



**Integrated Family Support Team  
Cardiff & the Vale of Glamorgan**

## Annual Report

April 2017 – March 2018

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# 1 Introduction

- 1.1 This is the sixth Annual Report of the Cardiff and Vale of Glamorgan Integrated Family Support Team. The aim is to provide an account of organisational and operational matters within the Cardiff and Vale of Glamorgan area during the sixth year of operation and to highlight critical issues which may impact upon the successful delivery of the Integrated Family Support Service. It has been prepared in accordance with S.62 of The Children and Families (Wales) Measure 2010.
- 1.2 The Integrated Family Support Team (IFST) has its origins in the WAG Vulnerable Children Strategy. The legislative framework is the Children and Families (Wales) Measure, which was introduced in the Welsh Assembly on 2 March 2009. It was underpinned by regulations, which came into effect in early 2010 on the basis of new powers devolved to WAG. 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, where there are serious child protection concerns as a result of parental / carer substance misuse in order to reduce the level of risk and ensure positive outcomes for the most vulnerable children wherever possible. This will be achieved through a sustained and system-wide focus on delivering quality services based on robust evidence of effectiveness and best practice. 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 provide changes in the way we work with the most vulnerable children and families.
- 1.4 The vision of the Cardiff and Vale of Glamorgan Council 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

- To offer a flexible service offering choice of approaches to potential service users
- The service shall be provided in a non-discriminatory, anti-oppressive and professional manner and in a way that demonstrates courtesy and 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
- The views of service users will be sought to ensure that services are appropriate and responsive to changing patterns 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 Cardiff and Vale of Glamorgan Local Authority Adult and Children's Services and University Health Board

1.6 The IFST exists across two local authority areas and this has caused challenges 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. See also Funding.

1.7 Aligned to the IFST is the Early Intervention Service which provides added value to the IFST intervention by offering Community Reinforcement and Family Training (CRAFT) for individuals who are supporting a loved one with substance misuse issues and family interventions for families with lower levels of need (Tier 2-3). The Early Intervention Service also employs Support Workers to assist both services (IFST & EIS) at Phase 2 of the intervention post-intensive phase. Support Workers work alongside the Intervention Specialist to enhance the intervention in relation to specifically preventing children and young people becoming involved in problematic substance misusing behaviours, ensuring integration for families into their community, diversionary activities with young people, engagement in education/employment and harm reduction advice and support.



## 2 The Integrated Family Support Services (IFSS) Board

- 2.1 The IFST Board has merged with the Children and Young People 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 with the focus on promoting the “Think Family” agenda and facilitating effective integrated working.
- 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 Service across Cardiff and the Vale of Glamorgan.

- **Functions**

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

- - o ensure the effectiveness of what is done by the Integrated Family Support Services to which they relate.
  - o promote good practice by the local authorities and Local Health Boards participating in the teams in respect of the functions assigned to the teams.
  - o ensure that Integrated Family Support teams have sufficient resources to carry out their functions.
  - o ensure that the Local Authorities and Local Health Boards co-operate with the Integrated Family Support teams in discharging the teams’ functions.

Furthermore:

- To provide overall direction, management and scrutiny to the IFS teams.
- 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, Integrated Family Support Teams 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 IFS teams 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 sixth year of operation the team continues to comprise the following members:
- IFST Service Manager
  - Administrative Assistant (Job share)
  - 4 Social Care Intervention Specialists (IS)
  - 1 Health Intervention Specialist (Health Visiting)
  - 2 Consultant Social Workers
  - 1 CPN Health Intervention Specialist
- 3.2 Although the team started the year with one IS short and subsequently lost another IS it is now operating with a full team. There will be a reduction in the numbers of interventions undertaken, but every effort is being made to ensure that this will be minimised. A further seconded member of staff has also been taken on for a period of 12 months to maintain numbers.
- 3.3 An Independent Reviewing Officer (IRO) undertakes IFST Reviews that do not fall into the statutory reviewing process within the Child Protection and Looked after Children systems. This post sits within the IRO and Safeguarding Service in Cardiff and covers both Cardiff and Vale of Glamorgan cases. Additional IROs will be trained in the IFSS 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 which, wherever possible, seeks to blend with existing statutory reviews. 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 made against the IFST in the past year. Positive feedback is shared with the IFSS Board members 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 IFSS practice and / or development. Ideas in this regard relate to the development of the CSW role both within IFSS and the wider workforce and the nature and extent of substance misuse. Mental health and domestic abuse among families receiving IFST interventions will also be considered.
- 3.7 All members of the team have completed or are working towards their accreditation up to level 6 in the IFSS model.
- 3.8 Members of staff are also undertaking or have completed training in Accreditation levels 3, 5 and 6 and also the Train the Trainers programme. Additional training is provided periodically as required.

