



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

Annual Report

April 2014 – March 2015

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1 Introduction

- 1.1 This is the third Annual Report of the Cardiff and Vale of Glamorgan Integrated Family Support Team. The aim is to provide an account of organisational and operational matters within the Cardiff and Vale of Glamorgan area during the third year of operation and to highlight critical issues which may impact upon the successful delivery of the Integrated Family Support Service. It has been prepared in accordance with S.62 of The Children and Families (Wales) Measure 2010.
- 1.2 The Integrated Family Support Team (IFST) has its origins in the WAG Vulnerable Children Strategy. The legislative framework is the Children and Families (Wales) Measure, which was introduced in the Welsh Assembly on 2 March 2009. It was underpinned by regulations, which came into effect in early 2010 on the basis of new powers devolved to WAG. The IFST is a partnership between Cardiff Council, Vale of Glamorgan Council and Cardiff and Vale University Health Board.
- 1.3 The aim of the IFST is to provide an intensive intervention by a highly skilled, multi-disciplinary team to intervene with families referred by Children's Services from Cardiff Council and Vale of Glamorgan Council Social Workers, where there are serious child protection concerns as a result of parental/carer substance misuse in order to reduce the level of risk and ensure positive outcomes for the most vulnerable children wherever possible. This will be achieved through a sustained and system-wide focus on delivering quality services based on robust evidence of effectiveness and best practice. A primary focus of the IFST will also be to provide consultation, advice and training to the wider workforce utilising the knowledge, skills and experience of the IFST staff to provide changes in the way we work with the most vulnerable children and families.
- 1.4 The vision of the Cardiff and Vale of Glamorgan Council IFST is to deliver a high quality service that provides intensive support to families at times of crisis to reduce risk and increase safer family functioning whilst ensuring positive outcomes for children and creating opportunities for positive change wherever possible.
- 1.5 The IFST embraces the following service values:
 - To provide a holistic, evidence based family centred approach to service delivery
 - To ensure the needs of children are met
 - To work in partnership with parents and families to meet their own identified needs where this is commensurate with the needs of children
 - To provide impartial and objective consultation and advice to the wider workforce as and when required
 - To provide a non-judgemental approach to service delivery
 - To provide a welcoming, accessible and timely service
 - To adhere to the principles of information sharing
 - To offer a flexible service offering choice of approaches to potential service users
 - The service shall be provided in a non discriminatory, anti-oppressive and professional manner and in a way that demonstrates courtesy and

respect for service users and is sensitive to personal situation and experiences

- The service will respond positively to cultural, religious, language, gender, sexuality, disability, age and communication needs
- The views of service users will be sought to ensure that services are appropriate and responsive to changing patterns of need
- Participation of all families is voluntary
- To ensure dissemination of contemporary research and best practice concerning evidence based interventions with families
- To influence wider systems to ensure more joined up service delivery to families
- To ensure all local and national requirements regarding service evaluation and monitoring are undertaken
- To strengthen partnership working between Cardiff and Vale of Glamorgan Local Authority Adult and Children's Services and University Health Board

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

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

2 The Integrated Family Support Services (IFSS) Board

2.1 The IFSS Board operates according to the statutory guidance and meets on a quarterly basis (once per school term). It employs a collaborative approach taking its membership from key statutory and non-statutory services operating across Cardiff and the Vale of Glamorgan with the focus on promoting the “Think Family” agenda and facilitating effective integrated working.

2.2 At a strategic level, issues that have been raised and dealt with by the IFSS Board include:

- Production of the S.58 Agreement between the two local authorities, the LHB and other key stakeholders.
- Production of an Information Sharing Protocol for the sharing of information between the two authorities, the local health board and other statutory and non-statutory partners.
- Model for achieving the Independent reviewing of IFST Family Plans.
- Model for aligning Cardiff and Vale of Glamorgan substance Misuse Family Services with the IFST.

2.3 During this third year, there continues to be no barrier to service delivery that has required intervention by the IFSS Board. However, the Board has assisted with a number of operational issues including:

- Re-grading of the Health posts in line with other IFSS across Wales. This is expected to assist with recruitment difficulties and staff retention.
- Being based in the Alps with Vale housing staff and the OM who is an active Board member has proved beneficial for IFSS staff in so much as housing advice is easily accessible.
- New funding requirements.

2.4 Changes to Board Membership

There have been no changes to Board.

2.5 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 cooperate with the Integrated Family Support teams in discharging the teams' functions.

Furthermore:

- To provide overall direction, management and scrutiny to the IFS teams, both when the service is running and during its implementation phase.
 - 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 beyond the designated 3 years 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 provide the WAG IFST Implementation Team with necessary updates on project progress (incl. risks and lessons learnt) on a monthly basis.
 - 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 Childrens 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 service and 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.
 - **Scheduling of Meetings**
Following the establishment of the service, meetings have changed to once per term lasting no more than two hours.

