

Meeting of:	<b>Healthy Living and Social Care Scrutiny Committee</b>
Date of Meeting:	<b>Tuesday, 12 November 2019</b>
Relevant Scrutiny Committee:	Healthy Living and Social Care
Report Title:	The Vale of Glamorgan and Cardiff Integrated Family Support Team Annual Report 2018-19
Purpose of Report:	To provide Scrutiny Committee with an opportunity to consider the 2018/19 Annual Report for the Vale of Glamorgan and Cardiff Integrated Family Support Team (IFST) before it is submitted to the Welsh Government as required.
Report Owner:	Director of Social Services
Responsible Officer:	Head of Children and Young People Services
Elected Member and Officer Consultation:	Cabinet Member for Social Care and Health
Policy Framework:	This is a matter for Executive decision

**Executive Summary:**

The Integrated Family Support Team has its origins in Welsh Government's Vulnerable Children Strategy. The legislative framework is the Children and Families (Wales) Measure 2010, later superseded by the Social Services and Well-being (Wales) Act 2014. The IFST is a partnership between the Vale of Glamorgan Council, Cardiff Council and Cardiff and Vale University Health Board who have a joint statutory responsibility for ensuring the delivery of an IFS service in their region.

This, the 7<sup>th</sup> Annual Report attached at Appendix I and prepared in accordance with s.62 of the Children and Families (Wales) Measure 2010, provides information on the effectiveness of the service provision and highlights any challenges which impact upon the successful delivery of the service.

The IFST has demonstrated significant progress from 2017/18 in meeting performance targets. Families are receiving the right support at the right time to effect long term behavioural changes. The team, through their enthusiasm and commitment, continue to deliver an excellent service to families through meaningful co-production, resulting in children living safely at home with their parents/carer. Positive outcomes from the service have reduced safeguarding concerns and enabled children's needs to be prioritised with early results showing a reduction in demand on statutory services.

## **Recommendation**

That Scrutiny Committee:

1. Considers the Integrated Family Support Team Annual Report for 2018/19.

## **Reason for Recommendation**

1. To allow members to consider the work of the Integrated Family Support Service in relation to Welsh Government guidance.

### **1. Background**

- 1.1 Through the provision of its Flying Start, Families First and IFS programmes, this Council has in place a coherent framework for delivering the range of preventative, protective and remedial family support initiatives set out in relevant Welsh Government strategies. By providing intensive and specialist help to families when risks are escalating, the IFST has a key role to perform both in reducing harm to children, and the volume of avoidable admissions into care.
- 1.2 The IFS programme is intended to provide holistic support to families by breaking down boundaries between local government and Health, and between Adult Services and Children's Services. It is delivered by a combination of highly skilled professionals from Social Care and Health, acting as a single workforce.
- 1.3 The IFST is based at The Alps and it has been operational since the end of February 2012. The Service has five principal functions:
  - Undertaking intensive direct work with families through the application of time-limited family focussed interventions;
  - Providing advice and consultancy to practitioners and agencies on engaging complex families with parental substance misuse, domestic violence or mental health issues;
  - Working jointly with the case managers and others to ensure that the family can gain access to the services they need;
  - Spot-purchasing services not otherwise available;
  - Providing training on evidence-based interventions for the wider workforce.

### **2. Key Issues for Consideration**

#### **2.1 Change to Management Board arrangements**

The IFS Board has been dissolved in favour of reports to the Regional Partnership Board which meets on a regular basis and will continue to maintain the required representatives and operate according to the statutory guidance. It employs a collaborative approach taking its membership from key statutory and non-statutory services operating across Cardiff and the Vale of Glamorgan.

## **2.2 Staffing Challenges**

Staffing levels have fluctuated during the year as a result of maternity, long term absence and retirement. Under clear and supportive leadership and management, the remaining staff have striven to meet and exceed individual performance targets. Evidence of targets and achievements are outlined within the Annual Report attached.

## **2.3 Service Developments**

Reviews of the service provided has led to some key changes such as the development of sustainable support to families at ante-natal stage; peer support; and the roll out of 'safety plan' training.

# **3. How do proposals evidence the Five Ways of Working and contribute to our Well-being Objectives?**

## **3.1 Long Term**

The IFST provides an opportunity for families to realise their potential, implement behavioural change and achieve better outcomes in the longer term. Appendix 1, p23 illustrates a case example through feedback from a service user who accessed the service in 2013.

## **3.2 Integration**

Under the oversight of the Service Manager, the multi-disciplinary team of Social Workers and Health Intervention Specialists and the aligned Community Reinforcement and Family Training (CRAFT) and Early Intervention teams provide a holistic supportive response to children and families in need across Cardiff and Vale of Glamorgan.

## **3.3 Involvement**

The Council and its partners are committed to involving those in receipt of its services and recognising protected characteristics. In the context of IFST, this means involving children, young people, their families, their carers and their support networks in co-producing plans that can effectively meet identified needs. It means taking a strength-based approach that recognises the resources that exist within families themselves and empowering families to support themselves and to achieve change where this is necessary. It also means involving children and families in decision making, including the need to transparently articulate risks that may prevent the achievement of goals that the child or family are hoping for, and where possible managing risks confidently.

## **3.4 Collaboration**

As noted above, the IFST is a collaboration between the Vale of Glamorgan Council, Cardiff Council and the Cardiff and Vale University Health Board.

## **3.5 Prevention**

The IFST is designed to assist families at the point of crisis, where their children are described as being as on 'the Edge of Care', to prevent escalation and accommodation working co-productively with families. There are a number of

aligned services working under the oversight of the IFS Service Manager accessible across the region: Early Intervention Team, providing support and diversionary activities to parents and children away from drug and alcohol use towards recovery; and CRAFT, an evidenced based model working with Concerned Significant Others who support a loved one with alcohol or substance misuse issues.

## **4. Resources and Legal Considerations**

### **Financial**

- 4.1** The budget remains at £550,000 across Cardiff and Vale of Glamorgan. The largest element (80%) is salaries. The year-end figures (Appendix 1 p15) demonstrate the service delivered within budget.

### **Employment**

- 4.2** There are no employment implications associated with this report.

### **Legal (Including Equalities)**

- 4.3** The legislative framework is the Children and Families (Wales) Measure 2010, later superseded by Social Services and Well-being Act (Wales) 2016. The IFST is a partnership between Vale of Glamorgan Council, Cardiff Council and the Cardiff and Vale University Health Board who have a joint statutory responsibility for ensuring the delivery of an IFS service in their region.
- 4.4** Equalities data is collected and reviewed within the monitoring arrangements for the service, underpinned by Results Based Accountability methodology. To ensure equality of access interpreters are provided for families where English is their second language and adaptations have been made to therapeutic tools engaged with families reflecting their first language.