3.9 To ensure the effectiveness of the Team 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 UHB. A small budget has been set aside for this purpose. The commissioning of services has to date been used to access psychological assessment for parents, childcare services and secure nursery placements for a pre-school child, which has ensured a robust plan for the families.

## 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 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 Services</li> </ul>	Head of Children Services Head of Adults Services Housing Officer Youth Offending Team Manager
Vale of Glamorgan County Council <ul style="list-style-type: none"> <li>• Children Services</li> <li>• Adults Services</li> <li>• Housing</li> <li>• Youth Offending Services</li> </ul>	Head of Children Services Head of Adults Services Housing Officer Youth Offending Team 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 Early Intervention Service, incorporating CRAFT and family support for Tier 2/3 Child in Need cases continues to work alongside and enhance the work of the IFST. Funding has been agreed for three years with the Substance Misuse Area Planning Board.
- 5.2 The Strengthening Families Programme also continues to be aligned to the IFST managed by the Service Manager. Funding for this service has been received through the Cardiff and Vale University Health Board Families First programme. This ensures that we can meet the needs of families where there are children aged between 10-14 in the transitional period between primary and secondary schools and further enhances the work of the IFST.
- 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 Early Intervention Service 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 employment and education.

### Support Worker Achievements

Work done	Hrs
Substance Reduction	72.00
Finance	228.00
Housing	82.70
Crime	16.00
Employment / Education	27.75
Routines	22.50
Medical	95.50
Diversiónary activities	81.50
Cardiff referrals all years	22
Vale referrals all years	18

- 5.4 The provision of CRAFT to Concerned Significant Others to help support themselves and their Loved Ones is covered by an 8-10 week programme. These interventions are provided on a one-to-one or a group basis. In addition to the regular intervention meetings and follow ups, the team has also invited clients to attend extra-curricular activities to aid their progress. These activities include Peer Support Groups running in Cardiff and in Barry.

New links have been forged with “Forgotten Families” an independent family support group for loved ones; Members of the team have conducted additional sessions with clients who were identified as struggling with Managing Anxiety, Guilt and Family Dynamics and systemic changes, Communications – having difficult conversations with Social Workers, Housing as well as their loved ones Building confidence.

This demonstrates the value all team members place on their clients and families to ensure they are provided with help that will give them the best possible outcomes

The team has also supported one Vale peer support group to meet with CASM Llanelli family support group (CSO supporting Loved Ones with substance use).

## 5.5 POPS

**Introduction:** This pilot project is the result of collaboration between the Integrated Family Support Team and New Link Wales. The IFS team have identified unmet needs while working with families and together we have identified an opportunity to respond. We are proposing that a new volunteering programme is launched to assist families in practicing parenting skills with the ultimate aim of keeping families together, protecting children and providing a platform for achieving recovery goals.

**Case Study:** This project was inspired by a case of a young woman, who was made homeless at the age of 12, she was raised by very young parents herself and did not receive an adequate level of parenting. She has had a number of very violent relationships and a long history of using cannabis. She has been known to Children's Services intermittently since her eldest child was 2 years old. She has no concept of boundaries and thinks she can be a good mother if she says yes to everything – now her children are out of her control. She had few possessions as a child and wants her children to have a better life. This young woman found herself in a situation where she desperately wanted to do the right thing and improve her parenting skills but just didn't know how. The end result was her children being taken into care. Her 10 year old daughter recently said "my top wish is to go home to my mum but she can't cope with us".

When reviewing this case, the IFS team asked themselves "if we had a magic wand what would we do to prevent this happening again?" The answer is to re-parent parents.

**What we want to do....** A volunteer programme will be piloted with the ultimate aim of helping parents to practice the skills they learn from social services intervention, within a supportive community setting. We wish to teach people, who have not been nurtured how to break the cycle of deficit in parenting. This is about having someone to come alongside them and help – this may involve helping with bedtime routine, playing with the children while the parent makes a meal or being on the end of a phone if a crisis hits. Support at this level can keep families together, improve parenting outcomes, safeguard children and ultimately reduce substance misuse.