2.6 Board Membership

Name	Position
Philip Evans	Director, Social Services, Vale of Glamorgan Council
Rachel Evans	Head of Children and Young People Services, Vale of Glamorgan Council
Tony Young	Director, Social Services, Cardiff Council
Jane Hoey	Operational Manager, Children's Services, Cardiff Council
Cheryl Chapman	Service Manager, IFST, Cardiff & Vale of Glamorgan
Brigitte Gater	Action for Children
Allan Evans	Operational Manager (Finance) Cardiff Council
Gail Reed	Asst. Chief Executive, Welsh Probation Service
Avril Hooper	Operational Manager, Flying Start Programme
Mike Ingram	Operational Manager, Housing, Vale of Glamorgan Council
Rose Whittle	Head of Operations and Delivery in Community Health, Cardiff & Vale Health Board
Jackie Vining	Assistant Director, Barnardo's Cymru
Nick Batchelor	Director for Education, Cardiff Council
Ingrid Masmeyer	Operational Manager, Youth Offending Services
Carolyn Michael	Senior Group Accountant, Vale of Glamorgan
Beverly Noon	Operational Manager, Corporate Policy & Communications, Vale of Glamorgan
Belinda Davies	Chief Superintendent, South Wales Police

3. Service Delivery

- 3.1 At the start of the third year of operation the team comprises the following members:
- IFST Service Manager
 - Administrative Assistant
 - 4 Social Care Intervention Specialists
 - 1 Health Intervention Specialist (Health Visiting)
 - 2 Consultant Social Workers
 - 1 CPN Health Intervention Specialist
- 3.2 The IFST has enjoyed some stability in the staff group throughout its third year, although there was some difficulty in recruiting a new member of the Health team (CPN) mainly due to the grading. This has since been resolved. Another position took time to fill because it was a temporary post pending the return of a permanent member of staff from maternity leave.
- 3.3 An Independent Reviewing Officer (IRO) post has been created to undertake IFST Reviews that do not fall into the statutory reviewing process within the Child Protection and Looked after Children systems. This post sits within the IRO and Safeguarding Service in Cardiff and covers both Cardiff and Vale of Glamorgan cases. Additional IROs will be trained in the IFSS model in order to ensure consistency of approach to IFST families and to strengthen the sustainability of this arrangement so that there is adequate cover within the team to maintain service continuity through periods of staff absence.
- 3.5 The business support processes have resulted in an efficient and effective system which, wherever possible, seeks to blend with existing statutory reviews. Outcomes are measured and reported using the Results Based Accountability (RBA) methodology (See section 8 for details of the RBA approach and the annual outcome statistics).
- 3.6 There have been no official complaints made against the IFST since it has been operational. Positive feedback has been given to IFSS Board members regarding the experience of families and practitioners when working with the IFST.
- 3.7 The focus of any future research carried out by Consultant Social Workers (CSW) will be relevant to IFSS practice and/or development. Initial ideas in this regard relate to the development of the CSW role both within IFSS and the wider workforce and the nature and extent of substance misuse. Mental health and domestic abuse among families receiving IFST interventions will also be considered. Other topics for research will be specifically related to the data development agenda linked to the Results Based Accountability report cards.
- 3.8 All founder members of the team have completed their accreditation up to level 6 in the IFSS model and new members are working towards accreditation.
- 3.9 Members of staff have attended the following training modules:-

Name of course	Date	No of Attendees
IFST Model	August 2014	3
IFST Model	November 2014	3
IFST Model	February 2015	2
WG Academia Foundation for Success	June 2014	1
Medical Union of South Carolina – CPT Web	August 2014	1
ILM Level 7 Leadership & Management Training	Ongoing	2
Mindfulness	October 2014	2
SERAF	December 2014	1
Forced Marriage Awareness	January 2015	1
Assessing Neglect	December 2014	1
Referrals and S.47 Enquiries	February 2015	1
Pre-natal alcohol exposure	December 2014	1

3.10 Members of staff are also undertaking or have completed training in:-

Accreditation Level 3
Accreditation Level 5
Accreditation Level 6
Train the Trainers programme

3.11 To ensure the effectiveness of the Team in delivering 'Family Support Functions' it has been recognised that there may be instances when the IFST needs to 'spot purchase' a service that, for whatever reason, is not immediately accessible by the IFST within the timeframe to be effective for the family, or is not available under the list of agreed services within the 'Family Support Functions' and is not available outside the IFST, either in the Local Authorities or the UHB. A small budget has been set aside for this purpose. The commissioning of services has to date been used to access psychological assessment for parents, childcare services and secure nursery placements for a pre-school child, which has ensured a robust plan for the families.

