

Meeting of:	<b>Healthy Living and Social Care Scrutiny Committee</b>
Date of Meeting:	<b>Tuesday, 06 July 2021</b>
Relevant Scrutiny Committee:	Healthy Living and Social Care
Report Title:	The Vale of Glamorgan and Cardiff Integrated Family Support Team Annual Report 2020-21
Purpose of Report:	To provide Scrutiny Committee with an opportunity to consider and scrutinise the 2020-21 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 (IFST) 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 The legislative framework is the Children and Families (Wales) Measure 2010, later superseded by the Social Services and Well-being (Wales) Act 2014.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 IFSS 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 Integrated Family Support Service (IFSS) in their region.

Note throughout the report the term IFST refers specifically to the work of the Team of practitioners, rather than the wider Service, referred to as IFSS, which includes other elements funded through the Substance Misuse Area Planning Board.

This, the 8<sup>th</sup> Annual Report attached at Appendix 1 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.

During 2020/2021 delivery of the IFST was significantly affected by the COVID-19 pandemic. During the start of the financial year intensive full interventions were put on hold as we were unable to perform face to face intervention. The business model was reassessed allowing our team to complete Safety Plan Interventions and parts of the model that will enable this to happen. From the work completed with

families in 2020-21 significant progress in terms of outcomes was achieved with 74% of families closed to Children's Services following an IFS intervention and 88% of children remained safely living at home within their family unit. This continues to suggest that the model is successful in supporting parents/carers in achieving long term behavioural changes.

## **Recommendations**

That Scrutiny Committee:

1. Considers the Integrated Family Support Team Annual Report for 2020-21. The report is available at Appendix 1
2. Receive an Integrated Family Support Team Annual Report in twelve months' time.

## **Reason for Recommendations**

1. To allow Members to scrutinise 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 Integrated Family Support services, 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 IFS Service has a key role to perform both in reducing harm to children, and the volume of avoidable admissions into care.
- 1.2 The IFS Service is intended to provide holistic support to families by breaking down boundaries between local government and Health, and between Adult 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 IFS team is based at The Alps and it has been operational since the end of February 2012. The Service has five principle 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 Staffing Challenges**

Staffing levels, and morale have remained stable throughout the year despite COVID-19 however there has been an internal promotion to the position Consultant Social Worker to cover long-term and planned episode of sickness absence.

### **2.2 Impact of Covid19 on service provision**

During 2020/2021 delivery of the IFS service was significantly affected by the COVID-19 pandemic. During the start of the financial year intensive full interventions were put on hold as we were unable to perform face to face intervention. The practice model was adjusted to enable the team to complete proportionate interventions focussed on Safety Plans utilising elements of the model through use of virtual platforms and door step visits.

**2.3** During the pandemic, the IFSS has not provided a presence in either Cardiff Children's Services Brighter Futures Panel or the Vale of Glamorgan Legal Gateway. These have resumed recently in line with recovery planning arrangements.

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

### **3.1 Long Term**

The IFS service provides an opportunity for families to realise their potential, implement behavioural change and achieve better outcomes in the longer term.

### **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 IFS, 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 IFS service is a collaboration between the Vale of Glamorgan Council, Cardiff Council and the Cardiff and Vale University Health Board.

### **3.5 Prevention**

The IFS service 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. There is now an additional £18,000 to cover provision for training following the devolvement of Central Training Unit within Western Bay IFST. The year-end figures (Appendix 1 p13) 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) 2014. The IFS service 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 & the Vale of Glamorgan**

Annual Report

April 2020 – March 2021

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## **1 Introduction**

- 1.1 This is the eighth Annual Report of the Cardiff and Vale of Glamorgan Integrated Family Support Team (IFST). The purpose of the report is to provide information on the effectiveness of the Integrated Family Support Service, 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 Integrated Family Support Team (IFST) has its origins in the WG Vulnerable Children Strategy. The legislative framework is the Children and Families (Wales) Measure later superseded by Social Services and Wellbeing Act (Wales) 2016. 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 Wellbeing Act (2016) 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. 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 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
  - 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 Cardiff and Vale of Glamorgan Local Authority Adult and Children's Services and University Health Board

1.6 The IFST is a regional service across two local authority areas and this provides 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 Team. The Early Intervention Team (EIT) follows the strength based IFST model, offering support to families with children receiving care and support (CASP). 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 Early Intervention Team also employs Support Workers to assist both services (IFST & EIT) 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 Regional Partnership Board**

2.1 The IFST governance is through 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.

2.3 Operational oversight is achieved through the operational management group with representatives from Cardiff, Vale of Glamorgan and University Health Board to ensure oversight of the service and to escalate any issues which require consideration by the Regional Partnership Board.

