in order to inform the work and support the placement.
	A range of supports can then be tailored to the needs of the young person and the team around them, to include regular therapeutic professionals meetings and regular family meetings to address issues arising within placement. These may be offered by the same person or by a range of workers within the system as considered therapeutically appropriate and as agreed within the team. The IIP worker will always remain the case manager for each child/young person referred.
Phase One	Phase one consists of up to one day per week dedicated to one child/young person over a three month period. This is the most intensive phase and requires full commitment from all those involved in the work.
	1. Monthly Therapeutic Team Around Placement /network meetings, which include all key people working with and caring for the child/young person. Aims: (i) Planning and Goal setting (ii) Reflection/Therapeutic Thinking to foster a shared understanding of issues in the context of previous experiences (iii) to develop empathy and effective strategies for intervention (iv) Ongoing Formulation to inform decision making and intervention (v) Support foster carer to discuss plans with children/young person's social worker (vi) Ensure that foster carers' views are listened to and acted upon (vii) To share responsibility and risk management in order to manage and address risks proactively and avoid being risk averse (viii) To ensure a shared perspective across the team to facilitate good team working and holding an ability to recognise both individual and systemic patterns (ix) To maintain stability across potentially destabilising events such as changes of professionals, therapy and planned respite (x) To offer training, consultation, supervision and the development of support groups.
	2. Support and consultation for professionals involved in the child/young person's care and will be twice-monthly. This will involve:

	○ Monthly Reflective Practice Session for Professionals (not including foster carers). An opportunity to reflect on the work, share struggles, gain support and inform future practice. ○ Monthly Training sessions for foster carers, school & social workers to develop further therapeutic skills.
	3. Support to foster carers. This will involve: (i) Carer only phone call/consultation. As required – weekly check in. (ii) Therapeutic Family Meeting. To include carer, child/young person, IIP worker and child/young person's therapist (if there is one). (iii) To discuss issues arising in the placement. (iv) To foster a therapeutic empathic relationship between foster carers and young person by developing shared understanding of how past experiences impact on current difficulties. This helps to develop empathy for foster carers and the ability for everyone to understand the others' point of view. (v) Drawing on trauma centred and DDP models, Using PACE, Identifying successes, Practicing having tricky conversations, & Practicing repair. (vi) Developing a shared formulation. (vii) Training and Support Group for foster carers; to include opportunities for peer support as well as training in therapeutic parenting.
	4. Support & therapy for Child/Young Person - The following will be considered and offered where appropriate on a weekly basis: (i) Life story work & Therapy to address trauma where identified. (ii) Dyadic attachment work – with therapist, carers and child (DDP, theraplay or another structured therapy). (iii) Any therapy needs to be at the right time for the child/young person, and may need to be done in consultation with/or by referral to CAMHS, RISE, etc. (iv) Youth Work – Support Worker: This could from a range of sources, including school learning mentor or teaching assistant (LM/TA), CSE Barnardos/evolve : One-to-one work/ CBT Self-help/ advocacy/ R2R engagement/ psycho educational/ transition support.
End of Phase One	The aim would be to gradually reduce support within the system as the situation stabilises. A review will be held at this point and measures to be re-administered, as well as feedback evaluations from carers and child/young person. At this point a decision will be made about moving into Phase Two.
Phase two	Phase Two is offered at a reduced level of intervention (up to four hours each week) but follows the same structure as Phase One and the timescale is three to six months. The aim is to continue to empower the systems around the child/young person, as well as helping to develop the child/young person's wellbeing, self-esteem and resilience (secure base).
	Regular Therapeutic Team Around Placement (i) Meetings will be reduced from monthly meetings to every 6 to 8 weeks. The aims and purpose of the meetings remain the same as in Phase One.
	Support for professionals (i) Consultation on specific issues can be requested from the IIP worker who is the case manager – and this may be delivered at network meetings. (ii) Reflective Practice Sessions for Professionals (monthly sessions).

	(iii) Training programme continues (monthly).
	Support to foster carers: (i) Support – by telephone, consultation and in between sessions as needed, but at a reduced frequency/length in time. (ii) The views of foster carers continue to be of the utmost importance within the work, and will be gathered accordingly. (iii) Training sessions (monthly).
	Support for Child/Young Person: Support via other agencies i.e., school mentors, Barnardos etc., will continue, if this is appropriate. Dyadic Therapy remains the same as in Phase one. And/or Additional work may be requested in consultation with/or by referral to CAMHS, RISE, Junction, etc. The IIP worker will remain the case manager regardless of whether the child/young person receives therapy from another agency or independent therapist.
	End of Phase Two The aim is to gradually reduce support within the system as the situation stabilises. At the end Phase Two a review will be held and measures will be re-administered, as well as feedback evaluations from carers and the child/young person. At this point a decision will be made about moving into Phase Three.
Phase three	Phase Three is a period of further reduction within the level of intervention by IIP and the timescale is three months. Only two hours each week will be available to the child/carers/team working with the child. The time will therefore be prioiritised as direct dyadic therapy and consultation to carers and every 8 weeks instead there will be a therapeutic network meeting. The aim is to continue to empower the systems around the child/young person, as well as helping to develop the child/young person's self-esteem and resilience (within a secure base). 1. Regular Therapeutic Team Around Placement -Meetings will take place every eight weeks. Support for professionals to plan and resolve issues. 2. Consultation on specific issues can be requested from the IIP worker who is the case manager within the Network meetings. 3. Ongoing attendance at training & Reflective Practice Sessions for Professionals will be required.
	4. Support to foster carers Support remains weekly if needed, particularly to support the dyadic sessions. The views of foster carers continue to be of the utmost importance within the work, and will be gathered accordingly.
	5. Support for Child/Young Person Support via other agencies i.e., school mentors, Barnardos etc., will continue, if this is appropriate. Weekly dyadic Therapy remains the same as in Phases one and two (around 36 dyadic sessions will have been delivered across a 12 month intervention). Other agencies may alternatively/in addition offer specific therapies/interventions.

Endings, evaluation & closure	A review of the intervention will be held and the final measures and final evaluations will be completed. Evaluations will be completed by all involved in the team around the placement, as well as the child/young person. Ongoing evaluations and access to training groups (2 years). Carers and the child/young person will have the opportunity to work on endings with the IIP worker and have space to say 'goodbye' and a celebration meeting/session could be arranged. At the end of the work a final report will be provided which offers a formulation as well as identifying potential future risks and key strategies for managing these in the future.

Measures and Evaluations

It is the responsibility of the IIP worker to collect all standardised measures and evaluations and feedback forms/satisfaction questionnaires. These will be submitted to the allocated administrator for scoring and the IIP worker will analysis data and use appropriately in the formulation of each case and direct outcomes. IIP workers will work within the Data Protect Act (1998) and ensure confidentiality, as appropriate. Consent will be sought at the start of the work with regards to the use of standardised measures and evaluations, as well as taking part in the IIP.

(Rotherham Metropolitan Borough Council, Rotherham Therapy Team, 2017)

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Appendix A: Assessment/Outcome Measures

Strengths and difficulties questionnaire (SDQ)

The SDQ is a short behavioural screening tool that covers details of emotional difficulties, conduct problems, hyperactivity or inattention, friendships and peers groups, as well as positive behaviour. The SDQ provides a helpful way of assessing the emotional well-being of the overall population of looked after children (LAC), but also individual children and young people. The Strengths and Difficulties Questionnaire (SDQ) can be used to indicate when there is a need for a discussion between the child/young person's social worker and a Rotherham therapy team IIP intervention worker. This will happen when there is a score of 17 and above, even if there are no issues within the placement that a foster carer has specifically raised and/or requested support. This will help to track the SDQ scores, how they are used and data analysed, and whether there were any interventions offered or tried, as part of the overall evaluation of the IIP. During the discussions it may be decided that a referral is not required at that time, but that a repeat SDQ will be completed within an agreed timescale. The foster carer will be kept informed of the discussions by the child/young person's social worker.

Carers' Questionnaire

The carers' questionnaire as developed by Dr Kim Golding, Clinical Psychologist. This questionnaire measures the quality of the relationship and helps to set goals within the work.