## **5. Background Papers**

Integrated Family Support Team Cardiff and the Vale of Glamorgan Annual Report  
April 2018 – March 2019 – Appendix 1



**Integrated Family Support Team (IFST)  
The Vale of Glamorgan and Cardiff**

# Annual Report

April 2018 – March 2019

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# 1 Introduction

- 1.1 This is the seventh Annual Report of the Vale of Glamorgan and Cardiff Integrated Family Support Team (IFST). The purpose of the report is to provide information on the effectiveness of the IFST, accounting for both organisational and operational matters within the Cardiff and Vale of Glamorgan area. The report will highlight any challenges which impacts on the successful delivery of the service. This report has been prepared in accordance with S.62 of The Children and Families (Wales) Measure 2010.
- 1.2 The IFST has its origins in the Welsh Government Vulnerable Children Strategy. The legislative framework is the Children and Families (Wales) Measure later superseded by Social Services and Well-being (Wales) Act 2014. The IFST is a partnership between Cardiff Council, Vale of Glamorgan Council and Cardiff and Vale University Health Board.
- 1.3 The aim of the IFST is to provide an intensive intervention by a highly skilled, multi-disciplinary team to intervene with families referred by Children's Services from Cardiff Council and Vale of Glamorgan Council Social Workers. The IFST model was initially introduced to work with families with substance misuse and alcohol use. The Social Services and Well-being (Wales) Act (2014) invited IFSTs to use the behavioural change model with parents/carers who are experiencing mental health or domestic abuse where there are safeguarding concerns for children. The IFST use a behavioural change, evidenced based model to reduce the risk to children and support parents/ carers to effect and sustain positive behavioural change. A primary focus of the IFST will also be to provide consultation, advice and training to the wider workforce utilising the knowledge, skills and experience of the IFST staff to model and shape strength based practice.
- 1.4 The vision of the Vale of Glamorgan and Cardiff IFST is to deliver a high quality service that provides intensive support to families at times of crisis to reduce risk and increase safer family functioning whilst ensuring positive outcomes for children and creating opportunities for positive change wherever possible.
- 1.5 The IFST embraces the following service values:
  - To provide a holistic, evidence based family centred approach to service delivery;
  - To ensure the needs of children are met;
  - To work in partnership with parents and families to meet their own identified needs where this is commensurate with the needs of children;
  - To provide impartial and objective consultation and advice to the wider workforce as and when required;
  - To provide a non-judgemental approach to service delivery;
  - To provide a welcoming, accessible and timely service;
  - To adhere to the principles of information sharing;
  - The service shall be provided in a non-discriminatory, anti-oppressive and professional manner and in a way that demonstrates respect for service users and is sensitive to personal situation and experiences;
  - The service will respond positively to cultural, religious, language, gender, sexuality, disability, age and communication needs;

- Participation of service users is integral to ensure that services are responsive to changing pattern of need;
- Participation of all families is voluntary;
- To ensure dissemination of contemporary research and best practice concerning evidence based interventions with families;
- To influence wider systems to ensure more joined up service delivery to families;
- To ensure all local and national requirements regarding service evaluation and monitoring are undertaken;
- To strengthen partnership working between the Vale of Glamorgan and Cardiff local authorities Children's and Adult Services and the University Health Board.

1.6 The IFST exists across two local authority areas and it has been important to ensure that strategic planning allows for consistency wherever possible, but also takes into consideration differences in Social Care and Health systems and processes across both areas.

1.7 Aligned to the IFST is the Early Intervention Team (EIT). The EIT follows the strength based IFST model, offering support to families with children receiving care and support. In addition to this, EIT offers Community Reinforcement and Family Training (CRAFT) for individuals who are supporting a loved one with substance misuse issues. The EIT also employs Support Workers to assist both services at Phase 2 of the intervention post-intensive phase. Support Workers work alongside the Intervention Specialist to enhance the intervention through supporting parents/carers with accessing education, training, employment, diversionary activities and community based resources to support their recovery. Support Workers offer advice and support for harm reduction.

## **2 The Integrated Family Support (IFS) Board**

- 2.1 The IFS Board has been dissolved in favour of reports to the Regional Partnership Board which meets on a regular basis and will continue to maintain the required representatives and operate according to the statutory guidance. It employs a collaborative approach taking its membership from key statutory and non-statutory services operating across Vale of Glamorgan and Cardiff.
- 2.2 During this past year, there continues to be no barrier to service delivery that has required intervention by the Board.
- 2.3 Changes to Board Membership – See 2.1 above.
- 2.4 Terms of Reference

Section 53 of the Children and Families (Wales) Measure places a duty on the Local Authority to establish an Integrated Family Support Board for IFST.

- **Purpose**

To provide strategic direction to the implementation and delivery of the Integrated Family Support Team across the Vale of Glamorgan and Cardiff.

- **Functions**

The Children and Families (Wales) Measure sets out the statutory functions of the Board, these are:

- To ensure the effectiveness of what is done by the IFST to which they relate.
- To promote good practice by the local authorities and Local Health Boards participating in the teams in respect of the functions assigned to the teams.
- To ensure that the IFST has sufficient resources to carry out their functions.
- To ensure that the local authorities and Local Health Boards co-operate with the IFST in discharging the teams' functions.

Furthermore:

- To provide overall direction, management and scrutiny to the IFST.
- To ensure compliance with the grant and that all grant monitoring procedures set up within IFST meet organisational audit needs.
- To ensure the service provided is sustainable and is integrated into local service provision.
- To ensure a communications strategy is implemented and necessary resources provided to disseminate information to all partners and service users and to promote the success of the IFST.
- To support and progress workforce development within IFS teams and the transfer of skills to the wider workforce.
- Interface between the Local Health Board, Members of the Local Authority Executive / Management Committees and Local Safeguarding Children's Board.

- Deal with complaints and disputes about the exercise of functions by the IFST. Manage any complaints / disputes about the exercise of functions by the IFST.
  - Facilitate the sharing of information between Local Authorities, Local Health Boards, IFSTs and Boards.
  - Be responsible for the accounts and audit in respect of functions assigned to integrated family support teams.
  - Act as the IFST interface with the existing children and adult services and also wider services.
  - Agree the objectives for the IFST based upon local needs and circumstances.
- **Agenda**

The Board will take up risks and issues arising and support the Service Manager to ensure the effective and efficient running of the service.
  - **Voting**

The members representing each area will have delegated powers to act on the authority of their respective areas. In decision making the Board will strive for unanimity, but where this cannot be achieved, a majority decision will be agreed.