### **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. Cardiff and Vale local authorities have delegated this responsibility to the Regional Partnership Board.

- **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:-

- To ensure the effectiveness of what is done by the Integrated Family Support Services 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 Integrated Family Support teams have sufficient resources to carry out their functions.
- To 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 eighth year of operation the team structure continues to comprise the following members:

- IFST Service Manager
- 3 Consultant Social Workers (2 permanent and one acting up)
- 2 Social Care Intervention Specialists (IS)
- 2 Health Intervention Specialist (Health Visiting)
- 1 Business Support Worker (part-time)
- 2 Student Social Worker

3.2 Staffing levels have remained stable throughout the year. The team has seen a temporary internal promotion to the position of a Consultant Social Worker to cover long-term and planned episodes of sickness. IFST is a successful performing team with a positive team morale. Overall, staff members are highly motivated, the team have achieved targets providing highly effective interventions with families to achieve positive outcomes.

3.3 An Independent Reviewing Officer (IRO) undertakes IFST Reviews. This post sits within the Safeguarding and Reviewing Service in Cardiff and covers both Cardiff and Vale of Glamorgan families. The IRO service was delivered by one full time IRO to undertake all reviews across Cardiff and Vale of Glamorgan, initially on a 12 month basis with the view of extension. The new arrangement has provided consistency of approach and it is hoped to lead to improved service delivery and development.

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 made against the IFST in the past year. Positive feedback is shared with the IFSS Operational 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. Currently, a CSW is undertaking a research dissertation to explore strength based practice with families where there are safeguarding concerns.

3.7 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/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 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 and Young People 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 Team, CRAFT and family support continues to work alongside and enhance the work of the IFST. EIT staff offer the IFST model and intensive interventions to families where children are receiving statutory provision on a care and support basis.
- 5.2 EIT and CRAFT are funded through Substance Misuse Area Planning Board and funding has been secured until June 2022, at which point all substance misuse services will be re-commissioned. The Service Manager and practitioners have been involved in the re-designing of substance misuse services.
- 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 Team 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	12
Finance	175
Housing	122.5
Crime	0
Employment / Education	0
Routines	12.5
Medical	9.5
Diversionary activities	0
Cardiff referrals	27
Vale referrals	12

- 5.4 CRAFT is an evidence based model working with family and friends 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 friend/family member 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 Cardiff and Vale of Glamorgan venues.

During this year, CRAFT interventions have specifically focused on engaging family groups of vulnerable children to increase support and improve resilience within the support network.

A review of the CRAFT service identified a gap in provision for both identifying and intervening with children who live with parents/ carers who use alcohol and/or substances. The service has been proactive in contributing and informing current service provision to support improved identification of young carers and consider appropriate models of intervention.

The Service Manager has been proactive in exploring delivering CRAFT groups work with hard to reach families, including parents/ carers of young people with anti-social behaviour or young people receiving support from Youth Offending Services.

## 5.5 IFST Peer Support Group

Following a successful pilot of a peer support group, IFST Health Intervention Specialists regularly facilitate monthly peer support sessions for service users who are receiving support from the IFST. The initial pilot and the current established group consists of female carers. Parents/carers are offered support to strengthen their recovery journey from substance misuse, alcohol use, mental health and/or domestic abuse. Group members often experience low self-confidence and have limited support networks. The group is a 'safe space' for the attendee's to gain social confidence, reduce isolation and become part of a community. The group promotes parent child interaction, seeking to reinforce child led activities which encourage typical growth and development.

