

Meeting of:	Healthy Living and Social Care Scrutiny Committee
Date of Meeting:	Tuesday, 06 September 2022
Relevant Scrutiny Committee:	Healthy Living and Social Care
Report Title:	The Vale of Glamorgan and Cardiff Integrated Family Support Team Annual Report 2021-22
Purpose of Report:	To provide Scrutiny Committee with an opportunity to consider the 2021-22 Annual Report for the Vale of Glamorgan and Cardiff Integrated Family Support Team (IFST) before it is submitted to the Welsh Government as required.
Report Owner:	Director of Social Services
Responsible Officer:	Head of Children and Young People Services
Elected Member and Officer Consultation:	Cabinet Member for Social Care and Health
Policy Framework:	This is a matter for Executive decision

Executive Summary:

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 The legislative framework is the Children and Families (Wales) Measure 2010, later superseded by the Social Services and Well-being (Wales) Act 2014.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

This, the 9th Annual Report prepared in accordance with s.62 of the Children and Families (Wales) Measure 2010, provides information on the effectiveness of the service provision and highlight any challenges which impact upon the successful delivery of the service.

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

Recommendation

That Scrutiny Committee:

1. Considers the Integrated Family Support Team Annual Report for 2021/22 (Appendix 1).

Reason for Recommendation

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

2. Key Issues for Consideration

2.1 Covid 19

Covid-19 placed restrictions on the delivery of IFST interventions. An adapted model of service delivery was developed in 2020-21 and has continued with the

varying levels of restrictions in 2021-22. All work with families has been via a hybrid model of risk assessed home visits, telephone calls or video calls. With the gradual reduction in restrictions, full interventions on a face-to-face basis have resumed with the continued use of virtual communications as and when appropriate (evidence of targets and achievements are outlined within the annual report which can be found at Appendix 1).

2.2 Referral Rates

It should be noted that referral rates from the Vale of Glamorgan only increased by 1 on the last year, where we would have anticipated an increase given the increase in pressures on families caused by Covid-19. This was addressed in Q4 by increasing the visibility of IFST, initially through regular attendance at virtual meetings, such as Legal Gateway, and as 2022-23 progresses with an increasing face-to-face basis presence within the Docks Office.

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

3.1 Long Term

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

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 the Cardiff and Vale of Glamorgan region.

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

3.5 Prevention

The Service is designed to assist families at point of crisis, where their children are described as being as on 'the Edge of Care', to prevent escalation and

accommodation through working in co-production with families. There are a number of aligned services working under the oversight of the IFST 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. Climate Change and Nature Implications

4.1 There are no climate change and nature implications associated with this report.

5. Resources and Legal Considerations

Financial

5.1 The budget £568,000 across the Cardiff and Vale region. The largest element (80%) is salaries. The year-end figures (Appendix 1 p13) demonstrate the Service delivered within budget.

Employment

5.2 There are no employment implications associated with this report.

Legal (Including Equalities)

5.3 The legislative framework is the Children and Families (Wales) Measure 2010, later superseded by Social Services and Wellbeing Act (Wales) 2016. The IFST is a partnership between Vale of Glamorgan Council, Cardiff Council and the Cardiff and Vale University Health Board who have a joint statutory responsibility for ensuring the delivery of an IFS service in their region.

5.4 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.

6. Background Papers

Report to Healthy Living and Social Care Scrutiny Committee, 6th July 2021; 12th November 2019; 6th November 2018; 6th November 2017.



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

Annual Report

April 2021 – March 2022

Contents

	Page
1. Introduction	3-4
2. The IFSS Board	5-6
3. Service Delivery	7-8
4. Development of Processes and Protocols	9
5. Aligned Services	10-11
6. IFST Budget and Finances	12-13
7. Key Achievements - Outcomes	14-23
8. Training	24
9. Partnership working	25
10. Challenges and Issues	25
11. Priorities for the next 12 months	26
12. Conclusion	27

1 Introduction

- 1.1 This is the ninth Annual Report of the Cardiff and Vale of Glamorgan Integrated Family Support Team. 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 WAG 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. 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 funding and processes across both areas.

