



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

# Annual Report

April 2016 – March 2017

## **Contents**

	Page
<b>1.</b> Introduction	<b>3-4</b>
<b>2.</b> The IFSS Board	<b>5-6</b>
<b>3.</b> Service Delivery	<b>7-8</b>
<b>4.</b> Development of Processes and Protocols	<b>9</b>
<b>5.</b> Aligned Services	<b>10-11</b>
<b>6.</b> Additional services established during past 5 years	<b>12-15</b>
<b>7.</b> Training	<b>16-17</b>
<b>8.</b> IFST Budget and Finances	<b>18-19</b>
<b>9.</b> Key Achievements - Outcomes	<b>20-28</b>
<b>10.</b> Partnership working	<b>29</b>
<b>11.</b> Challenges and Issues	<b>30</b>
<b>12.</b> Priorities for the next 12 months	<b>31</b>
<b>13.</b> Conclusion	<b>32-33</b>
Appendix 1 - School attendance research	<b>34-38</b>

# 1 Introduction

- 1.1 This is the fifth 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. To mark the fifth Anniversary of the Service, it will take a different approach and report on the past five years of operation and highlight the critical issues which have impacted on 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. The results of the past five years will be reported on later in the report.
- 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.

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 IFST Board is now merged with the Children and Young People Partnership Board which meets on a regular basis and continues to maintain the required representatives through the new Board and operate according to the statutory guidance. It employs a collaborative approach taking its membership from key statutory and non-statutory services operating across Cardiff and the Vale of Glamorgan with the focus on promoting the “Think Family” agenda and facilitating effective integrated working.

2.2 During this fifth year, there continues to be no barrier to service delivery that has required intervention by the Board.

2.3 Changes to Board Membership

See 2.1 above

2.4 Terms of Reference

Section 53 of the Children and Families (Wales) Measure places a duty on the Local Authority to establish an Integrated Family Support Board for IFST.

- **Purpose**

To provide strategic direction to the implementation and delivery of the Integrated Family Support Service across Cardiff and the Vale of Glamorgan.

- **Functions**

The Children and Families (Wales) Measure sets out the statutory functions of the Board, these are:-

- To ensure the effectiveness of what is done by the Integrated Family Support Services to which they relate.
- To promote good practice by the local authorities and Local Health Boards participating in the teams in respect of the functions assigned to the teams.
- To ensure that Integrated Family Support teams have sufficient resources to carry out their functions.
- To ensure that the Local Authorities and Local Health Boards co-operate with the Integrated Family Support teams in discharging the teams' functions.

Furthermore:

- To provide overall direction, management and scrutiny to the IFS teams, both during its implementation phase and now when the service is running.
- 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).
  - 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 coincide with CYP Meetings.

### **3. Service Delivery**

3.1 During the past five years we have seen a reasonable turnover of staff but the core team continues to comprise the following members:

- IFST Service Manager
- Administrative Assistant (Job share)
- 4 Social Care Intervention Specialists
- 1 Health Intervention Specialist (Health Visiting)
- 2 Consultant Social Workers
- 1 CPN Health Intervention Specialist

In addition to the core staff members, we have recently agreed to take on trainee Social Workers in a training capacity.

3.2 We are currently experiencing a shortage of staff members, including a Service Manager. It is hoped that a new Manager is expected to be in situ shortly. We have also lost 2 Intervention Specialists this year and these have both been recruited. There is always, inevitably, a hiatus between staff leaving and new staff coming on board trained in the IFST model which impacts on targets.

3.3 An Independent Reviewing Officer (IRO) post undertakes 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 have been 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.

3.4 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 later in the report for details of the RBA approach and the outcome statistics).

3.5 There have been no official complaints made against the IFST in the past year. Positive feedback is shared with the IFSS Board members regarding the experience of families and practitioners when working with the IFST.

3.6 The focus of any research carried out by Consultant Social Workers (CSW) will be relevant to IFSS practice and/or development. 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.

3.7 All members of the team have completed or are working towards their accreditation up to level 6 in the IFSS model

3.8 Members of staff are also undertaking or have completed training in Accreditation levels 3, 5 and 6 and also the Train the Trainers programme. Additional training is provided periodically as required.

3.9 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.
- 4.2 Information Sharing Protocol is available on the WASPI website as a model of good practice.