Parents/carers are referred to the group when they have reached the action stage in the cycle of change, allowing them to share positive experiences in recovery and offer the group a basic level of safety. As the group becomes further established, members will be empowered to take ownership and develop the group, this will take time to allow members to build the skills and confidence needed to support the group in the future. Parents offer their own valuable experiences to support others. Group members have also been involved in Welsh Government Consultations and developing substance misuse strategies. IFST have partnered with time credits to enable parents attending these sessions to earn time credits when volunteering their support with peers and contributing to services. Feedback from the peer support group has been very positive. Group members have indicated that they would not have felt confident to attend a support group without the time and energy that they have been afforded by IFST.

IFST identified a gap in service provision for male carers. We recognised that the needs of male carers were different to that of female carers and therefore a different approach was required. Following a review of the evidence by experienced IFST practitioners, a new group was launched in February 2020. The purpose of the group is to engage and support male carers in their journey towards recovery.

**Plan 2021/2022:** Peer support groups will be offered virtually during the COVID-19 restrictions. When restrictions are lifted, parents/ carers will be encouraged and empowered to develop and lead peer support groups. The male carers support group will focus on becoming established and learning from the experiences and feedback from service users. Peer support groups will be reviewed to ascertain what impact they have in terms of sustaining behavioural change; improving wellbeing and creating positive support networks to reduce the risk to vulnerable children.

## 5.6 **Research**

An IFST Consultant Social Worker and Signs of Safety Champion is actively undertaking research in preparation for her Dissertation supported by Cardiff University. The paper looks at the experiences of parents and Independent Reviewing Officers about their experiences of the use of a strength based model within Child Protection Conferences, after City of Cardiff Council embedded this in standard Conference practice in 2019. Parents and professionals have been involved in interviews and focus groups to inform the research findings. The paper also looks at their suggestions for future embedment, areas for improvement, and examples of good practice. The paper will be published and the recommendations will be available to inform practice developments across Cardiff and Vale local authorities when the paper is finalised in late 2021.

Following this, a focus will be on the barriers faced by professionals in using strength based models. The initial research paper has identified that all participants interviewed felt that there was some intermittent use of strength based models within individual casework, and further exploration is required to identify what the potential barriers are and how they could be overcome. This next phase will influence practice development across both Cardiff and the Vale and will complement the strength-based approach workstream

## 5.7 **Supporting Strength Based Practice**

The IFST continue to offer high quality student placements. We have successfully supported 2 Social Work student placements this year. Practitioners within the team have been virtual practice supervisors offering reflective supervision, training and interventions with families. An IFST Consultant Social Worker is supporting teams within the wider service area to develop and implement effective peer supervision based on a strength based model. The IFST offers practice leads from other areas the opportunity to observe peer support alongside mentoring and guidance to embed similar models within other teams.



## 6 IFST Budget and Finances

### 6.1 Changes to the IFST Grant

IFST is funded via a Revenue Support Grant (“RSG”) with a 50/50 split between Cardiff and the Vale of Glamorgan. For the team to operate for a full year, the full amount of the RSG is required regardless of the ratio delivered between the regions.

### 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). 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 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.

### 6.4 Actual expenditure 2020-2021

Actual year-end figures have fallen just within budget.

<b>Employee Related Expenditure</b>	<b>Actual</b>	<b>£</b>
Salaries	425,016.67	
Agency	37,330.98	
Medical	602.50	
Apprenticeship Levy	1,145.72	
Professional Fees	50.00	
Criminal Records Bureau Fees	80.00	
Training	80.00	
Employees Liability Insurance	84.00	
<b>Sub Total</b>	<b>464,389.87</b>	

<b>Premises Related Expenditure</b>	
Hire of Premises	10,948.00
Security Services	36.00
Specialist Waste Disposal	218.61
<b>Sub Total</b>	<b>11,202.61</b>
<b>Travel Related Expenditure</b>	
Travel costs	5,853.95
<b>Sub Total</b>	<b>5,853.95</b>
<b>Supplies and Services</b>	
Library Books	189.75
Equipment & Materials	367.17
General Provisions	63.60
General Printing & Stationery	1,548.14
Personal Needs of Clients	194.96
Other Legal Costs (Disbursements)	225.00
General Expenses	300.37
Telephones	5,592.92
Postages	354.46
Software Purchase	3,732.20
Hardware Purchase	823.48
Conference / Convention Expenses	16.68
Hospitality Allowances	172.76
Refreshments for Staff & Meeting	44.47
Public Liability Insurance Premiums	746.00
Miscellaneous Insurance Premiums	362.00
<b>Sub Total</b>	<b>14,733.96</b>
<b>Third Party Payments</b>	
Payments to Health Authorities	79,137.96
Children in Need	1,028.13
<b>Sub Total</b>	<b>80,166.09</b>