The volunteering opportunity will be for CRAFT graduates or students in the health or social fields and we will start by training 8 specifically selected volunteers. The volunteers will then do a Family MILE, with the MILE material adapted for parenting, they will then complete the VOLOCITY training covering substance misuse. Following this the volunteers will complete the 3 day IFST Family Service Training before being placed back with IFST as volunteers. It is anticipated that they will contribute between 4 and 12 hours a week of direct

support to families. This initial pilot project will run for 6 months and we will gather evidence of effectiveness.

### **Outputs**

- 8 volunteers – 4 training courses – option to achieve City and Guilds qualification
- 5 families to receive support – could involve up to 20 children
- 4-12 hours a week per family
- On call phone support out of hours

### **Outcomes**

- Improvement in parenting skills
- Sustaining positive changes and achievement of recovery goals
- Skill reinforcement using the CRAFT model
- Establishing routines
- Improved educational attainment for children
- Robust training for volunteers
- Potential career and personal development for volunteers
- Increased capacity of IFST service

### **Impacts**

- Hope
- Keeping families together
- Reducing the dependency on services over time
- Reduction in substance misuse
- Improved health outcomes
- Tackling poverty

### **Conclusion**

IFST and NewLink Wales are prepared to deliver this pilot from their own existing resources as part of the evidence gathering phase. We have also had £5000 funding from the Welsh Government. IFST are able to cover the expenses for volunteers for a maximum of 6 months. If this pilot is successful, we would like to approach the APB for further financial support. We would welcome the opportunity to present our findings to the APB once the pilot is complete.

## **5.6 Safety Planning Training**

The main goal of setting up and delivering Safety Planning training was initially to equip professionals from the Family Intervention Support Team, with a practical, bespoke tool to manage risk in situations such as:

- Parents or carers are using substances and the impact on parenting abilities and on their ability to ensure children's wellbeing and safety.
- Family relationship breakdown.
- Managing disruptive teenage behaviour.

- Exposure to other adults who are using substances.
- Inconsistent, unsafe or poor parenting.
- Domestic violence in the home.
- Child blamed for parental crisis, for professionals being involved etc.
- Any situation that poses a risk to children's safety and wellbeing and their parents/carers.

IFST Safety Planning is family orientated, focuses and uses family's strengths & resources, includes previous safety family arrangements, internal motivators, family owned, transparent, detailed, enables and empowers families to better manage risks, ratified by family and SW and acknowledges consequences if safety plan is not adhered to. Safety planning recognises families and communities as a valuable resource, empowers them to be involved, encourages families to take responsibility for the safety and well-being of their children, identifies risks and plan strategies to minimize them and overall is used as a tool to address & manage substance misuse – treatment, recovery, substance reduction to ensure improved parenting, meeting child's emotional, developmental and safety needs, this list is in no way exhaustive and safety plans can be created to cover any issue impacting on family functioning.

As IFSS workers are working intensively with complex child in need and child protection cases, incorporating Safety Planning into their interventions has been very useful, especially to enable families to manage and to minimise risks using a co productive model.

Safety Planning training sessions have also been delivered to social workers from Cardiff Intake and Assessment Team, to encourage workers to replace written agreements with safety plans. IFST Safety Planning is centred around ensuring (primarily) Child Safety and Wellbeing, but also about parental wellbeing and safety. Feedback from Social Workers details situations where due to safety planning being used, cases are being closed more expediently and due to risk being managed more effectively by families, cases do not escalate to Child Protection. The training sessions (four) have been delivered by the IFST Consultant Social Worker Lucian Berneantu and IFST Social Worker Family Intervention Specialist Dave Morris and follow up sessions are arranged to help practitioners embed this way of working in their practice.

### **Plans for 2018-2019:**

Safety Planning training has been requested by Cardiff Team Around the Family (Preventative Service) for safety plans to be incorporated into the teams family interventions to manage risk and ensure positive changes are being sustained.

There is also a work in progress plan, in partnership with Vale of Glamorgan Children services for Safety Planning training sessions to be delivered to Intake Team workers, to prevent risk of child in need cases escalating to child protection level. The training program and the implementation are yet to be drafted and agreed as may include safety planning case discussions, follow up sessions.

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

In response to Children's Services plans to bring antenatal cases into the safeguarding arena at an earlier stage a discussion was held to introduce a trial period of taking 'Unborn' referrals within the IFST service. The pilot began in October 2015 and is about to be reviewed.

Previously we worked with families 2 weeks before their EDD and 2 weeks following the birth of their baby.