4 Development of Processes and Protocols

- 4.1 The referral pathway continues to be fit for purpose ensuring that appropriate families receive an intervention. This is shown in more depth in 5 – An appropriate referral.
- 4.2 Information Sharing Protocol has now been approved by the WASPI team and uploaded to 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 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"> • 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 Service, incorporating CRAFT and family support for Tier 2/3 Child in Need cases continues to work alongside and enhance the work of the IFST. Funding has been agreed for three years with the Substance Misuse Area Planning Board.

5.2 More recently the Strengthening Families Programme has become aligned to the IFST managed by the Service Manager. Funding for this has been received through the Cardiff and Vale University Health Board Families First programme. This ensures that we can meet the needs of families where there are children aged between 10-14 in the transitional period between primary and secondary schools and further enhances the work of the IFST.

5.3 CRAFT

Community Reinforcement and Family Training (CRAFT) is an evidenced based intervention for people who are affected by a close relative or friend with a drug or alcohol problem (Concerned Significant Other). CRAFT supports the CSO to help the person they care for (Identified Patient). Individual sessions are roughly one hour long and continue over a period of 8-10 sessions. Facilitated group sessions are usually two hours long. In individual sessions they will meet one to one with a therapist. In group sessions they will meet with a small number of other CSO's in a similar situation. The service is universal and provided free of charge to any resident in Cardiff and the Vale of Glamorgan. Following the successful launch of the service in November 2014 the Commissioning team have held it up as an '*area of good practice involving a co-production model*', and are looking to build on the model in other areas of service delivery i.e. adult services mental health and dementia care.

CRAFT has been widely evaluated and shown to help family members improve their own lives, help their loved one reduce or stop their drinking/drug use and to help get a loved one into treatment. Families who go through CRAFT report happier relationships and more family cohesion. They report significantly less family conflict, anger and depression.

CRAFT has proved to be effective in increasing the robustness of the IFST intervention as we are able to offer a 'wrap around' service which enables the CSO to support the IP in their goals regarding reduction of alcohol or drugs and/or abstinence.

5.4 Early Intervention Service

The Early Intervention Service is aligned to the Integrated Family Support Team. The service includes the provision of up to eight week interventions for families where there are child care concerns (Tier 2/3 Child in Need) as a result of parental substance misuse and/or mental health concerns of a parent or carer.

5.5 Strengthening Families Programme

The Strengthening Families Programme is a universal, evidenced based, highly structured DVD and manual led intervention delivered over a seven week curriculum where parents and youths aged 10-14 to attend together. The programme is delivered within parent, youth and family sessions using narrated DVDs and other learning materials and portrays typical youth and parent situations.

The programme is very accessible in terms of literacy levels. Sessions are highly interactive and include role-playing, discussions and learning games. The whole family attend together and the project allows for younger children to attend as there is funding for play provision. There is also funding available to provide families with transport where needed.

The programme has been successfully implemented in Cardiff since 2005 with excellent outcomes reported. This work is led by a full-time coordinator with the support of a part-time coordinator and a part time administrator. The programme is delivered together with colleagues from a broad range of agencies working together to adopt a whole family approach.

The Strengthening Families Programme is designed to be of universal appeal as it is based upon a broad range of risk and protective factors associated with adolescent substance misuse and other problem behaviours. However, the programme is far from problem focused. Instead it acknowledges that any family, regardless of its circumstances, structure, or socio-economic standing faces challenges during this period of transition. Having a strength based approach reduces risk factors and increases protective factors beneficial to any family during and beyond the teenage years.

5.6 Support Working

The provision of Support Workers has been invaluable to the Phase 2 stage of the IFST intervention. Support Worker posts are funded through the Early Intervention Service grant with the provision that they support family members to maintain their goals during Phase 2 of the intervention, primarily during the period three to six months. Another important aspect of their work is to look at diversionary activities for parents and children away from drug and alcohol use and focussing their attention towards employment and education.

Support Worker Achievements

Work done	Hrs
Substance Reduction	324.20
Finance	160.45
Housing	448.65
Crime	149.75
Employment / Education	247.65
Routines	600.50
Medical	232.05
Cardiff	23
Vale	9

6 IFST Budget and Finances

6.1 Changes to the IFST Grant

From April 2015 the IFSS Grant will be transferred to the Regional Support Grant (“RSG”) with a 50/50 split between Cardiff and the Vale of Glamorgan. This could potentially present a significant challenge to delivery of the Service, as historically we have delivered on a 70/30 split in line with the demographics of each area.