### **3. Service Delivery**

- 3.1 At the start of the seventh year of operation the team structure continues to comprise the following members:
- IFST Service Manager
  - 2 Consultant Social Workers
  - 4 Social Care Intervention Specialists
  - 2 Health Intervention Specialist
  - 1 Business Support Worker (job share)
- 3.2 Staffing levels have fluctuated this year due to staff absence in relation to maternity leave, one long term absence and retirement. Members of staff have strived to meet and exceed individual performance targets. Staffing is continually reviewed with creative solutions implemented. Secondment opportunities and student placements have supported the IFST to continue to provide an effective service. There have been challenges in recruiting Health Intervention Specialists due to pressures within Health services. This has now been resolved and the recruitment process has commenced. Overall, considering the current staffing structure and staff absence there will be a reduction of the number of interventions completed.
- 3.3 There is a requirement for the interventions of the team to be subject to independent review. IFST commission this from Cardiff Council Safeguarding Service where an appropriately trained Independent Reviewing Officer (IRO) undertakes reviews for cases across both the Vale of Glamorgan and Cardiff. Additional IROs will be trained in the IFS model in order to ensure consistency of approach to IFST families. This will also strengthen the sustainability of this arrangement so that there is adequate cover within the IRO team to maintain service continuity through periods of staff absence.
- 3.4 The business support processes have resulted in an efficient and effective system. Outcomes are measured and reported using the Results Based Accountability (RBA) methodology (See section 7 for details of the RBA approach and the annual outcome statistics).
- 3.5 There have been no official complaints in respect of the IFST in the past year. Positive feedback is shared regarding the experience of families and practitioners when working with the IFST.
- 3.6 The focus of any research carried out by Consultant Social Workers (CSW) will be relevant to IFST practice and / or development. A CSW has written a paper on the IFST model and the integration of the Signs of Safety model<sup>1</sup>. This research is in the process of being published. Currently, a CSW is undertaking a dissertation using research to explore strength based practice with families where there are safeguarding concerns.
- 3.7 Members of the IFST have completed accreditation up to level 6 in the IFS model. Members of staff are also undertaking or have completed training in Accreditation

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<sup>1</sup> Signs of Safety is a strength-based tool adopted by Cardiff Council. Work is being undertaken within the Vale of Glamorgan Council to adopt a strength based model with a launch anticipated in 2020-21

levels 3, 5 and 6 and also the Train the Trainers programme. A CSW is liaising with Cardiff Universities to explore the accreditation process and how IFST can continue to sustain the fidelity to the IFST model following the deletion of the training post covering South Wales.

- 3.9 To ensure the effectiveness of the IFST in delivering 'family support functions' it has been recognised that there may be instances when the IFST needs to 'spot purchase' a service that, for whatever reason, is not immediately accessible by the IFST within the timeframe to be effective for the family, or is not available under the list of agreed services within the 'family support functions' and is not available outside the IFST, either in the local authorities or the University Health Board. A small budget has been set aside for this purpose. The commissioning of services has to date been used to access psychological assessment/support for parents, childcare services and secure nursery placements for a pre-school child.

## 4 Development of Processes and Protocols

- 4.1 The referral pathway continues to be fit for purpose ensuring that appropriate families receive an intervention.
- 4.2 An Information Sharing Protocol is available on the WASPI website as a model of good practice.

Information Sharing Partner Organisations	Responsible Manager
Cardiff County Council <ul style="list-style-type: none"> <li>• Children Services</li> <li>• Adults Services</li> <li>• Housing</li> <li>• Youth Offending Service</li> </ul>	Head of Children's Services Head of Adult Services Housing Officer Youth Offending Manager
Vale of Glamorgan Council <ul style="list-style-type: none"> <li>• Children's Services</li> <li>• Adult Services</li> <li>• Housing</li> <li>• Youth Offending Service</li> </ul>	Head of Children Services Head of Adults Services Housing Officer Youth Offending Manager
South Wales Police	Manager Central Referral Unit
University of Wales Health Board <ul style="list-style-type: none"> <li>• CAU</li> <li>• Midwifery</li> <li>• Mental Health</li> <li>• Health Visitors</li> </ul>	Health Project Manager Senior Nurse (Mental Health Specialist Services)
Wales Probation Trust	Assistant Chief Officer
Barnardo's Cymru	Children's Services Manager
Action for Children	Team Manager

## 5 Aligned Services

- 5.1 The EIT, incorporating CRAFT and family support for children receiving care and support continues to work alongside and enhance the work of the IFST. EIT is funded through the Substance Misuse Area Planning Board and funding has been secured until 2021 when re-commissioning will commence.
- 5.3 The provision of Support Workers continues to be invaluable to the Phase 2 stage of the IFST intervention. The Support Worker post is funded through the EIT grant with the provision that they support family members to maintain their goals during Phase 2 of the intervention, primarily during the period three to six months. Another important aspect of their work is to look at diversionary activities for parents and children away from drug and alcohol use and focussing their attention towards recovery through employment, training and education.

### Support Worker Achievements

Work done	Hrs
Substance Reduction	98.25
Finance	158.75
Housing	61.00
Crime	1.50
Employment / Education	12.25
Routines	12.50
Medical	45.00
Diversiónary activities	172.00
Cardiff referrals	34
Vale referrals	11

- 5.4 CRAFT is an evidence based model working with Concerned Significant Others who are supporting a loved one with alcohol or substance misuse. The model is delivered over 8-10 sessions on a one-to-one or group work basis. The model is effective for both the Concerned Significant Other and their loved one in improving wellbeing; reducing substance misuse and accessing treatment service. Following completion of the model, service users receive support through reviews and offered to attend monthly peer support which alternates between Vale of Glamorgan and Cardiff venues. CRAFT workers support 'Forgotten Families' an independent family support group for loved ones. Demand for CRAFT has increased year on year. It allows the service to provide holistic support for all family members.

### 5.5 IFST Peer Support Group

We are in the process of piloting a peer support group for parents who have received an IFST intervention. Our knowledge from recovery services in relation to substance misuse and alcohol use is that peer support is integral to many in aiding recovery. The purpose of the group is to offer support to parents/ carers who have limited social support networks. The group currently comprises of three parents with young children. They formally meet on a monthly basis and offer each other support. Feedback from the group is extremely positive and they are keen to expand the group. Parents feel supported by others who have similar

shared experiences. Parents within the group have contributed to Welsh Government consultation on substances and minimum unit pricing for alcohol. This group are keen to be involved in service development and their views are integral to shaping service delivery through co-production. We have partnered with time credits and parents attending these sessions earn time credits for volunteering to support their peers and contributing to services.

IFST piloted POPs (People Offering Parents Support) through a volunteer scheme aimed at supporting parents who are socially isolated to increase and improve support networks. A volunteer would befriend parents on a long term basis to support them to increase their social support network. Unfortunately the pilot concluded that POPs was not sustainable within statutory services.

**Plan 2019/2020:** To expand peer support offering social support to parents/carers across the Vale of Glamorgan and Cardiff. To empower service users to facilitate and lead the group ensuring the voices and feedback from service users continues to influence and shape services.

## 5.6 **Safety Planning Training**

Intervention Specialists continue to support Social Workers across the Vale of Glamorgan and Cardiff to formulate family safety plans. A safety plan identifies strengths within the family, existing safety factors and risk. The plan includes the families' network, identifying who is able to offer support in times of crisis to ensure the safety and well-being of the child. Safety plans are family focused and clearly identify risk and what action needs to be taken and by whom in times of lapse/relapse or crisis. Dependent on the age of a child, a child centred safety plan is also completed. Safety plans provide clear information on how risks within a family can be safely managed which is ratified by both the family and Social Worker. Safety plans reinforce open and transparent communication and families are aware of any consequences if the safety plan is not adhered to. Feedback from Social Workers using safety plans has been positive and the tool has allowed Social Workers to feel confident in managing risk which has prevented families escalating to Child Protection.

