**Subject:** Integrated Family Support Service (IFSS) Annual Report to Welsh Government

**Summary or Issues of Significance:** This is a statutory requirement and has to be signed off by the Chief Executives of both WCBC and BCUHB.

**Strategic Theme / Priority addressed by this paper:** Making it safe / better / sound / work / happen?

**Legislation or Healthcare Standard:** IFSS in Wrexham was established under part 3 of The Children and Families (Wales) Measure 2010 and is primarily addressed to Local authorities, Local Health Boards and staff where parental substance misuse may deem their children to be at risk. BCUHB is required to be an active partner in assisting local authorities to discharge their duties.

**Evidence base or other relevant information to inform decision (e.g risks):** This is a statutory Welsh Government initiative

**Consultation with others:**

**Equality Impact Assessment (EqIA):**
- Has EqIA screening been undertaken? N
- Has a full EqIA been undertaken? N

**Recommendations:** To note the contents of this report

**Author(s):** Kathy Weigh – Head of Service for YJS and IFSS, WCBC

**Presented by:** Kathy Weigh

**Date of report**

**Date of meeting:** 26th January 2012

Disclosure:
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board
This annual report covers the first full operational year from September 2010 to 30th August 2011. In future the annual report will have to be submitted by March 31st with the next report being required March 2012.

The report covers areas of governance and how the original IFSS board encompasses Families First. Cilla Robinson is the BCUHB representative and Godfrey Hayes represents Mental Health and Substance Misuse.

Sitting underneath the IFSS Board is a steering group where operational issues are discussed and any difficulties are forwarded to the IFSS Board.

Welsh Government have commissioned a company called SQW (this is not an acronym; it has no meaning) to undertake a national evaluation. Wrexham IFSS have commissioned Glyndwr university to undertake a local evaluation. These evaluations will help identify issues but meanwhile, the annual report identifies some of the challenges and lessons learnt during the first year. The main ones that relate to Health are:

- The need to bridge the gap between adult and children’s services and between health and social care.
- The implementation and interpretation of the Section 58 agreement. Clarification from Welsh Government is being sought. The key issue is that potentially IFSS families would have priority for drug and health services.
- Health staff that are seconded into IFSS have different perceptions of the experience. Some consider their expertise and skills have been enhanced, whereas some feel they are being de-skilled and one health worker cited this reason for leaving the IFSS team. Page 24 of the report outlines actions taken to ameliorate this issue.
- There has been extensive training for staff and Wrexham has been the only Pioneer area to offer the four day introductory model to staff working outside of their own county boundaries. This has benefits for BCUHB staff that are not based in Wrexham.
- Wrexham IFSS are now engaging with Welsh government to establish common criteria for ‘counting’ the work undertaken and ensuring common definitions are used for all the pioneer areas and those in the phase II roll out to enable effective comparisons on success.
- There have been 86 referrals. Families score themselves against a 5 point scale rating. Goals are normally agreed two weeks into phase one, and are then reviewed at the end of phase one, and subsequently at one, three, six and twelve months after phase one completion. The intention is to look at the value of the IFSS Service by comparing any progress from the goal average at the beginning to the thirteen month stage. Provisional data is encouraging with the average goal scores increasing by one whole point at the three month stage in Wrexham shown on page 11.
- There is good commitment to IFSS from Health partners at Board and Steering group level.
Wrexham Integrated Family Support Service
Annual Report

Contents:

1. Introduction
2. Governance and management of IFSS in Wrexham
3. Delivery of the service and its impact on the wider social care and health environment
4. Key achievements
5. Challenges of the last year
6. Priorities for the next twelve months
7. Expenditure against the IFSS grant
8. Conclusion
9. Appendices
1. Introduction

The purpose of this report is to review the first full operational year of Wrexham Integrated Family Support Service (IFSS). The report will consider governance, delivery, key achievements and complexities and the challenges for the next twelve months. Essential lessons have been learned as the team has steadily developed into its role as a catalyst for change and innovation. Our partner agencies, pioneer partners and Welsh Government (WG) have been central to this process and we thank them for their support.

2. Governance and management of IFSS in Wrexham

The IFSS Management Board:

The Management Board operates according to the statutory guidance and meets quarterly after initially meeting bi-monthly. A list of the membership and attendance grid is detailed in appendix 1.

Overall, there has been good attendance and commitment from Board members with those members with lower attendance having joined the Board during the amalgamation of Families First (FF) in November 2010 (FF is WG’s Implementation of the Child Poverty Strategy).

The IFSS board encompasses FF and provides local governance for this service. Denbighshire and Flintshire are part of the FF consortium and attend the IFSS Management Board meetings, and as learning partners contribute to IFSS discussions. Consequently, there is an offer for either authority to place a spearhead worker in the IFSS team as part of their preparation for the role-out of IFSS.

The Terms of Reference are outlined in the Memorandum of Understanding (appendix 2) and outline the:-

- Proposed mission statement for IFSS.
- Frequency of IFSS board management meetings.
- Proposed revised Terms of Reference to encompass FF.
- Proposed reporting arrangements.

The IFSS Management Board oversees the development of more efficient and effective family support services to combat child poverty, thereby promoting whole family well being and prosperity. This includes IFSS, TAC (Together Achieving Change) and FF.

The IFSS steering group:

The terms of reference for the group are:

Overall Purpose:

To manage operational principles and activity of the IFSS.
Objectives:

- To develop policies and procedures across adult and children’s services.
- To keep all agencies committed and focused, especially in phase 2.
- To promote improvement through lessons learnt.
- To monitor the impact of any evaluation process.
- To manage operational performance of the IFSS team based on information available, especially that from the IFSS performance meetings.
- To advise the Integrated Family Support Board (IFSB) on operational issues.

Each meeting has a standard agenda which includes; staffing update, performance, case management examples and partner exchange. The staffing update provides information on staff levels and issues concerning seconded employees. Performance data enables the steering group to review any blockages and discuss operational matters. The case management review is an effective mechanism for considering and clarifying operational matters by looking in detail at two current IFSS families. Performance meetings are currently six weekly and are now moving to quarterly to bring them in line with those of the IFSS Management Board.

The steering group has proved an effective mechanism for resolving operational issues. Until the benefits of the steering group were fully realised the steering group meetings were poorly attended. However, this has considerably improved as operational managers appreciate the benefit of attending this forum, providing an opportunity to share information about IFSS families and improve processes.

The membership of this group is in appendix 3.

Performance meetings:

These take place the week prior to the steering group meeting and provide statistical data for the group to consider. A change of performance adviser has recently taken place as it was recognised more detailed analysis was required to inform service delivery and throughput.