<b>Support Services</b>	
Children's Services	5,000.00
<b>Sub Total</b>	<b>5,000.00</b>
<b>Internal Recharges</b>	
Family Support Service	-12,346.48
<b>Sub Total</b>	<b>-12,346.48</b>
<b>Total Expenditure</b>	<b>569,000.00</b>
<b>Income</b>	
IFST Funding	-568,000.00
Social Care Wales	-1,000.00
<b>Total Income</b>	<b>-569,000.00</b>
<b>Total</b>	<b>0.00</b>

## 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 performance target for the team is to receive 120 referrals per year across Cardiff and Vale of Glamorgan. This year we surpassed the referral target reaching 138 by year end this was higher than expected. It is acknowledged that not every referral will be appropriate and/or the IFST may not have capacity to offer a service.

The team target based on the number of staff available during 2020/2021 was to work with 62 families. The team worked with 64 families during this period. During non-COVID times a full time Intervention Specialist would work with 15 families per year, holding 2 families during the intensive phase at any given time. Consultant Social Workers will work with 7 families per year. CSWs and IS will also offer booster sessions to families and attend all statutory Childrens Services meetings.

During 2020/2021 the service was significantly affected by the COVID-19 pandemic; during the start of the financial year intensive full interventions were put on hold as we were unable to perform face to face intervention. The business model was reassessed allowing our team to complete Safety Plan Interventions and parts of the model that will enable this to happen. During the year we were able to complete 26 COVID Safety Plan Interventions. Further to this as restrictions dipped in and out we were able to perform 38 full IFST interventions with families. Whilst we were able to maintain some semblance of our model we note that COVID-19 impacted Intervention Specialist and families alike in terms of the logistics of an intervention. We tried to resolve this by monitoring the number of referrals, therefore allowing IFST to maintain momentum to ensure that as many families as possible can received some form of 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 IFST referral criteria. For further monitoring, the source of the referral is also noted, differentiating between the Vale of Glamorgan and Cardiff Councils. Cardiff made 96 referrals and Vale of Glamorgan 42 referrals. Cardiff referral rate is higher than previous years and this is indicative of the significant need for services such as our own, particularly when services are stretched as they have been during the COVID-19 pandemic. Vale of Glamorgan referrals have decreased from last year (-4 from 2019/20) which may be attributed to changes in communications with Covid restrictions

preventing face to face networking opportunities. Going forward these have been reinstated through weekly attendance at Legal Gateway and weekly duty sessions.

Current Year	2020/2021		Totals
	Cardiff	Vale	
No Space	46	23	69
Inappropriate	9	5	14
Allocated	38	12	50
Referred to other services	3	2	5
Unborns waiting	0	0	0
Refused	0	0	0
Awaiting further information	0	0	0
<b>Total Received</b>	<b>96</b>	<b>42</b>	<b>138</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. Information is collated on these families for IFST to inform development and identify gaps in capacity. This lack of capacity within IFST does not result in an increase in case numbers/referrals for other teams within CYPS but it is likely to impact on duration of involvement with CYPS teams due to lack of specialist intervention being available at a timely point.

'No space' responses increase at times of staff vacancies or absence. As detailed above, staff availability was affected due to quantity of referrals IFST were receiving, also one member staff currently undertaking secondment within the Training Department to provide IFST methods training sessions to the wider workforce. This is due to end in June 2021.