Trauma Symptoms Checklist for Children (TSCC)

The TSCC was developed by Dr John Briere . The TSCC allows a practitioner to measure posttraumatic stress and related psychological symptomatology in children ages 8-16 years who have experienced traumatic events, such as physical or sexual abuse, major loss, or natural disasters, or who have been a witness to violence.

Revised Children's Anxiety and Depression Scale (RCADS)

The Revised Children's Anxiety and Depression Scale (RCADS) and the RCADS – Parent Version (RCADS-P) are 47-item questionnaires that measure the reported frequency of various symptoms of anxiety and low mood. They produce a total anxiety and low mood score and separate scores for each of the follow sub-scales: separation anxiety; social phobia; generalised anxiety; panic; obsessive compulsive; total anxiety; and, low mood.

RCADS and the RCADS-P can be used for tracking symptoms as well as providing additional information for assessment. The tool can be useful in highlighting specific issues, such as separation anxiety or obsessive compulsive disorder, where the initial difficulty seems to be a more general one, such as generalised anxiety or low mood.

Randolph Attachment Disorder Questionnaire (RADQ)

The RAD questionnaire helps to identify stressors associated to attachment. This questionnaire has been critiqued by other authors and in particular the scoring is descriptive rather than norm based.

Goal Based Outcomes (GBO)
GBOs are a way of evaluating progress towards a goal in clinical work with children, young people, and their families and carers. GBOs compare how far a child or young person feels they have moved towards reaching a goal that they have set for themselves at the beginning of an intervention

Experience of Service Questionnaire (ESQ)
The ESQ, was developed by the then Commission for Health Improvement (now the Health Care Commission) as a means of measuring service satisfaction in Child and Adolescent Mental Health Services. The ESQ consists of 12 items and three free text sections looking at what the respondent liked about the service, what they felt needed improving, and any other comments. There is a child/young person and parent/carer version.

Appendix 2:

September 2017: IIP Service Evaluation – Intensive Intervention Program Pilot

Background

Following the closing of the South Yorkshire Empower and Protect (SYEP) project, Rotherham Metropolitan Borough Council (RMBC) decided to contract a worker (AT) to provide an intensive support package for young people transferring from the project. The initial agreement was to provide a service similar to that which had been offered by SYEP, including monthly professionals meetings with a therapeutic focus, support for foster carers and supervision, support for professionals working within these families and direct work with the carers/young people where indicated.

The main aims of the programme were:

- To stabilise and support placements of challenging young people at high risk of placement breakdown or high risk CSE through supporting the team around the child, including foster carers, as well as addressing support needs for the young people (prevent placement moves & breakdown).
- To foster a therapeutic and psychologically informed understanding of the young people, including developing an understanding of how their previous experience impacts on their current challenging behaviour in order to develop effective strategies for managing these (Network meetings).
- To share responsibility and risk management in order to manage and address risks proactively and avoid being risk averse (Risk was discussed in network meeting and aims to reduce missing or cse incidents).
- To ensure a shared perspective across the team to facilitate good team working (network meetings).
- To assist professionals in maintaining perspective and holding an ability to recognise both individual and systemic patterns (network and reflective practice meetings).
- To maintain stability across potentially destabilising events such as changes of professionals, therapy and planned respite (placement stability).

The aim was then to review the intensive intervention program with a view to developing an evidence-based plan for providing support to young people at high risk of child sexual exploitation (CSE) or with multiple placement breakdowns. This evaluation will assess the outcomes of the intervention for five young people; four who were referred from the SYEP project (AS, TH, NB, OW) and one who received the same intensive support package, commissioned due to multiple placement moves (KP). RTT employed a contractor AT to develop the package and deliver the interventions.

Results

Significant events

One method of evaluating progress was to tally the number of 'significant events' that were tagged on the casenotes system by professionals for each young person. Although whether an incident is deemed a significant event is a subjective view based on the opinion of the particular professional, such events included placement moves, episodes of self-harm/overdoses and incidents of running away/going missing.

For each young person, the number of significant events during the intervention period was compared with the number of significant events in an equal length period prior to intervention. Results in figure 1 show that for three of the young people the number of significant events reduced and for two of the young people, the number of significant events increased.

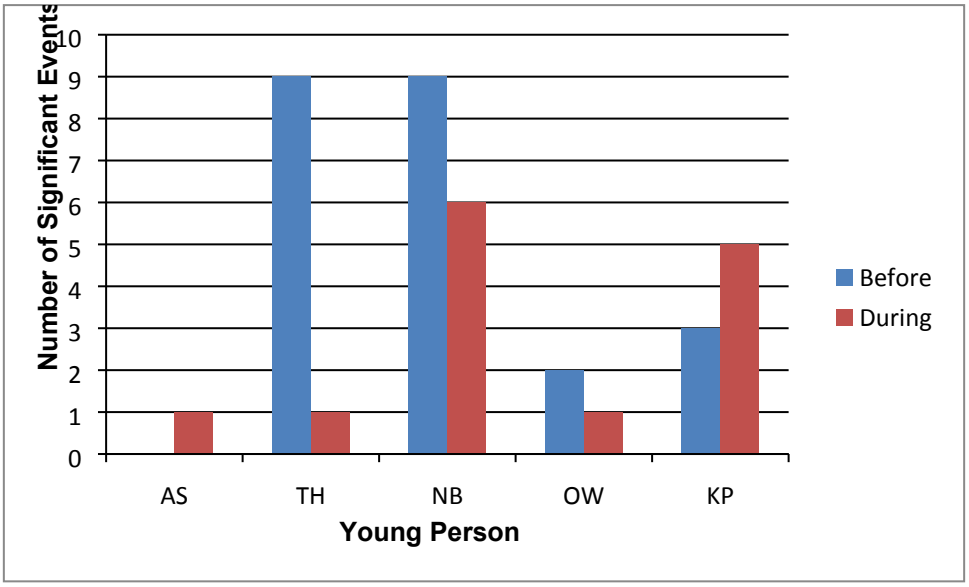


Figure 1. Number of significant events before and during intervention

In order to provide a more illustrative picture of the types of significant events that occurred before and during the intervention, case notes were trawled in detail and the number of specific episodes of going missing, overdoses, exclusions from school and placement moves were recorded during the intervention period and for an equal period before, as above. Figure 2 shows that all areas reduced during the therapeutic intervention period, especially the number of episodes of missing from home. There were no school exclusions or placement moves as reported in the casenotes during the therapeutic intervention period for any of the young people.

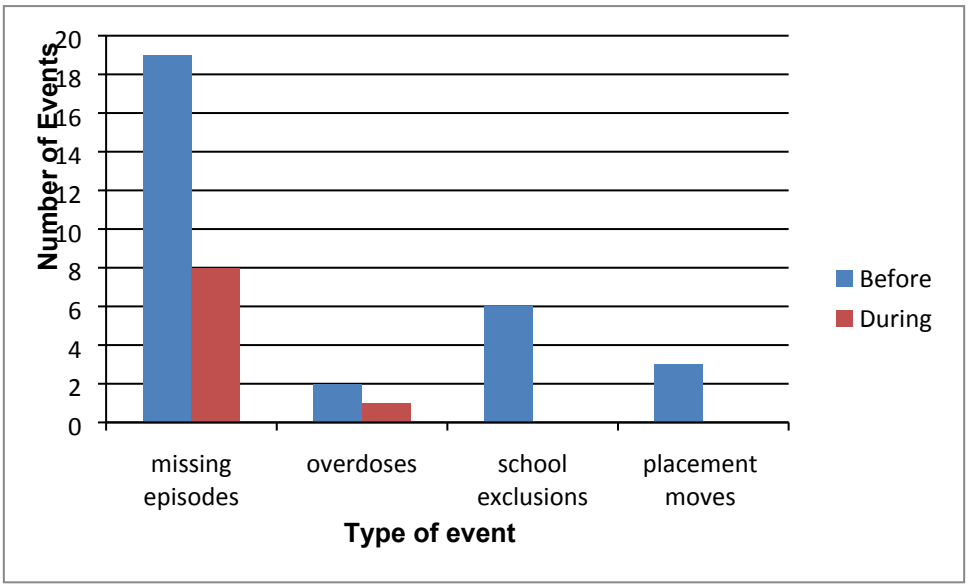


Figure 2. Number of episodes of missing from home, overdoses, school exclusions and placement moves before and during therapeutic input

Outcome measures

Three outcome measures were completed by carers at the beginning and completion of the intervention:

- The *Strengths and Difficulties Questionnaire (SDQ)* is a tool to assist in the evaluation of young people's emotional and behavioural development, under the categories of prosocial, hyperactivity, emotional, conduct and peer problems. The questionnaire was devised by Goodman (1997, and revised in 2005).