Tri-partite pioneer meetings:

This meeting takes place on a bi-monthly basis, bringing together the three pioneer management teams. On alternative meetings a representative from WG attends. The purpose of the meetings is to share ideas and best practice, develop policy, establish consistency and consider risks and concerns which need to be brought to the attention of the IFSS Management Boards and WG who can provide support in resolving issues. An invitation to attend this forum will be extended to the new phase 2 areas.
Strategic Vision for the Wrexham IFSS:

The strategic vision for Wrexham is set out in the Vision, Values and Evaluation Strategy and states that “all children in Wrexham will be able to live safely, grow and develop at home with their own families so that they can reach their full potential”.

Desired Outcomes of IFSS:

- To enable participating families to make sustained changes so that children can grow up and develop safely in their own families.
- To provide family focused intensive interventions for high need families where substance misuse is compromising parenting capacity, and as a catalyst for permanent positive change for both adults and children within participating families.
- To dovetail effectively with other relevant services before, during and after the period of intense IFSS interventions.
- To improve multi-disciplinary working in order to provide an effective, efficient and well co-ordinated service for participating families.
- To work with families to ensure a safe environment for children and young people and to take appropriate action where this is not achievable.
- To ensure that relevant partners are effectively engaged and that relevant professionals are well informed about the IFSS and its development.
- To act as a catalyst for improvement within health and social care services by enhancing workforce skills and knowledge.
- To provide an engine for change in the governance of services provided for families in order that commissioning, funding and service delivery systems support the development of improved family focused provision.
- To identify and address potential issues, risks, barriers and critical factors for success in the introduction of the IFSS model.
- To provide evidence of the effectiveness of the IFSS approach and the degree to that it provides value for money.

3. Delivery of the service and its impact on the wider social care and health environment

Strategic:

The IFSS Management Board is multi-agency and takes a joint responsibility for ensuring that the WG agenda and expectations are working effectively within the pioneer areas of Wrexham. The Board considers the strategic and national agenda such as evaluation of the service, collaborative interagency work but also any difficulties and successes that can lead to future improvements.
Challenges and/or opportunities and removal of barriers:

Understanding and accurately interpreting the requirements of the Section 58 Integrated Family Support Teams (Family Support Functions) (Wales) Regulations 2010 is challenging. The establishment of IFSS requires members of the Management Board to receive comprehensive training on Section 58 expectations. This was to be provided by WG and whilst the other two pioneer areas have received this training, it has been cancelled for Wrexham. The Board will need to agree a Section 58 agreement as soon as possible, as part of the local evaluation of IFSS will be to consider how to make the implementation of Section 58 most effective.

The Head of Service for IFSS has moved into the Prevention and Social Care Department. This has been beneficial as all referring agencies attend the Prevention and Social Care departmental management team meetings along with the IFSS Head of Service.

Local:

The most successful cases move over time from being children on the Child Protection Register (CPR) to Children in Need (CIN) and finally TAC, which initially presented a challenge in complying with WG Guidance. Under the Guidance, IFSS services are only available to families who have a case holding social worker. Ordinarily, TAC provides services to families who do not meet the threshold for social care intervention. However, with the agreement of the TAC Head of Service, the TAC Co-ordinators, who are also trained social workers, will act as the lead professional for these families so that they can receive the full thirteen month intervention. This provides an example of innovative practice to ensure the success of IFSS.

The Independent Safeguarding and Reviewing Officers’ (ISROs) role within IFSS has recently been clarified to prevent increasing bureaucracy and overburdening families. We have established a system which links the IFSS review requirements with statutory reviewing processes, for example the processes around the management of CIN cases has been streamlined by the ISROs chairing CIN meetings, thus preventing the duplication of meetings for families, IFSS staff and ISROs.

The Child and Family Assessment Team (CAFAT), Family Support Team (FST) and Looked After Children (LAC) Team are the main referrers to the IFSS. When IFSS went live in September 2010 there was some confusion about the eligibility criteria and what constitutes a “family crisis”, which led to some inappropriate referrals where the families were not in crisis but where IFSS was regarded as a last attempt to engage the family. This led to a sense of frustration from our referrers who were spending time and energy with limited success. A further complicating issue was limited knowledge of the IFSS service. To remedy the situation IFSS spearhead workers spent a week in each frontline team working alongside case holding social workers in order to increase knowledge of IFSS and encourage discussions about cases and the criteria for referral. This approach has led to an increase in appropriate referrals. We have also found it beneficial to regularly attend the
main referrer’s team meetings in order to maintain the profile of IFSS and assist with embedding the new service.

Attendance at frontline social work team meetings allows spearhead workers to provide feedback on current cases, highlight success stories, explain why a referral may have been unsuccessful and arrange individual consultations. This practice allows referrers to benefit from the multi-disciplinary nature of IFSS, as consultations can also involve non-IFSS cases.

During 2011, we have seen an improvement in the quality and frequency of our referrals. At the consultation stage the spearhead workers report that through discussion with the social worker, and modelling the IFSS principle of collaboration, the social worker now takes an active role alongside the spearhead worker in deciding the appropriateness of a referral. This has improved working relationships, the quality of referrals and decreased frustration.

**Use of specific services commissioned locally by IFSS:**

Wrexham IFSS has commissioned two main providers; Action for Children and Barnardos.

**Action for Children:**

Action for Children provides a solution focused counselling service for families in phase 1 and phase 2, as well as emotional and practical support for young carers. The organisation has knowledge and skills in the IFSS model. The service level agreement is for the provision of services to sixty families annually, working with ten to fifteen at any one time. They have not reached the figure of sixty families because initially there were insufficient appropriate referrals and latterly more complex cases have run beyond the quarter. They are currently working at capacity.

There has been a strong working relationship from the outset between Action for Children and the IFSS team, due in part to both staff teams attending joint training events. The two teams attended the initial IFSS training, subsequent training on drug and alcohol awareness and a one day event provided by a forensic psychologist on trauma and attachment. Action for Children’s expertise and knowledge of cognitive behaviour therapy (CBT) and solution focused interventions was extremely valuable in the development of the IFSS team and they continue to be an important partner in the delivery of the service.

Working together with Action for Children, the IFSS team has learnt lessons regarding the implementation of the model. Two major themes have developed. Firstly, adult mental health issues are a significant feature requiring longer term intervention. This has implications for the “family plan” in terms of which agency is the most appropriate to complete the work in phase 2.

Secondly, the majority of the counselling delivered so far by Action for Children has been provided to adult family members. This has highlighted the
need to increase our counselling work with the children, as was highlighted in the recent research undertaken by option 2.

<table>
<thead>
<tr>
<th>Wrexham Action for Children</th>
<th>Wrexham Young Carers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of the total 26 referrals, 17 were for Phase 2 work with adults and 9 for phase 2 work with children/young people.</td>
<td>All 14 have received individual work and 12 proceeded to attend Young Carers Group</td>
</tr>
</tbody>
</table>

**Barnardos:**

Barnardos provide Family Group Meetings (FGMs) to families with children on the CPR. IFSS has purchased twenty FGMs for the financial year April 2011-2012. This means that IFSS families can be prioritised where necessary to support the work of phase 1, providing timely interventions. To date, eight families have received a FGM referred through IFSS.