### **Plans for 2019-2020:**

Safety plan training sessions to be delivered to Vale of Glamorgan and Cardiff Social Workers. Safety planning training has been requested from Action for Children and Flying Start in the Vale of Glamorgan and IFST will endeavour to deliver sessions to the wider workforce.

## 5.7 **IFST unborn proposal for the Vale of Glamorgan and Cardiff Children's Services**

Due to staff shortages with Health Intervention Specialists, IFST will revisit the pilot of working with parents of unborn children at an earlier stage in 2019/2020 when two Health Intervention Specialists have been appointed.

A review of the current model of working with parents two weeks prior to their expected delivery date and two weeks following the birth of the child is not effective for a number of reasons. The mother is often in discomfort and unable to concentrate on an intensive intervention, the expected delivery date can

change considerably effecting timescales of the intervention. When the baby is born, the model does not allow for mother having any complications at birth and adjusting to a significant life change. IFST will pilot working with families earlier in pregnancy to effect behavioural change and offering a booster session at an appropriate time following the birth of the child. It is envisaged that this would have a significant, positive impact on the unborn child and reduce the risk of harm to mother/parent.

## **5.8 Traumatic Stress (TS) Clinic University Hospital of Wales**

IFST have input into Cardiff and Vale University Health Boards' preventative service for those patients who have experienced trauma.

The aim of the service is to develop and provide effective interventions to help prevent individuals developing significant mental health difficulties after traumatic events, and to treat individuals with Post Traumatic Stress Disorder (PTSD). The service also aims to increase awareness of the psychological effects of traumatic events and organises the annual Traumatic Stress Conference.

One of our CSWs, a cognitive behavioural psychotherapist (CBT) has a weekly clinic at the TS clinic and works with complex patients from the Vale of Glamorgan and Cardiff who are parents that have experienced multiple trauma such as child abuse and/or significant domestic abuse and experience mental health problems and have had problems associated with substance misuse.

## **6 IFST Budget and Finances**

### **6.1 Changes to the IFST Grant**

From April 2015, the IFST Grant was transferred to the Regional Support Grant (RSG) with the same 50/50 split between Cardiff and the Vale of Glamorgan as was outlined in the guidance. The IFST has worked with both local authorities to ensure it is able to respond to this requirement, and the Vale of Glamorgan are invoiced on a quarterly basis for their financial contribution to the service.

### **6.2 IFST Budget**

The IFST budget remains at £550,000 plus an additional £18,000 to cover provision for training. This sum is the allocated portion available to our IFST to support the Central Training Unit based at Bridgend (Western Bay IFST). The Central Training Unit ceased to be supported in Bridgend, resulting in the funds being available and utilised locally for training.

The largest element of the budget (80%) is salaries and it is therefore important that each local authority ensures that there are processes in place to ensure that appropriate referrals are made to the IFST. There will undoubtedly be anomalies to the equal division of funding as each local authority will have a different level of requirement for this service, and this is carefully monitored.

### **6.3 Cost Benefits**

The Welsh Government, through the Department of Education, has produced a tool which can measure the cost of an individual's or family's behaviour to the community. This application allows the input of behaviours pre and post interventions and works out cost savings based on the information provided. It is acknowledged that this is not an absolute science and that there could be savings made that we are not aware of, as well as savings shown that may have been made regardless of the intervention. However, the tool is recognised by Welsh Government. It is very important for a public service to be able to demonstrate, wherever possible, that it is contributing to savings in other areas of the community.

To get a picture of the benefits the IFST provides to the community in terms of cost savings, families worked with are looked at to place a cost on behaviours that would be met by the community. These may include regular Police visits, Ambulance call outs, truancy, etc. The largest cost, however, would be the prospect of children being placed on the Child Protection Register or in residential homes. Since most families referred to the IFST are in danger of being registered or looked after, there are substantial savings to be made if behaviours are changed in the family to allow children to remain safely at home. Where there is family support available, there are no cost savings.

Costs are calculated on the basis that children remain at home and behaviours improve for one month during the intervention period and this figure is then annualised to cover the full follow up goal period. These are generated where there shows improvements in the goals measured.

At closure (1 Month) £537,449

Annualised £6,449,383

On top of these potential savings, we would also consider the reduction in lost days of work, social care time and, of course, the cost to the neighbourhood in anti social behaviour orders, nuisance calls, etc. and most importantly the benefits enjoyed by the children in remaining in the family home.

#### 6.4 **Actual expenditure 2018-2019**

Actual year-end figures have fallen just within budget. The annual summary can be seen below.

**INTEGRATED FAMILY SUPPORT SERVICE**  
 Projected surplus / deficit balances to March 2019  
**31st March 2019**

	Total expenditure to date	Budgeted Reserves	Projected Expenditure
<b>Income</b>			
Grant	-	568,000.00	<b>568,000.00</b>
Sundry Income	-		<b>568,000.00</b>
<b>Employee related expenditure</b>			
Salaries	370,344.06	31,180.44	
Agency	18,524.63	1,255.78	
Medical	1,220.00	-	
Apprenticeship Levy	1,225.85	-	
Professional Fees	50.00	-	
Employee Liability Insurance	149.56	-	
Training	3,102.10	-	
<b>Sub Total</b>	394,616.20	32,436.22	<b>427,052.42</b>
<b>Premises related expenditure</b>			
Hire of Premises	228.33	4,661.56	
Security	53.00	-	
Specialist Waste disposal	18.00	-	
<b>Sub Total</b>	299.33	4,661.56	<b>4,960.89</b>
<b>Travel related expenditure</b>			
Travel Costs	6,290.74	-	
<b>Sub Total</b>	6,290.74	-	<b>6,290.74</b>
<b>Supplies and Services</b>			
Purchase repair furniture / equip	446.91	166.22	
Books / Stationery / Printing	473.89	128.50	
Catering services	32.00	-	
Printing costs	923.29	432.69	
Hospitality	58.56	-	
Conference Expenses	50.60	-	
Translation services	-	-	
Refreshments	7.75	-	
Telephones	5,430.68	782.59	
Postage	208.10	-	
Purchase Hardware / Software	107.00	1,135.57	
Maintenance & Development	-	-	
General Expenses	101.87	-	
Public Liability Ins premium	636.79	-	

Misc Insurance premium	329.01	-	
		-	
<b>Sub Total</b>	8,592.45	374.43	<b>8,218.02</b>
<b>Support Services</b>			
Child in Need	709.78	-	
Payments to Health Authorities	35,837.64	3,029.63	
Commissioning Services	-	-	
Personal recourse Pub Fund	38.52	-	
Children's Services (IRO)	-	82,000.00	
<b>Sub Total</b>	36,585.94	85,029.63	<b>121,615.57</b>
<b>TOTAL</b>	<b>446,384.66</b>	<b>121,752.98</b>	<b>568,137.64</b>
Net Surplus / Deficit			<b>137.64</b>

## 7 Key Achievements – outcomes

7.1 The IFST monitoring systems are underpinned by Results Based Accountability (RBA) methodology. A performance management framework has been developed that complies with the requirements set out in section 63 & 64 of the Children’s and Families (Wales) Measure 2010. The framework identifies mechanisms for reporting on the performance of the IFST, using a RBA report card approach that detail:

- The level of service provided (**How much?**)
- The quality of the service provided (**How well?**)
- The outcomes achieved for children and families (**What difference did it make?**)

A selection of the outcomes of the RBA report cards covering the annual performance of the IFST can be found below.