- *The Carer Questionnaire (Carer-Q)* is an indicator of parenting capacity in respect of attunement, connectedness, sensitivity and responsiveness to a young person's needs. The questionnaire reflects the parent's three main concerns and goals for work and development.

- *The Randolph Attachment Disorder Questionnaire (RAD-Q)* helps to identify stressors associated to attachment. When scoring the questionnaire, scores below 65 are consistent with the general population range, 65+ suggests borderline attachment concerns, 80+ suggests moderate and 100+ suggests severe attachment difficulties. This questionnaire has been critiqued by other authors and the scoring is descriptive rather than normative data based.

Figure 3 shows scores on the SDQ for each young person, as rated by their carers. Scores above 20 are classed as 'very high', 17-19 'high', 14-16 'slightly raised' and 0-13 'average'. Results show that two young people reduced by one category and three remained in the same category.

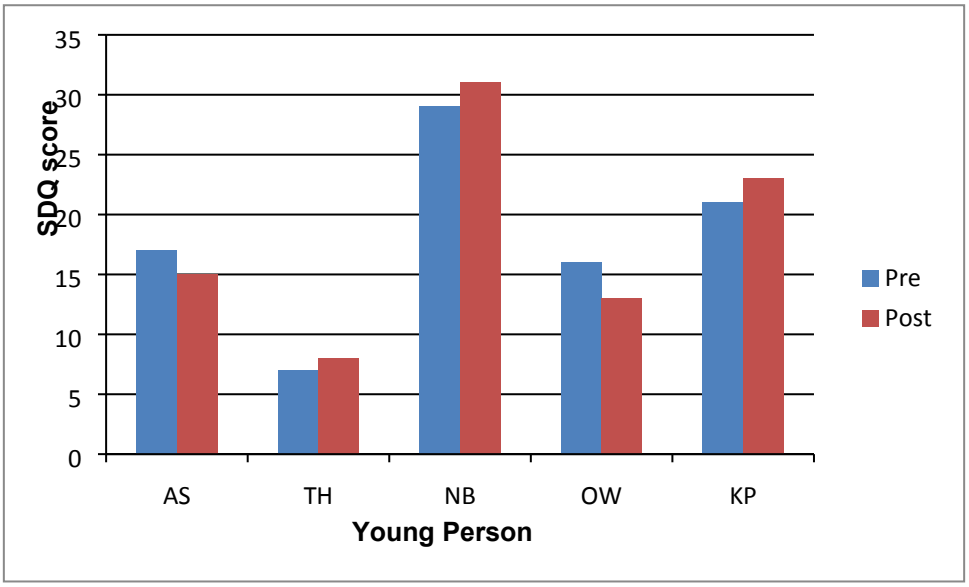


Figure 3. SDQ scores pre- and post-intervention. Lower scores denote improvement

Figure 4 shows scores on the Carer Questionnaire for each young person and show that scores were largely unchanged from pre-therapy to post-therapy.

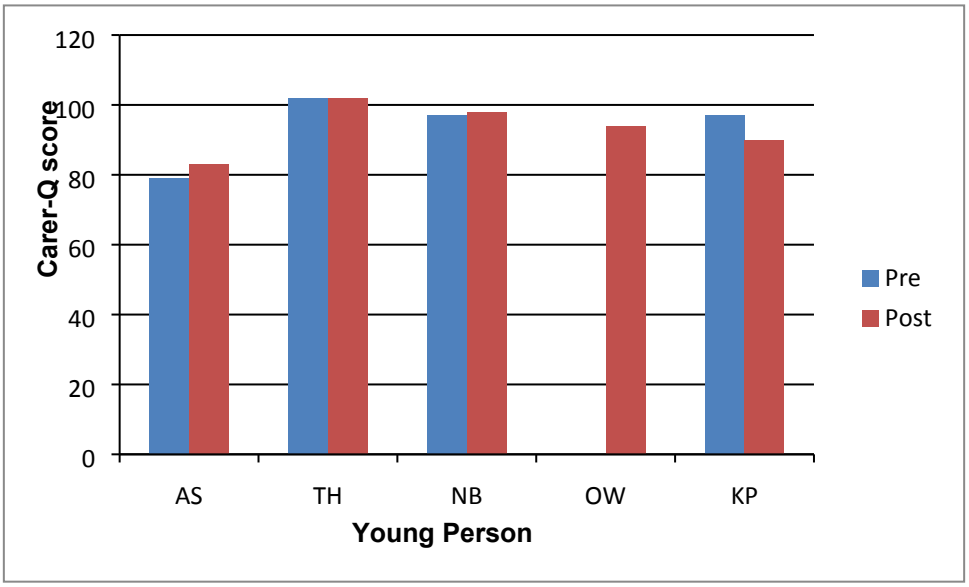


Figure 4. Carer-Q scores pre- and post-intervention.
Note no score available for OW pre-intervention.
Higher scores denote improvement

Figure 5 shows scores on the RAD-Q for each young person, with two young people improving on the measure and two young people slightly increasing their scores.

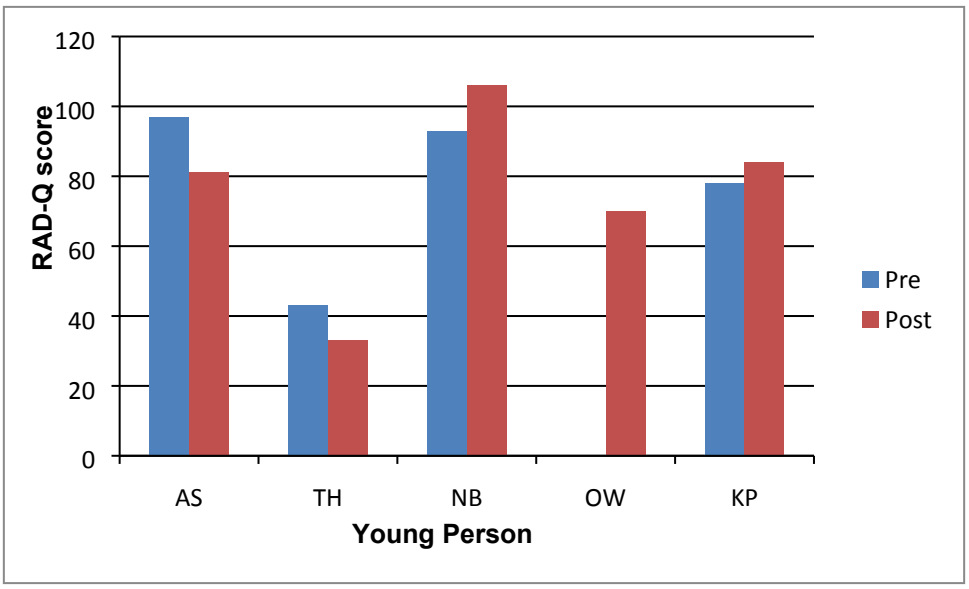


Figure 5. RAD-Q scores pre- and post-intervention.
Note no score available for OW pre-intervention

Feedback from professionals

The child social workers for the five young people involved were contacted and invited to give their feedback and opinions on the intensive intervention program. A semi-structured interview approach was used, with feedback based on the following questions:

- What was helpful about the intervention?
- What was not helpful about the intervention?
- What would you suggest to improve the intervention?
- What were the key issues for your young person over the period of the intervention?

Results from five professionals identified the following themes:

- It helped the whole network work together better
    - Shared narrative
      "It really helped bring everyone onto the same page and offer a consistent approach"
    - Discuss difficult issues
      "It was a good place to have difficult conversations together and cure any differences"
    - Formulation
      "It was a useful place to be able to talk about why [she] was doing what she was and the best way for everyone to support her"

- Shared responsibility/mutual support
  "It gave me fewer sleepless nights knowing that I wasn't the only professional working with her"

- Helped young person talk about difficulties
  "[young person] talked about topics that she hadn't opened up about before"

Professionals also spoke about the fact that when a young person found it difficult to relate to the therapist, everyone was able to work together to understand why that may be, rather than therapy just finishing. Everyone spoke positively about the network meetings, with the main advantages being that it helped everyone stay on the same page and look at the positives of the case as well as the negatives. The only suggestions for improvement were for input to continue longer. Professionals felt that input covered a range of difficulties, from inappropriate use of the internet to self-harm and suicidal behaviour.