Our new proposal focused on receiving referrals from Children's Services for mothers from 24 weeks gestation when they had not made any changes to their substance misuse behaviours despite support from other agencies. The aim was to support the mother/father to substance reduction or abstinence where appropriate in order to:

- reduce the risk of harm to the unborn's growth and development
- reduce the risk of harm to the mother/father
- support baby being discharged home to parental care following birth
- explore resources within the extended family

The Health Intervention Specialist working with this proposal has a background of health visiting and midwifery with a professional interest in Infant Mental Health. Alongside the model she is able to explore parental hopes and fears about becoming a parent; their representations of their unborn baby and promote positive parent- infant relationships.

During the pilot, meetings between the lead social worker for unborns, the Elan midwifery team, and CAU social worker were held on a regular basis to discuss cases. This is yet to be established in the Vale.

## 5.8 **IFST Family Therapy Service**

Within the Cardiff and Vale IFST we have a qualified Systemic Psychotherapist (Family Therapist) and we are piloting a family therapy clinic for clients who have accessed the IFST, EIT and CRAFT services.

Family therapy can help those in close relationships to better understand and support each other. It enables people to; express and explore difficult thoughts and emotions safely, consider each other's perspectives, build on family strengths and work together for change.

Family life isn't always easy and each family member has their own way of thinking and responding to concerns and worries. Family therapy can provide a safe space for family's to explore their ideas with each other.

The sessions on offer can be used for couples, or families in which ever configuration feels relevant for therapy.

The family therapy clinic is available once a week with four sessions on offer that day. It began with a therapist and a reflecting team element to the



provision. It is currently one therapist, with the option of recruiting a volunteer placement therapist to add to the reflecting team – depending on proposed future of the provision.

In a period of 6 months, there have been 13 referrals to the family therapy service; 8 for families living in Cardiff and 5 for families living in the Vale of Glamorgan. 2 families were referred to other services and 4 families have been close for non-engagement. 3 families have ended their sessions with the clinic through choice and agreement. 3 families are continuing to access the service having had 16, 7 and 2 sessions respectively and 1 family is in the process of being referred to the service.

Some of the clients described the problems they had as:

“Child trying to take on mothering role”, “Managing the children’s behaviour”, “Going nuts, smashing the house up”, “Everyone interferes”, “We are fighting”, “Issues within my relationship with partner”, “Because of mine and my partner’s anger issues”, “Marital problems” and “understanding”.

We use the SCORE-15 Index of “Family Functioning and Change”; a self-reporting outcome measure to capture data from the work undertaken, currently used within CAMHS Outcomes Research Consortium and highlighted as good practice within The Association of Family Therapy. The current data collected shows that clients have reported the severity of the family problem as showing a 35% improvement, following family therapy. When scoring how they are managing as family, the data also represents a 35% improvement in how clients are scoring themselves during and after family therapy.

## 5.9 **Traumatic Stress Clinic UHW**

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.

Annie Szary CSW/ISM, a cognitive behavioural psychotherapist (CBT) has a weekly clinic at the TS clinic and works with complex patients from Cardiff and Vale 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 IFSS Grant was transferred to the Regional Support Grant ("RSG") with a 50/50 split between Cardiff and the Vale of Glamorgan. This has presented a significant challenge to delivery of the Service, as historically the IFST has delivered on a 70/30 split in line with the demographics of each area. The reality is that, for the team to operate for a full year, the full amount of the RSG is required regardless of the ratio delivered.

### **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 Cardiff and Vale of Glamorgan IFST to support the Central Training Unit based at Bridgend (Western Bay IFST). If the Central Training Unit ceases to be supported in Bridgend, the funds will be available to be 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 service. 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.

### **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 CBA tool is recognised by the WG. It is very important for a service funded by the public purse 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 ASBOs, nuisance calls, etc. and most importantly the benefits enjoyed by the children in remaining in the family home.

#### 6.4 **Actual expenditure 2017-2018**

Actual year-end figures have fallen just within budget. A quarterly breakdown can be seen below.