IFSS assists nuclear families to achieve “good enough” family functioning, whereas the FGM enables complex extended family and friends relationships to be explored and harnessed to support and improve family functioning in phase 2. The Barnardos model compliments the IFSS model as it is a strengths based, solution focused intervention.

**Youth Justice Service:**

Kathy Weigh heads both the IFSS and the Youth Justice Service (YJS) and recognises the benefits of introducing the IFSS strengths based family model into the YJS. IFSS is planning to run two four day training events in 2012, to train Wrexham YJS staff in the IFSS model of working. Whilst not being able to keep strictly to the ratio of one to one contact, the aim of the training is to promote and help embed effective ways of working within the YJS and assist IFSS trainers attain accreditation more quickly.

Through the bi-monthly service briefings the two teams will also undertake joint training, allowing for the sharing of skills, knowledge and best practice.

**Child care:**

For single parent families without extended family or social networks, we have provided funding during phase 1 to enable the parent to complete planned work. The provision of this service enables IFSS to deliver timely intervention at a time that is right for the parent.

**Complaints:**

To date, IFSS has not received any complaints.
Recruitment and retention:

The operational manager of the IFSS was successful in securing a secondment to manage one of the childcare social work teams in Wrexham and an agency manager has been employed to provide cover until the secondment ends in December 2011.

Initially, we employed two family aid workers one of whom left to pursue a university degree. In order to achieve the 100 family target, the decision was taken to recruit an additional spearhead worker rather than replace the family aid worker. The new vacancy was advertised internally and externally. The post was offered internally as a secondment to promote learning between front line social work teams and IFSS. A social worker joined the IFSS team in October 2011, and has since completed the four day training.

A health visitor decided to return to her parent organisation as she had concerns that she felt she was losing her core skill set. We recognise there is a potential for the professional role to be subsumed into that of a generic spearhead worker, however, other workers believe that their skill set has increased. A new health visitor has been appointed and will take up post on 24 October 2011. We have increased the links with partner organisations to avoid the new worker feeling isolated from her professional peers.

The performance monitoring and support officer was replaced in September 2011 and a performance manager is in post. As the complexity of the information has grown, Wrexham decided skills in business and data analysis were required to inform strategic and operational direction of the service.

Secondments:

The intention initially was to have recurring six month secondments where the seconded spearhead workers would learn the model and become IFSS champions for their own organisations. However, the level of training and skill required to fulfil the role meant the six month time period was insufficient to enable the worker to undertake any meaningful work and consolidate their learning. Consequently, the first seconded worker from the Probation Service has had his six monthly contract extended to twelve months.

The IFSS model fits closely with the generic social work, health, parenting, drug and alcohol skills and there are concerns that some other partner agencies may be at a disadvantage in delivering the IFSS model, due to the differences in professional training and may need additional support to adapt to the delivery model.

Research:

The other two pioneer areas require their Consultant Social Workers (CSW) to undertake a Masters in Social Work to meet the research element of the role. However, Wrexham has taken a different approach via establishing links with Glyndwr University with the aim of producing a joint article for a professional publication to be submitted by the end of March 2012. From April 2012, the CSW will continue to produce further research which will be of practical benefit to the daily operation of the team.
Training and development (for team members):
All team members have undertaken the four day training. The spearhead workers have attained the level 3 and 6 accreditation. Four spearhead workers and the CSW have gone on to complete the Train the Trainers programme and have all delivered some of the training. Due to the nature of the IFSS model, there is a need to continually provide the four day training so that recruits are ready to practice as soon as possible.

At the outset, option 2 recommended that all the staff team, including the family aid workers and office administration should attend the four day training. However, one of our support staff found the training upsetting due to the nature and intensity of the role play. As a result it was agreed that administration and support workers would benefit more from a one day overview of IFSS in future.

4. Key achievements

Wrexham Children's Services:
The following table highlights that in Wrexham, in line with national trends, the number of children in care and those on the CPR have increased over the last three years.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of children in care as at 31 March</td>
<td>129</td>
<td>125</td>
<td>141</td>
</tr>
<tr>
<td>No. on CPR as at 31 March</td>
<td>126</td>
<td>121</td>
<td>156</td>
</tr>
</tbody>
</table>

The IFSS Management Board’s overriding aim is that IFSS will contribute significantly to improving outcomes for children and over time reduce the number of children in care and those on the CPR.

Originally, the IFSS was located on an industrial estate on the outskirts of Wrexham but found it beneficial to move to be based centrally with our main referring agencies, the children’s social care teams. This has improved the relationships between the different teams and increased referrals and joint working. In the near future it is planned that all of children’s services will be accommodated together.

Wrexham differs from the other pioneer areas in team composition as we have a team manager, a CSW, seven spearhead workers, one family aid worker, an office manager, administrative support and a performance officer.

During the year a total of 86 referrals were received by the IFSS team which represent 69 families. Of the 86 considered 17 were re-referrals involving 15 families. The issue of re-referrals is being considered by the steering group; particularly in relation to how many times a family should be referred to the service.
Of the 86 referrals received, 10 were closed with no further action and 10 were deemed as enquiry only. The remaining 66 referrals received some form of intervention from the IFSS team and 26 families have now completed phase 1.

**Outcomes for families:**

IFSS measures success by considering the “distance travelled” in terms of scores for each family’s individual goals. All the goals are strength based, requiring the family to be pro-active in making positive changes which contribute to safer, improved family functioning. The goals are negotiated with the spearhead worker, taking account of any child protection concerns. The goals are agreed in the middle of phase 1, each family scores itself and subsequently scores at the first, third, sixth and twelve month review. Figure 1 below shows the aggregated scores for all our families.

**Figure 1**

![Avr Distance Travelled](image)

<table>
<thead>
<tr>
<th>Avr Goal Score</th>
<th>Beginning</th>
<th>end of phase 1</th>
<th>1m</th>
<th>3m</th>
<th>6m</th>
</tr>
</thead>
<tbody>
<tr>
<td>-0.12755102</td>
<td>0.419354839</td>
<td>0.569230769</td>
<td>0.625</td>
<td>0.714285714</td>
<td></td>
</tr>
</tbody>
</table>

Figure 1 shows that our families’ self-assessment suggests a steady and improved family functioning through to the six month period. It is too early yet to draw any firm conclusions at the twelve month stage because of the relatively small number who have reached that stage. However, we are encouraged by the figures outlined above.

