monmouthshire
sir fynwy

SUBJECT: **Delivering Excellence in Children's Services - Workforce**

MEETING: Scrutiny
DATE: 3rd March 2022
DIVISION/WARDS AFFECTED: All

1. PURPOSE:

- To provide members of the Children's and Young People's Scrutiny Committee with an update on early help and family support services.

2. RECOMMENDATIONS:

Members are requested to scrutinise and consider the findings in this report as follows:

Early Help Panel
Advice Line
Building Strong Families Team
Face to Face Counselling
Creative Therapies
Achieving Change Together Team
Family Group Conferencing and Mediation Team

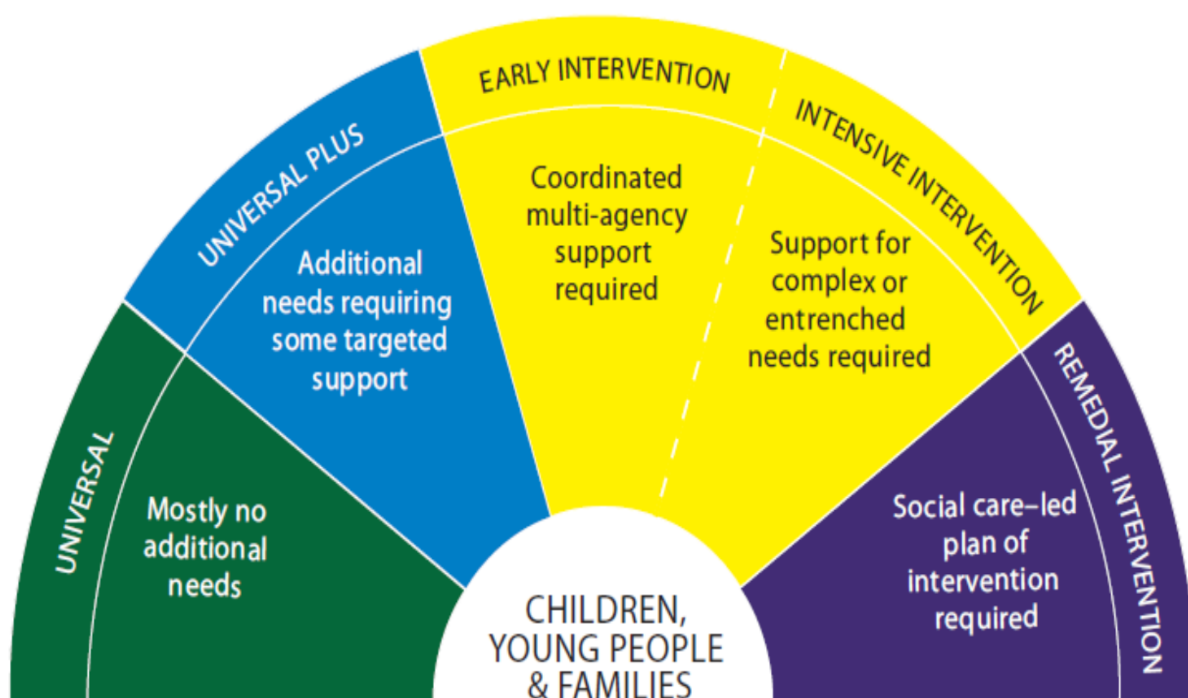
3. KEY ISSUES:

Background

3.1 In 2016 Children's Services underwent a service reconfiguration which included moving the Team Around the Family (TAF) team of three support workers and a co-ordinator from Partnerships and into Children's Services. This change was part of the overarching transformation programme 'Delivering Excellence in Children's Services' designed to deliver the cultural and practice changes necessary to address problems within the service and realise the benefits enshrined within the legislative framework of the Social Services and Well-being (Wales) Act (2014).

3.2 Since this point MCC has invested significantly in reviewing and redesigning early intervention services and investing in additional services including work to co-ordinate multi-agency services to ensure that families get the right support at the right time. It has been a priority of Children's Services to develop an integrated strategy in order to establish and expand a range of preventive services at different points along the spectrum of need that works in partnership with families and wider partners.

3.3 As part of their on-going plan to improve their response to families in need of care and support and in line with their implementation of the Social Services and Well-being (Wales) Act 2016, Monmouthshire commissioned the Institute of Public Care at Oxford Brookes University (IPC) to review their current arrangements and assist in a plan for improvement. The framework below was used as the basis for their analysis. It recognises the importance of the whole network of services to supporting all families, and in particular identifies a differentiation between services and support for children and families needing early intervention and those needing intensive intervention. This is based in particular on the research evidence which is clear that these different forms of intervention require very different levels of support and skill on the part of those undertaking assessment, care and support:



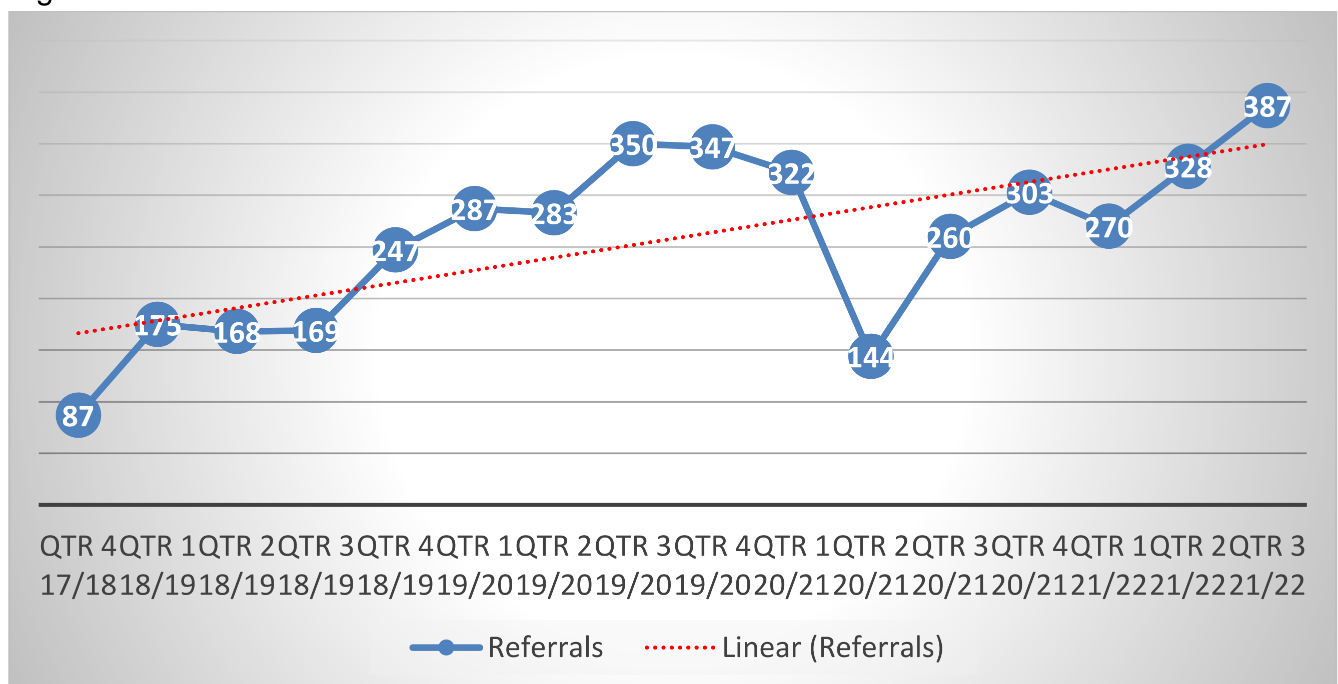
Early Help Panel

3.4 A key component in this approach is the Early Help Panel (EHP). Established in January 2017, this panel provides a single point of entry for emotional wellbeing and early intervention referrals, including from families, social services Early Help and Assessment Team, health and schools. This Panel was identified by ABUHB as a model of best practice and has been used as the blueprint for the rollout pan-Gwent of Single Point of Access for Emotional Well-being Panels, known as SPACE-Wellbeing Panels SPACE WB. As the EHP in Monmouthshire was already established and well known prior to the creation of SPACE WB EHP has retained its title rather than changing its name. The panel

is co-chaired by managers in Children's Services and Education with the co-ordination function being funded by health through Transformation Grant funding.

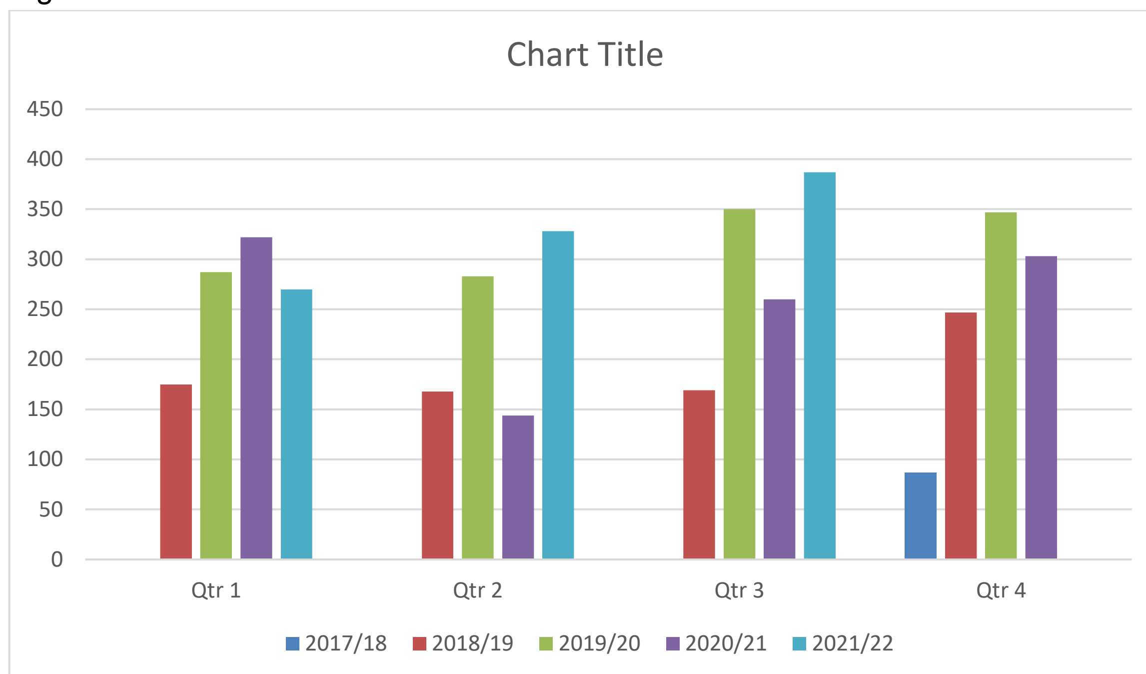
3.5 Benefits of the EHP are that it provides a single referral point for a wide range of services and supports and enables complexities of referrals to be considered so that families are less likely to be referred to the wrong service and experience multiple refer-ons. The EHP works to a 'no-bounce' principle with a commitment to trying to ensure that families get the right service first time and when a further referral is required families are moved between services in a contained way rather than being 'bounced' between services. The existence of the EHP has reduced the number of duplicate referrals, provided a vehicle for sharing scarce resources and promoting services that many families might otherwise not have been aware of. In a local authority like MCC which receives very little in the way of grant funding it is essential that we maximise the potential of what is available and the EHP enables the whole to be greater than the sum of the individual parts.