Carer and young person evaluation of intervention

Carer and young person evaluation sheets were designed and sent out to carers and the young people involved in the intervention. The Intensive Support Feedback Questionnaire asked carers to assess issues including the extent to which they felt listened to, how useful the intervention was for their young person and whether it had led to an improvement in the stability of the placement, alongside the opportunity to suggest any improvements to the service.

Two carers returned the Intensive Support Feedback Questionnaire and the responses can be seen in Figure 6. IT shows that the carers rated higher the items that related to theirs and professionals' understanding and work together, and lower for those related to the young person. Qualitative feedback included: 'The wrap around support both [young person] and I have received is excellent' and 'More could be done to determine whether or not the child is fully bonding with the person providing the support and offering alternative support if necessary'.

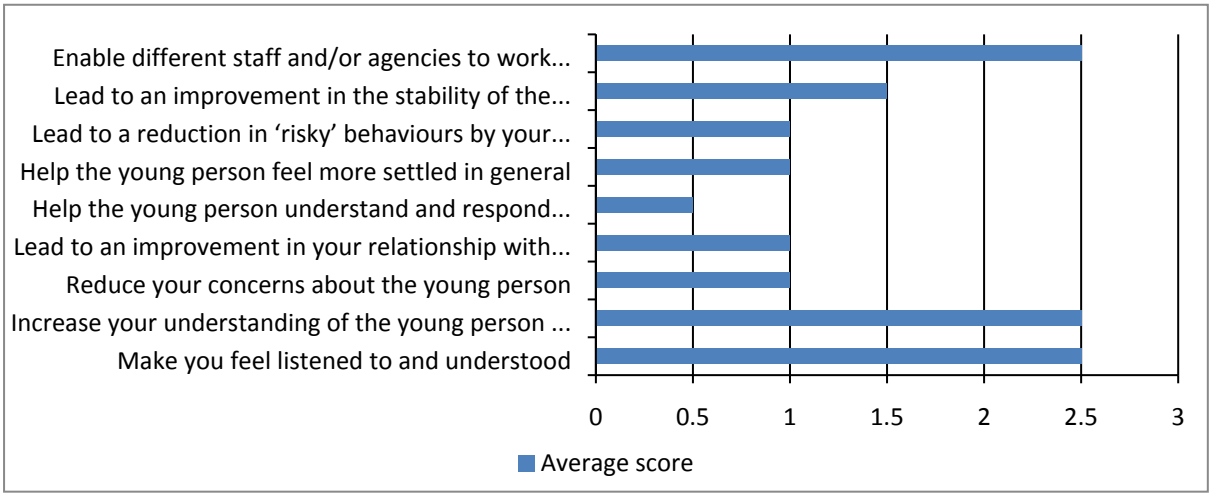


Figure 6. Average scores on the carer Intensive Support Feedback Questionnaire (0-3)

The young people completed the Session Rating Scale, which asked them to mark on a scale from 1 to 10 how much they felt heard, understood and respected, how what was worked on was what they wanted to work on, the fit of approach of the worker and overall whether the sessions were right for them.

Two young people returned the Session Rating Scale and the responses can be seen in Figure 7. Qualitative feedback included: 'I didn't feel the sessions helped and I just couldn't connect with her'. Low scores reflected difficulties in engaging young women at risk of CSE in therapy.

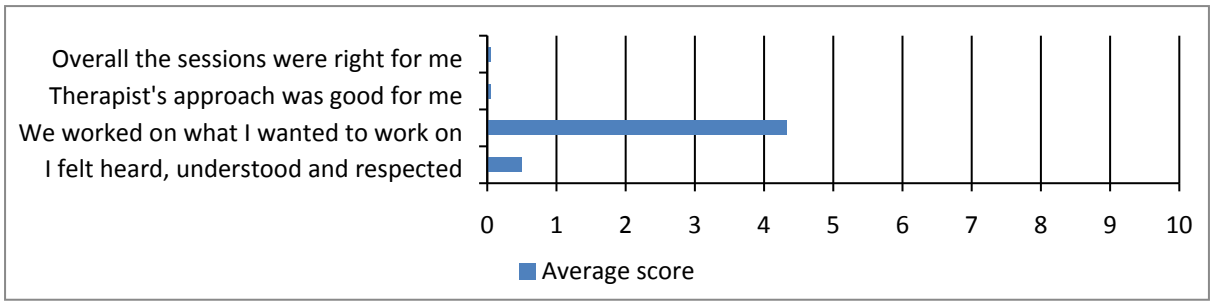


Figure 7. Average scores on the young person Session Rating Scale

It should be noted that only two young people and their carers responded so feedback may not be representative of all five young people and their carers.

Conclusion

Overall, the intensive intervention program for the five young people appears to have been effective and well received by the young people, carers and professionals involved. It has reduced the number of placement moves, episodes of going missing and other key indicators of stability for five young people at risk of placement breakdown. Professionals in particular report that they found the focus on getting everyone in the network working more intensively together particularly useful and felt that it gave them a clearer direction for the work to go towards. Although there was variability in the extent to which the young people responded to the direct therapeutic work, this could then be explored in the network meetings to understand why this may be so.

Rob Johns, Clinical psychology trainee, with Dr Sara Whittaker and Anni Tosh.
September 2017.

Appendix 3: IIP 6 monthly report (1) up to 31 March 2018

Introduction

Following the closing of the South Yorkshire Empower and Protect (SYEP) project in March 2017, Rotherham local authority began the development of a new support package to provide a service similar to that which had been offered by SYEP. Rotherham' s new support package has been developed by the Rotherham Therapy Team (RTT) and the aims are to offer 'wrap-around' support for children, young people and foster placements where severe and multiple vulnerability are identified, and vulnerabilities are causing difficulties for the child/young person and impacting on the stability of the placement. The support will be initially intensive with the aim to gradually decrease the support until the child/young person feels more stable, and risk to placement breakdown is reduced. The new project will operate under the name Intensive Intervention Programme (IIP). Outcomes measures are used to monitor the progress of the programme and to review. Please see detail in other reports and protocols.

Identification of the Continuous Improvement Cycle implementations & developments

1. Revised Referrals Procedure

Identifying the most appropriate referrals is a key element in the success of an IIP intervention. The programme requires the entire network around the young person to engage with all elements of the service. Initial referrals for IIP were typically identified by senior managers, social workers and the Therapeutic Team manager and were based on young people having experienced several placement moves and reported distress. In order to ensure we were providing the programme to those most in need, the referral procedure was revised for 1 April 2018 to include statistical analysis to identify young people with the most significant risk factors, including SDQ score, number of placement moves, number of missing episodes and CSE risk. The data was analysed and discussed at regular referrals meetings along with additional referral information to ensure the IIP programme was offered to those in need.

At referrals meetings, a list of 4-8 young people were identified who met criteria for IIP and were allocated for a pre-allocation consultation phase. During this phase an IIP worker gathered further referral information from case notes and previous reports, requested the referral form be updated/completed and provided an initial consultation to the social worker to determine suitability for IIP, based on level of need and ability for the network to engage with the programme. Please see Appendix A for the revised referral process.

2. Demographics

In the period June 2017 – March 2018 a total of 45 referrals were made/ identified as suitable for the IIP programme. Please see table 1.

Table 1. Number of young people accessing IIP service.

In receipt of full IIP	In receipt of prevent/stepdown service	Referrals not picked up
24	3	19

Table 2. Age and gender of IIP participants.