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. 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 Board meets on a regular basis and will continue to maintain the required representatives and operate according to the statutory guidance. It employs a collaborative approach taking its membership from key statutory and non-statutory services operating across Cardiff and the Vale of Glamorgan.
- 2.2 During this past year, there continues to be no barrier to service delivery that has required intervention by the Board.
- 2.3 There have been no changes to Board Membership. Quarterly Operational Board meetings include representatives from Cardiff, Vale of Glamorgan and Health Operational Managers 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.

- **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 ninth year of operation the team structure continues to comprise the following members:
- IFST Service Manager
 - 2 Consultant Social Workers (For much of the year we had 1 worker acting up to cover sickness and absentees within the CSW team)
 - 4 Social Care Intervention Specialists (IS)
 - 2 Health Intervention Specialist (Health Visiting)
 - 1 Business Support Worker (part-time)
- 3.2 Staffing levels have been subject to change throughout the year. The implementation of the Family Drug and Alcohol Court (FDAC) team has seen one of our experienced SW's, who also acted up as CSW for much of the year, transition over to the FDAC team as their new CSW. Beyond that, 2 staff left in August/October time, allowing for the successful employment of a further 2 SW's to the team. Further to this we are awaiting the start of a new member of the IFST who will begin in April. This will mean the IFST will be fully staffed for the first time in two years, a very positive development. 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, this was extended last year after a successful 12-month pilot. The new arrangement, however, has had some challenges with the IRO unavailable for part of the year due to extenuating circumstances. This has meant CSW's taking on the additional role of chairing IFST and EIT maintenance meetings and reviews which has reduced, to some extent CSW capacity to provide direct interventions to families. This has, however, allowed for the continuation of formal monitoring and review for all families that are receiving an intervention thereby not negatively impacting on families.
- 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 within maintenance meetings with all social workers and either a CSW or IRO chairing the meetings. These reviews allow the experience of families and practitioners when working with the IFST to become a central point to maintaining the high standards of the service.
- 3.6 The focus of any research carried out by Consultant Social Workers (CSW) will be relevant to IFSS practice and / or development. Currently, we are looking into the viability of safety plan and brief interventions. This has now had two years trial period with relevant statistics measuring the effectiveness. It is

currently being considered whether it would be beneficial for the CSW's to undertake research into this within the new financial year to discover how the IFSS model is impacted to evidence if the short-term plan can become long-term allowing IFSS to reach more service users of Cardiff and the Vale of Glamorgan.

- 3.7 To ensure the effectiveness of the Team in delivering 'Family Support Functions' it was recognised in 2020-21 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. Over the period, there have been no occasions where this arrangement has been deemed necessary.

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"> • Children Services • Adults Services • Housing • Youth Offending Services 	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"> • Children Services • Adults Services • Housing • Youth Offending Services 	Head of Children and Young People Services Head of Adults Services Housing Officer Youth Offending Manager
South Wales Police	Manager Central Referral Unit
University of Wales Health Board <ul style="list-style-type: none"> • CAU • Midwifery • Mental Health • Health Visitors 	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 currently funded through Substance Misuse Area Planning Board (APB) with funding being reviewed during this period. The outcome of recommissioning was confirmed in April 2022. The successful Alliance commissioning bid was not, unfortunately, the one that included the EIT/CRAFT service. As a result, the EIT/CRAFT service will no longer be available from August 1st 2022.
- 5.3 The provision of the Support Worker role 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 on recovery through employment, training, and education. We currently have 1 support worker within post.

Support Worker		
Achievements	Work done	Hrs
Substance Reduction		1
Mental Health		2
Finance		116
Housing		75.5
Crime		6
Employment / Education		25
Routines		4
Medical		23
Diversionary activities		12
Cardiff referrals		16
Vale referrals		6

- 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 is accessible via Microsoft Teams.

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. In spite of these efforts to develop the CRAFT programme, as highlighted above, the re-commissioning bid was not successful and the CRAFT service will no longer be in operation from 1st August 2022.

5.5 Research

Within the last year our CSW team have been looking at the viability of safety planning and 2-week brief interventions. Statistical information has been collated from the past two years since the onset of the pandemic. The purpose of this is to ascertain if this will be a viable model going forward and if the fidelity of the IFSS model will be maintained to fulfil our obligation to the SSWB Act. Initial findings indicate that these interventions have, in many cases, been effective. This has included the de-escalation in status from Child Protection to Care and Support and, in some cases, social services ceasing to be involved at all due to reduction in risk. However, it is also noticeable that a number of families receiving Brief Interventions have been re-referred within a short period due to not being able to sustain change over a longer period.