Figure 1 Referrals to EHP



3.6 Figures 1 above and 2 below show the steady increase in referrals to EHP since its inception in December 2017. As the graphs show, although there was a significant drop in referrals in Qtr 2 of 2020/21, caused by school closures due to Covid-19, there is an overall upward trend. Referrals have risen significantly in 2021/22 with Qtr 3 of 2021/22 having the highest number of referrals to date. The projected data for Qtr 4 indicates that referrals are likely to top 450 (257 referrals having been received to date).

Figure 2. Referrals to EHP



3.7 Data collected across Gwent suggests that all areas are seeing an increase both in the number and complexity of referrals to panels. The majority of referrals (44.6%) are from GPs with schools making 19.7% of referrals and 5.8% being self referrals. The remaining referrals are received from a wide range of sources including CAMHS, Children's Services, and other services.

3.8 The majority of referrals are received for children aged between 11-15 (53%), with children over 16 making up 14% of referrals, children 5-10 making up 24% of referrals and children under 5 making up 4% of referrals. In 2020/21 referrals were made into the EHP for 3.4% of the child population in MCC, the highest in Gwent.

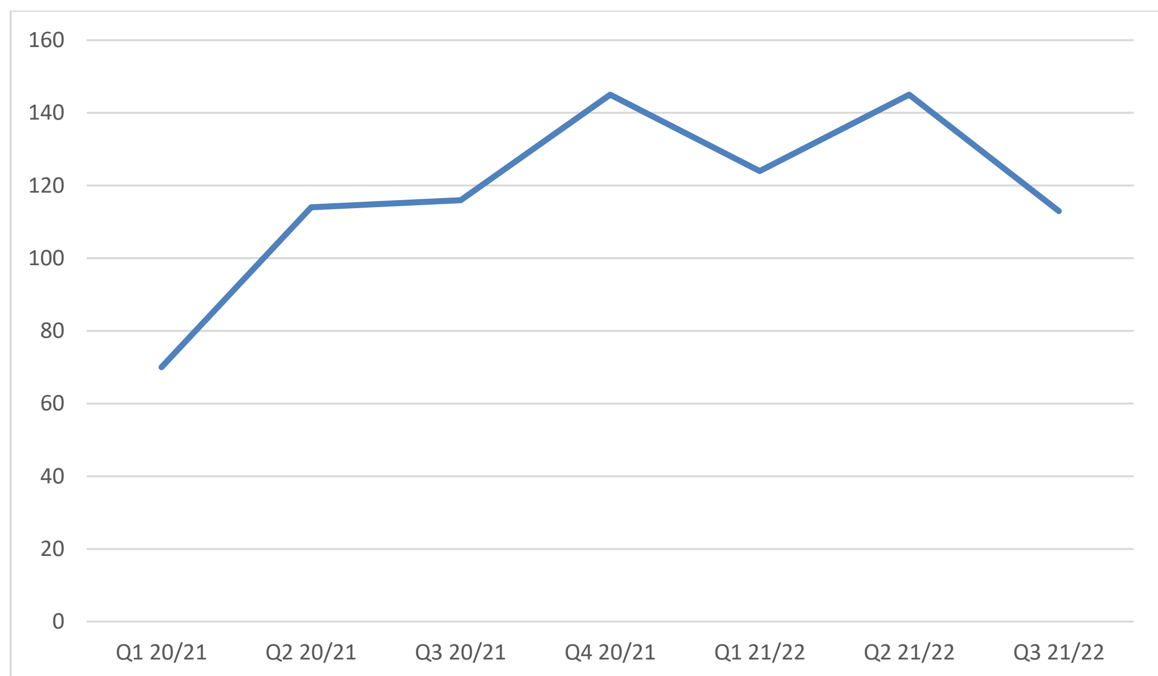
Advice Line

3.9 The Family Advice Line was set up as a response to an anticipated need for support for families when the first national lockdown was announced in March 2020 as a response to the covid-19 pandemic. The lockdown was announced on 23rd March 2020 and the advice line went live on the 25th March 2020.