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. If the Central Training Unit ceases to be supported in Bridgend, the funds will be available to be utilised locally for training. It has not, at the time of writing, been decided how this will be paid, although the likelihood is that it will be apportioned as part of the RSG.

This means that there will be an additional amount paid in April to both Cardiff Council and Vale of Glamorgan Council of £284,000 each which can only be used for the provision of the Integrated Family Support Service. The question of how this will be paid by each Local Authority has yet to be agreed. The funding of £568,000 will be utilised as follows:

Staff / Recruitment

Salaries – Manager, 2x CSW, 4 x IS, Administration	£440,000	80%
Management costs	£ 10,000	2%
Insurance premiums	£ 1,000	0%

Logistics / Office Accommodation

Staff travel	£ 12,000	2%
Office rent to Vale of Glamorgan Council (The Alps)	£ 9,000	2%
Stationery, Catering, Computing, CIN	£ 12,000	2%

Service Delivery

IRO	£ 46,000	8%
Commissioning Services	£ 10,000	2%

Training

In-house training	£ 5,000	1%
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Stakeholder Engagement

Conference costs	£ 5,000	1%
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Total	£550,000	100%
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To support central training unit	£ 18,000	
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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 2014-2015

Actual year end figures will fall below budget. This is due to some positions within the team being unfilled for part of the year.

	Actual expenditure for Quarter April – June 2014	Actual expenditure for Quarter July – Sept 2014	Actual expenditure for Quarter Oct – Dec 2014	Actual expenditure for Quarter Jan – Apr 2015	Total expenditure to March 2015
Staff/Recruitment <i>(please provide specific information)</i>	£79,635	£75,556	£111,145	£	£386,300
Logistics/Office Accommodation <i>(please provide specific information)</i>	£4,809	£6,052	£11,914	£	£34,609
Service Delivery <i>(please provide specific information)</i>	£0	£171	£0	£	£96,670
Training and Professional Development <i>(please provide specific information)</i>	£66-	£545	£3,206	£	£3,906
Stakeholder Engagement / Communications <i>(please provide specific information)</i>	£0	£0	£1,291	£	£6,291
Other <i>(please provide specific information)</i>	£0	£0	£0	£0	£0
TOTALS	£84,378	£82,324	£127,556	£	£527,775

6.4 **Cost Benefits**

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

Using the tool the IFST has evidenced substantial savings each year since inception.

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 to the IFSS Board and the Welsh Government on a quarterly and annual basis, 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. However, the Welsh Government has indicated that it would welcome a standard set of RBAs to agree common outcomes and measurements for all IFS teams throughout the country. As part of this process the Business Support Officers from Cardiff and the Vale and Newport IFSTs have been working together to develop these.

7.2 Referrals

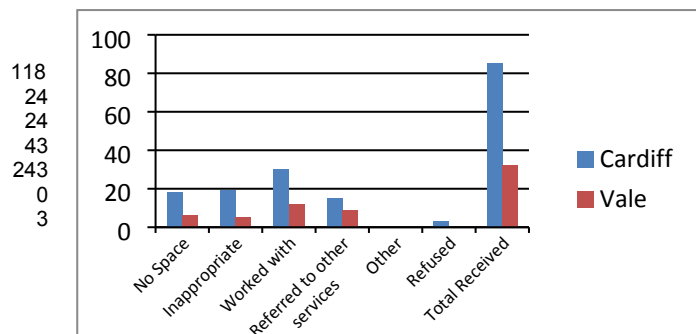
The initial service level agreement required the team to work with 100 families throughout the year. However, given that an Intervention Specialist (IS) can work with 10 families per year and a Consultant Social Worker (CSW) will work with a minimum of 5 it was felt that a pro rata target of 70 families was again the most appropriate measure in this third year of operation, as it took into account the timescales for filling the empty posts.

As not every referral will necessarily be appropriate or the IFST will not have capacity to offer a service, the team aimed to receive at least 84 referrals over the year (7 per month).

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

Numbers of Referrals Received

Total received	118
No space	24
Inappropriate	24
Worked with	43
Referred to other services	243
Other	0
Refused	3



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.

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.

Total 'No Space' Cardiff: 18

Total 'No Space' Vale: 6

7.3 Families who received a service

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 worked with

ETHNICITY OF INDIVIDUALS WORKED WITH:

White Welsh: 28 Mixed White/Black Caribbean: 0 Other: 4

SUBSTANCE USE: Male 9 Female 32

SUBSTANCES USED:

Alcohol	19	Cannabis	12	Heroin	11	Ketamine	0
Methadone	4	Amphetamines	4	MKat	2	CRACK	1
Cocaine	8	Prescribed	5				

NUMBER OF FAMILIES AND CHILDREN:

No of Families worked with: 36 Number of children: 69

WHERE ARE OUR FAMILIES?