5.6 Supporting Strength Based Practice

IFSS 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.

IFSS has consistently supported teams within the wider service area and health to develop and implement effective training within the VAWDASV program. This training provides vital tool kits for workers within social care and health allowing for best practice strategies regarding domestic violence to be discussed and developed.

6 IFST Budget and Finances

6.1 Changes to the IFST Grant

IFST is funded via a Regional 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 which is currently delivered via Cardiff Training Department. 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 Actual expenditure 2021-2022

The attached Financial Report provides an overview and breakdown of actual year-end figures which have fallen just within budget.

Integrated Family Support Service
2021-22

	£	£	£
Employee Related Expenditure			
Salaries	359,094.92		
Agency	74,261.14		
Other Employee Costs	1,649.67		
Total Employee Related Expenditure		435,005.73	
Premises Related Expenditure			
Rent	10,500.00		
Hire of Premises	546.00		
Other Premises Costs	160.51		
Total Premises Related Expenditure		11,206.51	
Transport Related Expenditure			
Travel Expenses	1,124.00		
Total Transport Related Expenditure		1,124.00	
Supplies & Services			
Equipment, Furniture & Materials	1,231.24		
Printing, Stationery, General	989.72		
Communications & Computing	5,673.43		
Insurances	1,290.00		
Total Supplies & Services		9,184.39	
Third Party Payments			
Local Authorities & Health Authorities	102,157.64		
Transfer Payments	17.45		
Total Third Party Payments		102,175.09	
Support Services			
Children's Services	9,304.28		
Total Support Services		9,304.28	
Total Expenditure			568,000.00
Cardiff Council Contribution		284,000.00	-
Vale Of Glamorgan Council Contribution		284,000.00	-
Total Budget			568,000.00
Total			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 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 144 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 2021/2022 was to work with 67 families. The team worked with 52 families during this period. Pre-pandemic 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 2021/2022 the service continued to be significantly affected by the Covid-19 pandemic; full face to face interventions were replaced with a hybrid model and the increased use of brief Safety Planning interventions. During the year we were able to complete 18 Covid Safety Plan Interventions. Further to this as restrictions dipped in and out, we were able to perform 21 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 receive 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 IFSS referral criteria. For further monitoring, the source of the referral is also noted, differentiating between the Vale of Glamorgan and Cardiff

Councils. Cardiff made 101 referrals and Vale of Glamorgan 43 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 increased from last year (+1 from 2021/22), however, we appreciate this number proportionately is not as high when compared to Cardiff Council. A resumption of IFST attendance at weekly PLO Meetings in Cardiff and Legal Gateway meetings in the Vale has sought to ensure early identification and equity of delivery across both areas.

Current Year	2021/2022		Totals
	Cardiff	Vale	
No Space	41	20	61
Inappropriate	13	4	17
Allocated	44	14	58
Referred to other services	3	5	8
Unborns waiting	0	0	0
Refused	0	0	0
Awaiting further information	0	0	0
Total Received	101	43	144

A 'No space' referral is a referral that has been received and is deemed to be appropriate but, because all IS and CSW workers are working with families, it has to be closed. It is useful to maintain information on these families and then monitor them for appropriateness as soon as a space becomes available. 'No space' responses increase at times of staff vacancies or absence. As detailed above, staff availability was affected due to quantity of referrals IFST were receiving, also we are one short staff within the service compared to previous years.

Total 'No Space' Cardiff: 41
 Total 'No Space' Vale: 20

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	50	Mixed W/B Caribbean	19	Other	75
------------	----------------	----	------------------------	----	-------	----

IFST provide interpreters for families where English is their second language. To address communication needs, the IFST have adapted

therapeutic tools to reflect the first language of the family we are working with.

*Please note a high proportion of 'Other' is because they have not been recorded on Carefirst.