Below are three case studies that involve different legal status of children and show areas of specific interest from the IFSS involvement. We have also included a case where the outcome initially was not too positive from IFSS involvement but where it is hoped a re-referral, following work from the case holding social worker, will be of significant benefit to this family.
<table>
<thead>
<tr>
<th>Issues before</th>
<th>Progress during</th>
<th>Area of IFSS interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looked After Children – neglect. Parental responsibility shared with local authority</td>
<td>Statutory visits from local authority continued. Child still residing with mother</td>
<td>Close co-operation with referrer through joint visits enabled child to remain in home</td>
</tr>
<tr>
<td>Housing – ground floor flat: inappropriate adults and drug dealers accessing the property</td>
<td>Initially unsuccessful, but after talking to housing management regarding prioritising IFSS families; re-housed locally from a flat to 3-bed house</td>
<td>Resolving operational issue under the Section 58 agreement</td>
</tr>
<tr>
<td>Criminality – thefts and burglary. Mum on Probation Order and dad subsequently remanded in custody</td>
<td>Preparation for release, working with mum in interim</td>
<td>Multi-agency co-operation, seconded Probation Officer gathered information from Probation Service and advised spearhead worker</td>
</tr>
<tr>
<td>Poly drug use – both parents using</td>
<td>Re-engaged with the Elms drug and alcohol service</td>
<td>Working with our partners</td>
</tr>
<tr>
<td>Domestic violence – history within the relationship and impact on their daughter unrecognised</td>
<td>Mother undertaking individual counselling and parents have remained together. Counselling delivered through the Action for Children partnership</td>
<td>Partner agency continuing the model using solution focused therapy. Advice from Probation Officer who runs the Probation Domestic Violence course for men</td>
</tr>
<tr>
<td>Bereavement – dad</td>
<td>Undertaking counselling with Cruse until remanded</td>
<td>Wider referrals for appropriate and timely interventions</td>
</tr>
<tr>
<td>DIY and house care</td>
<td>Phase 2 family aid worker helping with practical housing issues</td>
<td>IFSS family aid worker offered immediate access to phase 2 support. Also could provide a bridge until WCBC similar long term support was organised</td>
</tr>
</tbody>
</table>
## Family 2 – Child in Need case

<table>
<thead>
<tr>
<th>Issues before</th>
<th>Progress during</th>
<th>Area of IFSS interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s drinking and inability to parent when under the influence as reported by a neighbour</td>
<td>Engaged with drugs and alcohol services and began managing her drinking immediately</td>
<td>Timeliness of the intervention. The social worker could predict a deterioration if the circumstances didn’t change and mum was ready and motivated to do something immediately</td>
</tr>
<tr>
<td>Mother not engaging with her daughter’s emotional needs</td>
<td>Mum and daughter spent time together, more consistent routines and boundaries</td>
<td>Routine and consistency rippled into family life and mum began managing her finances, taking better care of herself, looking for work and planning for their future</td>
</tr>
<tr>
<td>Mother’s social anxiety stops her going out</td>
<td>Spearhead worker undertook some CBT interventions to help her manage her anxiety</td>
<td>Once the family plan is set, the spearhead worker can use CBT to ease the transition through to phase 2</td>
</tr>
<tr>
<td>Mother and daughter isolated from wider family</td>
<td>Family invited in and repaired relationships over phase 1</td>
<td>Strength based model that looks for solutions and resources within the immediate and wider family</td>
</tr>
<tr>
<td>School concerned about daughter’s well being</td>
<td>Action for Children: counselling for daughter, school reported marked improvement within weeks</td>
<td>Timeliness of services. Once identified the service began straight away and “nipped the problem in the bud”</td>
</tr>
<tr>
<td>Not maintaining the house to acceptable standard</td>
<td>Supporting People Service brought in to help manage home and teach good routine habits</td>
<td>Partnership working using support services</td>
</tr>
</tbody>
</table>
### Family 3 - Seventy-two hour assessment

<table>
<thead>
<tr>
<th>Issues before</th>
<th>Progress during</th>
<th>Area of IFSS interest</th>
</tr>
</thead>
</table>
| Inappropriate adults in and visiting the house. Drug dealing on the premises by father | Family wouldn’t comply with Social Services requirement of a list of inappropriate adults | The social worker had a safety plan requirement that:  
* Father leave the house  
* The smacking had to stop  
* The inappropriate adults to stop visiting  
During the 72 hour assessment it became clear that the family were not motivated at all, and that the family would not adhere to the safety plan. These two conditions are essential for the work to continue. The case was returned to the social worker, who continued to work with the family. It is now at the legal planning stage. Currently;  
* Father has left home  
* Mum has voluntarily made a list of the adult visitors  
The social worker is intending to re-refer in the near future as mother’s motivation has changed |
| Mother’s drug and alcohol use and inability to parent | Agreed that mother reduce and father live elsewhere to give the family a break, but father didn’t move and mother continued using |  |
| Chaotic lifestyle impacting on the children | Mother projected all the problems onto the social worker and very aggressive |  |
| Aggression to Social Services staff | Parents always shouting and very aggressive. Spearhead worker concerned for the safety of the children |  |
| Parents believed in corporal punishment. Child’s picture had sad face for mum and dad because they “hit us” |  |  |

**Feedback from service users and referrers:**

The percentage of returns from families and referrers has been very poor at 25% which equates to seven families in phase 2. In August 2011, the IFSS team decided we needed to change the way in which we captured service user feedback. The current system of posting feedback forms to families has not been successful. Informal feedback suggests that feedback isn’t a priority to families after they have finished the intense period of work and completing the forms requires confidence in literacy and the time and ability to carefully consider and express responses. Recently, practitioners have been taking the forms to the families, providing us with more qualitative information. However, we acknowledge that family members are much more likely to engage with this process if they have had a good service and are unlikely to be negative with the worker in front of them and may want to demonstrate to the worker that child protection issues are no longer a concern. We look forward to the results from the national evaluation to compare with our own.

The following quotes are drawn from seven family feedback forms. All the families described getting along with the IFSS worker as “very well” and all found the IFSS “very helpful”.

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<table>
<thead>
<tr>
<th>Feedback from service users and referrers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>
• “She explained what things meant”.
• “Very positive with us all”.
• “She’s done everything she could possibly do. I thank her so much”.
• “Being allowed to speak openly about things that were about my personal problems and showed us that we all have different qualities”.
• “Seeing the impact it had on my daughter”.
• “Setting daily plans and goals was good”.
• “It was useful discussing problems through different methods”.
• “Not critical, warmth, generosity. How quickly the children opened up to worker”.

We had few evaluation forms returned from social workers but the anecdotal feedback from referrers is excellent, and feedback has gradually improved as the service has become embedded in working practices. As with the research above we offer this with the caveat that those practitioners with a positive experience (so more likely to have referred more frequently) returned forms and reflected positively on our service.

The quotes are taken from seven referrer feedback forms.

• “Attended all arranged meetings, good communication with social worker”.
• “Nothing could have been done to be more helpful to me”.
• “I was provided with detailed feedback and worker was helpful above and beyond his role. I can think of nothing further that could have been beneficial”.
• “Her commitment to the family, her degree of collaboration and in depth knowledge about risk”.
• “Could not have been better at this point”.
• “It was discussed by the family and professionals at the last core group meeting that the mother has adopted new skills that were provided in the safety plan”.
• “The work that she has undertaken with the family has led to significant changes to the family’s lifestyle and the initial concerns for the child’s wellbeing have been significantly reduced”.