Total 'No Space' Cardiff: 46  
Total 'No Space' Vale: 23

#### **Plan 2021/2022:**

### **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:**

Ethnicity:	White Welsh	95	Mixed W/B Caribbean	6	Other	37
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A very basic breakdown of ethnicity is provided above. It has been agreed that a more detailed breakdown will be collated from late 2021 to provide further statistical analysis regarding the ethnicity of families referred into the IFST. The IFST does 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:**

Substance Users	
Male	29
Female	98
Both	11

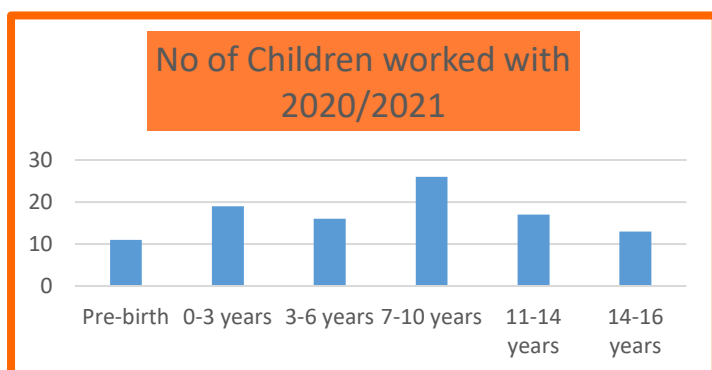
**AND  
SUBSTANCES USED:**

Alcohol	Amphetamines	Cannabis	Cocaine	Crack cocaine
60	13	60	30	11
Heroin	Methadone	MKAT	Ketamine	Prescribed
11	0	0	1	8
Polydrug	Antidepressant			
1	0			

IFST have provided information and feedback to Welsh Government regarding trends of substance misuse in our work with families. Practitioners have responded to consultation regarding substance misuse re-commissioning services and the potential impact on minimum unit pricing for alcohol use. Substance misuse trends observed within the team is an increase in alcohol use, cocaine and prescribed medication.

**Breakdown of children by age group**

**Parental breakdown**



1 parent Female	62
1 parent Male	9
2 parent	60
Mother and partner	1
Mother and Grandparent	6
Total	138

**NUMBER OF FAMILIES AND CHILDREN RECEIVING IFST INTERVENTION THIS YEAR (20/21):**

	Cardiff	Vale of Glamorgan	Total
Total Number of Families receiving an intervention	38	12	50
Total Number of Children receiving an intervention	79	23	102

**NUMBER OF FAMILIES AND CHILDREN RECEIVING IFST INTERVENTION – CUMULATIVE YEARS:**

	Cardiff	Vale of Glamorgan	Total
Total Number of Families receiving an intervention	383	185	568
Total Number of Children receiving an intervention	795	367	1162

**7.4 Referring to other services:**

**Current year:**

	Females	Males	Total
Prior to Intervention	68	19	87
After Intervention	317	87	404
% Increase	466%	358%	485%

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 (87) compared to those accessed after the interventions (404).

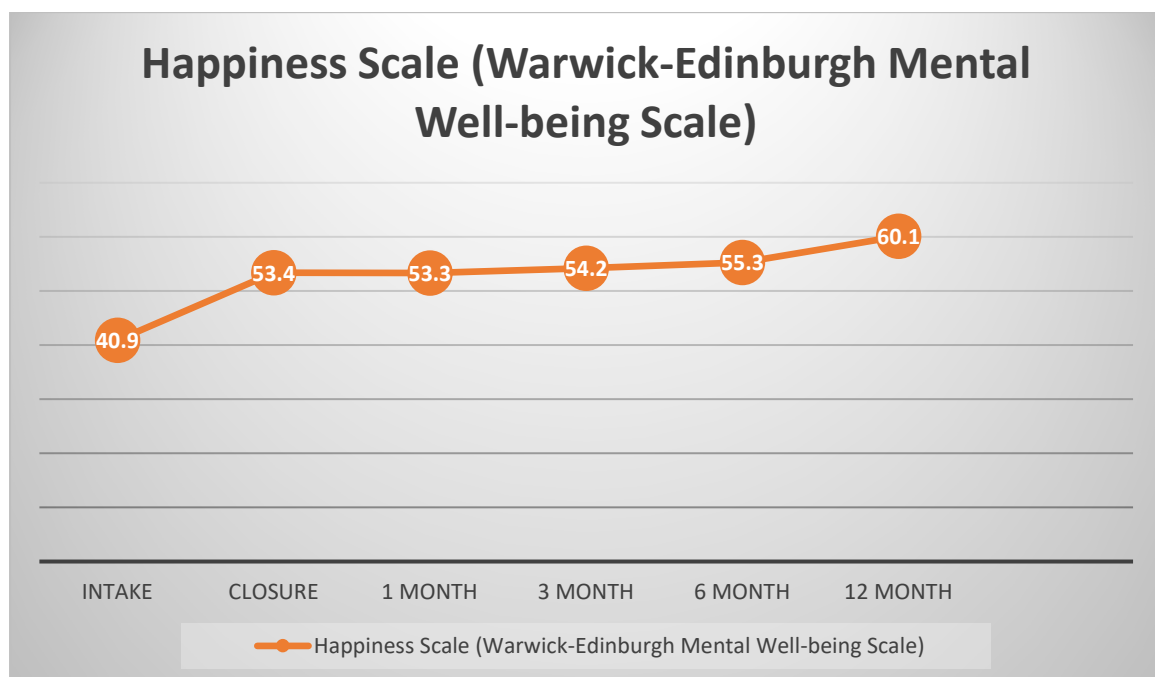
**Plan 2021/2022:** Review and examine the data for recording ethnicity for families receiving a service from IFST and to evaluate whether there are any gaps identified in service provision.