Cardiff: 26 Vale of Glamorgan: 10

Breakdown of children by age group

Pre-birth	5
0-3 years	12
3-6 years	15
7-10 years	18
11-14 years	21
14-16 years	9

Parental breakdown

1 parent Female	18
1 parent Male	3
2 parent	21
Mum and partner	1
Mum and GP	0

7.4 Referring to other services

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

Since the IFST first started working with families, we can see the services that were accessed before the interventions (81) compared to those accessed after the interventions (334) – a healthy 411% increase.

Services Accessed prior to Intervention		Services Accessed as a result of Intervention	
The following services have been regularly accessed by individuals prior to receiving an intervention:		The following services have been regularly accessed by individuals after receiving an intervention	
Health	36	Health	110
Local Authority	6	Local Authority	30
Counselling / Interventions	17	Counselling / Interventions	96
Tenant Support / Housing	5	Tenant Support / Housing	37
Debt Advice	0	Debt Advice	4
Employment	0	Employment	8
Legal / Crime	5	Legal / Crime	16
Education advice	5	Education advice	10
Young Carers	2	Young Carers	6
Parenting	4	Parenting	14
Domestic Violence	1	Domestic Violence	10

7.5 Happiness Scale

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

Having identified this as an important area to explore, the IFST adopted the Warwick-Edinburgh Mental Wellbeing Scale as an appropriate tool that fulfilled the following criteria:

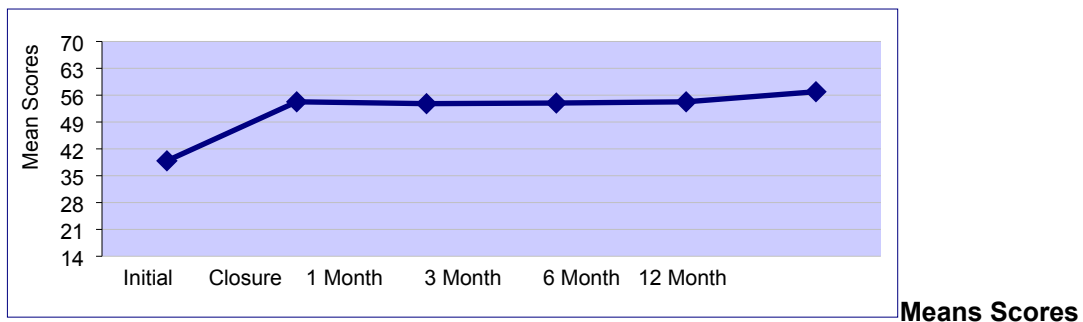
- quick and easy for both practitioners and individuals in families
- useful and have meaning for both adults and young people
- positively phrased

- able to be used before and after an intervention
- a respected tool with a valid population sample
- meaningful and relevant
- it also needed to have a low impact

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is based on scores to 14 questions given to a client asking them how they are feeling. This is ongoing research in which IFSS interventions are included. The scores (1 (Low - None of the time) – 5 (High – All of the time)) are totalled and plotted on a graph. The graph indicates the mean score at each follow-up point.

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

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



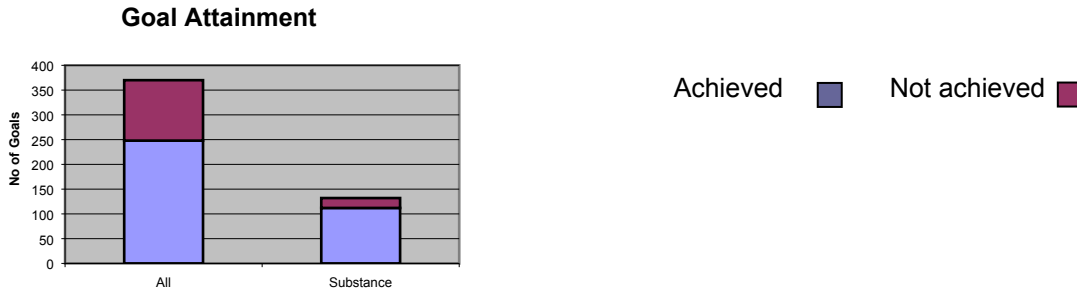
7.6 Goal Measurement

The IFST works with families to create clear, measurable and attainable goals in line with the referring social worker’s expectation for outcomes of the intervention to ensure the children’s safety. Families will generally work towards an average of two goals of which at least one will focus on reducing/stopping problematic substance misuse. The aim is to achieve a success rate of 75% of goals achieving a score of ‘0’ or higher.