National evaluation:

SQW and Ipsos Mori have been commissioned by WG to undertake the national evaluation. A presentation was given to IFSS staff in Wrexham on 27 July 2011 and the expectations of IFSS staff in informing families and gaining consent to the evaluation was discussed. The evaluation leaflets for families
remain in draft and the IFSS staff team consider the proposals outlined for the evaluation will not detrimentally affect their work with families. The objectives for the evaluation are as follows:

- Are the right people and the right number of people being engaged?
- Has the wider system changed as a result of IFSS?
- Does IFSS make a difference to the services subsequently used by individuals?
- How effectively have the IFSS Boards assessed, analysed and audited local need and provision?
- What are the outcomes for families receiving IFSS in terms of child, adult and family welfare?

The IFSS has devised various strategies to introduce the evaluation with minimum impact on the intervention with maximum return once we are in receipt of the finalised feedback forms from SQW. The team are currently identifying families for the field work research which commences in late October 2011.

**Local evaluation:**

Due to the remit of the national evaluation changing, the Head of Service has been in further discussions with Glyndwr University to ensure that there is no duplication. In particular, Glyndwr will not interview families since the national evaluators will be undertaking this role. The key aims of the local evaluation have now been agreed as:

- Exploring and analysing the early implementation of the service.
- Exploring the role of scope of the CSW and family aid worker. (These two roles are different from those in the other two pioneer areas).
- Analysing the successful implementation of WG Measures within the context of local service provision.
- Working in partnership with the IFSS in collaborative research to support evidenced based practice interventions.

**Time scales are:**

- May 2011 - August 2011: literature review, data collection, development of semi-structured interviews
- September 2011 - November 2011: ethical approval
- December 2011 - February 2012: field work
- February - March 2012: submit evaluative report

**Mentoring of the Consultant Social Worker (CSW):**

The Head of Service has made arrangements for Glyndwr University to mentor the CSW. This is progressing well with a target date of March 2012.
when IFSS and Glyndwr will jointly produce a paper for publication in the Journal of Social Work Education or Journal of Social Work Practice.

The objectives as set out by Glyndwr University are:

- To support and develop the role of the CSW in outlining practice recommendations to support the aims of the service in Wales.
- Identify further local training needs for the development of the CSW in Wrexham Social Services.
- Analyse to what extent the CSW can utilise the approved list of strategies and interventions as outlined by WG and demonstrate evidenced based practice.
- Support and enable the CSW to demonstrate evidenced based practice by making recommendations for ways in which to undertake data collection and research outcomes (methodology).
- To aim to develop publication opportunities for the CSW in relevant peer reviewed social work journals to demonstrate robust skills of evidenced based practice (research role in connection with WG outcomes/job description).

Currently, Glyndwr University is providing this service at no monetary cost. In return, IFSS has provided the university with two places on the four day training.

Workforce development issues:

Wrexham has been involved in consultations and presentations to other local authorities. The team manager participated in three separate one day learning events for IFSS. An event in North Wales highlighted the good partnership working in Wrexham. In addition, the team manager gave a presentation to the North East Wales Family Justice Council. The CSW ran a workshop at the launch of the combined Flintshire/Wrexham Local Safeguarding Children Board (LSCB) and the team manager has been invited to give further presentations in a neighbouring local authority.

Wrexham IFSS has participated in the phase 2 workshop for the regional consortium of Hywel Dda Health Board, Powys Teaching Health Board, and their respective local authorities (Carmarthenshire, Ceredigion, Pembrokeshire and Powys) and workshops organised by WG.

Wrexham has co-facilitated training for forty-three participants with the help of Cardiff option 2, as outlined in Figure 2, with one, four day and a further eight one day events planned for the near future. Feedback for all three courses has been extremely positive; the summary from the first three courses being that all participants would recommend the training to their colleagues giving scores out of 5 for clarity, helpfulness and value from 4.5 to 4.9.
Two of the additional comments from the participants are listed below:

“All trainers were very good, knowledgeable and good at facilitating learning and discussions. Excellent as a starter to IFSS.”

“I felt the training was comprehensively delivered. It covered the many perspectives: from strategic through delivery to how it feels for the families. Also it was enjoyable. Many thanks”

Wrexham IFSS have also delivered and planned further training as below:

**Figure 2**

<table>
<thead>
<tr>
<th>Date</th>
<th>Training description</th>
<th>Attendees</th>
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<tbody>
<tr>
<td>June 2011</td>
<td>IFSS building stronger families through IFSS – 4 days in Wrexham</td>
<td>15</td>
</tr>
<tr>
<td>Sept 2011</td>
<td>IFSS building stronger families through IFSS – 4 days in Anglesey</td>
<td>15 (from 19)</td>
</tr>
<tr>
<td>Nov 2011</td>
<td>IFSS building stronger families through IFSS – 4 days to be delivered in St Asaph</td>
<td>TBC (16 applicants)</td>
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<tr>
<td>July 2011</td>
<td>Module One\nEnhancing motivation for Behaviour Change in Family’s</td>
<td>13</td>
</tr>
<tr>
<td>Oct 2011</td>
<td>As above</td>
<td>(9)</td>
</tr>
<tr>
<td>Nov 2011</td>
<td>As above</td>
<td>(4)</td>
</tr>
<tr>
<td>Sept 2011</td>
<td>Module Two\nLowering Resistance to Behaviour Change in Families</td>
<td>(12)</td>
</tr>
<tr>
<td>Oct 2011</td>
<td>As above</td>
<td>(6)</td>
</tr>
<tr>
<td></td>
<td>As above</td>
<td>(6)</td>
</tr>
<tr>
<td>Nov 2011</td>
<td>Module Three\nGoal Centred Interventions with Families</td>
<td>(8)</td>
</tr>
<tr>
<td>Jan 2012</td>
<td>As above</td>
<td>(4)</td>
</tr>
<tr>
<td>Feb 2012</td>
<td>As above</td>
<td>(2)</td>
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</table>

Wrexham has been keen to train outside our local area and develop IFSS champions throughout the region in anticipation of the role out of IFSS in both phase 2 projects and more broadly from 2015. Figure 3 shows the diversity of areas for the four day training.
Figure 3

<table>
<thead>
<tr>
<th>Area or organisation</th>
<th>number</th>
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</thead>
<tbody>
<tr>
<td>Glyndwr University</td>
<td>2</td>
</tr>
<tr>
<td>Wrexham CBC from various teams including adults and children</td>
<td>10</td>
</tr>
<tr>
<td>DAART Team Conwy CC</td>
<td>2</td>
</tr>
<tr>
<td>Betsi Cadwaladr University Health Board</td>
<td>4</td>
</tr>
<tr>
<td>Flintshire CC</td>
<td>6</td>
</tr>
<tr>
<td>Barnardos</td>
<td>1</td>
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<tr>
<td>CAIS</td>
<td>1</td>
</tr>
<tr>
<td>Powys CC</td>
<td>2</td>
</tr>
<tr>
<td>Gwynedd CC</td>
<td>3</td>
</tr>
<tr>
<td>Conwy CC</td>
<td>4</td>
</tr>
<tr>
<td>Ynys Mon CC</td>
<td>3</td>
</tr>
<tr>
<td>Denbighshire CC</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>46</strong></td>
</tr>
</tbody>
</table>

The following shows the accreditation received by both participants and trainers following the training that has been organised and delivered by Wrexham IFSS.