SUBSTANCE USE OF FAMILIES REFERRED:

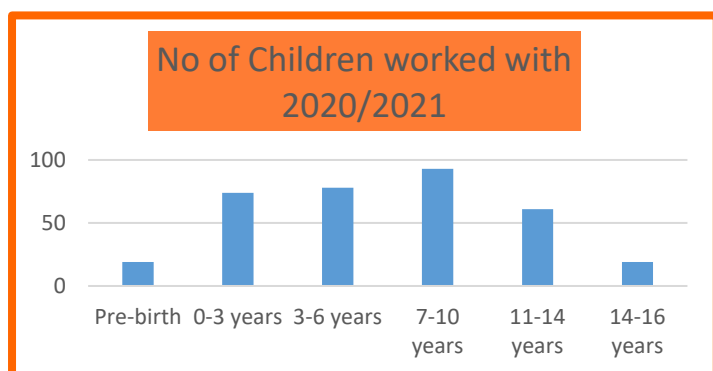
Substance Users	
Male	31
Female	74
Both	39

AND SUBSTANCES USED:

Alcohol 71	Amphetamines 7	Cannabis 64
Cocaine 22	Crack Cocaine 2	Heroin 14
Methadone 1	MKAT 0	Ketamine 0
Prescribed 6	Polydrug 50	Antidepressant 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	36
1 parent Male	3
2 parent	98
Mother and partner	7
Mother and Grandparent	0
Total	144

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

	Cardiff	Vale of Glamorgan	Total
Total Number of Families receiving an intervention	44	14	58
Total Number of Children receiving an intervention	110	22	132

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

	Cardiff	Vale of Glamorgan	Total
Total Number of Families receiving an intervention	427	199	626
Total Number of Children receiving an intervention	905	389	1294

7.4 Referring to other services:

Current year:

	Number of people accessing services	Number of services accessed
Prior to Intervention	4	4
After Intervention	17	29
% Increase	425%	725%

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.

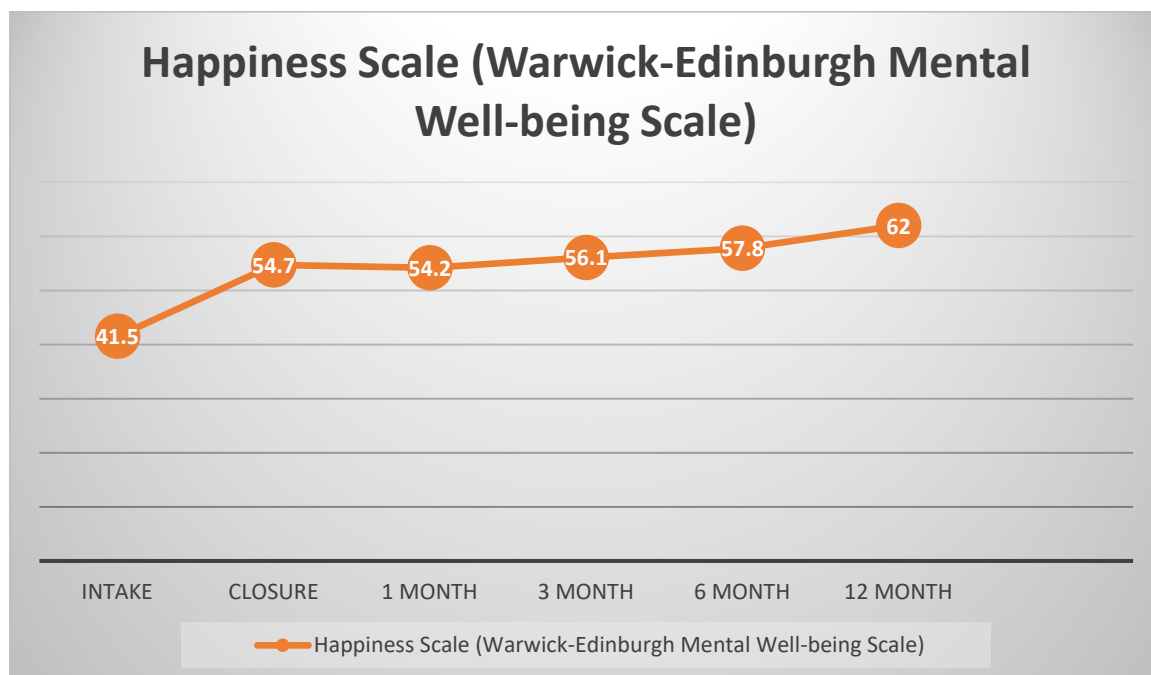
Since the IFST first started working with families, we can see the services that were accessed before the interventions (4) compared to those accessed after the interventions (17).

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 with the fact that whilst IFST did complete aspects 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 work departments to continue to work with the families in a safe and sustainable manner.