### 7.2 Referrals

The performance target for the IFST is to receive 120 referrals per year across the Vale of Glamorgan and Cardiff. The referral target was met. It is acknowledged that not every referral will be appropriate and/or the IFST may not have capacity to offer a service.

The IFST target when fully staffed is to work with 100 families per year. Intervention Specialists work with 15 families per year, holding two families during the intensive phase at any given time. Consultant Social Workers will work with seven families per year. CSWs and IS will also offer booster sessions to families and attend all statutory Children’s Services meetings.

By monitoring the number of referrals, the IFST can maintain momentum to ensure that as many families as possible can receive an intervention.

Included in the detail is the number of ‘no space’ referrals and the number of inappropriate referrals. This will provide information on staffing levels to ensure that appropriate families are monitored so that they receive an intervention as soon as possible and also monitor inappropriate referrals to ensure that teams are aware of the IFSS referral criteria. For further monitoring, the source of the referral is also noted, differentiating between the Vale of Glamorgan and Cardiff Councils. The Vale of Glamorgan made 34 referrals and Cardiff made 87 referrals.

Current Year	2018		Totals
	Cardiff	Vale	
No Space	7	2	9
Inappropriate	19	3	22
Allocated	54	23	77
Referred to other services	7	6	13
Unborns waiting	0	0	0
Refused	0	0	0
Awaiting further information	0	0	0
<b>Total Received</b>	<b>87</b>	<b>34</b>	<b>121</b>

A 'No space' referral is a referral that has been received and is deemed to be appropriate but, because all IS and CSW workers are working with families, it has to be closed. It is useful to maintain information on these families and then monitor them for appropriateness as soon as a space becomes available. 'No space' responses increase at times of staff vacancies and sickness.

Total 'No Space' Cardiff: 7

Total 'No Space' Vale of Glamorgan: 2

Vale of Glamorgan Children's Services restructure in Summer 2018 resulted in fewer referrals to IFST during this time. Referral rates have since improved as staff have settled into their new roles/ teams.

**Plan 2019/2020:** A 12 month secondment will be advertised to Vale of Glamorgan staff. It is envisaged that this will be an opportunity to forge stronger links with Vale of Glamorgan Children's Services resulting in an increase in referrals.

### 7.3 Families who have been referred

For further analysis, also provided are the ethnicity of families, the number of children and the types of substances used. An indication of how well the service has done is collated using feedback from Social Workers and families worked with indicating whether they had received a positive experience.

#### Families referred and worked with

##### ETHNICITY OF INDIVIDUALS REFERRED:

White Welsh: 70

Mixed White/Black Caribbean: 10

Other: 0

IFST provide interpreters for families where English is their second language. To address communication needs, the IFST have adapted therapeutic tools to reflect the first language of the family we are working with.

**SUBSTANCE USE OF FAMILIES REFERRED:** Male 24 Female 59

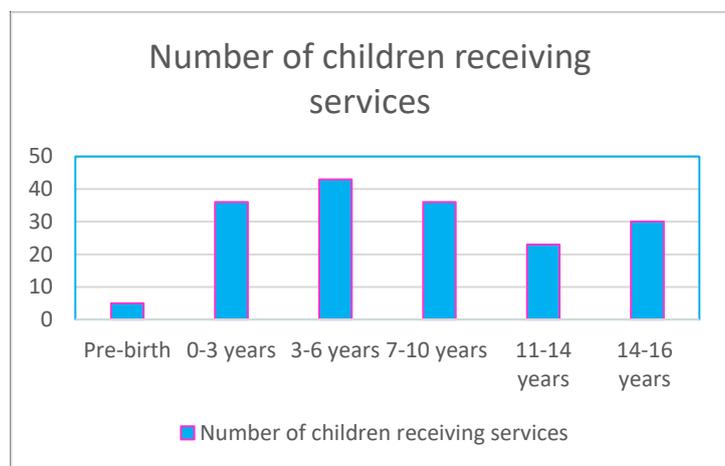
##### AND

##### SUBSTANCES USED:

Alcohol	36	Cannabis	21	Heroin	10	Ketamine	0
Methadone	0	Amphetamines	5	MKat	0	CRACK	3
Cocaine	15	Prescribed	9	Polydrug	10		

IFST have provided information and feedback to Welsh Government regarding trends of substance misuse in our work with families. Substance misuse trends observed within the team is an increase in alcohol use, cocaine and prescribed medication. IFST practitioners have accessed further training on prescribed medication to inform practice.

## Breakdown of children by age group



## Parental breakdown

1 parent Female	29
1 parent Male	2
2 parent	43
Mum and partner	3
Mum and GP	0
<b>Total</b>	<b>77</b>

## NUMBER OF FAMILIES AND CHILDREN RECEIVING IFST INTERVENTION:

	Cardiff	Vale of Glamorgan	Cumulative
<b>Total Number of Families receiving an intervention</b>	55	25	80 <i>(2017-2018 52 families)</i>
<b>Total Number of Children receiving an intervention</b>	113	60	173 <i>(2017-2018 103 children)</i>

## 7.4 Referring to other services

### Current year

Individuals accessing services	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	All Year
Number prior to intervention	0	0	1	8	9
Number post intensive intervention	48	57	51	47	203

Services accessed	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	All Year
Number of services accessed prior to intervention	0	0	1	12	13
Number of services accessed post intervention	97	136	118	89	440

A measure of how much better off the families are is shown by measuring the number of individuals accessing services as a result of the intervention. Many of the families referred to the IFST are families generally considered to be hard to engage. It is an expectation that at the end of the intensive phase of the IFST intervention, families will 'invite' other appropriate services to support them to meet their goals, thus sustaining the changes made to ensure the wellbeing of their family.

Since the IFST first started working with families, we can see the services that were accessed before the interventions (13) compared to those accessed after the interventions (440).