**Wrexham**

**August 2010 – 4 Day**
- Withdrawn: 1
- Level 2 Accreditation: 3
- (Recommended) Pass - Level 3: 9
- (Recommended) Pass - Level 6: 4

**Mop up November**
- (Recommended) Pass - Level 3: 1
- Re-submission - Level 3: 1

**June 2011**
- Registered: 13
- Level 2 to be marked: 2

**July 2011- Module 1**
- Registered: 8
- To be marked: 2

**Train the Trainers - Feb 2011**
- Registered: 9
Practice developments:
Referrals and consultations:
All the spearhead workers report an improvement in the quality of the referrals as a result of increased knowledge of IFSS by referrers. The social workers’ goals are now more realistic and the spearhead workers are clearer in clarifying if this is the “right time” for the intervention.

Initially, it was only the CSW who undertook consultations, but it was acknowledged that a change in approach would give the spearhead workers a better start with families and therefore spearhead workers also undertake consultations.

Joint working:
Communication between the social workers and the spearhead workers has improved. Social workers are involved throughout phase 1 and into phase 2 and networking in teams has continued. Since the IFSS re-located to the centre of Wrexham there has been much more formal and informal consultation with children’s services and the Community Drug and Alcohol Team (CDAT). All the IFSS workers, except one, were recruited from outside Wrexham and have all spent the first year establishing and building working relationships with partner agencies.

Seventy-two hour assessment:
Spearhead workers described these as becoming more meaningful, especially in establishing the safety plan and checking the readiness of the family for intervention with the social worker.

Phase 1:
The emphasis of exercises has changed over time, knowing when to spend the right amount of time in the right area. With large families it can be difficult to engage with all members intensively therefore the spearhead workers are more selective about the engagement process. Spearhead workers have honed their skills in using motivational tools and techniques and family plans have become more robust and detailed.

Phase 2:
Initially the whole family plan was implemented in phase 2, now the spearhead workers are much better at prioritising services in terms of need and timeliness, sometimes staggering interventions so that family members can better manage the demands on them.

There is now an increased use of signposting to services at FGMs and reviews. This allows other agencies who are responsible for getting services started to become actively involved in phase 2 preventing the spearhead workers becoming default case managers.

There is better and more focussed use of the family aid worker. Initially plans had time limitless goals, such as “engage with the family”, now the work is
planned, time bound and outcome focussed, for example, “to consider employment options with mum and link into employment services by week 4”.

The reviews at one, three, six and twelve months are goal focussed and consider whether the family plan is still relevant or whether changes are necessary. Recently spearhead workers are giving more consideration to planned endings as more cases are nearing the twelve month stage.

**Other:**
Due to the influence of IFSS within child protection case conferences, the minutes now reflect more strength based language and outcomes, signalling a cultural shift in working methods. Similarly, the reflective meetings are now solution focused, planned and goal orientated reflecting a systematic use of the model.

5. **Challenges of the last year**

**National issues common to all pioneers:**
Wrexham IFSS recognises that WG allocated additional resources to Wrexham as a pioneer area and we remain committed to the roll out across Wales. However, we feel that the demands for training staff across Wales needs to be strategically led and directed from the centre as the expectations could become overly burdensome if Wrexham has to organise this in isolation.

The issue regarding accreditation requires further consideration and resolution. For example, as Wrexham becomes more involved in facilitating events independently of Cardiff option 2, which organisation will be responsible for the accreditation process? Whilst Wrexham is supportive of this development, consideration must be given to the impact upon service delivery.

We would welcome advice from WG on counting rules. This first year has shown that it is not straightforward knowing what is a referral or what is an enquiry and what constitutes a re-referral. The three pioneer areas are interpreting the practice guidance differently and further clarity would be welcomed.

There were challenges for all the IFSS pioneer areas in the set-up phase and we anticipate the new phase 2 areas would benefit from our experience. The need to create a brand new multi-agency team with professionals with differing skills, experience, values and pay and conditions, was not without its difficulties, however, having partners on board from the outset meant that issues were more easily resolved.

The need to begin to bridge the gap between adult and children’s services and between health and social care has been an issue which has needed to be addressed at every level, from the IFSS Board and senior management to practitioners working at the front line. In Wrexham, the IFSS Board members are aware of the Section 58 requirements and are awaiting training to fully
understand the policy and practice implications. We are aware that WG may be unable to deliver the training and hope to agree an alternative approach to enable the IFSS Board to take this forward.

**Local operational practice:**

Electronic recording of the interventions with whole families rather than individual children has required additions to the existing database. Recently, IFSS went live on RAISe (5.9.2011) and it is set up so that IFSS can input data as an ‘add on’ to the main system that runs alongside the children and adults system. IFSS have ‘read only’ access for children and adults, and the children and adults service have ‘read only’ access for IFSS.

Most of the team have undergone RAISe training, which for some of our multi-agency partners within the team has been a challenge, as many of the workers have not been required to record systematically and in this detail before.

It is expected that reporting and analysing progress will become more rigorous and efficient with more extensive use of the database.

**Critical issues and lessons learnt:**

**Independent Safeguarding and Reviewing Officers:**

There has been a recent agreement to formalise the relationship between the ISROs and the IFSS. This has the advantage of reducing bureaucracy through the co-ordination of reviews. A significant development has been the agreement that ISROs will chair all IFSS CIN meetings with IFSS staff providing administration support.

**Crisis:**

Initially there was confusion about what constitutes a ‘crisis’ within the model. Through a process of consultation, team meetings and workshops the definition is much clearer for all parties. It has been agreed that one of the criteria must be that the family appreciate that they have a ‘crisis’ and subsequently the quality of the referrals has improved.

**Referring through Children’s Services:**

We have had no direct referrals from adult services as a referral can only be accepted from a case holding childcare social worker. The team is currently working hard to remind all services of the referral criteria to IFSS and that we can act as brokers between adult and children’s services. Anecdotally, we have had a couple of cases where the adult Drugs and Alcohol workers (CDAT) have identified that had IFSS existed in 2009, the families they are involved with would have had better outcomes. From October 2011, IFSS will attend CDAT on a monthly basis to provide consultancy and act as brokers for cases of concern that are not open to children’s services.