## 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 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.





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 Support Workers assist families during phase 2 of the intervention to maintain their goals and diversionary activities.

It is important to note that this year goals were not ascertained with all families that completed a COVID Brief Intervention. This was due to the fact that whilst IFST did complete some of the model that was only to ascertain families' weaknesses and strengths in order to complete an effective Safety Plan that would form the basis for other social working departments to continue to work with the families in a safe and sustainable manner.

### Goal Attainment

Goals	Cardiff	Vale	All	Cardiff	Vale	Substance
No of goals maintained	140	70	<b>210</b>	52	26	<b>78</b>
No of goals not achieved	5	4	<b>9</b>	5	3	<b>8</b>
Total No of goals	145	74	<b>219</b>	57	29	<b>86</b>
Percentage	97%	95%	<b>96%</b>	91%	90%	<b>91%</b>

Goals	Cardiff	Vale	Domestic Violence	Cardiff	Vale	Mental Health
No of goals maintained	52	26	<b>78</b>	52	26	<b>78</b>
No of goals not achieved	5	3	<b>8</b>	5	3	<b>8</b>
Total No of goals	57	29	<b>86</b>	57	29	<b>86</b>
Percentage	91%	90%	<b>91%</b>	91%	90%	<b>91%</b>

## 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.



## 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

2020/2021	Cardiff No.	Cardiff %	Vale No.	Vale %	Total No.	Total %
Number of children de-registered:	17	37%	8	28%	25	33%
Number of families closed to Social services:	22	92%	6	43%	28	74%
Number of children returned home	10	22%	7	24%	17	23%
Number of children accommodated:	4	9%	5	17%	9	12%
Number of children placed on the CPR:	7	15%	4	14%	11	15%
Number of children staying at home	52	91%	31	83%	83	88%

The data shows a significant increase in the number of children de-registered; returned home and families closed to Childrens Services following an IFST intervention.

## 7.9 COVID-19 Brief Interventions

This year IFST completed 16 COVID-19 Brief Interventions. For this they utilised the model to get an insight and understanding of families they worked with. They are referred to as brief as they do not produce any goals therefore the 12 month continuation and evaluation of those goals is not applicable so after the point that the safety plan is produced the cases are shut down with no further follow ups. However, despite them being referred to as 'brief' in order to create the safety plan these cases could last up to 8 weeks and encompass all the tools of the IFST model to inform a thorough safety plan that will be carried forward in all those involved work throughout the course of their interactions with a family.

	Cardiff	Vale	Total
No of families	13	3	16
No de registered	1	1	2 (13%)
No closed to children's services	3	1	4 (25%)

## 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.

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.



#### 7.11 Feedback

Feedback is sought from the referring Social Worker and from families at the end of the intensive phase. The Independent Reviewing Officer consistently provides positive feedback to IFST practitioners on the quality of the intervention offered to families.

