

## Appendix 1 – REACH Impact Summary

### 1. SOCIAL WORK

- 1.1. During the reporting period, REACH supported 101 young people and those closest to them. When each young person begins working with REACH, a 'team around the child' is allocated. All new cases are considered at weekly REACH Multi-Disciplinary Screening Group (MDSG) to ensure proportionate and targeted allocation of REACH services. MDSG also provides a forum to provide consultation to the allocated REACH social worker and review REACH specialist input. A Young Person's Plan is developed and predominately led by a case holding social worker. For most families, one or two Senior Social Care Officers are appointed to support the parent/main caregiver. This allows for co-ordinated family support whilst gaining understanding of the challenges that the young person and their parent/main caregiver are facing individually. This approach encourages individuals to develop independently which, in turn, can help to repair and strengthen relationships within the family.
- 1.2. The needs of all young people supported by REACH are identified using structured assessment frameworks. For most young people, their needs are assessed using Short-Term Assessment of Risk and Treatability: Adolescent Version (START:AV). For young people where there are specific risks associated with harmful behaviours other specialist risk assessment frameworks are used.
  - (i) (START:AV) is a dynamic, individualised assessment to measure change which focuses equally on strengths and vulnerabilities. The team around the young person come together to discuss the young person and then give each strength and vulnerability factor a rating. Using this information, a focused and robust intervention plan can then be created for the young person.
  - (ii) Assessment, Intervention and Moving on – Version 3 (AIM3). AIM3 is a structured risk assessment framework designed to inform levels of risk; key areas of concern and focussed intervention programmes for young people who are known to participate in harmful sexual behaviours. AIM3 Risk Assessment, published in 2019, is the most up to date framework of this type. All REACH staff are trained to deliver AIM3 assessment and intervention.

- (iii) Structured Assessment of Violence Risk in Youth (SAVRY). SAVRY is a flexible and practical tool which is used to aid social work- judgment to assess the level of risk for young people who have displayed violent behaviours. It also helps to identify protective factors and inform interventions.
- 1.3. In September 2019, it was recognised that family members and professionals, who were unable to talk with the young persons dedicated team, still required immediate advice or support. To enable REACH to meet this need a Social Work Duty rota was developed. This ensures availability of a qualified worker to provide assessment, information and advice.
  - 1.4. Approximately 10% of young people working with REACH are young people who have been adopted or are in living informally with extended family. To provide effective intervention to young people in these unique circumstances, a protocol has been created between REACH and other social work teams, namely the Adoption Team and Child Protection Duty Team. This ensures close communication and a co-ordinated response across teams to address the needs of this cohort of young people.
  - 1.5. REACH is the only social work team in Perth and Kinross to provide “extended office hours” 8am to 10pm and a 24/7 on call service. This ensures support is always available when a young person or family needs it. On average, a member of REACH staff is called out 12 times a month. Demand is highest on Saturday nights. Where risk of placement breakdown has been imminent; and as a direct alternative being accommodated on an emergency basis; REACH staff have supported young people overnight – in their own home or other location – to prevent placement breakdown.
  - 1.6. In line with REACH principles, the young person is at the centre of everything REACH does. Since April 2019, a total of 334 meetings have taken place. These included Young Person Planning Meetings, Looked After Reviews and Scottish Children’s Reporter Administration (SCRA) Hearings. Most young people attended at least one of their meetings. To help young people express their views (whether they attended their meeting or not), several options were offered including ‘Talking Mats’, a tool which helps people organise their thoughts and express their views. Young people are also offered the support of an Independent Advocate. This approach will continue to be encouraged and promoted. A breakdown of the meetings held is detailed below.

