Evaluation of the Integrated Family Support Service - First Interim Report Executive Summary
Executive Summary

1. SQW with Ipsos MORI and Professor Geoff Lindsey of the Centre for Educational Development, Appraisal and Research (CEDAR) at the University of Warwick were appointed to undertake the evaluation of the Integrated Family Support Service (IFSS) model in August 2010. This report covers findings about the setting up and early stages of the IFSS model, covering the period up to September 2011.

IFSS: The model

2. The IFSS programme is focused on supporting families with complex needs, where a child/children can be at risk as a result of parental substance misuse problems. The Integrated Family Support Team (IFST) is a multi-agency team which is intended to both deliver interventions to some of the most vulnerable and high-risk families and support the development of a highly skilled workforce. In each local area the service is being delivered by a newly recruited team. The team is employed by the local authority and reports to a board which comprises a range of partners including police and health services. The work with families is structured around two phases.

- Phase 1 Intensive Intervention – is expected to last four to six weeks
- Phase 2 Maintaining the Family Plan – During Phase 2 the family, IFS Spearhead worker and case coordinators for adults and children work together to provide the professional interventions that are deemed necessary for the family to remain in a positive process of change to meet the objectives of the Family Plan.

The IFSS Pioneer areas

3. There are three IFSS Pioneer areas in Wales – Newport, Rhondda Cynon Taff / Merthyr Tydfil (as consortia), and Wrexham. All are covered by the evaluation, although in the report we have sought to anonymise the areas by referring, in no particular order, to Sites 1-3. The data suggest the scale of need varies considerably between the three Pioneer Areas, although the IFSTs are of a similar size. However, in the short term as a new service it could be anticipated that there would be sufficient latent need/demand for support amongst the population to generate sufficient referrals to utilise the existing capacity.
Implementing IFSS

4. All three Pioneer Areas feel that they generally have the right skill mix in place now (the teams have a majority of staff with a background in social work). Two important learning points were highlighted:

- A potential need was highlighted for the inclusion within the teams of an adult learning difficulties specialist
- The need for a social worker from adult services in the team in order to fully meet the needs of families.

5. There was also some uncertainty about the balance of tasks set out for the Consultant Social Worker (CSW, a new post created through IFSS). It may be that the balance between roles will change, perhaps becoming more operational.

6. The Pioneers experience with regards to the recruitment of staff has varied. Site 1 Pioneer began their recruitment process in May 2010 with interviews held in June and July 2010. A rigorous recruitment process was adopted, incorporating an assessment centre comprising interviews and various skill and psychometric tests, which staff noted was challenging and to some extent daunting but on reflection gave them confidence that they had the right skills to do the job.

7. A more standard, but perhaps less holistic approach to recruitment was adopted in the other sites. They subsequently faced challenges both in attracting suitable candidates, and later in retaining staff.

8. Pioneer Areas have a duty to establish an Integrated Family Support Board (IFSB or the Board). All three Pioneer Areas have established IFSBs, which are now meeting regularly. In all three areas the Boards are supported by an Implementation/Operational/Steering Group.

9. All three Pioneers report that their Implementation Groups are proving effective mechanisms for resolving issues and so far there has not been need for escalation of operational issues to Board level. They also report goodwill at Board level. This good level of partnership working was seen to reflect: the relations between the individuals involved; and a general desire to support IFSS. If this good level of operation can be maintained, and it is early days, then it may be that the need for a Section 58 agreement (a type of service level of agreement between the IFST and those providing ‘family support services’ under IFSS), which was a requirement of the areas, is much less than expected. However, it may be too soon to draw any conclusion and this may need further evaluation.
10. The Welsh Government has provided training for the IFSTs and all the Core Team members attended a four day training course. In general, the IFST members gave positive feedback about the training, finding that it enthused them for the job ahead. Staff generally felt that the training prepared them sufficiently to get started with delivery but that they have had to draw significantly upon their previous experience. It was emphasised that the current approach to training had been appropriate, given the need for experienced staff post qualification to fill the core team roles.