3.10 The Advice Line provides a first point of contact for very early support often offering light-touch support and reassurance with the intention of meeting needs as early as possible in order to reduce the need for escalation at a later stage. The Advice Line worker liaises closely with the Social Work Assistants who staff the Early Help and Assessment Duty Line as part of the Safeguarding Hub, and are often able to provide them with information which can divert a family from needing statutory social work intervention. They can also provide

support for families needing access to foodbanks or other practical support. The Advice Line runs alongside the EHP and offers initial advice and support and a call-back service. The call-back service allows a caller to be contacted by a more specialist professional based on the needs identified in the initial call. Call-backs might be offered from family therapists, counsellors, therapists or experienced family support practitioners. The advice line worker is also trained to provide basic welfare benefits advice and signposting to more specialist services to promote income maximisation. Financial insecurity can often be a factor that tips families from managing and into debt, rent arrears and risk of homelessness and cause significant family stress that can be a contributory factor in domestic abuse, and drug and alcohol misuse. Research evidence tells us that children growing up in poverty are less likely to thrive and do well in school and so anything that can be done to support parental income maximisation will promote children's well-being.

Figure 3: Calls to the Family Advice



3.11 Analysis of the reasons calls are made to the EHP has identified the following themes:

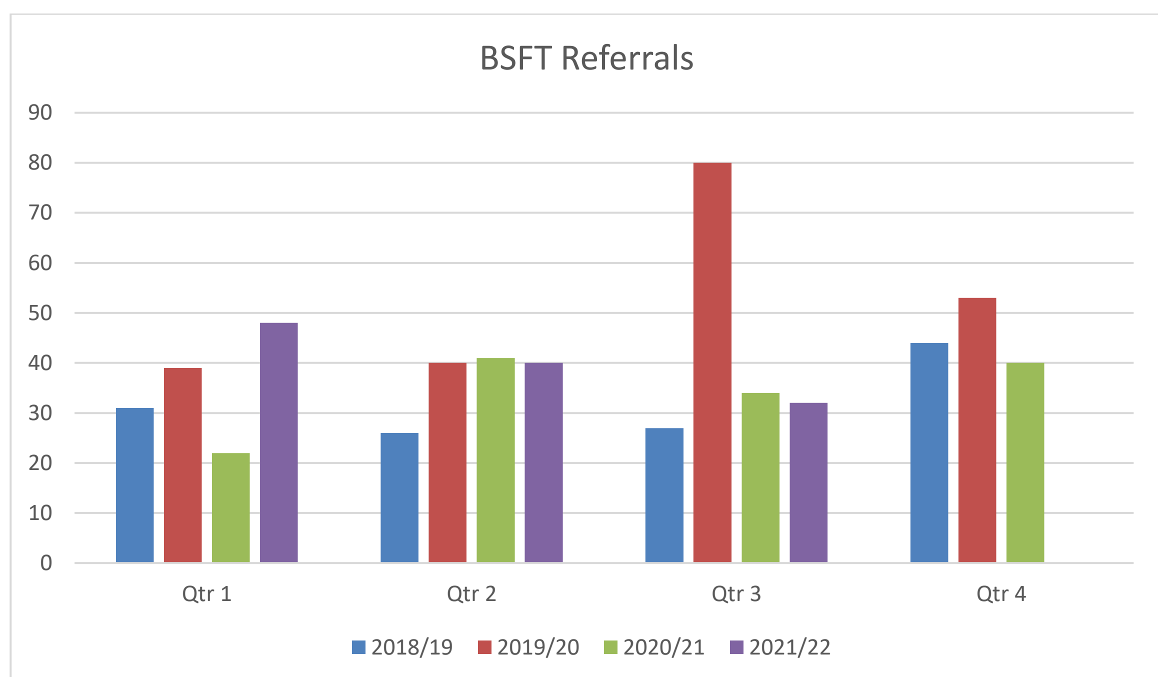
- Parents seeking advice regarding their child's anxiety
- Parents seeking advice regarding their child's behaviour especially dealing with anger and aggression
- Parents seeking advice regarding emotionally based school avoidance
- Advice regarding parental relationships and family conflict
- Referrals to panel – requests for support or enquiries about referrals

- Enquiries regarding referrals to CAMHS and Primary Mental Health, predominantly concerns about self harm

Building Strong Families Team

3.12 An IPC review that took place in 2017 identified that the Team Around the Family (TAF) service was not geared up to working with families with more complex needs, protocols for step-up and step-down were required and greater clarity was needed as to which families TAF should be working with. The TAF model was therefore redesigned with a clear criteria and robust step-up and step-down processes and the Building Strong Families Team (BSFT) was established.

Figure 3: Referrals to BSFT



3.13 This team is made up of family support workers and a team leader who work with families who want support but do not need a social worker. Workers are highly skilled and trained in a core suite of interventions, including Motivational Interviewing, OCR Level 3 working with complex families, Brief Solution Focussed Therapy, Non Violent Resistance and Circle of Security. Support is tailored to the needs of families and is time-limed (around 12 weeks). The team works alongside families to support them in making the changes that the families have identified themselves (what matters to them). Work often focusses on parenting and managing challenging behaviour, relationships and family well-being. Change is measured using the Distance Travelled Tool which is based on the Assessment

Framework Triangle and measures family resilience. Families can self-refer and referrals can also be made by professionals. Referral is through the EHP to identify what, if any, other services might be helpful.