**Figure 1: Number of Meetings**

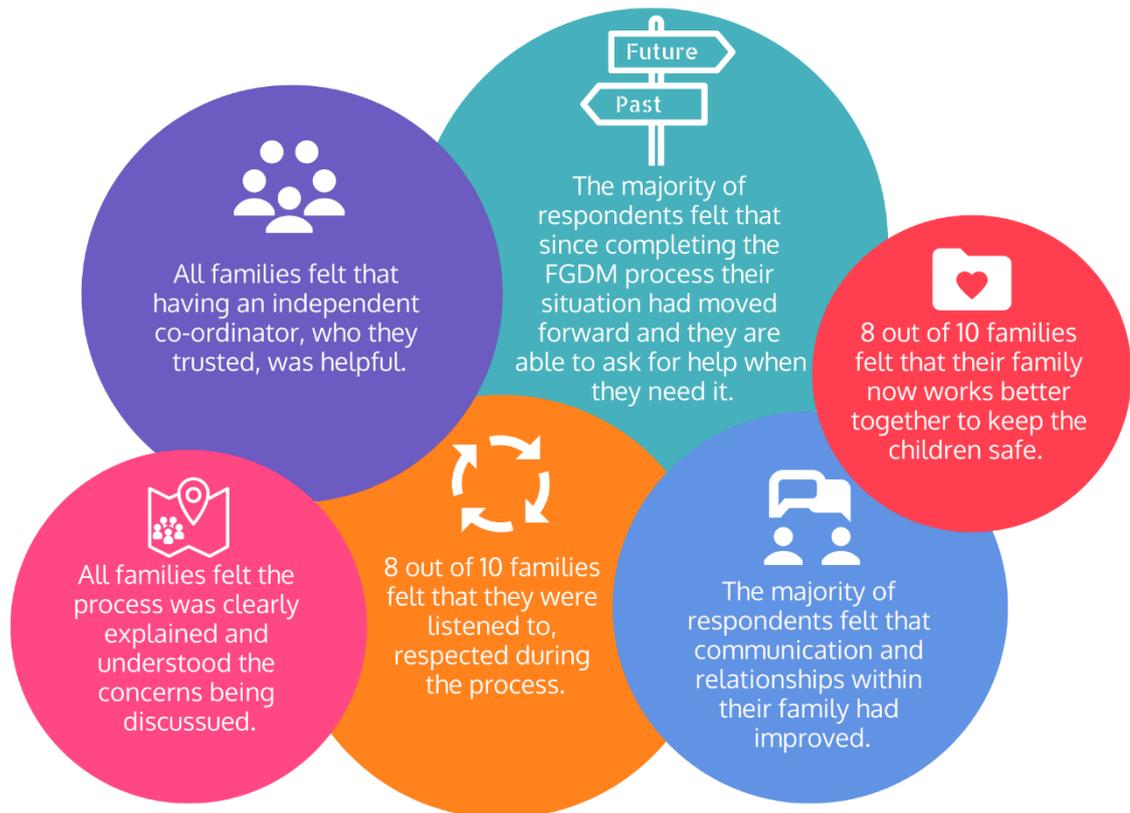
<b>Meeting Type</b>	<b>19/20</b>	<b>20/21</b>
SCRA Hearing	34	10
Looked After Child Review	59	43
Young Person Planning Meeting	71	110
<b>Total</b>	<b>164</b>	<b>170</b>

## **2. FAMILY GROUP DECISION MAKING (FGDM)**

- 2.1. FGDM is a structured process facilitated by an independent FGDM Co-ordinator which helps a family, in its widest sense, create a plan for their young person. It empowers families to make their own decisions and promotes partnership working between the family and professionals. This model of working helps address the perceived imbalance of power between families and statutory services and promotes the five elements of the Promise (Independent Scottish Care review). FGDM is a rights-based approach that is sensitive to the culture and the history of the family; allows family members to hear each other thus improving family functioning and relationships.
- 2.2. The FGDM Co-ordinator is independent of the young person's case holding social worker. They work with the young person and their immediate family, supporting them to understand what their social worker's concerns are, as well as exploring what is currently working well and what their hopes are for the future.
- 2.3. A Family Group Meeting is an opportunity for the whole family to co-create a plan and identify what support they may need from each other and professionals to move forward. It builds on the family's strengths and addresses the concerns which the case holding Social Worker may have.
- 2.4. Using the information shared by the social worker, the family work together independent from the Social Worker and FGDM Co-ordinator during their Private Family Time. The family, when ready, share their plan with the professionals who agree and sign off the plan which is incorporated alongside the child or young person's care plan. The plan is reviewed after three months, or sooner if the social worker or family feel it is not working in practice.
- 2.5. FGDM has successfully continued throughout the COVID-19 pandemic and "lock-down" inspiring the FGDM Co-ordinators to be creative and flexible in adapting the service as well as learning new skills in using technology. FGDM Co-ordinators have managed to engage with and support families to come together using video platforms such as Microsoft Teams and Google Duo.

- 2.6. Feedback from both professionals and family members has been positive and the service is now expanding. A new pilot project has been established, working with families where there are concerns about unborn babies. This has resulted in a part time position being advertised for an additional FGDM Co-ordinator.