Information Sharing Partner Organisations	Responsible Manager
Cardiff County Council <ul style="list-style-type: none"> <li>• Children Services</li> <li>• Adults Services</li> <li>• Housing</li> <li>• Youth Offending Services</li> </ul>	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"> <li>• Children Services</li> <li>• Adults Services</li> <li>• Housing</li> <li>• Youth Offending Services</li> </ul>	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"> <li>• CAU</li> <li>• Midwifery</li> <li>• Mental Health</li> <li>• Health Visitors</li> </ul>	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 with the Substance Misuse Area Planning Board.
- 5.2 The Strengthening Families Programme also continues to be aligned to the IFST managed by the Service Manager. Funding for this service 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 The provision of Support Workers continues to be invaluable to the Phase 2 stage of the IFST intervention. The Support Worker post is 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.

Supports workers have, to date, spent 3,764.86 hours supporting families.

### Support Worker Achievements

Work done	Hrs
Substance Reduction	578.42
Finance	359.05
Housing	649.73
Crime	221.00
Employment / Education	360.58
Routines	661.41
DV	73.75
Medical	403.55
Diversiónary Activities	Hrs
Employment	25.25
Education	42.25
Voluntary	29.70
Leisure	122.68
Cardiff referrals all years	117
Vale referrals all years	49

- 5.4 The provision of CRAFT to Concerned Significant Others to help support themselves and their Loved Ones is covered by an 8-10 week programme. These interventions are provided on a one-to-one or a group basis. In addition to the regular intervention meetings and follow ups, the team has also invited clients to attend extra-curricular activities to aid their progress. These activities include Peer Support Groups running in Cardiff and in Barry; A Summer Barbecue attended by a mixture of clients, loved ones and family members at which a number of alternative services were made available, including: Manicure, Reiki, Head and Neck massage, Yoga, Mindfulness and Reflexology;

and a Christmas CRAFT group meal.

New links have been forged with “Forgotten Families” an independent family support group for loved ones; Members of the team have conducted additional sessions with clients who were identified as struggling with Managing Anxiety, Guilt and Family Dynamics and systemic changes, Communications – having difficult conversations with Social Workers, Housing as well as their loved ones Building confidence.

This demonstrates the value all team members place on their clients and families to ensure they are provided with help that will give them the best possible outcomes

The team has also supported one Vale peer support group to meet with CASM Llanelli family support group (CSO supporting Loved Ones with substance use).

## **6 Additional Services established during past five years**

### **6.1 POPS**

This project is the result of collaboration between the Integrated Family Support Team and New Link Wales. The IFST team have identified unmet needs while working with families and, together with New Link Wales, has established a new volunteering programme. It has been launched to assist families in practicing parenting skills with the ultimate aim of keeping families together, protecting children and providing a platform for achieving recovery goals.

This project was inspired by the case of a young woman who was made homeless at the age of 12. Raised by very young parents herself she did not receive an adequate level of parenting and had a number of very violent relationships and a long history of using cannabis. She has no concept of boundaries and thinks she can be a good mother if she says yes to everything – now her children are out of her control. This young woman found herself in a situation where she desperately wanted to do the right thing and improve her parenting skills but didn't know how. The end result was her children being taken into care. Her 10 year old daughter recently said "my top wish is to go home to my mum but she can't cope with us".

POPs is a volunteer programme that helps parents to practice the skills they learn from social services intervention, within a supportive community setting. This may involve helping with bedtime routine, playing with the children while the parent makes a meal or being on the end of a phone if a crisis hits. Support at this level can keep families together, improve parenting outcomes, safeguard children and ultimately reduce substance misuse.

The volunteers come from CRAFT graduates or students in the health or social fields. Training is given in a Family MILE, with the MILE material adapted for parenting, VOLOCITY training covering substance misuse and the 3 day IFST Family Service Training. They will contribute between 4 and 12 hours a week of direct support to families.

