

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

Social Care and Wellbeing Scrutiny Committee

5 October 2017

Report of the Director of Social Services, Health and Housing –

N. Jarman

Matter for Information

Wards Affected – All

Gwella Project

Purpose of the Report

At the meeting of the Social Care and Wellbeing Cabinet Board on 5th September 2017 the Director of Social Services presented the Local Safeguarding Children Board Annual Report and Business Plan. Members asked a particular question about Gwella. The Director was able to answer the question in general but not in detail, including the fact that he had not been impressed by a presentation given by Gwella to the Safeguarding Board. Never the less the Board by a majority decided that they wished to proceed with Gwella.

The Director undertook to provide a further brief report with more details for Members about Gwella.

Gwella

The Gwella project originates from research by Dr Sophie Hallett which reviewed primary and secondary evidence on correlation between childhood trauma and abuse and increased risk of Child Sexual Exploitation (CSE) and Sexual Harmful Behaviour (SHB) later in life. A mapping exercise was produced to identify the current service offer and workforce capacity across Welsh regions in relation to responses and support to children who experience trauma and abuse later in life.

Welsh Government commissioned CASCADE and Barnardo's Cymru to work together to form Gwella on the basis of the research referred to develop a toolkit of evidence based interventions and good practice solution approaches to responding to victims of childhood trauma and abuse.

The project in year one recruited 6 social workers initially, one to sit in each region to act as a point of contact on any issues relating to CSE and SHB, including the use of the SERAF risk assessment tool.

They will support professionals on the ground to complete the tool and provide guidance and advice on compliance with the All Wales Protocol on CSE. Then in years two and three Seconded Social Workers will pilot a toolkit/practice model and CASCADE will evaluate the pilot.

This three year project is funded by Welsh Government and there has been no direct cost to the Safeguarding Board.

Current position

The project is now in year 2 and a pilot tool is being rolled out across the City & County of Swansea which will inform the national pilot from the Western Bay Region.

The project is Welsh Government funded and so has no cost implication to the Board however the expectation that the project fulfils the identified actions required from the National CSE Action plan in its first year have not been fully realised. A mapping of service provision has been completed and work is ongoing to develop a CSE strategy.

The group which oversees Gwella is due to meet on Thursday 14th September to complete the Welsh Government template on responding to the CSE action plan, compile a report and presentation to WBSCB at the end of the month and to review its work plan to ensure actions are being followed up.

A Gwella project briefing is attached to this report as Appendix 1 for further explanation.

Financial Impact

None

Equality Impact Assessment

This function does not require an Equality Impact Assessment

Workforce Impact

None

Legal Impact

None

Risk Management

None

Consultation

There is no requirement under the Constitution for external consultation on this item.

Recommendation

It is recommended that Members note the Report.

Officer Contact

Nick Jarman

Director of Social Services, Health and Housing

Email: n.jarman@npt.gov.uk

Tel: 01639 763279



Children's Social Care
Research and Development Centre
Canolfan Ymchwil a Datblygu
Gofal Cymdeithasol Plant

GWELLA PROJECT: Briefing September 2017

Aim: To reduce the risk of vulnerable children and young people experiencing Child Sexual Exploitation (CSE) or demonstrating Sexually Harmful Behaviour (SHB), through the development of a **Prevention Model** for use in Social Care, in order to improve the wellbeing of children and young people and respond to the Social Services and Wellbeing Act (SSWA) requirements.

1. Project rationale

There is a strong case for targeting children exposed to trauma with evidence based interventions in childhood and early adolescence to prevent the risk of sexually harmful behaviour or abuse through child sexual exploitation in later adolescence. There is also a need to support Local Authorities and other agencies to equip them in readiness for the SSWA requirements by developing a more informed approach to safeguarding practice with vulnerable adolescents before their risks are escalated to the point at which CSE or SHB manifest themselves as the outcomes of vulnerabilities: 'If we do not recognise and work with adolescent agency and choice, it will remain a potent force in their various vulnerabilities' (SSWA 2014).