**INTEGRATED FAMILY SUPPORT SERVICE**  
 Projected surplus / deficit balances to March 2018  
**31st March 2018**

	Total expenditure to date	Budgeted Reserves	Projected Expenditure
<b>Income</b>			
Grant	-	568,000.00	568,000.00
Sundry Income	-		568,000.00
<b>Expenditure</b>			
Salaries	425,117.25	-	
Medical	755.00	-	
Apprenticeship Levy	1,192.58	-	
Professional Fees	104.00	-	
Insurance	1,029.34	-	
Training	310.00	-	
<b>Sub Total</b>	428,508.17	-	428,508.17
Premises	9,000.00	-	
<b>Sub Total</b>	9,000.00	-	9,000.00
Travel Costs	9,323.03	-	
<b>Sub Total</b>	9,323.03	-	9,323.03
Books	621.51	-	
Stationery / Printing	1,470.16	-	
Office equipment / Furniture	1,485.27	-	
OLR Photocopiers	-	-	
Printing costs	1,502.87	-	
Hospitality	76.05	-	
Conference Expenses	1,298.73	-	
Translation services	-	-	
Catering / Refreshments	225.51	-	
Telephones	4,426.55	-	
Postage	445.17	-	
Office Hardware	1,096.18	-	
Computer Software	-	-	
Child in Need	930.80	-	
Purchase IRO time	102,590.00	-	
Commissioning Services	5,000.00	-	
Miscellaneous		-	
<b>Sub Total</b>	121,168.80	-	121,168.80
Transfers			
<b>TOTAL</b>	568,000.00	-	568,000.00
Net Surplus / Deficit			0.00

## 7 Key Achievements – outcomes

7.1 IFST monitoring systems are underpinned by 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 an 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 initial service level agreement required the team to work with 100 families throughout the year. However, given that an Intervention Specialist (IS) can work with 10 families per year and a Consultant Social Worker (CSW) will work with a minimum of 5 it was felt that a pro rata target of 70 families was again the most appropriate measure. This was then raised again to 100 families in response to increased demands of the Local Authorities during this time of austerity. This new target has proven difficult to achieve with more families referred to the service requiring an increased level of intensity.

As not every referral will necessarily be appropriate or the IFST will not have capacity to offer a service, the team aimed to receive at least 120 referrals over the year (10 per month).

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

Current Year	2017		Totals
	Cardiff	Vale	
No Space	20	10	30
Inappropriate	1	4	5
Allocated	34	28	62
Referred to other services	4	9	13
Unborn waiting	0	0	0
Refused	0	0	0
Awaiting further information	0	0	0
Total Received	59	51	110

Further monitoring, the source of the referral is also noted, differentiating between the Vale of Glamorgan and Cardiff Councils. Cardiff made 59 referrals and Vale of Glamorgan 51 referrals.

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. This can increase at times of staff vacancies and sickness.

Total 'No Space' Cardiff: 20  
 Total 'No Space' Vale: 10

### 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 child care 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: 57      Mixed White/Black Caribbean: 1      Other: 4

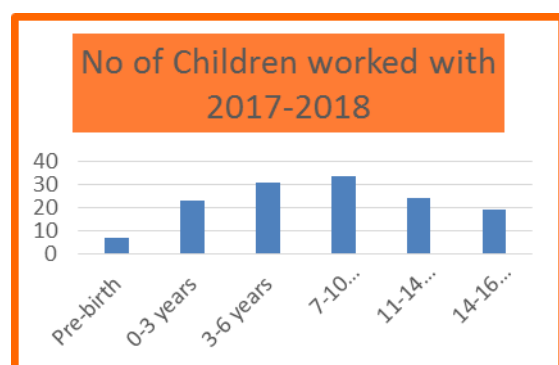
##### SUBSTANCE USE OF FAMILIES REFERRED: Male 15      Female 54

##### AND

##### SUBSTANCES USED:

Alcohol	29	Cannabis	18	Heroin	10	Ketamine	0
Methadone	8	Amphetamines	8	MKat	0	CRACK	4
Cocaine	11	Prescribed	4	Polydrug	6		

#### Breakdown of children by age group



#### Parental breakdown

1 parent Female	34
1 parent Male	1
2 parent	21
Mum and partner	3
Mum and GP	0

##### NUMBER OF FAMILIES AND CHILDREN:

No of Families worked with: 62      Number of children: 138

##### WHERE ARE THE FAMILIES WE WORKED WITH?

Cardiff: 34      Vale of Glamorgan: 28

## 7.4 Referring to other services

Services Accessed prior to Intervention		Services Accessed as a result of Intervention	
The following services have been regularly accessed by individuals prior to receiving an intervention:		The following services have been regularly accessed by individuals after receiving an Intervention	
Health	39	Health	139
Local Authority	8	Local Authority	33
Counselling / Interventions	18	Counselling / Interventions	118
Tenant Support / Housing	6	Tenant Support / Housing	45
Debt Advice	0	Debt Advice	5
Employment	0	Employment	7
Legal / Crime	7	Legal / Crime	18
Education advice	4	Education advice	12
Young Carers	2	Young Carers	11
Parenting	4	Parenting	17
Domestic Violence	1	Domestic Violence	17

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 in their endeavours 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 (89) compared to those accessed after the interventions (422) – a healthy 474% increase.