An important measure of family success will be through goal measurement. The IFST has now had the opportunity to employ a number of Support Workers to assist families during phase 2 of the intervention. In this respect, it is expected that an improvement should be seen in the goal achievement shown in 8.8 (Distance travelled) although this will take some time to evidence.

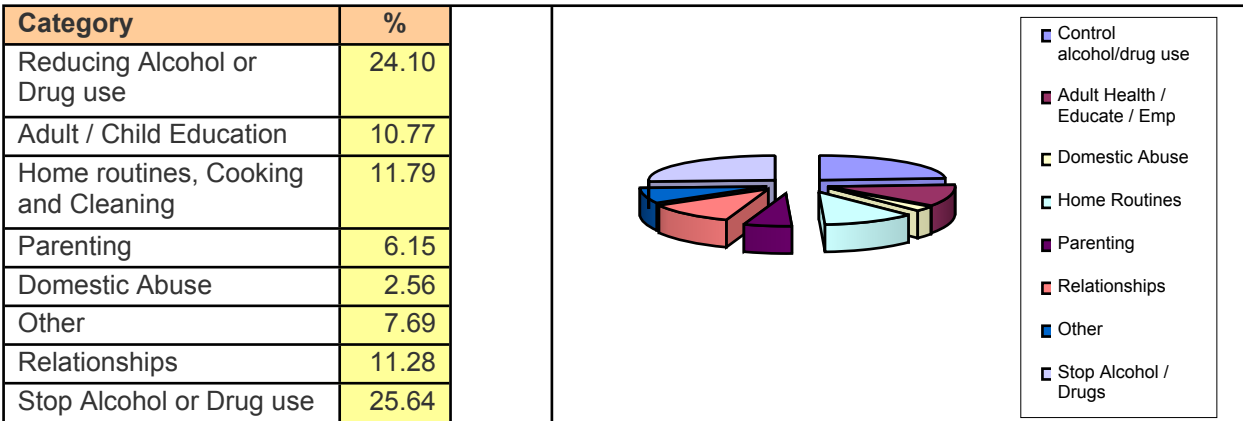
Goal Attainment

Goals	All	Substance
No of goals maintained	248	112
No of goals not achieved	122	20
Total No of goals	370	132
Percentages	67%	85%



7.7 Goal Categories

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



7.8 Child and Family Outcomes

Child and family outcomes are measured by the number of children on the Child Protection Register who are de-registered and families closed to Children's Services as a result of the intervention. The measurement of children accommodated does not represent a failure of the intervention. It is a statement that the IFST intervention has assisted the social work assessment by making a timely decision in the best interest of the child/children.

Family and Children's outcomes

No. of families accessing other services

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

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

No. of family members accessing services prior to the intervention:	26
No. of family members accessing services after the intervention:	64
%age of family members accessing services prior to the intervention:	27%
%age of family members accessing services after to the intervention:	65%

No of children de-registered:	30	23%
No of families closed to Social services:	18	26%
No of children returned home	1	1%
No of children placed with wider family:	5	4%
No of children placed on the CPR:	2	2%

7.9 Engagement of fathers and male carers

Following research commissioned by Cardiff Social Services regarding engagement of fathers and male carers in the child protection system, the IFST created a new outcome measure to measure the effect that the intervention has on fathers and male carers and ensure that they are seen as equal in importance in the family as the mother where appropriate. See item 7 above.

To appropriately capture this information a new measurement designed to look at how many male members of families are engaged in the intervention has been set via a RBA report card. Initially we are looking at numbers of male carers and their position in the family and access to other services before and after the intervention. We are also comparing how males and females score in goal attainment. Initial figures show that although we assumed that the team were engaging male family members, we have not done this as well as we thought. As a result we have used the model in engaging fathers and the team is now ensuring that fathers take a more active role in the intervention wherever possible – this includes non resident fathers.

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

	Both Parents	Non Res Dads	Lone Fathers	Partners (Not dads)
Numbers	70	16	9	8
Male User	46	4	8	5
Female User	60	16	1	8
Access Before	7	0	2	0
No of services	16	0	3	0
Access After	17	3	3	0
No of services	41	9	10	0