**Figure 2: FGDM Summary Evaluation Results of Family's Experience**



- 2.7. During the reporting period, 122 children and young people (56 families) have been referred to the service. This is an increase of 85 children compared with the same time period in 2019/20. Of the 122 children, 101 (40 families) continued on to start the FGDM process. There are currently 31 children and young people (21 families) working with the FGDM Co-ordinators. All 31 children and young people have a looked after status.
- 2.8. For these young people, the aim of the process is to empower the family to create plans which rehabilitate the young person at home to live with their family or to engage an extended support network to enable the young person to remain at home safely.

### 3. CLINICAL PSYCHOLOGY

- 3.1. Within REACH, Clinical Psychology aims to not only provide direct and indirect therapeutic support and consultation to young people, their families and foster/kinship carers; it also aims to increase professionals understanding of the psychological factors that impact the families and young people supported by REACH. In partnership with the team around the child, the Clinical Psychologist determines which type of support will be most beneficial.
- 3.2. Direct psychological input may involve psychological assessment and/or psychological intervention/therapeutic work. Clinical Psychology Assessment may include assessment of a young person's mental health, attachment style and presenting difficulties, or specialist cognitive assessment. An assessment may also be undertaken with a view to further understanding the young person or identifying the suitability of psychological intervention.
- 3.3. Often it may not be appropriate, suitable, or best practice to work directly with a young person. However, support can still be offered by working in-directly. This involves working psychologically with 'the system' around the young person (ie, important people in the young person's network, such as family members, professionals etc). The exact nature of indirect psychological intervention will be case dependent but may include ongoing consultation with the system around the young person; therapeutic parenting; support to develop appropriate strategies to help a young person experiencing difficulties.
- 3.4. Between August 2018 and March 2021, 49 young people have been supported by the Clinical Psychologist. A breakdown of case activity undertaken is in Figure 3 below.

**Figure 3**

<b>Activity</b>	<b>2019-2020</b>	<b>2020-2021</b>
Consultation with REACH staff	11	15
Formulation session with team around the child	N/A	5
Direct psychological input ie, 1-1 therapy including assessments	22	14
Indirect Psychological intervention	12	15
<b>Total</b>	<b>45*</b>	<b>49*</b>

\*Please note that individuals are counted in multiple activities.

- 3.5. Young people attending appointments for 1-1 therapy and/or assessment presented with various mental health difficulties including: anxiety, depression, PTSD, complex trauma, attachment difficulties, neuro-developmental difficulties (ie, ADHD, ASD), Intellectual Difficulties. The majority of young people presented with comorbid diagnosis (multiple difficulties).
- 3.6. Over the last three years, the opportunity for training has been limited due to several factors:
- (i) Clinical Psychologist had periods of absence due to ill health. NHS Tayside were unable to provide an alternative service to lessen the impact on REACH.
  - (ii) Full time equivalent (FTE) hours reduced from 1.0 to 0.8.
  - (iii) Clinical need necessitated that direct therapeutic support was prioritised.
- 3.7. Training has taken place for REACH staff and Foster Carers on the following topics:
- (i) Basics of Attachment.
  - (ii) Developmental Trauma.
  - (iii) Brain Based Parenting and Blocked Care.
  - (iv) Healthy relationships, consent and the law.
- 3.8. Feedback is gathered on a regular basis from other professionals, parents/main caregivers, and the young person themselves. Feedback includes many aspects of their experience of Clinical Psychology.

#### **4. SPEECH AND LANGUAGE THERAPY**

- 4.1. All young people supported by REACH are offered a communication screen to identify any Speech, Language and Communication Needs (SLCN).
- 4.2. Since the communication screen was implemented, 65 young people have been screened. Of the young people screened, 37 (57%) were identified as having SLCN.
- 4.3. If a young person is identified as having a SLCN, then a range of Speech and Language Therapy inputs and approaches will be recommended and implemented to lessen the impact of the SLCN on the young person.

This could include:

- (i) Input into a Young Person's Plan (including expected outcomes and strategies to put in place).
- (ii) Development of inclusive communication environments.

- (iii) Training to parents and relevant disciplines.
- (iv) Development of a one-page profile to share most appropriate communication strategies unique to that individual.
- (v) Direct therapy input.
- (vi) Further assessment.
- (vii) Provision of resources to promote effective communication.
- (viii) More broadly, this information and any recommended approaches will be shared with the team around the child to help guide the communication approach of all of those involved and develop their confidence and competencies.

4.4. For young people who would benefit from direct therapy input, the Speech and Language Therapist records individualised outcomes. Change is also measured using the Therapy Outcome Measures (TOMs) core scale.