3.14 In 2020/21 Children's Services recognised the value that BSFT could add to statutory services by supporting families as they step down from statutory intervention or preventing issues escalating into needing a statutory response and invested in funding an additional worker, increasing the staff team from three to four. In addition Welsh Government Covid Recovery funding allowed the recruitment of two additional members of staff in November 2021. This has increased the number of families that can be worked with meaning that by the end of Qtr 3 the BSFT has engaged with as many families and individuals as it had worked with over the whole of 2020/21 (94).

3.15 Figure 3 above presents the referral data to the BSFT. Referrals in Qtr 3 and Qtr 4 in 2019/20 were significantly higher due to a short term grant from Welsh Government which allowed the employment of an additional two members of staff for approximately 5 months. Qtr 1 of 2020/21 was significantly impacted by the pandemic as the service was required to cease all face to face work, schools were closed and GPs were largely not doing face to face consultations and both are a major referrers.

3.16 In addition to the individual family work, the team has also been involved in the delivery of a number of groups including a parents group on Non-Violent Resistance for parents struggling to manage their children's aggressive behaviour and a Worry Warriors Group for primary school aged children to help them manage their anxiety. An additional group planned for Qtr 3 was cancelled due to staff sickness.

Outcomes

3.17 Outcomes are measured in BSFT using a Distance Travelled Tool (DTT) based on the Assessment Framework Triangle and also measuring the number of families reporting achieving their personal outcomes at the end of intervention. The % of families reporting a positive outcome has increased year on year since the service redesign. So far this year (bearing in mind this is partial year data and based on families' self reporting) almost every family completing programmes of intervention with BSFT report achieving positive outcomes. Data from the DTT will not be collated until the end of the year, however for 2020/21 it indicated an increase in family resilience of 31.25%.

% of families reporting a positive outcome

18/19	2019/20	2020/21	2020/22[1]
59.6%	75.53%	84%	92.3%

3.18 The issues that families present with have increased in complexity and this has been exacerbated by the pandemic which has made delivering direct work interventions much more difficult. In spite of this the number of families needing to be escalated to Children's Services so far this year has fallen from four last year to only one so far this year (2018/19 -16, 2019/20 - 22, 2020/21 – 4). This reflects the increased confidence and skill of the workers in working with difficult cases and managing risk.

% of families escalated to Children's Services

18/19	2019/20	2020/21	2020/22[1]
16 (12.5%)	22 (10.3%)	4 (4.49%)	3 (3.1%)

3.19 The number of families disengaging from the service before work is completed or failing to engage has remained stable over the past three years. Based on part year figures it currently stands at 8 (8.5%).

% of families disengaging from support

18/19	2019/20	2020/21	2020/22[2]
4 (3%)	18 (8%)	7 (10.1%)	8 (8.5)

Staff Wellbeing

3.20 There has been significant sickness absence in the BSFT team this year in part due to higher stress levels caused by vicarious trauma as families' problems become more challenging as they have to wait longer for support. The impact of workers having worked through the pandemic and managing increasingly lengthy waiting lists should also not be underestimated. A number of measures have been introduced to promote staff wellbeing and reduce staff sickness. These include reducing caseloads from 12 to 10, bring the team together more regularly for reflective practice sessions to reduce feelings of isolation. The recruitment of additional staff through one-off funding from WG for 2022/23 will also help reduce waiting lists and pressures on the team.

'BSFT has really helped us to work together as mother & daughter over the last few months. Although we still have some way to go we have now built a good foundation & can build on this. Thank you'
Parent

'The worker so lovely, I haven't met her in person but it doesn't matter, I feel like I have & I felt so comfortable with her straight away. My confidence has gone up a lot & my

[1] Part year data covering Qtrs 1-3
[2] Part year data covering Qtrs 1-3

anxiety is a lot easier to manage & happens less often. I'm able to look on the bright side of things much more now & get rid of negative thoughts.'
Young person

'I hope you never lose your smile, enthusiasm & genuine care you show for the children' - Child

'BSFT has assisted my son on the road to recovery in dealing with separation & anxiety' - Parent

Face to Face School Based Counselling

3.20 Face to Face School Based Counselling is an independent counselling service for 11-18 year olds. It comprises one team leader and three 30 hour counsellors providing a face to face, as well as an on-line or phone offer to young people across the four state secondary schools in Monmouthshire as well as to children attending alternative provision and a community provision, north and south, for those not able or wanting to access the service through their school. The emotional health and well-being of children and young people is a key priority for the Welsh Government (WG), as evidenced in the *School and Community-based Counselling Operating Toolkit*, and the *Framework on Embedding a Whole-School Approach to Emotional and Mental Wellbeing*.