How well are we doing?
Comparison of male / female goal attainment

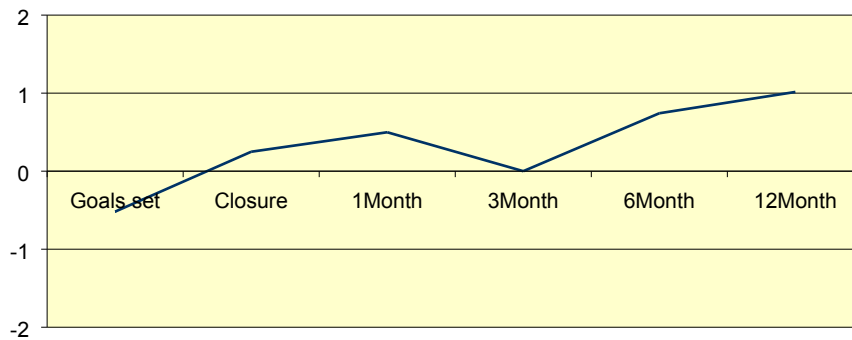
Goals measured	2012	%age	2013	%age	2014	%age
Male goals (All)	8/13	61.53%	49/80	61.25	53/87	60.9%
Male goals (Sub)	3/8	37.50%	35/44	79.54	35/44	79.5%
Female goals (All)	138/163	84.66%	181/210	86.19	160/239	66.9%
Female goals (Sub)	63/74	85.14%	91/105	86.67	64/74	86.4%

These measurements clearly indicate that male carers are less involved than female carers in the changes families need to make even though 98 of the 126 families measured have a male presence.

7.10 Distance Travelled

Goals are clear, measurable and attainable and set by the families in line with Social Worker requirements to ensure the safety and wellbeing of the children. They are measured by statements that will establish how well they are doing, with -1 and -2 being not achieved and 0 being the level at which it is considered safe enough for the children to remain at home. +1 and +2 exceed

expectations. A graph detailing the average scores of goals measured when they are set and then throughout the intervention to the 12 month follow up shows whether families are better off after the intervention.



7.11 Feedback

Another method of measuring 'distance travelled' by families is the feedback received from referring social workers and the families at the end of the intensive phase. It is, however, a difficult method to measure with any meaning because it continues to be difficult to obtain Social Worker and family responses. All feedback received has been positive, although measurement is from seven families and seven Social Workers.

8 Training

8.1 Training Evaluation

With regard to training delivered to the wider workforce, the total number of people receiving training through the IFST during 2014/15 is 98. The training calendar for 2014/15 can be found at [Appendix 1](#). One Intervention Specialist together with one Consultant Social Worker has co-facilitated three 4-days IFSS Model training with support from the WG Central Resource Team, including one with the new Western Bay consortium. Other attendees included managers and practitioners from Adult and Children's Services, the midwifery service and voluntary sector including substance misuse agencies from across Cardiff and the Vale of Glamorgan.

Five Intervention Specialists and two Consultant Social Workers have co-facilitated nine one day training courses between April 2014 and March 2015 in Enhancing Motivation, Lowering Resistance and Goal Setting, again with support from the WG Central resource team. Attendees have included Children's and Adult Social Workers and Managers, Health Visitors, School Nurses and a wide variety of practitioners from the health and social care sectors.

Participants completed the evaluation form as well as describing verbally how they experienced the training. Amongst the verbal feedback was a description of how participants would utilise the training in their workplace. All of the participants would recommend the training to their colleagues.

All additional comments from participants were particularly positive and included:-

"Very useful. Got me thinking of my practice. Lots of tips"

"Gained a lot of knowledge and different approaches to apply to my day to day job. I found all of the activities very powerful in accessing my development of my MI"

"Delivered at a very steady pace, very clear. All main points understood with plenty of opportunities to participate and ask questions"

"Good, clear, easy to understand, trainers who were knowledgeable"

"Useful, though provoking and group work/role play helped me reflect on how I am communicating in identifying care and treatment goals with my client"

"I found all of the activities very powerful in assisting my development of MI"

9 Partnership Working

- 9.1 Creation of pathways to other services is ongoing and meetings with managers of services continue to ensure that the interface between services is seamless and benefits families worked with. With the Families First Commissioning process complete and tenders awarded, work will be ongoing to ensure discussions and presentations are in place to enable clear referral routes for families in phase 2 of the IFST intervention. It is anticipated that the IFST will be instrumental in delivering training to providers early in 2014/15 to ensure a shared set of principles and values underpin all work with families which will create a firm foundation for services to build their model on.
- 9.2 The Service Manager for the IFST is instrumental in working with partner agencies to develop a Workforce Development plan in line with the Welsh Government transformational change agenda. These services include Families First, Team around the Family, Sure Start and Barnardo's to ensure families across Cardiff and the Vale of Glamorgan receive a consistent approach in service delivery.
- 9.3 With the expansion of Flying Start and the implementation of Families First and IFSS it is necessary to ensure that there exists a robust mechanism for promoting joint-working between these key initiatives and other providers of support to families across both counties. The IFST Service Manager is a member of the Early Intervention and Prevention Steering Group in both Cardiff and the Vale of Glamorgan with the purpose of addressing matters that relate specifically to the interface issues that are likely to arise, closing gaps and reducing duplication. These groups will support the 'Think Family' agenda to ensure that families receive seamless support that meet their needs.