#### **Outcomes**

- Improvement in parenting skills
- Sustaining positive changes and achievement of recovery goals
- Skill reinforcement using the CRAFT model
- Establishing routines
- Improved educational attainment for children
- Robust training for volunteers
- Potential career and personal development for volunteers
- Increased capacity of IFST service

## 6.2 Safety Planning Training

The main goal of setting up and delivering Safety Planning training was initially to equip professionals from the Family Intervention Support Team, with a practical, bespoke tool to manage risk in situations such as:

- Parents or carers are using substances and the impact on parenting abilities and on their ability to ensure children's wellbeing and safety.
- Family relationship breakdown.
- Managing disruptive teenage behaviour.
- Exposure to other adults who are using substances.
- Inconsistent, unsafe or poor parenting.
- Domestic violence in the home.
- Child blamed for parental crisis, for professionals being involved etc.
- Any situation that poses a risk to children's safety and wellbeing and their parents/carers

IFST Safety Planning is family orientated, focuses and uses family's strengths & resources and includes previous safety family arrangements. It also incorporates internal motivators, is family owned, transparent, detailed, and enables and empowers families to better manage risks. It is also ratified by family and Social Worker and acknowledges consequences if the safety plan is not adhered to. Safety planning recognizes families and communities as a valuable resource, empowers them to be involved, encourages families to take responsibility for the safety and well-being of their children, identifies risks and plan strategies to minimize them. Overall it is used as a tool to address & manage substance misuse – treatment, recovery, substance reduction to ensure there is improved parenting and meets a child's emotional, developmental and safety needs. This list is in no way exhaustive and safety plans can be created to cover any issue impacting on family functioning.

FISS workers are working intensively with complex child in need and child protection cases and incorporating Safety Planning into their interventions has been very useful, especially to enable families to manage and to minimise risks using a co productive model.

Safety Planning training sessions have also been delivered to social workers from Cardiff Intake and Assessment Team, to encourage workers to replace written agreements with safety plans. IFST Safety Planning is centred around ensuring (primarily) Child Safety and Wellbeing, but also about parental wellbeing and safety. Feedback from Social Workers details situations where due to safety planning being used, cases are being closed more expediently and due to risk being managed more effectively by families, cases do not escalate to Child Protection.

Safety Planning training has been requested by Cardiff Team around the Family (Preventative Service) for safety plans to be incorporated into the team's family interventions to manage risk and ensure positive changes are being sustained.

There is also a work in progress plan, in partnership with Vale of Glamorgan Children's services for Safety Planning training sessions to be delivered to Intake Team workers, to prevent risk of child in need cases escalating to child protection level.

### 6.3 IFST unborn proposal for Cardiff and the Vale of Glamorgan Children's Services

In response to Children's Services plans to bring antenatal cases into the safeguarding arena at an earlier stage a discussion was held to introduce a trial period of taking 'Unborn' referrals within the IFST service. Previously the IFST worked with families 2 weeks before their EDD and 2 weeks following the birth of their baby.

This new proposal focuses on receiving referrals from Children's Services for mothers from 24 weeks gestation when they had not made any changes to their substance misuse behaviours despite support from other agencies. The aim was to support the mother / father to substance reduction or abstinence where appropriate in order to:

- reduce the risk of harm to the unborn's growth and development
- reduce the risk of harm to the mother / father
- support baby being discharged home to parental care following birth
- explore resources within the extended family

The Health Intervention Specialist working with this proposal has a background of health visiting and midwifery with a professional interest in Infant Mental Health. Alongside the model she is able to explore parental hopes and fears about becoming a parent, their representations of their unborn baby and promote positive parent - infant relationships.

During the pilot, meetings between the lead Social Worker for unborn children, the Elan midwifery team, and the CAU social worker were held on a regular basis to discuss cases. This is yet to be established in the Vale.

### 6.4 IFST Family Therapy Service

Within the Cardiff and Vale IFST we have a qualified Systemic Psychotherapist (Family Therapist) and we are piloting a family therapy clinic for clients who have accessed the IFST, EIT and CRAFT services.

Family therapy can help those in close relationships to better understand and support each other. It enables people to express and explore difficult thoughts and emotions safely, consider each other's perspectives, build on family strengths and work together for change.

Family life isn't always easy and each family member has their own way of thinking and responding to concerns and worries. Family therapy can provide a safe space for family's to explore their ideas with each other. The sessions on

offer can be used for couples, or families in which ever configuration feels relevant for therapy.

The family therapy clinic is available once a week with four sessions on offer that day. There is currently one therapist, with the option of recruiting a volunteer placement therapist, to add to the reflecting team, depending on proposed future provision.