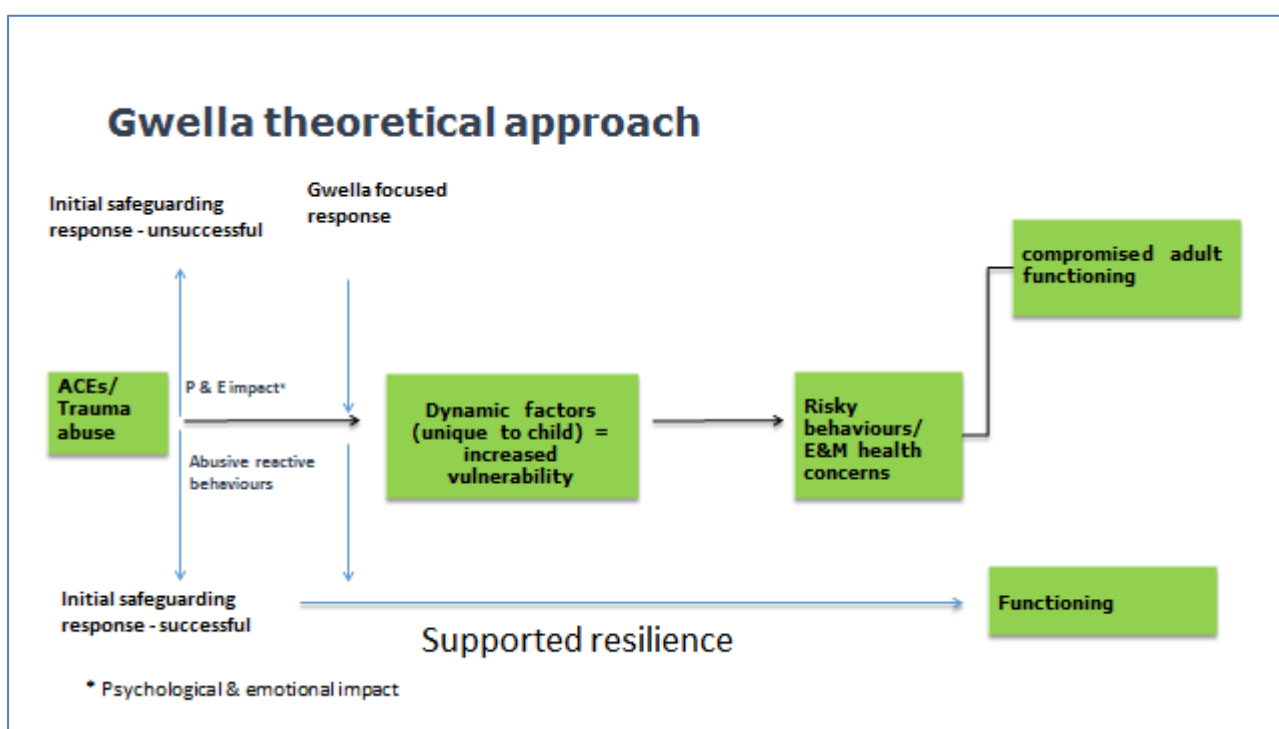
Current response comes at a time when children and young people have been identified for their behaviour to others or have experienced sexual exploitation and when such historic factors of abuse and trauma have not been recognised and reconciled. Children and young people are referred to our Taith Service because of concerns around sexually harmful behaviour following a second or third incident of concern. It is common for no work to have been undertaken with the child or young person following the first or second incident of concern and before the third incident. Similarly, in the year ending 31st March 2015, a total of 515 SERAF forms were shared with our Seraf Service and 76% of these were

assessed as at significant risk of CSE. We know that pressure on resources means that very few multi-agency strategy meetings are held in relation to children and young people assessed as at moderate risk of CSE (in line with the All Wales CSE protocol) so that preventative work can be undertaken. Table 1 evidences the abuse histories of Taith and Seraf service users:

Table 1

	Taith (SHB)	Seraf (CSE)	Child Protection Register
Exposure to domestic abuse	62%	43%	21%
Reported sexual abuse	40%	29%	7%
Reported physical abuse	38%	32%	16%
Reported emotional neglect	55%	51%	38%

This project will support the early identification of risk to CSE and SHB, through establishing risk indicators and required responses according to the appropriate level of need. It will develop a good practice solution-based approach for responding to victims of childhood trauma.



Overarching outcomes:

The principal aim of the project will be to build capacity in, and provide an evidenced practice model for, the multi-agency workforce that work with children, young people and their families so that they:

- are equipped to identify and respond to childhood trauma and abuse at the earliest opportunity to reduce the risks of CSE or SHB later in childhood/adolescence
- can identify when referral to more specialist services is appropriate.