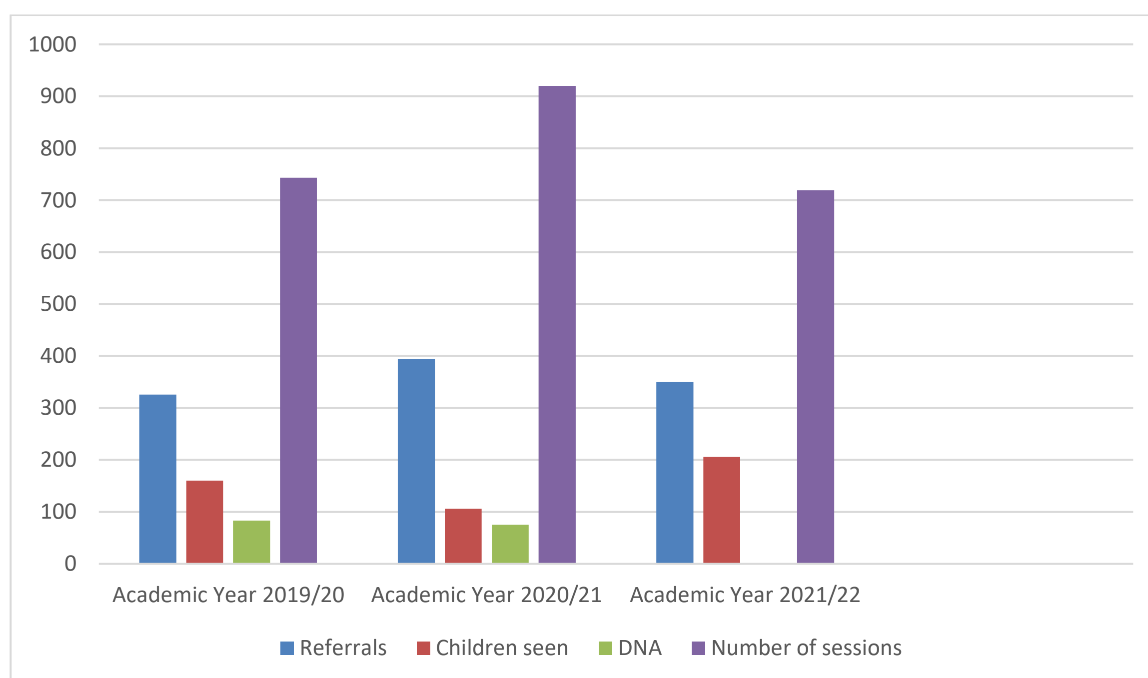
3.21 Evidence that children and young people's mental health and emotional well-being needs to be a priority can be found in recent studies which suggest that wellbeing concerns are an increasing problem for young people. Across the UK, it is estimated that one in four children will show some evidence of emotional ill health, and three children in an average-size classroom will have difficulties with their emotional health. Half of all emotional health problems begin by the age of 14, and three-quarters by an individual's mid-twenties. There is emerging evidence that the impact of the pandemic has had a especially detrimental impact on children and young people, and on their emotional and mental health in particular.

3.22 In Monmouthshire young people have voiced through the Young People's *Make Your Mark Consultation* that "support [for] our mental health" is of primary importance. It is a strength of the Face to Face counselling service that in recent years there has been an increase in the number of self-referrals (47% compared with a national figure of 35%). With the closure of schools, the pandemic had a significant impact on the delivery of the service, however within a month the service was able to move to a digital platform which allows it now to offer a blended approach to young people.

3.23 The main issues that children and young people seek support with through counselling are family relationships/conflict, and anxiety, which mirrors the national picture. Girls (including those identifying as female) outnumber boys (including those identifying as male) in accessing the service, and the transition years from key stage 3-4 is locally, as it is nationally, a key point is children seeking support.

3.24 Current capacity within the team stands at a maximum of 780 sessions available per year. Counselling episodes last between 6 to 20 sessions depending on need. An increasing demand for longer term work has meant that although more sessions were delivered in 2020/21, fewer young people were seen and more referrals and more young people carrying over from one school year to the next. Average wait times for counselling rose from 11 weeks in the academic year of 2019/20 to 13 weeks in 2020/21. The number of referrals shown in the graph below (figure 4) shows that the rate of referrals for the current academic year already stands at approximately 350 so is on track to exceed referrals for 2020/21. Data for 2021/22 is partial and DNA attend data is not yet available.

Figure 4: Referrals to School Based Counselling.



3.25 *Outcomes*

Young people's wellbeing is measured using a standardised tool, the YP Core. This tool evidences an average reduction in low mood on a standardised scale. Results from 2019/20 show an improvement of 4.65, 2020/21 of 7.16 and so far this year of 7.16.

3.26 *Challenges*

As the data show, there has been an increase year on year, both in the number or referrals and in the level of complexity of issues that young people are bringing meaning that they require longer term support.

3.27 WG has, in the short term, increased funding to expand capacity for school based counselling, however it is often challenging to recruit to temporary posts and recruitment issues has meant that the team has been running with a vacancy for a period of time. This significant lack of capacity is being addressed by the team leader by working with colleagues to offer placements for students undertaking counselling qualifications. However the increasing level of demand is unsustainable without either significant additional funding, which is unrealistic, or a more blended approach working with community partners, working more 'upstream' to increase young people's resilience and reduce the need for counselling, as well as increased capacity. It is anticipated that additional WG funding is likely to be made available in the next financial year that will allow the creation of new Well-being Practitioners who can build links between school and community well-being resources. The team leader has made links with local colleges and there are currently seven placement students working/volunteering within the service. The offer is also being adapted to include group based interventions which can offer support for greater numbers of young people.