In a period of 6 months, there have been 13 referrals to the family therapy service; 8 for families living in Cardiff and 5 for families living in the Vale of Glamorgan. 2 families were referred to other services and 4 families have been closed for non-engagement. 3 families have ended their sessions with the clinic through choice and agreement. 3 families are continuing to access the service and 1 family is in the process of being referred to the service.

Some of the clients described the problems they had as:

“Child trying to take on mothering role”, “Managing the children’s behaviour”, “Going nuts, smashing the house up”, “Everyone interferes”, “We are fighting”, “Issues within my relationship with partner”, “Because of mine and my partner’s anger issues”, “Marital problems” and “understanding”.

We use the SCORE-15 Index of “Family Functioning and Change”; a self-reporting outcome measure to capture data from the work undertaken, currently used within CAMHS Outcomes Research Consortium and highlighted as good practice within The Association of Family Therapy. The current data collected shows that clients have reported the severity of the family problem as showing a 35% improvement, following family therapy. When scoring how they are managing as family, the data also shows a 35% improvement in how clients are scoring themselves during and after family therapy.

## 6.5 Traumatic Stress Clinic UHW

The IFST has provided input into Cardiff and Vale University Health Boards preventative service for those patients who have experienced trauma.

The aim of the service is to develop and provide effective interventions to help prevent individuals developing significant mental health difficulties after traumatic events and to treat individuals with Post Traumatic Stress Disorder (PTSD). The service also aims to increase awareness of the psychological effects of traumatic events and organises the annual Traumatic Stress Conference.

A Consultant Social Worker in the IFST who is also a Cognitive Behavioural Psychotherapist (CBT) holds a weekly clinic at the Traumatic Stress clinic and works with complex patients from Cardiff and Vale of Glamorgan who are parents that have experienced multiple trauma such as child abuse, significant domestic abuse and / or experienced mental health problems or had problems associated with substance misuse.

## 7 Training

The IFST is tasked with delivering training to the wider workforce (including statutory and universal services) as part of the Health and Social Care transformational change agenda.

In 2016-2017, Cardiff and the Vale IFST delivered five, three day training modules based on Family Focused Interventions with three main themes:

- Enhancing Motivation for behaviour change.
- Lowering Resistance to behaviour change and
- Safety Planning.

Over the 3 days participants learn and understand the philosophy and the underpinning knowledge of delivering family focused interventions. The training incorporates skills and strategies implicit to the model and illustrates a collective view of the process from beginning to end. The training also offers participants an in-depth understanding regarding the delivery of effective, timely and transparent family focused interventions and supports the implementation of the changes from the Social Care (Wales) Act 2016.

Approximate 90 attendees from a range of backgrounds including: social care and health professionals, social work students, and health visitor students completed the training and a number went on to complete the accreditation and feedback was very positive.

*“I thoroughly enjoyed all aspects of the training. Both trainers were knowledgeable and all group/individual activities were useful and purposeful. I have certainly learned a wealth of information and skills that I can utilise in my new role. Thank you very much!”*

*“Very knowledgeable trainers, neither made any questions seem stupid. Very supportive. Wish I’d done the training earlier in my practice. Will definitely use it in future practice.”*

*“I have found all aspects of the training extremely useful. I feel more comfortable in my ability to adapt and utilise the tools that have been used throughout the training session. It has also raised my awareness of the importance of enabling service users/individuals to relate their issues in their own time, whilst remembering how difficult what we expect them to achieve”*

*“Very balanced throughout the 3 days with use of visual slides and practical exercises. Facilitators pace was well managed and informative”*

*“Very enjoyable training. Facilitators were able to answer any questions. Valued the process from start to finish. Will take away resources”*

An important achievement for 2016-2017 IFST training was an invitation from Cardiff University to deliver the 3 day module to 20-health visitors as an integral part of their learning and development plan.

As part of the ongoing IFST partnership between Cardiff and Vale of Glamorgan, we have been involved in a project pilot that aimed to equip staff from the Health department (health visitors, support workers) and staff from schools, to feel confident and competent to Chair Core Group meetings. The IFST CSW participated at the creation and the delivery of two training sessions. The delivery panel included:

- Social Work managers

- Cardiff and Vale University Health Board manager and
- IFST Consultant Social Worker who delivered a module on- Managing Conflict and Difficult Behaviour in Core Group meeting.