## 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', Cardiff and the Vale IFST has sourced a tool to 'drill deeper' into 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 that fulfilled the following criteria:

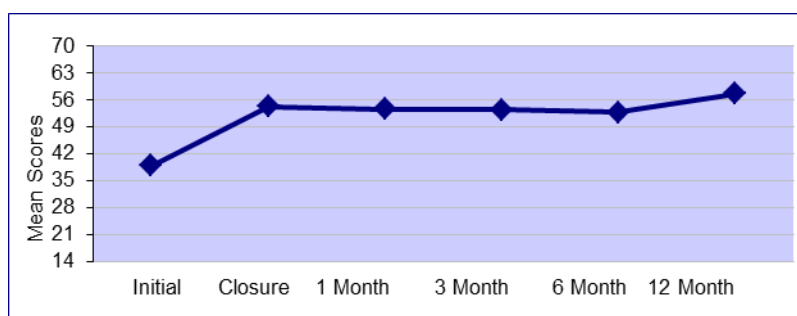
- quick and easy for both practitioners and individuals in families
- useful and have meaning for both adults and young people
- positively phrased
- able to be used before and after an intervention
- a respected tool with a valid population sample
- meaningful and relevant
- it also needed to have a low impact

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is based on scores to 14 questions given to a client asking them how they are feeling. This is ongoing research in which IFSS interventions are included. 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 was piloted in Cardiff and the Vale of Glamorgan Family Services and information to date suggests that 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 filled in 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)



Mean Scores

## 7.6 Goal Measurement

The IFST works with families to create clear, measurable and attainable goals in line with the referring social worker’s expectation for outcomes of the intervention to ensure the children’s safety within the home. Families will generally work towards an average of two goals of which at least one will focus on reducing or stopping problematic substance misuse. 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 a number of Support Workers to assist families during phase 2 of the intervention. In this respect, it is expected that an improvement should be seen in the goal achievement shown in distance travelled - the average scores measured between setting the goals and the 12 month follow up - although this will take some time to evidence.

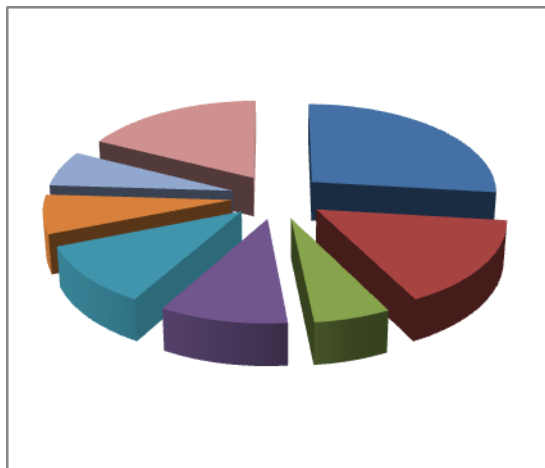
### Goal Attainment

Goals	Cardiff	Vale	All	Cardiff	Vale	Substance
No of goals maintained	239	156	395	109	63	172
No of goals not achieved	31	28	59	17	12	29
Total No of goals	270	184	454	126	75	201
Percentage	89%	85%	87%	87%	84%	86%



## 7.7 Goal Categories

The goals families set are generally based on the particular behaviours the families have around the child protection concerns of Social Workers. At least one of these goals will be substance related or the behaviour which precipitates that substance use. For example, a goal around relationships and communication could be highlighted because of parental domestic abuse resulting in or from increased alcohol or drug use.



%age	Category
27.07	1. Control alcohol/drug use
15.52	2. Adult Health / Educate / Emp
5.86	3. Domestic Abuse
9.66	4. Home Routines
10.86	5. Parenting
7.41	6. Relationships
6.21	7. Other
17.41	8. Stop Alcohol / Drugs
100.00	<b>TOTAL</b>

## 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. It is a statement that the IFST intervention has assisted the social work assessment by making a timely decision in the best interest of the child / children.

### Family and Children's outcomes

#### No. of families accessing other services

The majority of families referred to the service had been difficult to engage with services and more specifically substance misuse services prior to the intensive part of the intervention.

<b>(Cumulative figures)</b>	No	%age
Family members accessing services prior to the intervention	37	25
Family members accessing services after the intervention	115	78

Following the intensive intervention, engagement with other services increases and families continue to sustain and build on the substance misuse changes they have made.

