

## HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE - 25TH JUNE 2013

**SUBJECT: INTEGRATED FAMILY SUPPORT SERVICE (IFSS)**

**REPORT BY: ACTING CORPORATE DIRECTOR SOCIAL SERVICES**

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### **1. PURPOSE OF REPORT**

- 1.1 The purpose of the report is to inform members on the contextual background and operational development of the Integrated Family Support Service (IFSS) across the Gwent area, with specific attention to the local arrangements for Caerphilly.

### **2. SUMMARY**

- 2.1 This report aims to give an overview of why the Welsh Government (WG) committed significant funding to establish the IFSS, and how this is planned to be extended from Newport, one of the original three pioneer areas, across the rest of the Gwent area.
- 2.2 It will reference the Project plan which details the planning and preparation taking place to support the roll out, as well as give a clear indication of what this will look like across Caerphilly and Blaenau Gwent, that is be one of three hubs accommodating two statutory teams operating across the region.
- 2.3 Appended for reference and illustration is the annual report completed by Newport for 2012/2013. Importantly, whilst evidencing what Newport did last year, it also provides an account of the different components of IFSS, as well as highlighting the potential difference this service can make with families as well as services more generally through sharing and encouraging evidence based practice an/or through the facilitation of training and consultancy.
- 2.4 Unequivocally, local needs will be at the heart of informing the developing service, which whilst seeking to retain fidelity to the model of working as prescribed by the WG, will shape how the service works in each locality.

### **3. LINKS TO STRATEGY**

- 3.1 Child & Family (Wales) Measure 2010.
- 3.2 Family Support Strategy.

### **4. THE REPORT**

- 4.1 In recent years, there has been a clear message from the WG that the future of effective public services in Wales, should be to provide holistic support at every level of need, built around integrated services for children and families. The Children and Families (Wales) Measure 2010 provided a framework for this approach and included the establishment IFSS.

- 4.2 This involved both local government and their respective health board partners having collective responsibility to ensure the integration and provision of seamless services to families with complex needs where a child or children are at risk specifically as a result of parental substance misuse.
- 4.3 Experience from the pioneers of IFSS has informed us that this behaviour (substance misuse) usually co-exists with others such as domestic abuse, mental health issues or learning disabilities, which increase the vulnerability and complexity of some of the families who demand significant intervention from a large and varied range of agencies, services and partners. If we can support these families to change their behaviours and become more resilient, the children in these families are safer and have improved life chances, as well as there being the potential for significant savings (financial and in services) being made in a wide variety of agencies and services.
- 4.4 To date, the 'savings' exercise has not been robustly evidenced, though "quick and dirty" exercises involving a limited number of cases, did highlight that the ability to make financial savings are very real within the local authority and our partners. This is an area which will be focussed on in the months to come.
- 4.5 One of the mechanisms for delivering this 'holistic support' is the IFSS. This is a multi-agency and multi-disciplinary team delivering a very specific model of therapeutic intervention to families, where parental substance misuse is identified as being one of the critical risk factors in jeopardizing the safety of the children. In short, this involves a thirteen month intervention split into two phases and preceded by an assessment.
- 4.6 Phase 1 is intensive and can involve daily contact for 4-6 weeks. In this time, the practitioner gets to understand the family and the root (not presenting issues) of their needs; works with them to identify what could be improved and how, and then supports them to make the behavioural changes necessary to make the improvements which they have identified as being important to them.
- 4.7 The key issue within this is the time for 'engagement', and the subsequent relationships built between the family and practitioner. This time also incorporates aligning all the existing plans and interventions the family are subject of, ensuring they are complimentary, and that agencies/services are working together to support the family, whilst all the while protecting the children. IFST practitioners do not have case holding responsibility, and will only work with one family intensively at any one time. This provides the luxury of time to spend with the families and to understand how and why they function in the way they do. Phase 2 is much less intensive, and primarily involves monitoring plans developed in phase 1, and offering 'boosters' where families need that additional support.
- 4.8 Interventions can be targeted at families where children are on the child protection register, are children in need or in cases where rehabilitation home is being considered. Ideally, there should be some type of 'crisis' whereby the family recognise that something needs to change to prevent matters escalating to a point where they move into proceedings or the child is placed on the CPR. It is a decision for each locality as to where they target this resource for maximum effect - and discussions and consultations have and are taking place to inform this decision at the current time.
- 4.9 The IFST has been operational for nearly three years and in Newport has provided intense support to over 100 families. The majority have been successful in achieving goals designed to improve family resilience and to help prevent unnecessary admissions into care, or expedite that where the safety of the children could not be assured. Certainly within Newport, it has played a contributing role in demonstrating a significantly different trajectory of reducing the number of children coming into care, or being on the child protection register than neighbouring authorities – things which have been noted in recent CSSIW safeguarding inspections and research conducted by Cordis Bright which examined the differences in care populations in some local authorities in Wales.