## **7.1 IFST training development and new collaborations for 2017-2018**

As a result of students and lecturers from Cardiff University receiving positive feedback and reviews about the IFST training, we have been requested to deliver IFST training to social work students who are in the second year of the Master's program. The students will have completed two placements (one twenty day and one eighty day) and it has been agreed that the training be of assistance in helping them to contextualise the IFST teaching and give them a better understanding of the model implementation and benefits whilst enabling them to feel more equipped to work with families. It is planned that we deliver training to approx. 50 social work students in September 2017, by delivering three sessions of the IFST 3 days training. This is a massive achievement when it comes to Transformational Change in Health and Social Care, continuing the integration of evidenced based models into social work practice. There is also ongoing work regarding the delivering of IFST Safety Planning training to social work practitioners from the Vale of Glamorgan. If this is going to be agreed, we aim to deliver 2 sessions of the IFST Safety Planning training in October 2017.

## **8 IFST Budget and Finances**

### **8.1 Changes to the IFST Grant**

From April 2015 the IFSS Grant was transferred to the Regional Support Grant (“RSG”) with a 50/50 split between Cardiff and the Vale of Glamorgan. This has presented 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. The reality is that, for the team to operate for a full year, the full amount of the RSG is required regardless of the ratio delivered.

### **8.2 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 originally based at Bridgend. The Central Training Unit ceased to be supported in Bridgend in 2014 and the funds are now currently available to be utilised by the training team in Cardiff.

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.

### **8.3 Cost Benefits**

The Welsh Government, through the Department of Education, has produced a tool which can measure the cost of an individual’s or 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 Welsh Government and is therefore the tool of choice. 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 both their own and other areas of the community.

Using this tool, the IFST has evidenced substantial savings each year since inception. However, due to the uncertainty of the outcomes, we decided not to publish the potential savings the service has made. It should, nevertheless, be mentioned that the families worked with are families with children that are either being considered for accommodation or registration.

The basic funding for this service over the past five years has been £2,750,000. We record the numbers of children we have worked with and during the past five years 182 (76 families) children were considered for accommodation and

82 (38 families) for registration. 157 families with 331 children were referred as CPR and Accommodation and 7 for 10 children returning home.

If we look at the costs that would have been incurred for one month (the average time of an intervention) for Local Authority accommodation or for registration, including legal costs, the savings would have been as follows:

192 Local Authority accommodations:	£21236 x 192 =	£4,077,312
413 Registrations:	£6567 x 413 =	£2,712,171
Total		= £6,789,483

On top of these potential savings, we would also consider the reduction in Police and Ambulance call outs, truancies, lost days of work, social care time and, of course, the cost to the neighbourhood in ASBOs, nuisance calls, etc. and most importantly the benefits enjoyed by the children because they remain in the family home.

It is acknowledged that in many cases the children would, where possible, either remain in the family home or be accommodated with family, thus reducing the cost to the community. However, there is a picture here, which demonstrates the potential savings that a service such as this can make to the community as well as highlighting the number of children that could be at risk of leaving the family home.

There are also many children that would enter care without the opportunity of help from this service.

#### 8.4 2016 – 2017 Financial breakdown

Income:		
RSG Payment		£568,000.00
Expenditure:		
Salaries	£485,221.49	
Medical	£ 502.10	
Insurances	£ 1,145.41	
Training	£ 120.00	
Sub Total		£486,989.00
Premises	£ 9,000.00	
Sub Total		£ 9,000.00
Travel costs	£ 8,814.86	
Sub Total		£ 8,814.86
Books	£ 547.80	
Stationary / Printing	£ 1,345.42	
Office equipment / Furniture	£ 358.24	
Print costs	£ 1,478.76	
Hospitality	£ 249.85	
Conference expenses	£ 1,730.60	
Catering	£ 341.00	
Telephones	£ 5,511.86	
Postage	£ 171.66	
Child in need	£ 817.94	
Purchase IRO time	£ 50,643.01	
Sub Total		£ 63,196.14
Total		£568,000.00

## 9 Key Achievements – outcomes past 5 years

9.1 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 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 last five years of the IFST can be found below.