10 Challenges and Issues

- 10.1 The main challenge for 2014/15 will be regarding the transference of the Grant to the RSG across two local authorities. It is understood that a letter of expectation will be sent out for the RSG funding for 2015/16 and the regulations will be updated for 2016/17 to note and strengthen requirement for pooled budgets. However, there remains a concern that the fidelity of the model might be undermined, and there's a lack of clarity about what LA's will be held to account to deliver (as currently this is set out in the grant terms and conditions). Some Boards are still to make fundamental decisions about structures of IFST for 2015/16 and the management group are noticing that the original intent of IFST is becoming increasingly diluted because of the levels of uncertainty and lack of strategic direction.
- 10.2 With the recruitment of an IRO it will be essential to ensure that the service is embedded in the IFSS methodology. Training of all the IRO's in Cardiff to ensure this will be a priority in the coming year.
- 10.3 Concerns have been expressed regarding the continuation of the IFST's across Wales however, it has been reassuring that Lisa Dunsford, WG, has attended the managers meetings in Builth Wells and is able to reassure managers and staff that the Minister, Mark Drakeford, is committed to this way of working with families (and not only those where there are substance misuse issues) and the IFSS leading the way on transformational change is still high on his agenda, by sharing and disseminating the IFSS practice to influence how services engage with families.
- 10.4 With the unprecedented challenges facing local authorities regarding budget cuts, pressure on the IFST is likely to increase without funding for extra resources becoming available. As with all challenges there are opportunities. The service is intending to pick up new referrals in week three of the intensive phase of the intervention, when the family will be practicing and implementing new ways of working. The team will ensure they are building robust relationships with partner agencies (statutory and voluntary/third sector) to support the family post intensive phase.
- 10.5 At a local level, challenges have centred on maximising the potential for consistency of practice when working across two local authority areas that have different systems and processes that are well established and work effectively. In addition, the intention to afford IFST staff the flexibility for mobile working in order to improve efficiency and effectiveness has proved challenging due to variance in development of IT systems.

11 Priorities for the next 12 months

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

12 Conclusion

Despite the challenges regarding staff shortages (mainly due to maternity leave and retirement of a member of staff), and the budget pressures on both Cardiff and the Vale of Glamorgan Councils, the team have worked tirelessly in their endeavours to deliver an excellent service to benefit families in Cardiff and the Vale of Glamorgan.

In these unprecedented times we have to be innovative and adaptive whilst ensuring the fidelity of the IFST model. 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 best outcomes for families and children across Cardiff and the Vale of Glamorgan.

We are excited at the prospect of working with partner agencies in an early intervention and prevention model, which we hope will reduce the demand on Statutory Services by working in partnership with families to ensure the safety and wellbeing of their children.

Appendix 1

2014 – 2015 Training Schedule

Module	Title	Overview	Available spaces	Date
Module 1	Building Stronger Families by Enhancing Motivation for Behaviour Change	<p>Aims: At the end of this course participants will:</p> <ul style="list-style-type: none"> ✓ Understand the concept of intrinsic and external motivation ✓ Explore the theoretical evidence for how people change behaviour ✓ Practice the skills proven to enhance motivation and assist people through change 	15 15 15	06/10/2014 17/11/2014 12/01/2015
Module 2	Building Stronger Families: Lowering Resistance to Behaviour Change in Families	<p>Aims: At the end of this workshop participants will:</p> <ul style="list-style-type: none"> ✓ Understand the nature of resistance & how it impacts on behaviour change ✓ Experience the dynamics associated with building and lowering resistance ✓ Recognise resistance in service users ✓ Practice strategies to reduce it 	15 15 15	25/09/2014 04/12/2014 22/01/2015
Module 3	Building Stronger Families Using Outcome Focused Interventions	<p>Aims: At the end of this workshop participants will:</p> <ul style="list-style-type: none"> ✓ Explored referral taking processes & negotiating goals from the outset ✓ Considered the process of change & where goal setting fits in ✓ Explored families preferred futures ✓ Considered SMART goals ✓ Considered how to maintain a consistent approach to goals 	15 15 15	15/07/2014 11/11/2014 17/02/2015
	IFSS Model – 4 day training IFSS Model – 3 day training	<ul style="list-style-type: none"> ✓ Describe philosophy and the underpinning knowledge ✓ Demonstrate skills and strategies implicit to the model ✓ Share a collective view of the process from beginning to end 	15 15 15	18-21/08/2014 17-20/08/2014 17-19/02/2015