- 4.10 In 2012, the WG set out a requirement for there to be two statutory IFSTs in Gwent. Locally, it has been agreed that this will be facilitated through three hubs:-
- (i) Caerphilly Blaenau Gwent
  - (ii) Monmouthshire Torfaen
  - (iii) Newport
- 4.11 In the autumn of last year, planning for this extension of the service began, initially by the expansion of the multi-agency management board into a Gwent board. From this a 'roll out' project plan (appendix 2) has been developed which details how this service is and will be extended across the Gwent area. Please note that the project plan is a living document, and as such is updated at regular intervals. The version cited in the annual report (appendix 1), was the most up to date at that time though has been updated subsequently.
- 4.12 Within the Caerphilly/Blaenau Gwent hub, accommodation has been secured in Pontllanfraith together with various 'hot desks' in local offices across the area. Some of the team are in place, with others in the process of being recruited. All posts are being recruited by Newport City Council, or, in the case of Health Posts, Aneurin Bevan Health Board (ABHB). Staffing structures and complement were decided by the multi-agency management board and other existing governance structures - clearly the £850,000 per annum WG grant funding (for Gwent) directed and shaped this to a large extent. Funding has been apportioned using the usual funding formulas (as detailed in the Roll out project plan).
- 4.13 The management posts have been centralised for the service so investment could be maximised in practitioners delivering the service. As mentioned, discussions are taking place relating to how this service will link with the front line teams, and how optimum targeting of the service can be achieved and woven into main stream service provision. Consultation events are taking place with front line staff to inform this process and encourage 'buy in' and 'ownership' of this new resource from the earliest opportunity.
- 4.14 The service will be officially launched on 18<sup>th</sup> July 2013 and will become operational at the end of that month. Until that time, staff are being inducted, trained, networking in the local areas and shadowing the Newport team to ensure that they are confident and competent to enable this service to work to best effect in the local area.
- 4.15 In this initial year, Newport will administer the WG funds and be the main vehicle for dialogue and reporting to the WG. A reporting process has been detailed in the conditions of the grant which specifies an interim report being completed in October 2013, with an annual plan following in April 2014.
- 4.16 Toward the end of this year, the various governance structures will review the current arrangements (Newport hosting on behalf of the five local authorities) and decide whether these should continue in the following period. Whatever decision is made, there is a statutory responsibility for there to be two teams, however structured and managed in Gwent, which have the very specific remit of working with families where parental substance misuse impacts negatively on the welfare of the children.
- 4.17 The Gwent Management Board made a decision that all Local Authority staff will be appointed on a permanent basis by Newport (as in year 1 they hold the budget), hence Newport will be responsible for any personnel issues. The staffing for each area has similarly been decided by the management board.
- 4.18 A service level agreement is being developed outlining roles and responsibilities. An agreement in principle document has been signed by all the local authorities, which specifies that should the current arrangement of Newport administering the WG grant for all Gwent authorities not continue next year, that financial liability for the posts in the area, be picked up by that area (as they will then have the funding from WG).

- 4.19 A sub-group of service managers from across Gwent has been tasked with consulting with various agencies/partners and services in their own localities to further support the developing service. The team members themselves, as they are appointed, will be consulting with staff as part of their induction processes.
- 4.20 The WG commissioned a national evaluation of the three original IFSS teams, and this has involved consulting with service users. Feedback from these sources has informed subsequent development of the service. In Newport, we have continued to use service user feedback to shape how and what we have delivered and to inform how the service can be best rolled out from a service user perspective.
- 4.21 A workshop was held with all Children's Services staff in Blaenau Gwent on 11<sup>th</sup> March 2013. An event with Caerphilly Children's Services was held on 16<sup>th</sup> May 2013.

## **5. EQUALITIES IMPLICATIONS**

- 5.1 This report is for information purposes, so the Council's Equalities Impact Assessment (EqIA) process does not need to be applied.

## **6. FINANCIAL IMPLICATIONS**

- 6.1 There are no financial implications for Caerphilly at this time. The new service is totally funded from the WG grant of £850,000 for the 2013/2014 financial year.

## **7. PERSONNEL IMPLICATIONS**

- 7.1 There are no personnel implications.

## **8. CONSULTATIONS**

- 8.1 The views of those consulted have been incorporated into the report.

## **9. RECOMMENDATIONS**

- 9.1 It is recommended that members note the progress made and endorses the approach being taken to widen the influence of IFSS across Social Services and partner agencies within Gwent.

## **10. REASONS FOR THE RECOMMENDATIONS**

- 10.1 To inform members of the statutory requirement on all local authorities in partnership with their respective Health Boards.

## **11. STATUTORY POWER**

- 11.1 The Guidance and Regulations are issued under Part 3 of the Children and Families (Wales) Measure 2010

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Appendices:

Appendix 1: Newport Integrated Family Support Service Annual Report 1/04/12 – 31/03/13

Appendix 2: Implementation of the Integrated Family Support Service Gwent Roll Out 2013-14