#### Is there anything that in your view IFST needs to do to improve? (Family and SW)

Mum explained that this is the first time she has worked with IFST and then there have been the complexities of working during lockdown. She stated that there is nothing that in her view the service has to improve. She stated “the intervention has been fantastic, it has worked well for mum and it is nice to see that there is after care for 12 months. The intervention worker and I have had some differences of opinion, but we have worked quite well”.

#### How useful has been the IFST Intervention for you and your family? (Family and SW)

0 Not Useful \_\_\_\_\_ 10 Very Useful

**Why?** : Mum scored 10 and reported that the Intervention worker is “supportive and helps me whenever I need her. She helps me about how to work around the exercises”.

Dad reported that he could see that Mum has enjoyed the support she has from the Intervention worker. He has seen that Mum is doing better and there are small steps.

#### Was it helpful to you, knowing that this family could call an IFST worker in an emergency? (Family and SW)

0 Not Useful \_\_\_\_\_ 10 Very Useful

**Why?** : Mum scored 10 and reported “it is extremely helpful”. The Intervention worker “advises me in a professional way, it is different”.

**Is there anything that in your view IFST needs to do to improve? (Family and SW)**

Mum reported that in her view there was nothing to improve. She stated that the service is really good and helpful and said "I wish I had it sooner".

Dad reported that there was nothing to improve and stated that it was helpful to have the Intervention worker when there were difficulties for the family during lockdown. Mum stated the report has been very good. The intervention has helped mum to have structure and being reflective about her children.

## 8 Training

### 8.1 Training Evaluation

IFST have a fundamental role in shaping and influencing strength based practice across Childrens Services and partner agencies. IFST has a target to offer 3x 3 day IFST training to the wider workforce annually. In 2020/2021, IFST had to change their training and how it was delivered due to the requirements of working during the COVID-19 pandemic. As a result the three day training was halted and instead we sought to focus on more brief virtual training designed to encapsulate the overarching themes of the IFST approach. This training was offered and taken up Cardiff and the Vale staff with positive feedback being received. Due to the planned divergence of the Cardiff and Vale training provision, over the next 12 months, IFST will seek to work with both areas to deliver strength based training bespoke to the needs of each area to compliment the theoretical underpinning of practice in each area.

Demand for IFST training has increased year on year and in response to this an IFST practitioner was appointed as a designated training lead for a period of 12 months to further develop the training materials, deliver monthly training sessions and evaluate the needs across Childrens Services and partner agencies for strength based training. All members of staff have attended and been accredited in the Train the Trainer ILM course.

During the course of the year we have helped facilitate the Ask & Act Group 2 training sessions which are part of the National Training Framework for the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. The training consortia consists of staff from various areas of the LA who have expressed an interest in this subject, and in helping to roll out this important and mandatory training to front-facing staff within the LA. Trainers must have completed the Train the Trainer successfully, and are asked to commit to delivering a number of sessions each month. Our Health Intervention Specialists deliver two sessions per month at present to approximately 20 staff members each time. Between November 2020 and May 2021, this training has been delivered to over 1100 staff in Cardiff and nearly 450 in the Vale

Sessions are delivered by two trainers; one of whom is from specialist services such as Rise. This collaborative training helps build on people's existing knowledge and experience. They are aimed at improving staff members' confidence to make a targeted enquiry; where they have recognised an indicator that the person / colleague / service user/ client / patient may be experiencing one of these forms of abuse (where it is safe to ask). The training also aims to ensure that staff are more confident to receive a disclosure, offer support, and to signpost/ refer to a specialist support service. The feedback from these sessions has been positive.

Further to this we also provided an IFST overview of the model specific to the needs of the Youth Justice Service (YJS) in Cardiff. We completed 8 training sessions for approximately 64 staff members whereby we took parts of the IFST model and applied it to different aspects of work that the YJS team do. This encompassed aspects of the model such as Motivational Interviewing in relation to Youth Justice such as rapport building and engagement. We looked at Support Network Mapping and Safety Planning along with Goal Setting. We encompassed Strength Based Tools to Engage Young People. It is anticipated that, over the next 12 months, this more targeted training will also be offered to other teams and services as identified by training needs analyses across Cardiff and the Vale.