### 9.2 The level of service provided (How much?)

How much refers to the amount of work we have done. We measure this by recording the number of referrals we have received and processed. Those families we can work with and those we can't because of no space or inappropriateness.

#### Referrals

The initial service level agreement required the team to work with 100 families per 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 each year of operation, as it takes into account the limited size of the service.

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 each the year (7 per month). Over 5 years this would equate to 440 referrals. By monitoring the number of referrals, the IFST can maintain momentum to ensure that as many families as possible can receive an intervention. A monthly update is provided to all staff to keep them informed of progress through the year.

Referrals			
	Cardiff	Vale	Totals
No Space	91	42	<b>133</b>
Inappropriate	105	41	<b>146</b>
Allocated	202	88	<b>290</b>
Referred to other services	60	25	<b>85</b>
Refused	9	1	<b>10</b>
Awaiting further information	5	0	<b>5</b>
Total Received	472	197	<b>669</b>

Included in the detail is the number of 'no space' referrals and the number of inappropriate referrals. This provides 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.

For further analysis, also provided are 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.

Over the past five years we have received 669 referrals 65% more than we had planned for. 423 of these referrals were appropriate.

### Families referred and worked with

The following statistics break down information on the families that have been referred to the service:

#### SUBSTANCE USE OF FAMILIES REFERRED:

Male 290 Female 536

#### AND

#### SUBSTANCES USED:

Alcohol	355	Cannabis	197	Heroin	200	Ketamine	1
Methadone	60	Amphetamines	87	MKat	6	CRACK	21
Cocaine	86	Antidepressant	7	Polydrug	12	Prescribed	49

### Breakdown of children by age group

Pre-birth	62
0-3 years	306
3-6 years	286
7-10 years	299
11-14 years	237
14-16 years	161

### Parental breakdown

1 parent Female	238
1 parent Male	57
2 parent	311
Mum and partner	56
Mum and G/Parent	17

## 9.3 The quality of the service provided (How well?)

How well covers the success of the interventions completed with the families we have worked with. This can include the success of families in their goals,

measured up to 12 months after the intervention and also how they start to access other services and strive to make improvements to their lives.

## 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 (87) compared to those accessed after the interventions (422) – a healthy 485% increase.

The number of individuals accessing services before the intervention is 37 compared with the number post intervention of 115. This is an increase of 211%.

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	39	Health	139
Local Authority	8	Local Authority	33
Counselling / Interventions	18	Counselling / Interventions	118
Tenant Support / Housing	6	Tenant Support / Housing	45
Debt Advice	0	Debt Advice	5
Employment	0	Employment	7
Legal / Crime	7	Legal / Crime	18
Education advice	4	Education advice	12
Young Carers	2	Young Carers	11
Parenting	4	Parenting	17
Domestic Violence	1	Domestic Violence	17

## 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 within the home. Families will generally work towards an average of two goals of which at least one will focus



## 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 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.

	Both Parents	Non Res Dads	Lone Fathers	Partners (Not dads)
Numbers	135	26	27	24
Male User	94	6	21	11
Female User	104	24	8	20

To appropriately capture this information we look at how many male members of families are engaged in the intervention.

We are also looking at numbers of male carers and their position in the family together with their access to other services before and after the intervention. Preliminary figures show that 11 Males accessed 19 services before an intervention compared with 36 Males accessing 87 services after.

We also compare male and female scores in goal attainment. We use the model to engage fathers and ensure that they take an active role in the intervention wherever possible.

How well are we doing? Comparison of male / female goal attainment										
Goals measured	2012	%age	2013	%age	2014	%age	2015	%age	2016	%age
Male Goals (All)	13/18	72.22	54/72	75.00	88/96	91.67	92/96	95.83	101/125	80.80
Male Goals (Sub)	3/8	37.5	36/45	80.00	43/48	89.58	48/54	88.89	62/75	82.67
Female Goals (All)	122/144	84.72	165/190	86.84	235/267	88.01	237/273	86.81	238/289	82.35
Female Goals (Sub)	62/75	82.67	91/106	85.84	93/106	87.74	94/109	86.24	86/106	81.13