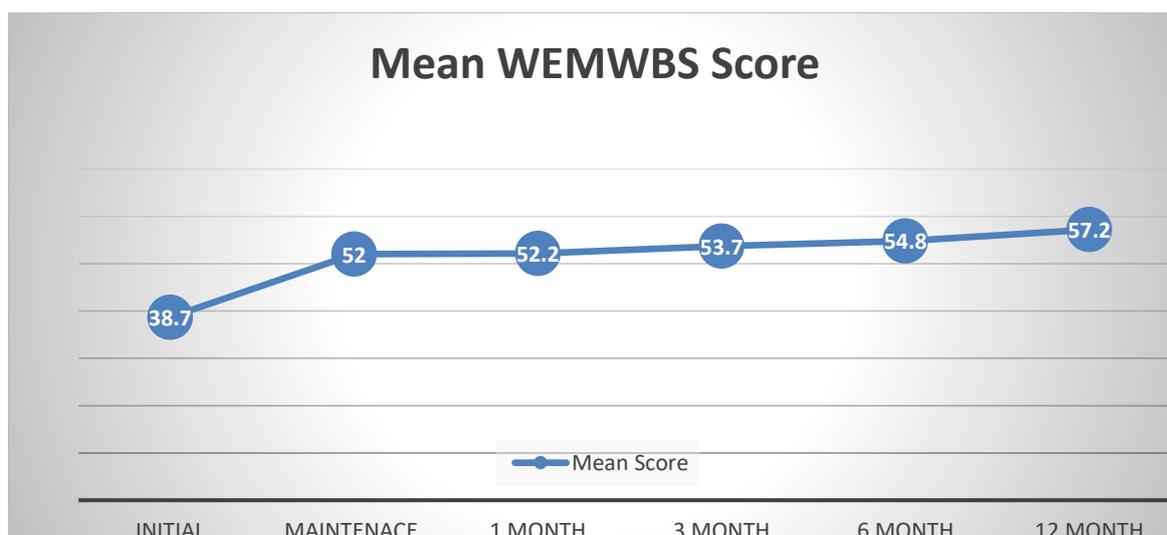
## 7.5 **Happiness Scale**

In recognition that, for some families attaining and maintaining the goals set during the IFST intervention (although this evidences necessary behaviour change), is not always representative of greater family cohesion regarding 'happiness', the IFST has sourced an in-depth tool to explore how families feel about themselves and the quality of their lives before and after the intervention. From written feedback families say that they feel happier, more hopeful and more positive about the future at the end of the intervention.

Having identified this as an important area to explore, the IFST adopted the Warwick-Edinburgh Mental Wellbeing Scale as an appropriate tool. The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is based on scores to 14 questions given to a service user asking them how they are feeling. The scores (1 (Low - None of the time) – 5 (High – All of the time)) are totalled and plotted on a graph. The graph indicates the mean score at each follow-up point.

This method of collecting data is necessary to establish family and individual wellbeing. It is relevant and useful in enabling us to ensure we are providing the right service at the right time to the appropriate families. The questionnaire is completed by family members as close to the beginning of the intervention as possible, then at closure and again at the follow ups. All the scores go into a spreadsheet which measures their general happiness before and up to 12 months after the intervention.

## Happiness Scale (Warwick-Edinburgh Mental Well-being Scale)



The graph indicates improved happiness following the IFST intensive intervention, this is maintained and happiness gradually increases over the 12 month intervention. This information directly correlates with goal scoring and written feedback which validates the effectiveness of the IFST intervention.

### 7.6 Goal Measurement

The IFST works with families to create clear, measurable and attainable behavioural goals in line with the referring social worker's expectation for the children to remain safely living at home. Families will generally work towards an average of two goals of which at least one will focus the primary reason for referral. The aim is to achieve a success rate of 75% of goals achieving a score of '0' or higher. This is where '0' represents a good enough outcome for children to remain safely at home.

An important measure of family success will be through goal measurement. The IFST has now had the opportunity to employ two Support Workers to assist families during phase 2 of the intervention.

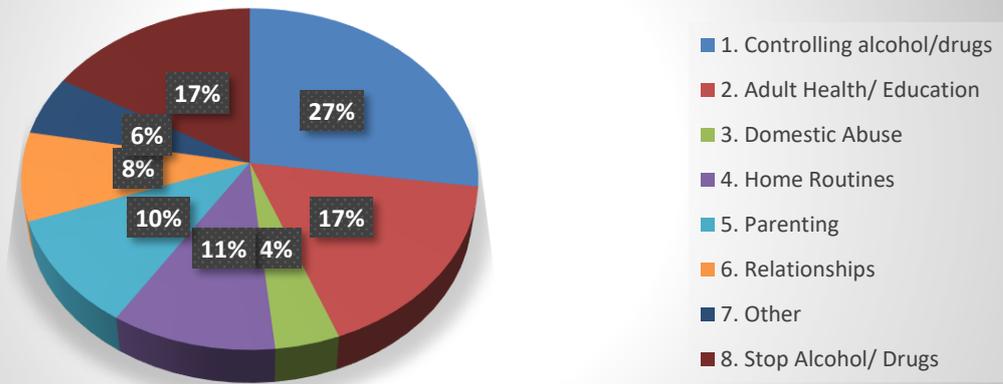
### Goal Attainment

Goals	Cardiff	Vale	All	Cardiff	Vale	Substance
No of goals maintained	177	103	280	84	52	136
No of goals not achieved	22	10	32	13	6	19
Total No of goals	199	113	312	97	58	155
Percentage	89%	91%	90%	87%	90%	88%

### 7.7 Goal Categories

The goals families set are generally based on the particular behaviours the families have around safeguarding concerns of Social Workers. At least one of these goals will be for the primary reason for referral to IFST. The criteria for IFST now includes mental health and domestic abuse, it is envisaged that goals will reflect this in 2019/2020.

## Goal Categories



### 7.8 Child and Family Outcomes

Child and family outcomes are measured by the number of children on the Child Protection Register who are de-registered and families closed to Children's Services as a result of the intervention. The measurement of children accommodated does not represent a failure of the intervention. Where children have been accommodated by the local authority, the Intervention Specialist has been integral in providing information to inform care planning, ensuring that the child safety remains paramount.