<b>2017 - 2018</b>	Cardiff No	%age	Vale No	%age
No of children de-registered:	27	31	24	39
No of families closed to Social services:	22	54	17	52
No of children returned home	2	2	1	2
No of children accommodated:	8	9	5	8
No of children placed on the CPR:	1	1	1	2
No of children staying at home	81	93	58	94

## 7.9 Engagement of fathers and male carers

Following research commissioned by Cardiff Social Services regarding engagement of fathers and male carers in the child protection system, the IFST created a new outcome measure to look at the effect that the intervention has on fathers and male carers and ensure that they are seen as equal in importance in the family as the mother where appropriate.

To appropriately capture this information we measure how many male members of families are engaged in the intervention. We are currently looking at numbers of male carers and their position in the family and their access to other services before and after the intervention. We also compare male and female scores in goal attainment. We use the model to engage fathers and ensure that fathers take an active role in the intervention wherever possible.

<b>How well are we doing?</b>								
<b>Comparison of male / female goal attainment</b>								
<b>Goals measured</b>	<b>2014</b>	<b>%age</b>	<b>2015</b>	<b>%age</b>	<b>2016</b>	<b>%age</b>	<b>2017</b>	<b>%age</b>
<b>Male Goals (All)</b>	88/96	92.63	92/96	95.83	101/127	79.52	40/76	52.63
<b>Male Goals (Sub)</b>	43/48	89.58	48/54	88.88	62/76	81.57	34/41	82.93
<b>Female Goals (All)</b>	235/267	88.01	237/273	86.81	253/313	80.83	316/357	88.52
<b>Female Goals (Sub)</b>	93/106	87.73	94/109	86.23	94/116	81.03	135/158	85.44

**Numbers of families where there is a male presence recorded  
(Cumulative figures)**

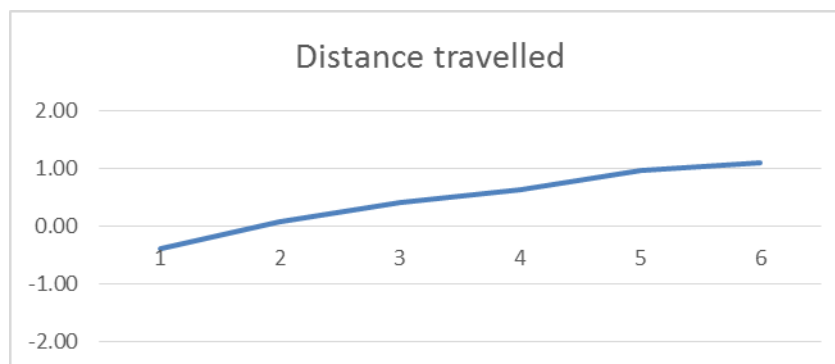
**Services Accessed**

	Both Parents	Non Res Dads	Lone Fathers	Partners (Not dads)
Numbers	157	34	28	27
Male User	107	6	21	13
Female User	119	32	9	21

	Before	After	Increase
No of services accessed by females	68	317	466%
No of services accessed by males	19	87	458%

**7.10 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.



**7.11 Feedback**

Another method of measuring 'distance travelled' by families is the feedback received from referring social workers and the 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 mums or dads 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 help the worker can give to a parent who desperately wants to make changes for the benefit of his or her family:

*... I wanted to write you this little letter because I'm not very good with the spoken word. I just wanted to basically say thank you to you....The changes I've made already I couldn't have done them without you. To be honest I'm not looking forward to the end of the 12 months when my case will close to you as my IFST worker...I thank you for having time for me and faith in me. I can't express how grateful I am to you...I can't thank you enough for what you have done to enrich my life...I'm looking forward to the rest of the time I've got to learn from you...*

## **8 Training**

### **8.1 Training Evaluation**

One Intervention Specialist together with one Consultant Social Worker has co-facilitated 4-day training sessions in the IFSS Model. Attendees included managers and practitioners from Adult and Children's Services and the voluntary sector including substance misuse agencies from across Cardiff and the Vale of Glamorgan.

Five Intervention Specialists and two Consultant Social Workers have co-facilitated one day training courses between April 2015 and March 2016 in Enhancing Motivation, Lowering Resistance and Goal Setting. Attendees have included Children's and Adult Social Workers and Managers, Health Visitors and a wide variety of practitioners from the health and social care sectors.

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

### **8.2 Available courses**

#### **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

It is planned to present three deliveries of this module training during the year, although this will be subject to current staff availability.