Age	Total	Male	Female
6 and under	1	1	0
7-10	10	7	3
11-14	11	4	7
15 and up	5	0	5

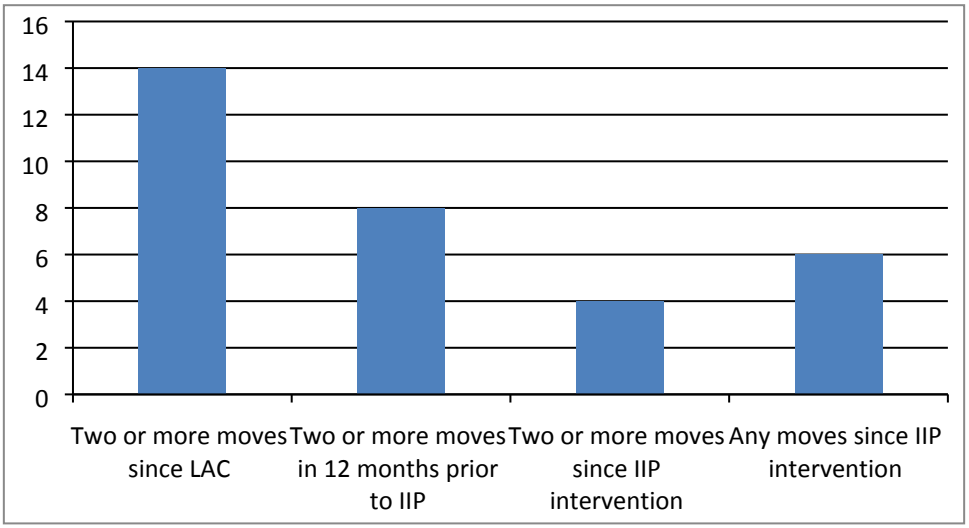
Table 3. Placement type of IIP participants at start of IIP intervention

Placement type	Start	March 18
RMBC foster carers	9	9
Independent foster carers	14	10
Residential placement.	1	3
Independent living	0	2

Results

One of the key aims of the IIP programme is improving placement stability, therefore one method of evaluating progress was to compare the number of placement moves prior to the IIP programme, in the previous 12 months and since they became looked after. Please see Graph 1.

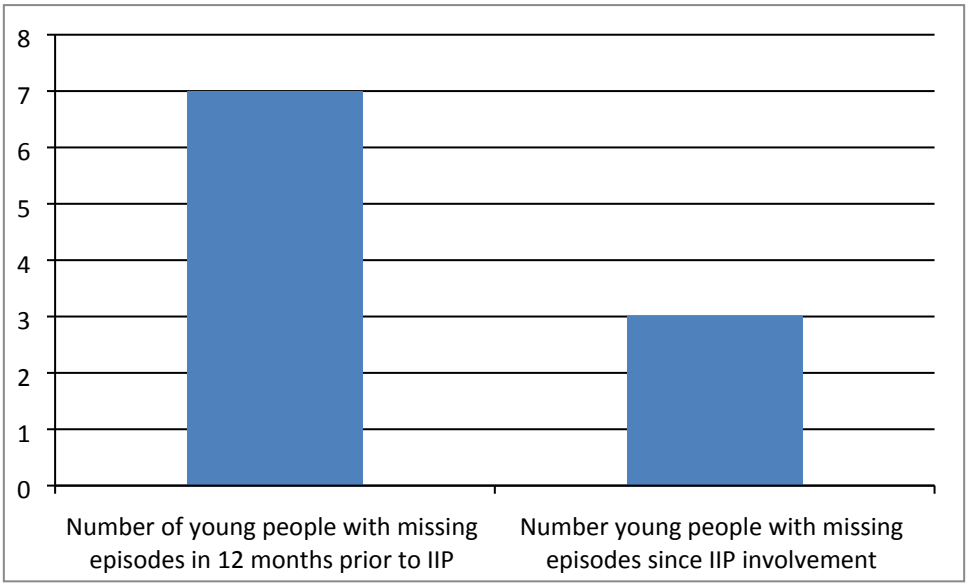
Graph 1



The graph shows the number of young people who had two or more placement moves since becoming looked after, two or more placement moves in the 12 months prior to IIP, and since IIP involvement (6 months). As can be seen in the graph there are fewer young people who have experienced two or more placement moves since IIP involvement than in the 12 months prior to IIP involvement.

For some young people progress can also be measured by comparing missing from home incidents and CSE risk score prior to and since IIP involvement.

Graph 2



As can be seen above the number of young people with missing episodes has reduced**.**

3. Cost savings analysis

One primary aim of IIP was to increase placement stability which in turn can result in better outcomes for the young person and a cost saving compared with potential out of area residential placements or placements with independent foster carers.

All young people entered into IIP were at some risk of placement breakdown or had experienced more than one previous placement breakdown. Of all the young people who received the IIP programme, the same number of children were placed with RMBC foster carers by six months into the programme, three fewer were placed with independent foster carers, two young people were in independent living settings and three young people were in residential placements. Of the three young people in residential settings in March 2018, one was placed in the residential setting prior to engagement in the programme, two moved to residential placements within the first three months of the programme and one young person moved from a residential setting to a long term family foster placement.

All young people entering onto the IIP programme were at risk of placement breakdown; however some young people were identified as at particular risk of placement in a residential setting. One young person's case identified as at risk of placement in a residential setting due to the significant number of placement breakdowns is explored in more detail below in a case study further in the document (KC).

4. Outcome measures

Five outcome measures were completed by carers at the start of the intervention, and repeated at three months, 6 months and 12 months, with a plan for follow up completion of measures at 3 months post intervention.

Please see Report dated September 2017 to consider the first five clients in IIP and for the outcome collection process, and analysis of outcome data results from the initial pilot for IIP (appendix 2).

At this time we do not have enough available data to calculate reliable comparisons between pre and post scores on outcome measures as the team were not all in post until September 2017. The next six monthly report (September 2018) will include pre-post outcome comparison data.

5. **Service Feedback**.

Feedback was sought on the overall service offer and specific elements of the service from carers, professionals and young people accessing the IIP service (please see Pilot report).

a) Network meetings

Written feedback was sought from professionals and carers attending IIP network meetings.

- What did you find most helpful?
- What did you find least helpful?
- Did you feel the child's views were taken into account?
- Did you feel listened to?
- Overall how would you rate the network meeting?
-

Eighteen evaluations were completed. All 18 evaluations reported that the child's views were taken into account and that they felt listened to.

What did you find most helpful?

On a scale of 0 being poor and 6 being excellent, all participants rated the network meeting at 5 or above, with the average rating being 5.82.

Participants identified the following themes:

- It was helpful for the team around the child to come together regularly.
- It was good to have a detailed history/timeline for the child.
- It was helpful to explore feelings not just facts
- It was helpful to have open in depth discussions of the child's presentation.

- It was helpful to gain an understanding of why the child was behaving the way they were.
- It felt safe.

What did you find least helpful?

One participant reported that it was difficult to fit in the number of meetings required.

b) Workshops

Monthly workshops were held for all carers and professionals involved in IIP cases. The workshops were covered the following topics: Using DDP ideas, Theraplay ideas, brain development and trauma, self-harm, therapeutic storytelling, teenagers and attachment.

Between 10 and 19 participants attended each workshop, an average of 15 attendees. It can be approximated that each young person on the IIP programme should have a minimum involvement of a supervising social worker, carer and social worker. There are a total of 24 young people with IIP involvement, which would suggest a minimum of 72 participants would be eligible for the workshops. This suggests that average attendance of 15 participants represents 20% of potential attendees.

Written evaluation and feedback was sought from all attendees following each workshop. (Please see Appendix 3).

- Did the course meet the learning outcomes?
- What did you learn that will be useful in your work?
- How will you use what you have learnt?
- Are the handouts useful?
- Would you recommend this course to other people?
- What words would describe your experience of this course?

Table 4. Workshop feedback

	Yes (%)	No (%)
Did the course meet the learning outcomes?	100%	0
Are the handouts useful?	100%	0
Was the venue appropriate?	100%	0
Would you recommend this course to other people?	100%	0

The most common words people used to describe the workshops were: Thought provoking, useful, and valuable.

Participants reported the following themes of positive feedback:

- I learnt strategies to use
- Good examples
- It will be helpful in 1-1 work
- It was professional, lots of useful information

Participants made the following comments on how the workshops could be improved:

- A different venue due to difficulties parking. (response: As Riverside was difficult to park at we moved to Kimberworth Place).
- It would be better if the training was longer, we had more time.

c) Reflective Practice Groups

Monthly Reflective Practice sessions were held for all professionals involved in IIP cases (not foster carers). There has been between one and eight attendees at each session. It is anticipated that each young person receiving the IIP programme should have a fostering social worker and supervising social worker which would suggest 48 professionals would be eligible to attend the group, which suggests that approximately 7% of professionals involved in an IIP case attended at least one reflective practice session.