11. The IFSTs have worked hard over the last 12 months to address the wider awareness and understanding of the service, particularly within the referring partners of Children’s social care teams. A number of lessons are apparent from this experience, especially that location and relationships matter, as it takes time and effort to build profile and trust.

**Delivering IFSS**

12. From the 150 assessments carried out, 130 cases were accepted onto the IFSS programme in the first year. This accounts for 43% of the anticipated 300 cases across all three pioneer areas. Despite the lower than anticipated numbers a few cases were still rejected due to a lack of team capacity at that specific point in time. Even allowing for a settling in period during year one, the indications to date would be that the initial figure of 100 cases per area (per year) would not be attainable with lower demand sitting alongside reported constraints in supply.

13. As the programme has developed the teams noted that they have increasingly come to the view that the ‘crisis’ (the time for them to intervene) should be defined in terms of the family experience. This point of definition raises several interesting issues around timing, especially in light of any capacity issues, alongside the application for professional judgement about who will / will not be helped.

14. The Pioneers are also coming to question how long the Phase 1 intensive intervention should be. For some this was seen as questioning the specificity of the model, but more widely the Pioneers have the opportunity to generate evidence on the relationship between the length of this stage and subsequent outcomes.

15. It is too early to judge the outcomes from IFSS to date. The intervention is designed as a 12 month programme of support and although the end of the first 12 month delivery period has been reached, no families have completed the full 12 months of intervention. However, data and qualitative feedback
from the areas suggest positive trajectories were being followed by families supported.

16. In general IFSS staff report that their experiences of Phase 2 so far have generally been positive. The IFSS spearhead workers schedule regular meetings with the family, the case holding children’s social worker, adult social workers and other relevant services to review progress. However, it has been noted that the high turnover of staff in mainstream social work teams has resulted in inconsistent engagement with families especially over the extended period of IFSS Phase 2 delivery.

Staff experiences of delivering IFSS

17. The staff reported a number of very positive experiences, which reflect the ethos of IFSS:

- Staff had a strong feeling of being involved in a team, to which their skills were vital and felt their role carried a high level of responsibility
- Embracing the focus on the family as a whole rather than just children or just adults
- Valuing the opportunity to work intensively with a family and dedicated time to working through issues with them
- Working with a family to solve problems (one consultee described this as ‘positivity not negativity’).

Issues for consideration

18. This report has considered the implementation and delivery of the IFSS in the first 12 months of operation. Feedback from all three areas has been positive. They remain positive that IFSS will lead to improved outcomes for families.

19. However, there remain a number of areas where further consideration is required. The key points for the Pioneers to consider in moving forward are:

- The throughput of cases and implications for capacity as they enter a period of ‘steady state’
- Developing a clearer, professional judgement on the types of families and at what ‘crisis’ point they think IFSS can work.

20. The initiation phase has also highlighted a number of points for future IFSS areas as they seek to implement an IFSS model:
A key lesson for new areas is the value in investing in the recruitment and initial set-up of the IFST.

The importance of getting these relationships right, and the time required to do this must be built in to the initiation phase and then reinforced over the early weeks and months.

**Issues and uncertainties about the delivery model**

21. The issues highlighted in this section refer to the nature of the model and policy framework surrounding it. In several instances the evidence does not point as yet to strong conclusions, but rather to pointers that the Welsh Government may wish to consider as the rollout proceeds. The main points arising were that:

- If the Boards continue to operate well in their absence then the need for an S58 Agreement should perhaps be re-assessed

- There will be a need to consider the scale of throughput which can be achieved and to consider the implications of this in terms of the overall level of demand in each area

- The skills mix and job roles of the IFST will probably require to be refined

- As the Pioneers more tightly specify their target groups for IFSS there is a question of understanding whether some of those being excluded in some areas are in fact gaining positive outcomes in others; and what support is being offered to those who fall outside this range, but who need support.
**Issues for the evaluation**

22. Evidence on a range of the points set out above will be gathered through the evaluation, which in particular will be considering:

- The evolving models across the three areas
- The views of families.