Timeline:

Year 1: research and development

Year 2: pilot phase & evaluation

Year 3: end of pilot phase & evaluation, dissemination of learning

2. Research element

Children's Social Care Research and Development Centre (CASCADE) at Cardiff University

The hypotheses:

1. That there is a link between childhood trauma, child sexual exploitation and sexually harmful behaviours.
2. That support for a child in their early years will reduce the likelihood of experiencing abuse through sexual exploitation, and/or displaying sexually harmful behaviours.

Overarching research questions

The research will aim to answer the following two questions:

RQ.1: What is the relationship between childhood trauma, child sexual exploitation and sexually harmful behaviours?

RQ.2: What approaches and interventions are successful in prevention and intervention work with children and young people who have experienced childhood trauma and about whom there are concerns regarding sexual behaviour?

Four areas of research and knowledge generation:

1. Literature review
2. Service mapping
3. Systematic mapping of evidence based interventions
4. Quantitative research

3. The practice element

Barnardo's project delivery

Six project practitioners (social worker or equivalent) have been recruited on a regional footprint synonymous with the Regional Safeguarding Children Boards in Wales. These posts will support the pilots which will take place in identified Local Authorities across Wales. The Gwella practitioners will support the rollout of the pilots and ensure that the practice model is implemented effectively. The practitioners will also work with families in the home with the aim of improving the relationship between the primary carer and the child concerned.

The Gwella Model:



*TRM – Trauma Recovery Model

Eligibility criteria:

1. Child between 5 & 11
2. CPR, LAC or other SSD involvement
3. Historic concerns/evidence of developmental trauma between 0 & 5 years; neglect, sexual abuse, physical abuse, emotional abuse and exposure to DV

4. Evidence of psychological & emotional impact (including...)
 - Emotional & behavioural concerns (inc concerning sexualised behaviour)
 - Learning & educational difficulties
 - Speech, Language & communication needs

The Pilot Areas:

4 Local Authorities have been identified as the sites for the pilots, they were identified on the basis of readiness to engage with the project. A fifth Local Authority remains to be identified for North Wales. The aim is to work with approximately 20 families across Wales. The pilots are planned to begin on a staggered timeline as follows:

1. Swansea (Western Bay RSB) July 2017
2. RCT (Cwm Taf RSB) September 2017
3. Merthyr (Cwm Taf RSB) September 2017
4. Carmarthenshire (Mid and West Wales RSB) November 2017
5. North Wales LA (to be confirmed) December 2017

The pilots will run in each case for a period of 12 months. Running concurrently with the pilots CASCADE will undertake an independent evaluation of the model, the findings of which will be presented in the final year of the project.

Appendix 1 – Trauma Recovery Model (TRM)

PRESENTATION / BEHAVIOUR

LAYERS OF INTERVENTION

NEED

- Provide a supportive safety net for learning

Confidence
Achieving
goals
Independence

- Autonomy within the supported context
Increased self-determination

- Guided goal-setting • Targets • Scaffolded structure • Support into education / training placement • Help to structure free time constructively • Motivational interviewing

FUTURE PLANNING: • Increased self-belief / esteem • Acceptance of abilities / potential

- Adult guided and supported planning • Sense of purpose & achievement – structured to maximise the chances of success

- Cognitive interventions e.g. anger management, consequential thinking

INSIGHT / AWARENESS
• Calmer • Increased insight into behaviour • More balanced self-narrative

- Integration of old & new self

COGNITIVE READINESS

- Specialist therapeutic intervention re: trauma • Containment • Co-regulation • Interactive repair • Bereavement counselling

WORKING THROUGH TRAUMA
• Return to difficult behaviours as trauma is processed • Clingy with staff / rejecting of staff

- Processing past experiences • Grieving losses

DISCLOSURE

- Maximum 1:1 times with adults • Clear boundaries • Maintenance of structure / routine

TRUST / RELATIONSHIP BUILDING
• Smiling more • Building closer relationships with 1 or 2 staff • Increased willingness to comply with routines • Ongoing peer relationship difficulties • Ongoing confrontational / challenging outbursts

- Need to develop trusting relationships with appropriate adults • Need to develop a secure base

READINESS TO BUILD RELATIONSHIPS WITH ADULTS

- Regular meals / bedtimes • School • Clear boundaries

INSTABILITY / CHAOTIC
• Challenging behaviour (aggression, absconding, self-harm • Chaotic lifestyle • Drug use • Poor sleep / hygiene • Offending • Poor nutrition • Inappropriate relationships • Over-reliance on peers

- Need for structure and routine in everyday life

FOUNDATIONAL BELIEF - REDEEMABILITY