Feedback regarding both Ask and Act and the YJS training was well received with recipients advising new practices will be formed as a result of the training using the skills to "formalise and represent discussions they have with young people".

## 9 Partnership Working

- 9.1 The IFST is integral 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 and disseminating information from Treatment, Therapies and Clinical Governance; Harm Reduction; and Children and Young People groups.
- 9.3 During the pandemic, the IFSS has not provided a presence in Cardiff Childrens Services Brighter Futures panel and Vale of Glamorgan Legal Gateway meetings whilst virtual arrangements were being developed. It is agreed that attendance is appropriate through platforms such as TEAMS and as such will resume from June 2021.
- 9.4 Following Cardiff Children's Services restructure, the IFST currently sits within the Adolescent Service, alongside the regional Adolescent Resource Centre (ARC); Cardiff Think Safe team; 11+ team; Youth Offending Service and Personal Advisors team.

IFST and ARC as regional teams have worked collaboratively to ensure consistency of approach when delivering services across Cardiff and Vale of Glamorgan. The ARC regional team have received IFST training to encourage and support strength based practice. An IFST Consultant Social Worker is mentoring senior members of the ARC team to embed reflective peer supervision within their team culture.

**Plan 2021/2022:** Consultation with health partners to support and deliver strength based practice through training and to offer Health Visitor students shadowing opportunities within IFST.

## **10 Challenges and Issues**

- 10.1 At a local level, IFST face challenges with regards to current ICT systems, working regionally. IFST require access to Vale of Glamorgan WCCIS ICT system which is available office based at The Alps. Due to COVID-19 restrictions all staff have been working from home and as regional service ICT equipment is provided by Cardiff which currently prevents access to Vale WCCIS system. To respond to ongoing move towards remote working discussions in place with Cardiff and Vale ICT services to enable access from Cardiff equipment to Vale system.

The development of IFST forms onto WCCIS will follow, this will be assisted by ability to utilise forms produced by other local authorities for the same process which will enable learning from their experience and sharing best practice.

- 10.2 March 2020: COVID-19 has placed significant restrictions on the delivery of IFST interventions. An adapted model of service delivery was required and the IFST will offer brief interventions focusing on safety planning. All work with families is currently via telephone calls or video calls. This is due to come to an end with the new financial year coinciding with the easing of lock down restrictions. This will now allow the gradual re introduction of full interventions on a face to face level, however, where possible we shall maintain home working and the use of technology to keep contact to a minimum.



## **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 during the COVID-19 pandemic. We will always strive to achieve performance targets offering a high quality service.
- 11.2 IFST will reflect and learn from working in a different ways during the COVID-19 restrictions to inform how we work with families in the future. This is potentially a time for a shift in current thinking and practice.
- 11.2 Consultant Social Workers will continue to undertake research and disseminating knowledge across the workforce. Research within the team will inform both practice developments across the region and training. A review of the evidence is required to analyse the outcomes of the IFST model with families experiencing mental health and domestic abuse.
- 11.3 IFST will continue to champion strength based practice, to lead, influence and shape Cardiff and Vale of Glamorgan Childrens Services in using these approaches. IFST training will be integral to supporting practitioners across the wider workforce in embedding strength based approaches. Health Intervention Specialists will strengthen relationships with health partners and explore opportunities to support and deliver strength based training within their current training framework.
- 11.4 Co-production and service user involvement is integral when shaping services. Service users will be involved in the development of training materials, recruitment, research, consultations and service development. Peer support groups will become established over the next 12 months focusing on empowering members to take ownership and leadership of the group. Feedback mechanisms will be improved and incorporated within existing reviews.

## **12 Conclusion**

IFST has demonstrated significant progress in terms of outcomes with 74% of families closed to Childrens Services following an IFST intervention and 88% of children remained safely living at home within their family unit, this continues to evidence that the IFST model is successful in supporting parents/carers in achieving long term behavioural changes. The IFST continue to deliver an excellent service to families, empowering families to reduce and manage risk safely and build resilience. 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. Feedback from participants on IFST training and increasing demand for training demonstrates movement in current systems towards strength based approaches. 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 Cardiff and the Vale of Glamorgan.

**Mike Waite, Interim Service Manager.**

**Report completed: 9<sup>th</sup> April 2021.**