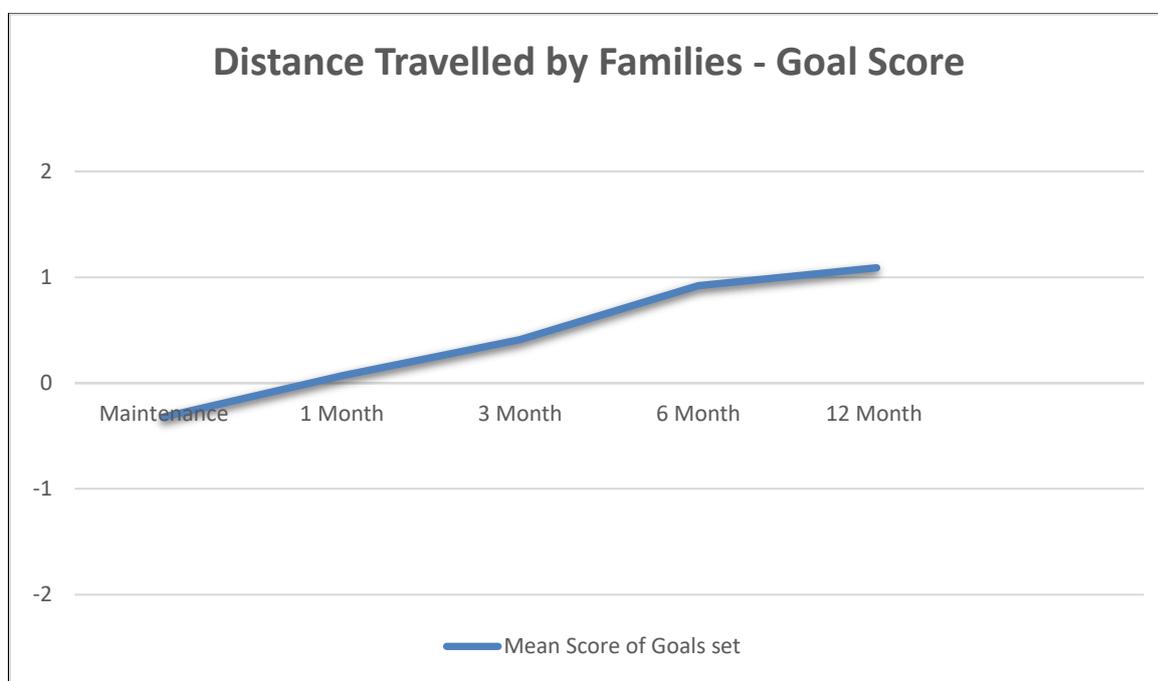
#### Family and Children's outcomes

2018-2019	Cardiff Number	Cardiff Percentage	Vale Number	Vale Percentage	Total Number	Total Percentage
Number of children de-registered:	17	15%	8	13%	25	14%
Number of families closed to Social services:	9	8%	5	3%	14	8%
Number of children returned home	9	8%	2	3%	11	6%
Number of children accommodated:	5	4%	1	2%	6	3%
Number of children placed on the CPR:	1	1%	0	0%	1	1%
Number of children staying at home	108	96%	59	98%	167	97%

## 7.9 Distance Travelled

Goals are clear, measurable and attainable and set by the families in line with Social Worker requirements to ensure the safety and wellbeing of the children. They are measured by statements that will establish how well they are doing, with -1 and -2 being not achieved and 0 being the level at which it is considered safe enough for the children to remain at home. +1 and +2 exceed expectations. A graph detailing the average scores of goals measured when they are set and then throughout the intervention to the 12 month follow up shows whether families are better off after the intervention.

The graph illustrates that significant progress is achieved by families during the intensive phase and goals scoring steadily improves throughout the 12 month intervention. At the 12 month review families on average score +1 which not only exceeds expectations, it demonstrates sustained progress over a 12 month period.



## 7.10 Feedback

Feedback is sought from the referring Social Worker and from families at the end of the intensive phase.

Although every effort is made to obtain feedback of the service provided from both Social Workers and families, it is not always forthcoming. Occasionally we get letters from parents thanking the Intervention Specialist for their work with the family. Excerpts shown below from a recent letter sent to one Intervention Specialist clearly shows the invaluable support the worker provides to a parent who desperately wanted to make changes for the benefit of their family. Permission has been sought to share this email in reporting. The parent who sent this email was invited to speak at a conference with IFST on her experience, she had a powerful message that strength based practice works.

***Recent email received on 20/02/2019:***

“Hi,

Apologies for the random, unsolicited email.

I know you guys know that you do very important work but I also know you often don't get to see the end result of it.

I wanted you to know that your impact goes far beyond what you see during the period you work with people.

I was supported by the IFST back in 2013. I have two children who were 3 and 5 at the time. It's painful to acknowledge this but we lived in literal squalor in Ely. There was rubbish, mould, filthy clothes piled up around the house. My kids shared a bedroom - their beds had no proper bedding and were filthy, one was far too small and clothes were just in a pile on the floor. At the time we lived with their dad who it later transpired had been abusive to them and possibly other children. Their father and I also had crack and heroin habits and I was repeatedly arrested for shoplifting and had mental health admissions due to suicide attempts too.

The IFST intervention was the start of the rest of our lives. You were the first to take an interest in me as a person, to encourage me to see myself as a person with strengths, talents and potential. You were the first to consider my aspirations. You were transparent, honest, subtle, skilled and motivating. Things weren't smooth sailing after your intervention and for a time things got better then bit worse but in 2014, I was finally ready to get my life together. You'd helped me to start realising that the reason i was so unhappy was that there was a conflict between how i was living and who I really wanted to be.

I stopped using drugs and tentatively began running, then joined a running club which opened up a whole world of new possibilities and friendships. I left my ex-partner and moved close to my parents in Whitchurch.

Now, my kids and I have a life I never dreamed possible for us. I'm working as a peer worker in the NHS and am studying to be an occupational therapist next year. We live with my partner who is a kind hardworking man the boys adore. The boys are hilarious, smart, kind people whose lives are full of hobbies (rugby, football, gymnastics, and boxing). I've enclosed some pics. One is of XXX's bedroom which might seem odd, but I hope you understand the significance. He once slept on a filthy mattress in a filthy room with no decorations or personal touches. Now the boys both have lovely rooms, full of things they love and wardrobes full of clean well-fitting clothes.

I want to thank you from the bottom of my heart for putting us on the path to better things. For believing in us. The work you do has saved my children from a life of neglect and abuse.

Thank you.”

## **8 Training**

### **8.1 Training Evaluation**

IFST have delivered six three day training sessions. High quality training is delivered by 2 IFST practitioners. IFST have exceeded training targets by 50%. Training has been provided to the wider workforce, education professionals and Social Work students at Cardiff University. Demand for training remains high and feedback received from training is consistently excellent. Practitioners comment that training allows them to use practical strength based tool in their work with families.

Participants continue to experience a comprehensive training session which is easy to transfer into their day to day work environment.

### **8.2 3 day training module**

This training comprises the following:

#### **Day 1:**

Introduction to the Model: Overview of Model & Training  
Key Components of the Model: The Process of Behaviour Change  
Key Components of the Model: Outcomes & Competencies

#### **Day 2:**

Core Skills: Motivational Interviewing  
Beginning the Intervention: Reducing Resistance & Increasing Safety

#### **Day 3:**

Working through the Intervention: Enhancing Motivation to Change  
Beyond the Intensive Intervention: Maintaining Change  
The Working Context: Our Team

### **1 day training modules**

There are 3 different modules to be delivered by a team of 2 staff each. Again delivery will be subject to staff availability.

#### **Module 1:**

*Building Stronger Families – Enhancing motivation for behaviour change in families.*

The subjects include: Motivation in the Process of Behaviour Change, Exploring Motivation to Change Behaviour, The Core Conditions for Enhancing Motivation and The Core Skills & Strategies for Enhancing Motivation

#### **Module 2:**

*Building Stronger Families – Lowering Resistance to Behaviour Change in Families.*

The subjects include: Resistance in Behaviour Change, Motivational Interviewing in Working with Resistance, Resistance as a Dynamic Process, Worker Skills in Rolling with Resistance and Skills Practice.