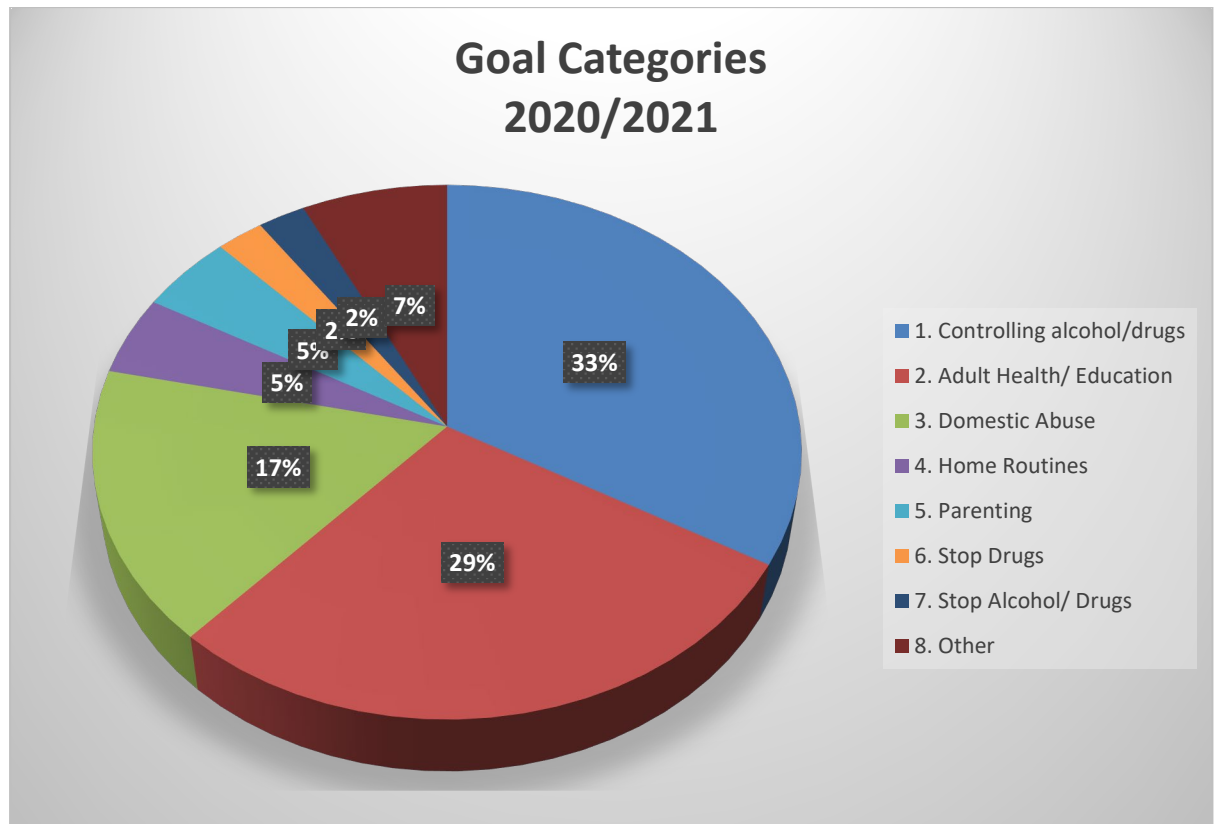
Goal Attainment:

Goals	Cardiff	Vale	All	Cardiff	Vale	Substance
No of goals maintained	88	50	138	35	25	60
No of goals not achieved	4	2	6	3	0	3
Total No of goals	92	52	144	38	25	63
Percentage	96%	96%	96%	92%	100%	95%

Goals	Cardiff	Vale	Mental Health	Cardiff	Vale	Domestic Violence
No of goals maintained	21	16	37	11	2	13
No of goals not achieved	0	0	0	0	0	0
Total No of goals	21	16	37	11	2	13
Percentage	100%	100%	100%	100%	100%	100%

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:	18	20%	6	21%	24	20%
Number of families closed to Social Services:	8	9%	1	3%	9	7%
Number of children returned home	6	7%	1	3%	7	6%
Number of children accommodated:	5	5%	0	0%	5	4%
Number of children placed on the CPR:	2	2%	1	3%	3	2%
Number of children staying at home	53	58%	20	69%	73	60%

The data is limited as it shows the number of families who have reached full intervention at maintenance phase. The Covid brief intervention data is currently being handed over to the CSW's for their report which will be completed in the new financial year 2022/2023.