'Thank you so much for everything I can't tell you how much you have helped me! I am really going to miss having chats with you! When I first met you I was so lost and I didn't have any confidence. However thanks to you I now am found and I have a lot of confidence'
Young person

'You made me feel positive about being myself & that I matter.'
Young Person

Face to Face Creative Therapies

3.28 The Creative Therapies Team is a small team of a team leader (.8 WTE) two systemic therapists (.6 WTE) and three play therapists (1.5 WTE) funded through Families First and providing a therapeutic offer to children of primary school age and their families. Because all the play therapists are part time, Children's Services is able to spot purchase play therapy for children who they are working with who would otherwise not be eligible for the support through Families First. This is at a lower unit cost than would be the case if the work was externally commissioned. Play therapy sessions can vary between 6 and 25

sessions depending on need. Progress is reviewed every 6/8 weeks with the child, parents and school. Family therapy can vary between 4 and 8 sessions and are sometimes episodic, with families pausing and re-engaging.

3.29 22 children have completed individual play therapy so far in 2021/22, ten of these were referred through Children's Services. 16 families have received family therapy. Of these 36 interventions positive outcomes have been reported in 34 cases. Four groups have been run, three to help support children with transition and one for parents/caregivers on working with anxiety.

> 'There are no words to describe how much we appreciate the involvement your team had with us. … We were at the edge of the cliff nearly to fall & they just pull us back. … Without their help I don' know where could be as a family, they support us all the time & guide us.'
> Parent

> 'Before we came to see you we were in a desperate situation & things had to change. We really wanted to change we just didn't know how to. … We felt such relief when we came to see you. It finally felt like someone cared about us & wanted to support us. We felt like we weren't on our own & didn't have to fight for support'
> Parent

> 'I really enjoyed all 18 sessions … You are very kind, just a pity you can't play football, lol …. You made me feel very excited and a little special'
> Child

Achieving Change Together

3.30 The Achieving Change Together Team (ACT) was established in October 2018 funded from monies released from the decommissioning of the IFST service and additional edge of care grant funding from ICF. In 2019 the service received additional funding allowing it to expand. The team comprises a Social Work Senior Practitioner, a Team Leader, 4.5 Family Support Workers, .1 Clinical Psychologist and .1 Systemic Family Therapist.

3.31 Workers carry small caseloads of six families and are trained in a variety of evidence based models of intervention. They work intensively with families (2 to 4 times per week) and have the flexibility to work outside normal working hours. Intervention is time limited to avoid dependency, however is long enough to enable change to be sustainable and embedded (up to 18 months). Practitioners are trained and supported to be able to manage risk confidently (in partnership with case holding social workers in the operational teams). There are regular reviews to avoid drift and monitor progress using the Distance Travelled Tool referred to above. Intervention is strengths-based, outcome-focussed,

psychologically and trauma informed and led by the family supported by an ACT worker and with input from the child's social worker. The work balances intensity with duration, with an emphasis on using a strengths-based and relational approach to promoting family relationships and resilience to create sustainable change. The criteria for working with the ACT Team includes families where children are in care but there is a realistic prospect that children can safely return home, or where concerns are such that it is judged to be highly likely that children will require alternative care if nothing changes. Families referred must recognise the need to change and be sufficiently motivated to engage.

3.32 A costing was undertaken last year when ACT had worked with 53 children. The weekly cost of accommodating these 53 children, assuming that they were placed, either with in-house foster carers, or with kinship carers, and not accounting for any additional skills payments, residential or agency fees for any children MCC was unable to place in-house would be a minimum of £9,829[3]. The cost were any of them to be placed with Independent Fostering Agencies (IFAs) or in residential care as would be inevitable given MCCs low numbers of foster carers and heavy reliance on IFAs, would be significantly more.

	Placement fee	No of children	cost
0-4	216.00	10	2,160
5-10	174.00	21	3,645
11-15	174.00	18	3,132
16-17	223.00	4	892
			9,829

3.33 The total weekly cost of the ACT team is a total of £5,441 amounting to an annual cost of £282,932.

Cost of the ACT Team	
4.5 support workers Band E = 146308.5 / 52	£2,814
1 wte Team Leader Band H	£877
.2 Team manager	£229
.6 Senior Practitioner	£628
Clinical psychology, family therapy, expenses and misc costs etc	£400
	£4,948

3.34 The minimum weekly cost of accommodating these children is £9,829, amounting to an annual figure of £460,876. This represents a saving £177,944 per annum, although in reality it would be significantly more to accommodate even half of these children since the

[3] Skills to Foster payments are between £53 and £80 per week depending on the level, residential placements can vary from £4,000 to £12,000 per week or more.

costs of the IFAs and residential placements that would be necessary would amount to tens of thousands per week.

3.35 To date the ACT Team has worked with a total of 36 families and 107 children. Of the 107 children supported by ACT 89 (83%) have remained living with their families.

Outcomes

3.36 23 families with 74 children have been closed to ACT since the service started. Of these 60 children (81%) remain at home or living with family members and 14 (19%) are living with foster carers.