#### **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

## **9 Partnership Working**

- 9.1 Creation of pathways to other services is ongoing and meetings with managers of services continue to ensure that the interface between services is seamless and benefits families worked with. Work is ongoing with Families First commissioned services to ensure clear referral routes for families in phase 2 of the IFST intervention. 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 Workforce Development plan in line with the Welsh Government transformational change agenda. These services include Families First, Team around the Family, Sure Start and Barnardo's and ensures families across Cardiff and the Vale of Glamorgan receive a consistent approach in service delivery.
- 9.3 With the expansion of Flying Start and the implementation of Families First and IFSS it is necessary to ensure that there exists a robust mechanism for promoting joint-working between these key initiatives and other providers of support to families across both counties. The IFST Service Manager is a member of the Early Intervention and Prevention Steering Group in both Cardiff and the Vale of Glamorgan with the purpose of addressing matters that relate specifically to the interface issues that are likely to arise, closing gaps and reducing duplication. These groups will support the 'Think Family' agenda to ensure that families receive seamless support that meet their needs.

## **10 Challenges and Issues**

- 10.1 With the recruitment of an IRO it was essential to ensure that the service was embedded in the IFSS methodology. This has proved difficult with the IRO service committed to other parts of Children's Services. Negotiations have taken place throughout the year to ensure that the IFST receives the positive independent reviews for its families.
- 10.2 With the unprecedented challenges continuing to face local authorities regarding budget cuts, pressure on the IFST is likely to increase without funding for extra resources becoming available. As with all challenges there are opportunities. The service is now picking up new referrals in week three of the intensive phase of the intervention, when the family will be practicing and implementing new ways of working. The team will ensure they are building robust relationships with partner agencies (statutory and voluntary/third sector) to support the family post intensive phase.
- 10.3 At a local level, challenges have centred on maximising the potential for consistency of practice when working across two local authority areas that have different systems and processes that are well established and work effectively. In addition, the intention to afford IFST staff the flexibility for mobile working in order to improve efficiency and effectiveness is still proving challenging due to variance in development of IT systems.



## 11 Priorities for the next 12 months

- 11.1 The main priority for the next 12 months will be to continue to ensure there is little disruption to delivery of service in a culture of change and uncertainty. We know the model works and has positive outcomes for families and referrers, so we will continue to build and consolidate on the strong progress made over four years since the IFST inception. Work will focus on a number of areas including increasing the number of referrals worked with by Intervention Specialist's, picking up in week three and if necessary visiting the family (with consent) prior to the consultation with the social worker.
- 11.2 Priority will also continue to be given to train the wider workforce in the IFST model of intervention using Motivational Interviewing, Solution Focussed and other cognitive behavioural techniques. Furthermore priority will be given to improve inter-agency and partnership working, to provide a truly integrated service across Social Care and Health, Adult and Children's Services and third sector agencies. We will continue to train and work with third sector organisations, including housing associations and their housing support teams, to increase confidence and competence in working with families in an early intervention and prevention model.
- 11.3 The IFST will continue to embed the system for the formal review of IFST cases where Independent Reviewing Officers become more confident and competent in their role, chairing these reviews and to improve partnership working to allow the IFST to be recognised as a valuable resource to professionals with whom the team works directly and indirectly.
- 11.4 The commitment to further strengthen partnership working across Families First and Flying Start will continue. The Service Manager continues to be an active member to partnership forums including:
- Early Intervention and Prevention Group
  - Workforce Development Group
  - Cardiff and Vale Substance Misuse Area Planning Board.
- 11.5 To continue the working relationship with both Cardiff & Vale Training Department to ensure IFSS training is embedded in the training calendar and work together to align the training to the new CPEL framework if possible.

## **12 Conclusion**

Challenges remain in maintaining full staffing levels. The resultant gap between leaving and a new trained member of staff has a considerable effect on success in meeting targets. Budget pressures placed on both Cardiff and the Vale of Glamorgan Councils have also proved difficult for the service and the team has worked tirelessly in its endeavours to deliver an excellent service to benefit families in Cardiff and the Vale of Glamorgan.

The fidelity of the IFSS model is paramount and to ensure that this remains so has resulted in staff becoming increasingly innovative in the delivery of the interventions. The outcomes presented in this report show the valuable work the service does and the positive results that have proved so welcome to the families in crisis. 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 Cardiff and the Vale of Glamorgan.

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. This, in a small way, will inevitably help reduce demand on an already over expended treasury.