## 5. OUTREACH TEACHER

5.1. The Outreach Teacher supports and reviews the educational progression of a young person being supported by REACH. This occurs through close partnership working and collaborative practice with home, school and other REACH professionals. The Outreach Teacher works with the young person to identify their needs and then coordinates a range of supports and interventions, offering a flexible and young person-centred approach.

5.2. Over the reporting period, the Outreach Teacher has reviewed the educational supports for all young people open to REACH and has worked directly with 24 young people. Of the 24 young people, eight have now completed their work with the Outreach Teacher. Of the closed cases, seven had positive outcomes including qualifications, awards and starting college. Figure 4 below shows the breakdown of this work.

**Figure 4**

	2019/20	2020/21
Number Young People Supported – Direct Input	26	25
Number Young People closed to Outreach Teacher	16	8
Number of Young People closed to Outreach Teacher with Positive Outcomes	11	7

5.3. For the eight young people who finished working with the Outreach Teacher, all achieved at least one of their individualised learning outcomes. Outcomes included increasing school attendance, attaining qualifications in numeracy and literacy, developing ways to manage conflict in school in a positive manner and developing positive relationships with peers and staff.

- 5.4. Schools closed to reduce the spread of Coronavirus (COVID-19) on 20 March 2020. Locality hubs were created to provide a safe space which could be accessed by children of key workers and other children who were identified by schools and Services for Children, Young People and Families.
- 5.5. To protect individuals and the community, access to school hubs was extremely limited. Only a few young people from REACH were offered a place. For almost all young people, online learning from home became the norm.
- 5.6. During the transition to online learning, the Outreach Teacher, with colleagues from schools, focussed on ensuring all young people were provided with IT equipment and Wi-Fi if they did not already have access.
- 5.7. It was recognised that the shift to home learning would not suit all families and may lead to increased tensions. The Outreach Teacher focussed on supporting positive dynamics at home while encouraging school engagement and wider, more informal learning activities. With the support of REACH, families managed lockdown and the pressures of home school positively.
- 5.8. The Outreach Teacher also guided young people as they returned to school, and for some pupils, this involved an 'enhanced return'. This enabled young people to visit school before returning with their peers, understand the new rules put in place, and in some instances, a reduced timetable or additional time spent in the Support for Learning base. Additional direct teaching and support were provided for young people in their senior phase and at risk of leaving school with no qualifications.
- 5.9. The Outreach Teacher continues to develop strong relationships with schools and partners to improve educational outcomes for young people by:
  - (i) Supporting schools to apply for additional Pupil Support Assistant hours to help support young people's learning and additional needs.
  - (ii) Ensuring Coordinated Support Plans are in place for young people who require the additional level of planning.
  - (iii) Identifying and encouraging young people who would benefit from tutoring provided by Volunteer Tutors Organisation (VTO) or mentoring from MCR.
  - (iv) Supporting young people to create a clear future pathway for when they turn 16. Ensuring they have access to universal supports and Skills Development Scotland and other third sector provider opportunities.

## **6. YOUTH WORKER**

- 6.1. A Youth Worker for ages 16+ was appointed in July 2020.
- 6.2. The Youth Worker has developed links with voluntary agencies across Scotland to identify cost-free resources we have used to support planned and unplanned overnight respite for young people. This type of support, staffed by REACH Senior Social Care Officers, provides intensive support over 48-72 hours where issues cannot be resolved in the family home and prevents the need for young people being accommodated.
- 6.3. Group work has been established, with the first being in partnership with the Ocean Youth Trust. This is an ongoing project throughout 2021 which is a joint group supported by the REACH Outreach Teacher and Youth Worker.
- 6.4. Partnerships have been established with both local and national organisations. Joint working thus far includes - Ocean Youth Trust, Perth YMCA, Enable Scotland; Skills Development Scotland; Star Fish Project and Services for Young People 16+.
- 6.5. A workshop and office space within the grounds of REACH has been created to support with planning and undertaking group and individual sessions. This is equipped to promote the employability skills of young people in a safe and supportive environment.
- 6.6. The Youth Worker has assumed a keyworker role for young people who no longer fulfil the criteria for REACH but require ongoing focussed support to achieve their potential. This has provided continuity of staff for young people and enhanced REACH Social Work capacity.
- 6.7. The Youth Worker has established strong links with all Perth & Kinross Council's (PKC) secondary schools to ensure positive destinations for REACH school-leavers and who represents REACH at education-lead 16+ meetings.
- 6.8. The Youth Worker recruited, and working alongside PKC Human Resources, provides placement support to a Youth Work Modern Apprentice who joined REACH in February 2021.