7.9 Covid-19 Brief Interventions

This year IFST completed 18 Brief Interventions. For this they adapted 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 to 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. To date, outcomes for these interventions have not been collated. This is a priority for the next three months to gain an insight into the effectiveness of these interventions in the long-term.

	Cardiff	Vale	Total
No of families	13	5	18

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.



Feedback:

On a scale of 0-10 with 0 being not useful and 10 being very useful, how useful has been the IFST Intervention for you and your family?

J. scored a 10 and reported that the IFSS worker has been helpful. She felt understood and stated that the IFSS worker used wise words, which helped.

H. scored 9 to 10 and reported that the IFSS worker has been available for J., the intervention was set at J.'s phase and in H.'s opinion J. has done more than it was expected. She stated that in her opinion the intervention was meaningful and helped J. to address the issues that were identified. H.'s view is that J. is where she wanted to be and she described the IFSS worker as a super star.

P. scored 9 and reported “The IFSS worker has worked with me and Jess helping us to understand more. The work with S. has helped”.
The allocated social worker scored 8 and reported “P. and S. had already made positive changes; progress had already started”.

C. scored 10 and reported “The IFSS worker has explained herself really well, she has helped us a lot as a family. She deserves a 10 and a pay rise”.

A. scored 10 and reported “If C. found the intervention helpful, I agree with the score. It was really good from the initial call, the referral was dealt in a prompt manner, there were no issues and the case was allocated. The fact that C. was asking for help, she was not pushed and she completed the intervention for her. I can see how much she has benefited from it and it is very positive”.

M. and D. scored 10 and reported about their score “because we are on the right road, we can see forward. We were in a bit of a hole before”.

G., the allocated social worker, scored 9 to 10 and reported about her score “the intervention has helped a lot with the family’s relationships and to understand their way of thinking. I attended some of the sessions and they made me think too”.

8 Training

8.1 Training Evaluation

Demand for IFST training has increased year on year and in response to this an IFST practitioner has continued to be seconded to the Training Dept 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.

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 brief half day training sessions bespoke to departmental needs.

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.

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) 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. These 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.

Feedback regarding both Ask and Act and the YJS training was well received with recipients advising new practices will be formed because 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. Following Cardiff Children’s Services restructure, the IFST currently sits within the Specialist Services and Transformation division.
- 9.3 The IFST continues to take a leading role in Cardiff Children’s Services AND Vale of Glamorgan Legal Gateway meetings to ensure that strength based practice is embedded.

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. IFST forms need to be available on the system and there are lengthy delays across all Local Authorities in Wales using this system. This has been exacerbated further still by the Covid-19 pandemic with staff using home offices not equipped for full time working. A year on staff have maintained a good home working equilibrium with only slight network issues. There are currently discussions taking place to ensure IFST and FDAC staff have access to the WCCIS systems remotely.
- 10.2 COVID-19 has placed significant restrictions on the delivery of IFST interventions. An adapted model of service delivery was required and the IFST has responded by offering brief interventions focusing on safety planning. All work with families has been via a hybrid model of risk assessed home visits when essential, telephone calls or video calls. With the gradual reduction in restrictions, full interventions on a face-to-face basis have resumed with the continued use of virtual communications as and when appropriate.

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 emergence from 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 way during the Covid-19 restrictions to inform how we work with families in the future. This is potentially a time for transition and development 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 in line with Cardiff and Vale of Glamorgan Childrens Services current practice. IFST training will continue to be integral to supporting practitioners across the wider workforce in reinforcing the benefits of utilising strength-based approaches. Health Intervention Specialists will continue to 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 outcomes of families being closed to Childrens Services following an IFST intervention and 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. Despite the direct and significant effects of the pandemic, 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. The unsuccessful re-commissioning bid for the EIT/CRAFT service has been both disappointing and unsettling for staff both within and outside the IFSS service. Despite this, the IFST will continue to strive to empower children and families across Cardiff and the Vale.

Delivering excellent strength-based training to student Social Workers and the wider workforce continues to be an intrinsic element of the IFST model. Feedback from participants on IFST training and increasing demand for training demonstrates reinforcement of the focus and benefit of 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.

Report completed: 18th April 2022 – Updated 13th July 2022
Mike Waite
Interim Service Manager