**Consultant Social Worker (CSW) role:**

In Wrexham there is an expectation that a joint article by IFSS and Glyndwr University will be published in a professional journal by March 2012. We feel
that the fifty per cent time requirement for the CSW to engage in research should be re-considered as it has so far proved difficult to justify this amount of time purely on research. The guidance states that the CSW is aware of the most up-to-date evidence and developments that can be effectively applied within the functions of IFSS and shared with practitioners/service manager. Therefore, in Wrexham, rather than one substantial piece of research from March 2012, the CSW will be required to provide regular research updates with a focus on improving practice. As this is a new experimental post, in Wrexham we have at times struggled to adequately define the role of the CSW. We are in the process of reviewing this position and Glyndwr University are assisting us in this through the local evaluation. We want to ensure that the CSW role becomes an effective innovator and leader of practice.

Risk register:
Wrexham IFSS team would welcome guidance from WG regarding the risk register which is completed on a quarterly basis as we are uncertain when we can remove a risk.

Performance:
There are no centrally devised counting rules and the recent tri-partite meeting between the relevant performance managers highlighted that each local authority were counting different things without a common definition. Following implementation it has gradually emerged that standardised counting rules need to be agreed in consultation with WG.

Referrals:
There have been ebbs and flows in referrals and this makes workload management difficult. We are managing to regulate the flow of referrals by keeping IFSS at the forefront of practice by regularly attending referrer’s team meetings. We therefore provide feedback on referrals; phase 2 cases and consultation to social workers who may have queries about different aspects of cases.

Public law outline (PLO) referrals:
In Wrexham families are increasingly referred to IFSS within their schedule of PLO expectations. These final attempts can be successful and families are worked with to effect change that will enable them to stay together. If unsuccessful, IFSS can provide evidence that care proceedings are the correct route. Anecdotal feedback is that legal teams appreciate the comprehensive and robust assessments which the IFSS produce.

The Phase 1 model:
Wrexham has queried with option 2 the practice guidance which states the 60–80 hours to be delivered to families in four-six weeks during Phase 1. Option 2 personnel have advised that most cases should be completed in four weeks and within less than fifty hours. After considering this advice, Wrexham has decided that at least fifty hours work should be completed with families, feeling that reducing the number of hours would undermine the
intensity of the model. A strengthening of the practice guidance would be useful.

Phase 2 transitions:
For many families IFSS involvement requires that a multitude of services withdraw for the four week phase 1 period. Services then resume in phase 2. The transition for these families from phase 1 to 2 is straightforward. However, for some of those families who had limited support before the intensive 4 week period of the IFSS find a return to limited support a challenge. Spearhead workers report that they need to be explicit from the beginning to manage the expectations of the family regarding withdrawal and we currently use our family aid worker to bridge this gap by providing a short to medium intensity intervention for transition to phase 2. We feel that consideration should be given by WG to developing a three phase model. The IFSS worker would make a professional decision about the needs of the family and a gradual withdrawal might be more appropriate. Phase 2 then becomes phase 3.

Professional identities:
There is a concern that professionals can lose their identity within IFSS as was reflected by a health visitor leaving because she felt she was losing touch with her professional practice. As a result, we have introduced a strategy which aims to keep multi-agency workers at the forefront of their own professional practice. They will:

- Access training from their parent organisation.
- Undertake a piece of research (optional) which considers how IFSS practice can be integrated into their home organisation.
- Undertake clinical supervision with a clinical supervisor where possible.
- Spend time in their organisation on a regular basis.
- Lead reflective supervision from their professional perspective.
- Be a consultation resource for social workers with children and families who don’t fit the IFSS criteria.
- Be a consultation resource to adult services.

One hundred families target:
The spearhead workers are now comfortable with the model and consequently they feel they can increase their workloads so that they can run more than one case at a time. Therefore, when referrals are high, the spearhead workers will take on a second new case at the two week stage allowing the 100 family target to be achieved.

Implications of Section 58:
The prioritisation of scarce resources has been well managed to-date, however, concerns still exist regarding potential professional, ethical and clinical dilemmas for the agencies involved, for example, different opinions regarding a family’s motivation to change may result in denial of certain
treatments, or when IFSS cases are prioritised other service users could be denied a much needed service. In addition, as IFSS becomes more known by Wrexham services it may generate perverse incentives for service users to become involved with IFSS only because they see the service as benefitting them with access to resources, specifically those of housing or medication.

We recognise that the development of Section 58 agreements with partner agencies will overcome any potential difficulties in this area and will progress this once we have received training.

6. Priorities for the next 12 months

The current framework of reporting to WG is helpful but retrospective. Following the annual report for March 2012 to WG, we will prioritise the production of a service annual plan which will focus on some of the issues below:

1. Strengthening the links with adult services and acting as a broker to allow families to access IFSS through children’s services.
2. Focus on electronic recording and ensuring consistency from all team members from different professional backgrounds.
3. Improving transition for some families from phase 1 to 2.
4. Continuing with training role especially for our phase 2 areas.
5. Working with Youth Justice Services.
6. Ensuring staff use their professional expertise.
7. Improving the referral process to allow better workflow predictions and resources allocation.
8. Clarifying referral terminology both within Wrexham and WG.
9. The formulation of practice agreements with other agencies regarding Section 58 requirements and practice implications.
10. Clarity of the CSW role and the integration of research into practice of the team.

7. Expenditure against the IFSS grant

Wrexham IFSS submit quarterly returns to WG and are currently compiling the second quarter of 2011/12. The allocation by WG is on target to be fully utilised by the end of March 2012.

8. Conclusion

Wrexham has appreciated the opportunity of being a pioneer area in an innovative field of multi-agency practice. We have made an encouraging beginning in embedding the cultural changes within the IFSS model into wider
practice. There have been challenges and successes and we are looking forward to the next year when we can develop the practice both locally and with the new phase 2 areas.

Signed and agreed by:

Dr Helen Paterson  
Chief Executive - Wrexham County Borough Council

Mary Burrows  
Chief Executive – Betsi Cadwaladr University Health Board
# Integrated Family Support Service (IFSS) Board's membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
<th>Attendance from 10</th>
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</thead>
<tbody>
<tr>
<td>Susan Evans</td>
<td>Head of Children and Young People – Prevention and Social Care</td>
<td>10</td>
</tr>
<tr>
<td>Cilla Robinson</td>
<td>Child &amp; Family Directorate Manager, Betsi Cadwaladr University Health Board</td>
<td>4</td>
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<tr>
<td>Carol Salmon</td>
<td>Head of Social Services for Children, Flintshire</td>
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<tr>
<td>Peter Robson</td>
<td>Service Manager for Children’s Services, Flintshire</td>
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<tr>
<td>John Gallanders</td>
<td>Chief Officer, AVOW</td>
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<tr>
<td>Judith Williams</td>
<td>Area Manager, NW Probation Service</td>
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<tr>
<td>Peter Graham</td>
<td>Regional Director, CSSIW</td>
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<tr>
<td>Police Representative</td>
<td>To be confirmed</td>
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<tr>
<td>Chris Pearson</td>
<td>Head of Service – Mental Health</td>
<td>1</td>
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<tr>
<td>Tricia Jones</td>
<td>Integrated Services Co-ordinator</td>
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<tr>
<td>Andrew Figiel</td>
<td>Head of Adult Social Care</td>
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<tr>
<td>Marc Williams</td>
<td>Service Manager, Housing</td>
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<tr>
<td>Rebeccah Lowry</td>
<td>Economic Development, Wrexham</td>
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<td>Kathy Weigh</td>
<td>Head of Service IFSS</td>
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<tr>
<td>Leighton Rees</td>
<td>Head of Children's Services, Denbighshire County Council</td>
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<tr>
<td>Sandra Goring</td>
<td>Senior Admin Officer, IFSS – Minutes</td>
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<tr>
<td>Linda Ellis</td>
<td>Job Centre Plus, NE Wales</td>
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<tr>
<td>Godfrey Hayes</td>
<td>Mental Health &amp; Substance Misuse Representative</td>
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<tr>
<td>Janet Growcott</td>
<td>Community Safety Team Manager</td>
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</tr>
<tr>
<td>Graham Edwards</td>
<td>Head of Service – Education Inclusion</td>
<td></td>
</tr>
</tbody>
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Appendix 2

Integrated Family Support Board (IFSB)
December 2010

Proposed Mission Statement:
To oversee the development of more efficient and effective family support services in order to combat child poverty, thereby promoting whole family well being and prosperity; to include IFSS, (Integrated Family Support Service), TAC (Together Achieving Change) and Families First (FF) (Implementation of the Child Poverty Strategy).

Frequency of Meetings:
The IFSB will meet on a three monthly basis.

Proposed Revised Terms of Reference:
The IFSB provides governance for the development of Family Support Services: the IFSS in Wrexham and the developing FF initiative in the North Wales Consortium of Wrexham (lead), Flintshire and Denbighshire. Under the FF, the IFSB will provide the steer for the development of the Team Around the Child (TAC) to a whole family model for early intervention.

In respect of IFSS:
To ensure the effectiveness of the Wrexham IFSS:

1. To promote good practice by the local authority, Betsi Cadwaladr University Health Board and all other agencies involved with IFSS in respect of the functions assigned to the IFSS.
2. To share knowledge and practice of the development of IFSS across the Northern Consortium.
3. To ensure that the IFSS has sufficient resources to carry out their functions.
4. To ensure that the local authority, Betsi Cadwaladr University Health Board and other organisations involved with IFSS co-operate with the IFSS in discharging its statutory functions.
5. To support and progress workforce development within the IFSS and the transfer of skills to the wider workforce across the Northern Consortium area.
6. To act as the strategic link between the IFSS team and existing children and adult services and other services such as housing, training and employment agencies, etc.
7. To agree objectives for the IFSS based upon local needs and circumstances.

The Board also has the responsibility for the financial audit of the IFSS.
In respect of FF:

To oversee, monitor and support the development and co-ordination of the FF initiative in North Wales Consortium of Wrexham, Flintshire and Denbighshire, designing structures and services that will deliver against the targets of the National and local Child Poverty Strategies.

In particular:

- A critical analysis of current family support services and the commissioning of services under FF.
- The implementation of FF in phase 1 (November 10 – March 11) and the development and implementation of plans for phase 2 (post March 11).
- The process of developing the whole family TAC.
- To ensure that sufficient support is provided to the TAC project development in order that it is implemented and embedded effectively in all agencies.

The Board also has the responsibility for the financial audit of FF.

Proposed Reporting Arrangements:

The IFSB will report directly to the Wrexham and Flintshire Local Safeguarding Children Board (LSCB), which will oversee all its activities. The IFSB will provide half-yearly reports to the LSCB and to local partnerships.

The IFSB will receive, on a quarterly basis:

- A progress report and a performance report from IFSS.
- A progress report and a performance report from FF.

The IFSB will provide a report to WG on an annual basis (by 31 March each year) to include:

- The functioning of the IFSB.
- Activity and performance of IFSS.
- Expenditure of IFSS.
- Wider service improvements.

The reporting arrangements for FF have not yet been established with WG.
Key
- Oversees and receives reports from
- Has governance (including financial) responsibility for
- Receives reports from
- Comprises

Wrexham and Flintshire LSCB

Integrated Family Support Board

IFSS
Integrated Family Support Service
Intense service for families in crisis due to parental drug and alcohol dependency

CYP Framework Partnership Boards, Wrexham, Flintshire and Denbighshire

Families First
Child Poverty Strategies
Working across the Northern Consortium area to improve the provision of whole family support to raise families out of poverty.

1. TAC
(Together Achieving Change)
CAF
Family Support Model
Information about local provision
Workforce Development

2. Home Learning and Money
Housing
Training and Education for parents
Support into Employment
Welfare and Employment Rights
Benefits and Debt Advice

3. Community Conferencing

4. Critical Analysis of Early Intervention Services
## Integrated Family Support Services steering group

<table>
<thead>
<tr>
<th>Name</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathy Weigh</td>
<td>Head of Service IFSS (Chair)</td>
</tr>
<tr>
<td>Dave Callahan</td>
<td>Team Manager IFSS</td>
</tr>
<tr>
<td>Lynn Spruce</td>
<td>Team Manager LAC</td>
</tr>
<tr>
<td>Gill Foulkes</td>
<td>Family Support Team</td>
</tr>
<tr>
<td>Francine Salem</td>
<td>CAFAT</td>
</tr>
<tr>
<td>Angela Povey</td>
<td>CAFAT</td>
</tr>
<tr>
<td>Kevin Fryer</td>
<td>Child Health and Disability</td>
</tr>
<tr>
<td>Godfrey Hayes or Mark Jenkinson</td>
<td>Service Manager Mental Health Adults</td>
</tr>
<tr>
<td>Sue Aston</td>
<td>Health Service Manager</td>
</tr>
<tr>
<td>Chris Pearson</td>
<td>Head of Service Mental Health (Deputy Chair)</td>
</tr>
<tr>
<td>Tracy Griffiths</td>
<td>Team Manager, The Elms</td>
</tr>
<tr>
<td>Lisa Mills</td>
<td>Lead Nurse, Safeguarding</td>
</tr>
<tr>
<td>Anne Roberts</td>
<td>Action for Children</td>
</tr>
<tr>
<td>John Grant</td>
<td>Educational Social Worker</td>
</tr>
<tr>
<td>Linda Butler or a rep</td>
<td>CAMHS</td>
</tr>
<tr>
<td>Linda Vickery or a rep</td>
<td>CAMHS</td>
</tr>
<tr>
<td>Marc Williams or a rep</td>
<td>Housing</td>
</tr>
<tr>
<td>Carol Williams</td>
<td>Children’s Service Manager Barnardos Compass Project</td>
</tr>
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