Social workers who have attended have reported that the have found the session helpful. This was a recommendation from SYEP to minimise staff distress, maximise reflective practice and to minimise staff sickness.

d) Service feedback

Carers and professionals involved with the IIP service will be asked to provide feedback on their experience of the service at 6 month review and closing at one year, most IIP cases are not yet at this point, therefore presented is feedback we have received to date.

Carers

All carers will be asked to provide detailed feedback on the IIP service as a whole at their six month review and at closing (one year). To date compliments received have included positive feedback on the direct therapy from carers and the approach as a whole. Compliments from carers have included comment on progress they have noted in the child and the positive approach of the IIP worker. Please see Appendix 4 for more detailed feedback from two of our carers,

Professionals

Professionals have provided more structured feedback following network meetings, and several professionals involved with IIP cases have contacted the team/team manager with compliments. This has included feedback on how valuable they have found the network meetings, reports on the process being positive and containing and positive feedback about the approach of the IIP worker. Please see Appendix 4for compliments.

Young people

Feedback has been sought from young people engaging in direct therapy. All young people receiving the IIP programme have engaged with some form of regular direct therapy. Examples of feedback from young people engaged in therapy include:

"It's useful, helps me to talk about things and helps [carers] to understand me and talk about things we don't talk about at home".

6. Case Examples

A. KC – age 7 in spring 2017

Pen Picture

Kaden is a 7 year old, White British male. Kaden is a likable, affectionate and loving little boy. He seeks comfort and attention. He likes the company of adults. Kaden has a very creative imagination. Kaden likes music, he enjoys singing and dancing. Currently Kaden presents as an anxious and at times an unhappy child. Kaden has complex needs and significant emotional and behavioural difficulties. Kaden tries to be in control and pushes boundaries. He can display aggressive behaviour towards others.

Brief History

There has been a long history of Social Care involvement. Kaden has two older half siblings: N&A, and two younger half-siblings, twins, M&L. The family had a history of Social Care involvement due to worries around parental alcohol misuse, domestic abuse, E's poor emotional health, and poor home conditions, and unexplained injuries to the children. Kaden and brother K and his younger half-siblings have been open to Social Care since December 2014 due to concerns around neglect. Care proceedings were initiated due to escalating concerns and evidence that the children were suffering, and were at risk of further suffering, significant harm. Concerns focused predominantly on poor supervision, lack of routines, lack of boundaries, poor home conditions, missed meals, parental aggression, poor mental wellbeing of parents and minimum acknowledgment of agency concerns from parents.

The children were accommodated under Section 20, 29th May 2015. An Interim Care Order was granted in respect of the children, 10th June 2015. Viability

assessments were completed in respect of maternal grandmother, LC, and maternal Aunt, RC, although both were negative. Kaden and K's birth father that was also assessed and his extended family members. All these assessments were also negative apart from a paternal uncle and his partner. However as they had their own child and a pet after discussions they felt it was not the right time for them given Kaden and K's care needs. They have expressed an interest in contact in the future with Kaden and Kai. The care plan that Social Care presented at court was one of long term therapeutic fostering for K and Kaden and parents did not oppose this decision. Half-siblings, M&L, were placed for adoption. Full Care Orders were made in respect of Kaden and K, 10th February 2016.

Kaden and his older brother K were originally placed together however the relationship between them became very strained as Kaden's behaviour was challenging for K and K did not understand Kaden's complex needs. A sibling assessment concluded the boys should be separated with a view to repairing their relationship through positive contact. K remained in his foster placement and Kaden moved to another placement. Kaden has experienced numerous placement moves in a short space of time and also moved schools which has significantly affected his emotional wellbeing. It is therefore paramount that Kaden has stability and can form an attachment to his carers.

Placement history

Despite being 7 years old, Kaden experienced 12 placement moves in 8 weeks over the summer of 2017, including two moves to emergency bed placements with staff employed as carers, when suitable carers could not be found. He has been placed with his most recent carers since August 2017. Previous carers have had difficulty responding to and understanding Kaden’s behaviour which has resulted in placements breaking down.

IIP involvement

Since IIP became involved in August 2017, Kaden has received weekly direct therapy sessions with his carers, weekly carer consultations, monthly network meetings and his carers and the professionals working with him have attended monthly training workshops and have been offered monthly reflective practice sessions. Kaden’s IIP worker has been involved in considering the emotional impact of educational provision, supporting the social worker in considering appropriate placements.

Kaden experienced a significant number of placement breakdowns in a short period of time, and there was some difficulty in identifying a placement with suitably experienced carers. This significant number of placement breakdowns could suggest there was a risk of a move to residential placement. Since IIP involvement there have been no further placement breakdowns/ moves and the current placement is stable. Kaden remaining in an IFA foster care since August 2017 as opposed to a residential placement has potentially saved between £2204 - £5754 per week based on the current costs of Kaden's placement compared with potential costs for a residential placement.

The network around Kaden have provided detailed feedback regarding IIP (see Appendix 4). Kaden's carer's stated:

> "The service that the IIP has given has far exceeded anything we have had from not only Rotherham but all other local authorities. The complete package of training, support meetings, network meetings etc. have provided a service that has been second to none.
> We believe it has been a crucial part of providing a stable placement both at home and school for a very traumatized young man. We are not sure that the improvements we have seen, especially at school would have come about so quickly – if at all, if it hadn't been for the IIP."

B. Oliver B aged 13 in summer 2017

Pen Picture

Oliver is a 13 year old White British male. He enjoys playing computer games on his xbox and he is a friendly and likable young man.

Brief History

Oliver lived with his Mum who struggled to consistently meet his needs. It is reported that Oliver was often left to cry for long periods in his first year of life and his Mum had no fixed address which resulted in lots of moving around and staying with friends temporarily. It is reported that Oliver's Mum struggled with mental health difficulties throughout Oliver's early life, which meant that Oliver witnessed his Mum becoming very distressed and attempting to end her own life. Oliver's maternal grandmother Alison frequently cared for Oliver overnight and for short periods of time when he was young. Oliver has a younger sister who was born when he was 4 years old, it is reported that Oliver often provided care for his sister when his Mum was not able to. It is reported that Oliver witnessed domestic violence when his Mum entered into a new relationship, and there is a reported incident of this partner pulling Oliver upstairs by his arm which resulted in bruising. A parenting assessment of Oliver's Mum was found to be negative in October 2015.

Placement history

Oliver was placed with his maternal grandparents, Alison and Wayne in September 2014. Unfortunately this placement broke down in July 2015; his grandparents reported they were struggling to manage Oliver's behaviour within the home environment and there had been incidents of aggression at home and at school. Oliver moved to a residential placement with Haliwell homes on 7th July 2015; it is reported that his behaviour became increasingly difficult to manage in this environment from June 2016. Oliver was frequently aggressive; this was directed at staff members and other young people. Staffing ratios were increased to 2:1, however Oliver remained unsettled. In October 2016 Oliver moved to another residential placement, Oliver was reported to be more settled at this placement but there continued to be frequent episodes of aggression and anger outbursts, difficulties with engagement in school and activities and it is reported that Oliver's engagement in therapy was intermittent. Oliver returned to his Grandparents care in December 2017.

IIP involvement

Since involvement with IIP in January Oliver has received weekly therapy sessions with his grandparents, weekly carer consultations, monthly network meetings and monthly training workshops for his carers and the professionals involved with the case and monthly reflective practice sessions have been offered. There have been no reported incidents of aggression or anger outbursts since his return to his grandparents' care. Oliver has engaged in weekly therapy sessions with his grandparents and has settled well in placement. Oliver is engaging in his current educational provision, with plans for him to attend a suitable school provision this year. The IIP worker has spent time developing a shared understanding of Oliver's early life and the impact this has on his coping strategies currently with the network and starting trauma based therapy with Oliver and his carers.