Module 3:

*Building Stronger Families – Goal Centred Interventions with Families.*

The subjects include: The Goal Centred Approach: Keeping an Outcome Focus, Establishing Family Goals: Building on Aspirations, SMART Goals: Measuring Behaviour Change and Being Consistent in Goal Setting

### 8.3 **Feedback**

Feedback from a student Social Worker September 2018:

*'The training provided practical skills to use with children and families that seem very clear and accessible for individuals to understand. This training was the first time I have been shown this type of practical direct work tool so I will definitely use it in my practice in the future. I particularly like that the tools seem very strength based and solution focused which is discussed a lot as a theoretical perspective in uni. This training bridged my knowledge between uni theory and practice.*

*I also had no prior knowledge about the change cycle- this will be very beneficial to knowing when and what support is suitable for families. Lucian and Jane were great trainers- really good at explaining everything and willing to answer any questions we had'.*

**Plan 2019/2020:** IFST will deliver six three day training to Cardiff University and Cardiff Metropolitan University in September 2019. IFST will provide Consultation and training to Cardiff Early Help teams to shape and develop strength based practice. We are committed to delivering safety planning training to Vale of Glamorgan Social Workers and Flying Start parenting teams. IFST training will continue to be offered to the wider workforce. The development of a training role within the team will be explored to meet the increasing demand.

A CSW will take the lead on exploring the accreditation process and linking in with Cardiff Universities to ensure that new staff can continue to work towards accreditation to ensure the fidelity of the IFST model.

## **9 Partnership Working**

- 9.1 Creation of pathways to other services is on-going and meetings with managers of services continue to ensure that the interface between services is seamless and benefits families worked with. The IFST is instrumental in delivering training to providers in order to ensure a shared set of principles and values underpin all work with families. This has created a firm foundation for these services to build their model on.
- 9.2 The Service Manager for the IFST is instrumental in working with partner agencies to develop a consistent approach to service delivery. The Service Manager is an active participant in Substance Misuse Area Planning Board, attending Treatment, Therapies and Clinical Governance; Harm Reduction; Children and Young People groups.
- 9.3 The Service Manager plays an active role in ensuring the integration of IFST with the wider services in both local authorities embedding a strength based approach. In the Vale of Glamorgan IFST workers attend on a weekly basis to offer a consultation service to practitioners and to receive referrals that support children to remain within their families. Similarly Legal Gateway ensures reference to the use of IFST and its aligned programmes in its decision making. The Service Manager is a regular attendee at the operational management meeting in the Vale of Glamorgan supporting the full utilisation of IFST within the local authority.
- 9.4 The Service Manager makes regular contributions to the Resource Panel in Cardiff and it is envisaged that the Service Manager will attend the Early Help strategy group at the relevant time. The Service Manager has supported Cardiff Multi-Agency Safeguarding Hub (MASH) to consider safeguarding cases from a strength based approach. Support has been provided to partner agencies, Police; Health and Education to explore strengths and safety within strategy discussions. Intervention Specialists have assisted colleagues to develop tools, for example, reflective letters to families when cases have been considered within MASH. It is envisaged as the Vale of Glamorgan implement a specific strength based model this work will be similarly reflected in the Vale of Glamorgan.

## **10 Challenges and Issues**

- 10.1 IFST have faced challenges with IRO availability due to IRO staff absence. The IRO role is integral to the IFST, offering independent and objective oversight of the intervention. The impact of delayed meetings has an impact on families goal scoring and lengthens the intervention time, reducing the availability of IS to start work with new families. An IRO working group has continually actively addressed any issues and these issues are in the process of being resolved.
- 10.2 The IFST have approached neighbouring local authority IFSTs with the view to arranging practice forums for IS and CSWs. The initial interest from neighbouring IFSTs was positive, however availability and prioritising service needs has led to some delay in arranging a conference for practitioners. It is hoped that this will be delivered in 2019/2020.
- 10.3 The IFST do not have access to the accreditation programme since the deletion of the training post in Western Bay. This has limited the training opportunities available for newly appointed staff. CSW will address this with Cardiff Universities and network with neighbouring IFSTs to attempt to resolve these issues in 2019/2020. It is important that the fidelity to the IFST model is maintained to ensure it remain an evidenced based intervention delivering successful outcomes for families.
- 10.4 At a local level, the IFST face challenges with regards to current ICT systems, working regionally. The current ICT connections remain problematic resulting in staff being unable to access ICT for periods of time, requiring them to work remotely. Cardiff IT department are due to install new ICT equipment in 2019/2020 together with Vale of Glamorgan updating their internet connection which hopefully will resolve the current issues. The IFST are mindful that the Vale of Glamorgan has implemented the Welsh Community Care Information System (WCCIS); the national integrated IT system, but that neither Cardiff or the Cardiff and Vale University Health Board have as yet.

## **11 Priorities for the next 12 months**

- 11.1 The main priority for the next 12 months will be to continue to ensure we consistently deliver an effective service. Appointing Health Intervention Specialists and providing quality secondment opportunities will further strengthen the knowledge and experience within the team which will directly benefit families. We will always strive to achieve performance targets offering a high quality service.
- 11.2 Consultant Social Workers will continue to undertake research and disseminating knowledge across the workforce. We will evaluate the effectiveness of the IFST model in working with families with mental health and domestic abuse.
- 11.3 A priority will be to lead, influence and shape Children's Services in the Vale of Glamorgan and Cardiff in using strength based approaches. IFST will offer consultation, advice and training to promote this. Also to continue the working relationship with the Vale of Glamorgan and Cardiff Regional Training Department to ensure IFST training is embedded in the training calendar and to work together to align the training to the new Continuing Professional Education and Learning (CPEL) framework if possible.
- 11.4 Co-production and service user involvement is integral when shaping services. IFST will actively promote service users to feedback their experiences; empower families to be involved in consultation of services, training events and recruitment. The IFST will support the development and expansion of the current peer support group.
- 11.5 The Service Manager continues to be an active member of relevant partnership forums across the region.

## **12 Conclusion**

Despite challenges in recruiting and appointing staff to maintain full staffing levels, the IFST has demonstrated significant progress from 2017/2018 in meeting performance targets. Families are receiving the right support at the right time to effect long term behavioural changes. The IFST continue to deliver an excellent service to families resulting in children living safely at home with their parents/carer. Positive outcomes from the service have resulted in reducing safeguarding concerns and prioritising the needs of children. IFST staff remain enthusiastic and committed to working with families, developing the service and driving change through meaningful co-production.

Delivering excellent strength based training to student Social Workers and the wider workforce continues to be an exciting time to shape and influence a different culture of practice. Recognising strengths and existing safety is paramount to building resilience and managing risk. Families welcome this change and this is reflected in feedback and their motivation to make behavioural changes. We will continue to build on the positive work with families, referrers and other professionals to ensure the IFST continues to be a valuable resource,

ensuring the continued best outcomes for families and children across the Vale of Glamorgan and Cardiff.

Working with partner agencies in an early intervention and prevention model has proved very exciting and early results show that there is a reduction in the demand on statutory services by working in partnership with families to ensure the safety and wellbeing of their children.