3.37 All the 23 cases that have been supported by ACT have evidenced improved family resilience. A random sample identified that the average increase is 34.15 % increase in parental resilience. With approximately a third of the cases increasing their parental resilience by over 20% and another third by over 40 %. The highest figure is 51% increase in Parental resilience and the lowest recorded increase is 9% increase in parental resilience.

3.38 Overall, the distance travelled tool evidence's that even in cases where families are assessed not to be able to provide good enough parenting, they are still able to increase their parental resilience. This is positive and for families that may go onto have more children may reduce the risk of further children moving into the care system and is likely to support parents to have a positive relationship with children even if they are unable to live in their care.

3.39 Of the 107 children that Act have worked with 94 are school aged children. School attendance has improved for 86 of these children (91.5%). Three children who still open to ACT have not improved their attendance and another four who are still open to ACT are currently home educated but are not evidencing any improvement in their access to education.

3.40 Of the 23 families who are now closed to ACT eight (34.8%) are now closed to Children's Services and remain closed a year later. Given the level of complexity that these families were presenting with, this is a significant outcome, for example, one young couple, who had previously had children removed have have been able to care for a new baby, have positive relationships with their other children and remain closed to children's services a year after closing.

3.41 Where children have not been able to remain living with their parents in the majority of cases there has been evidence of improved family relationships and increased understanding by the parents of their children's needs, leading to improvements in family time, reduction in the likelihood of children being removed in future and increase in the possibility that children might return home in future.

3.42 Other outcomes include one parent starting a degree course and another gaining employment.

> Thank you for being so nice, we will miss you.
> Child

> *When act first became involved I myself was very unsure of how things were going to work out as we were basically given an ultimatum which was we either had you in or we would lose the children so it was a case of work with you and sort the house or face the consequences … as far as I'm concerned you have helped me in more ways than bad and it's a sad day that I'm losing ACT as support as I've come in some respects to rely on ACT but I also know that I'm so much better than I was when ACT first started 18 months ago*
> *Parent*

Family Group Conferencing and Mediation

3.43 Family Group Conferences (FGCs) are voluntary decision-making meetings to help families find their own solutions to problems. These are sometimes referred to as family meetings. The FGC process empowers a family and their network to draw on their strengths and resources to make a safe plan for their children. FGCs ensure the entire family network has the opportunity to hear and discuss concerns, to be listened to including the child/young person and collectively create a strategy they can implement together to address the issue. An FGCs/mediation is routinely used to help the family resolve issues with family time (contact), identify substitute carers where children need this or resolve other family issues or disputes.

3.44 The FGC and mediation team is made up of 3 part time workers (2wte), one funded by MCC and the other funded by ICF. In addition there is a mediation worker who is funded through ICF, employed by Llamau and located within the FGC/Mediation teams.

Referrals to FGC

	2019/20	2020/21	2020/22[4]
Referrals	69	112	108
FGCs	52	42	18
Review FGCs	19	32	32
Family meetings	Not recorded	23	36
FGCs resulting in a positive family plan	58	78	48

3.45 The Mediation Service runs alongside FGC. The Mediation Service went live in July 2020 and is provided by one worker who is employed by Llamau and hosted by MCC. The service had a slow start however since it has been fully operational it has delivered excellent outcomes. It has taken 47 referrals with 26 cases having now concluded. Of these 100% have concluded with a positive outcome. Of these four cases were able to be closed to Children's Services, one young person was able to return home to parents avoiding care/homelessness, one young person engaged with mental health services and returned to college to complete A Levels and one young person was able to be de-registered from the Child Protection Register and was supported on a Care and Support Plan and is now closed to Children's Services.

'*Only going well because of you*'
Young Person

'*Thanks for your help and support. I think it has really helped us. It has given me some fantastic guidance for supporting child's emotional needs and opened dad's eyes to how our behaviour impacts child so I'm very grateful*'
Parent

'I felt supported. I felt safe to talk, to be 'real'. No condemnation, no judgement or feeling like there is something wrong with me.'
Parent

'I was feeling so anxious about the FGC but you were so easy to talk to and you seemed to be able to understand where I was coming from, even when I couldn't think of the right words'
Parent

'It's was beneficial for us to have someone who was willing to listen and help with such an awful situation for the children to be in.'
Parent

[4] Part year data covering Qtrs 1-3

4. Conclusions

4.1 If Monmouthshire County Council is to safely reduce the numbers of children coming into the care of the local authority with the lifelong impact this has on the child, their family and community, as well as the financial impact on the authority then a strategy that meets the complexity of the situation is needed. This will require targeted, early intervention to reduce the numbers of families needing statutory support. Appropriate, bespoke and multi-faceted support for those families whose needs are such that they require additional support to reduce the risk of their children from being removed from their care.

4.2 The Early Help Panel has reduced referrals for S-CAMHS, reduced multiple referrals and improved access to a range of early help services. Early intervention services such as BSFT, Creative Therapies and School Based Counselling have a track record in improving family resilience and reducing the need for families to access higher levels of support. ACTT, with the support of services like FGC and Mediation, is working effectively to reduce risk, increase family resilience and create long-term sustainable change that it breaking generational cycles of risk and family dysfunction. However demand is increasing and as demand on statutory services continues to escalate then family support services need to ever more creative, flexible and reach further into community resources to maximise capacity and foster community resilience. This will be the priority in the coming months.

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