7. Discussion

The setting up of any new programme provides learning and development points to take forward. Key points of revision following the first 6 months of the IIP programme have been:

i. Referral process

Improving the referral process to ensure access to IIP is fair and effective has been key in ensuring some of the delays in working with young people experienced at the beginning of the IIP programme are not repeated. The young people we work with typically have complex networks of professionals and carers around them and there can be periods of crisis, this can mean that setting up initial network meetings and ensuring the network are able to commit to the IIP programme can be difficult. It is hoped that the new IIP pre-allocation phase will lead to the young people most in

need of IIP being identified and IIP offered to those it is likely to be most effective with. A key learning point has been the importance of gauging the network's ability to commit to the full IIP programme at referral. A detailed tracker to monitor delays between referral and commencement of IIP programme has been kept and suggests that the initial stage of setting up network meetings and ensuring that carers and social workers can attend all elements of IIP has been the primary cause of delay in the system, therefore it is hoped that the pre-allocation phase will reduce the impact this has on allocation.

ii. Outcome measures

Processes for the collection of outcome measures have been improved throughout the first six months of the programme, ensuring that measures such as number of placement moves can be captured effectively and that outcome questionnaires are completed at regular intervals. This should ensure that by the one year IIP report in April 2019, there are a range comparison measures available to look at initial effectiveness of IIP. It may be at the one year point that additional outcomes measures need to be added or current measures revised.

iii. ***Workshops and Reflective practice session attendance***.

The feedback we have received on workshops and reflective practice sessions has been overwhelmingly positive; however as can be seen in the figures detailed above not all members of IIP networks are regularly attending the sessions. During the next twelve months it is planned that we will monitor more closely the regular attendees of the workshops and reflective practice groups to gain a clearer understanding of the factors that affect attendance. In addition the pre-allocation phase introduced in following an IIP referral will help us to better understand the network's ability to attend all IIP elements in most cases. The engagement of the carers and colleagues is key to the success of the programme. However, unlike other schemes, foster carers and networks are not pre selected and trained, but the child most in need is identified and IIP work to skill up and enhance the network already in place.

Dr Hayley Wright, Clinical Psychologist, Intensive Intervention Programme.

Appendices

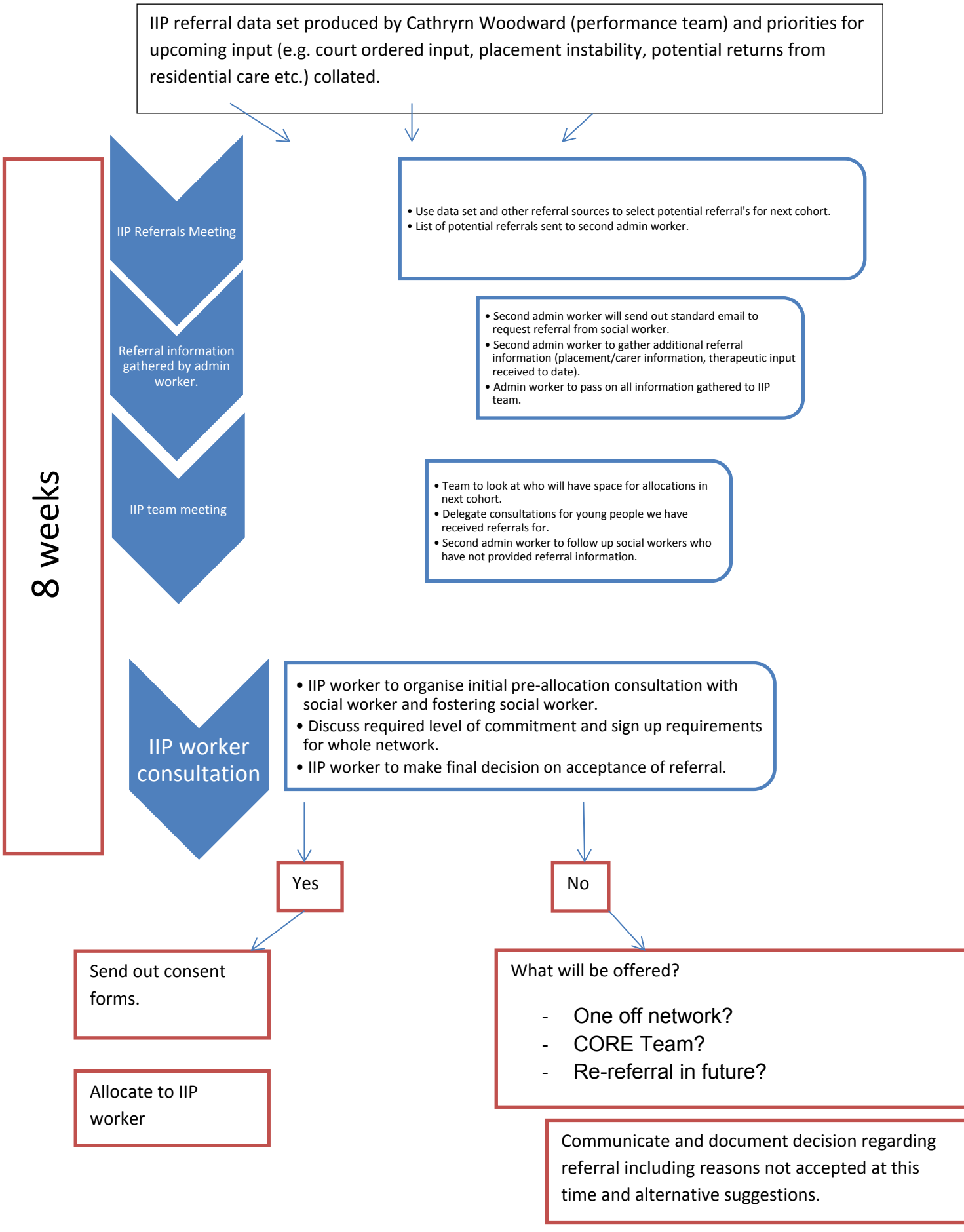
Appendix A: Referral Process Diagram

Appendix B: Outcome Collection Process Diagram

Appendix C: IIP feedback

Appendix D: Compliments.

APPENDIX A: Revised Referrals procedure.

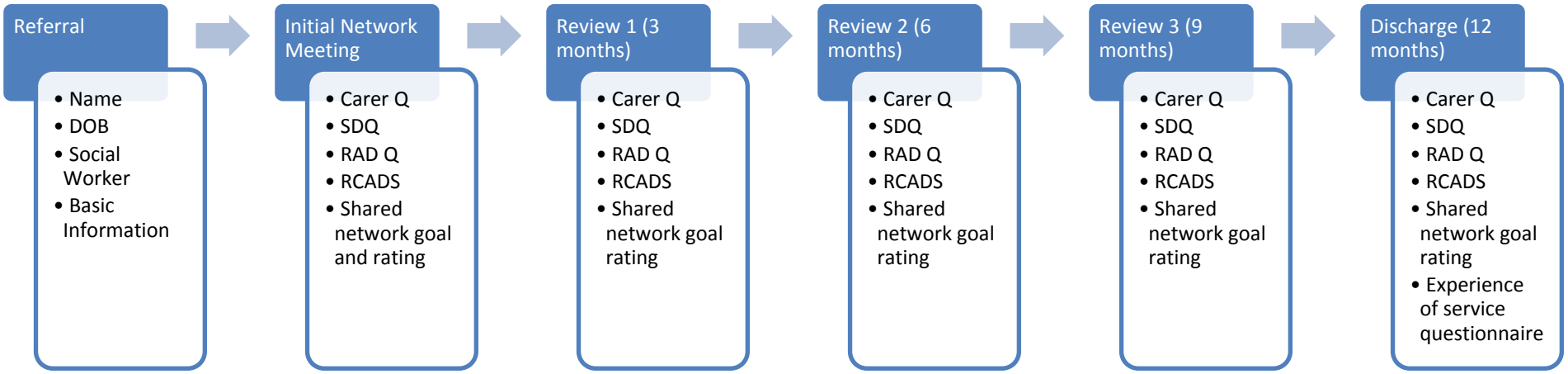


fo

Information added to tracker by worker who receives referral /in IIP meeting

- IIP worker allocated YP.
- Worker picks up an initial pack.
- Measures completed at network meeting or worker sends out.
- Shared network goal developed in network

- All completed questionnaires to be clearly labelled by worker (child name, DOB, initial, review, discharge) and paper copies handed in to Alex Badger.
- Alex/Kim to score, input score to spreadsheet and upload questionnaires as document to LCS. Paper copies to be returned to worker.
- Outcome data completion to be compared against



APPENDIX C: Carer feedback KC

Intensive Intervention Programme – Feedback Form for Carers

Child's name: Kaden DOB: 6/7/10

Carers Name(s): Pete & Sue : Length of placement: 8 months IFA

Period of involvement with IIP:

- How far do you feel the IIP intervention has helped to stabilize placements for this child? (Please rate from 1 – (hasn't helped stabilize) to 10 (has really helped things feel more stable) Score… 10

Comments: We took this placement wanting a Chrysalis 'Transform' package on offer from our agency. However when the social worker offered IIP we thought we would give it a go!

Having fostered for 13 years we have had many different types of therapy and some has not been good! However we have been very impressed with the level of support that we, and the other professionals working alongside us, have received. We especially have benefited from having training sessions which carers, social workers and school are able to attend. It means that we feel that everyone has a clear understanding of the work we are trying to achieve in placement and those around us aren't questioning the approach.

- How has IIP input helped you develop your therapeutic understanding of this child? (Please rate from 1 – my understanding is the same) to 10 (I feel I have really developed my therapeutic understanding of my child and this is increasing all the time). Score… 10

Comments: Whilst we have worked for many years following Dan Hughes and Nancy Thomas approaches, we have always found that one approach doesn't fit all. What works for one child doesn't work for another. Therapy has to be tailored to meet the individual needs of the child and carers. IIP has helped us develop new therapeutic approaches for this particular child.

- How do you feel IIP has assisted in developing a shared therapeutic understanding across the network? (Please rate from 1 – there is no shared understand of this child within the network) to 10 (the network have a shared therapeutic understanding that underpins all responses) 10

  Comments: Sometimes we have been prevented from being therapeutic by other professionals who haven't understood the importance of approaches like theraplay. They have seen it as being 'babyish', not understanding the desire to underpin the child. The joint network meetings and training courses have helped other professionals who work alongside us to understand the needs of the child and the therapeutic approach that we are taking.

- How has IIP helped you in managing any risky/challenging behaviours? (Please rate from 1 (I feel powerless and confused by risky behaviours) to 10 (I feel I understand why risky behaviours happen and have tools to address risks proactively and manage challenging behaviours) 10

Comments: K has had the most moves in a short space of time of any of the children we have looked after (12 moves in 8 weeks). Many of these were due to challenging behaviours.

IIP gave us an opportunity to talk about the behaviours, share our concerns and discuss strategies. It also helped other professionals such as school develop ways to deal with the child when they became challenging.

- How helpful are you finding the therapeutic sessions for the child? (Please rate from 1 (I find the therapy confusing or unhelpful for the child) to 10 (I feel clear on the purpose and have seen steady progress in therapy and in placement) 10

Comments: The sessions are always tailored to the child's needs. There is always flexibility in the program to compensate for how the young person is presenting on the day.
If a session has been challenging we have always received a follow up call to discuss how things have gone.

- How useful do you find the carers sessions for you? (Please rate from 1 (These feel pointless or negative) to 10 (These feel relevant and supportive) 10

Comments: The carer sessions have been very important to us. They are a useful time to chat about recent issues and also review the previous sessions. It also means that we are able to chat about how the sessions might develop over time and tailor things to help with things that the child might be struggling with.

- How would you rate the workshops Score out of 10: 9

Comments re . Content? Topics? Pitch? Length? Relevance? Participation?

We love training courses! On the whole these have been really good and beneficial. One of the great things about them is that everyone is invited to them. So as well as learning about something that may benefit us, we get to spend some time with the teachers and social workers in a different environment. We found that this really broke down barriers between us and school.

- Any other comments you would like to say or changes you would like to see?

We have done therapy with and without children for the last 13 years. I have to say we were slightly skeptical about IIP as to be honest, as independent foster carers we have the 'luxury' of choosing which local authority we work with, and Rotherham has never been high on our list. There are other local authorities have always offered a better level of therapy than Rotherham.
However, we would say that the service that the IIP has given has far exceeded anything we have had from not only Rotherham but all other local authorities. The complete package of training, support meetings, network meetings etc. have provided a service that has been second to none.
We believe it has been a crucial part of providing a stable placement both at home and school for a very traumatized young man. We are not sure that the improvements we have seen, especially at school would have come about so quickly – if at all, if it hadn't been for the IIP.

Thanks for your time, comments and help in shaping this service!

The IIP Team

Response: IIP to consider the cost of Transform – estimated at £72k pa (see leaflet)**

APPENDIX D: Compliments

Email received re reflective practice from social worker

From: Joanne

Sent: 14 November 2017 09:45

To: IIP

Subject: RE: Apologies

I hope so too! I found it really helpful the last one I attended. Thanks Sheila

Email feedback from Carol Sibley following network meeting observation.

I felt that the network meeting was well attended and purposeful. The start appeared a little shaky in my opinion – you needed to start with a clear, strong lead on the purpose of the meeting, how important every single person's input is today, and refocus everyone on the child in question.

Niki has a lovely manner, very personable and non-challenging, and I think you need to complement this style by repeating key info and relating this to the development of the brain/emotions/ attachment/ understanding of the world – so that those present will link what they are witnessing in the child to the reason for this behaviour, and begin to process how to engage differently and more positively with that child. Will you be offering advice on how to do this latter point?

The recording on the wall was visually very good – I would have challenged the SW more to give details, and asked the previous SW to attend too, as there is likely to be key pieces of info/ observations of interactions gained which may not have been recorded in case files.

It was really heartening to see so many at the meeting – including school staff – and I really got the sense that they will see that child differently from that day onwards: having a real insight into their past and will take more care in their interactions with and planning for him.

I didn't want the meeting to end! It was like a mystery unravelling and I wanted to go away and really dig into the records to glean extra pieces of the jigsaw! I hope that the other attendees felt the same way!

Refreshments and biscuits are really needed to counteract the difficult information being relayed (not everyone is as tough as us SWs and Therapeutic staff!) and a

comfort break after the first hour should be offered, even if not taken up. Would love to attend the next one too but didn't note the date!

Positive comments received from foster carer following eighth theraplay based session through IIP. Comments related to use of chewy sweets to help him regulate at the end due to his negative experiences of endings:

From: TW

Sent: 28 September 2017 12:41

To: Niki

Subject: Fwd: carer experiences of child template to assist in transition

Hi :
Sweets worked brilliantly, thought is was an excellent session and was glad you could reinforce you would there . I know he is growing in confidence too, dancing with both of us was a huge step forward I thought . See you next week .

Tracy

From: Suzanne

Sent: 05 October 2017 16:49

To: Sara

Subject: gratitude

Hi Sara,

I feel compelled to just send you a quick e-mail in respect of your team and the services you offer. I am really grateful for the swift response to my worries about Conna and supporting the foster carers and I wished to say thank you for this.

More pertinently I wanted to express how impressed I have been with the new IPP service and particularly the work of Nikki. She has worked closely with my carers T&JW and has gone above and beyond all expectations in terms of the support and enthusiasm that she has offered them in their support of Dylan. I know they are most grateful for this and it has enabled them to manage the complexities of this placement very effectively.

Nikki has been very pro-active in her approach, communicating regularly, sharing ideas and strategies and most impressively always placing Dylan's' needs first. She has an amazing approach and readily demonstrates her genuine care for this child.

She has helped us all to understand his journey within the therapeutic context and his presenting behaviours as a result.

I just wanted to convey how impressed I have been with her work and dedication, phoning regularly, communicating effectively and being an invaluable help and support to us all.

Thanks to all, Best wishes, Suzanne

Social Worker, Fostering Training Recruitment and Assessment Team.

Riverside House, Floor 1B

From: Angela

Sent: 23 January 2018 08:56

To: Hayley

Cc: Sara

Subject: RE: Minutes OB network meeting

Hi Hayley

Thanks , I would just like to inform you how interesting and valuable I found the meeting, I thoroughly enjoyed this and found it beneficial to my work with Oliver and the family. I would just like to inform you of this as this was a very positive experience for myself and hopefully the family ,. I am looking forward to the training as this will inform my practice. Not often we get the chance to say this . □

Thanks , Angela Hardy , Social worker