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

9.4 The outcomes achieved for children and families (**What difference did it make?**)

### 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.

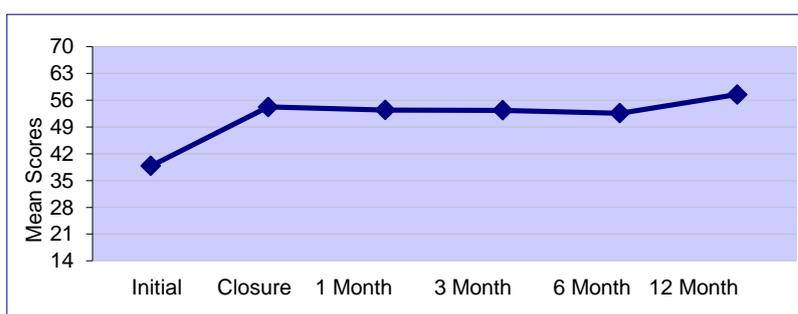
Having identified this as an important area to explore, the IFST adopted the Warwick and Edinburgh Universities Mental Wellbeing Scale as an appropriate tool that fulfilled the following criteria:

- quick and easy for both practitioners and individuals in families
- useful and has 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 is necessary to establish family and individual wellbeing. It is relevant and useful in enabling us to ensure we are providing the right service at the right time to the appropriate families. The questionnaire is 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)



Mean Scores

### Family and Children's outcomes

The best possible result for the service would be for all children to remain at home and for families to be able to be closed to Children's Services. This is, unfortunately, a result that we are unlikely to see. Over the past five years, however, the service has seen some success with families in these areas and the numbers are shown below.

VALE - All years

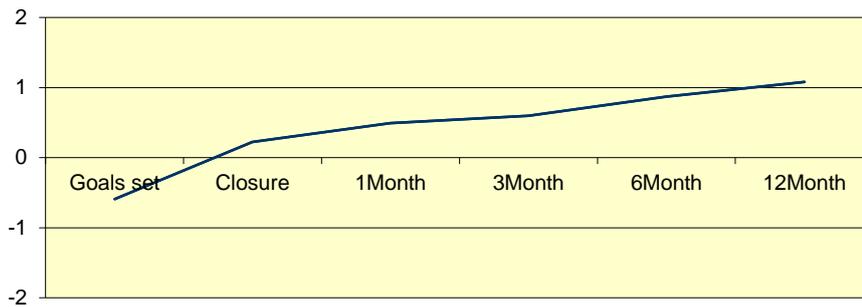
No of Families	90	No of Children	176	
No of children de-registered			30	17%
no of families closed to Social Services			19	21%
No of children returned home			4	2%
No of children accommodated			18	10%
No of children placed on CPR			5	3%
No of children remaining at home			162	92%

CARDIFF - All years

No of Families	207	No of Children	448	
No of children de-registered			77	17%
no of families closed to Social Services			39	19%
No of children returned home			2	0%
No of children accommodated			26	6%
No of children placed on CPR			14	3%
No of children remaining at home			424	95%

**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.



**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 eleven families and seven Social Workers.

## This year 2016-2017

The following section provides information specifically on the past year. The following shows the work the service has done during the year. The tables relate to the same RBA method of reporting:

How much?

How much have done?	Cardiff	Vale	Total
No of referrals received	104	50	154
No of families allocated	57	31	88
No of inappropriate referrals received	20	9	29
No of families referred to other services	14	4	18
No of 'No Space' referrals received	9	4	13
No of families refusing the service	2	1	3
No of closures	67	36	103
No of Follow ups	81	51	132
No of interventions closed early	25	9	34

How well?

How well have we done it?	Cardiff	Vale	Total
No of goals maintained (All goals)	204/249	145/171	349/420
No of substance goals maintained	83/104	62/73	145/177
No of females maintaining all goals			238/289
No of females maintaining substance goals			86/106
No of males maintaining all goals			101/125
No of males maintaining substance goals			62/75
Potential cost benefit calculated for the year	£4.56M	£1.43M	£7.37M

Is anyone better off?

(Numbers)

How much better off are our families? Numbers	Cardiff	Vale	Total
Average scores at 12 months	1.01	1.31	1.16
Number of children de-registered	4	5	9
Number of children returned home	0	0	0
Number of children remaining at home	146	68	204
Number of families closed to CS	13	6	19
Number of families accessing after an intervention (Cumulative) (Net increase)			115
Number of services accessed after an intervention (Cumulative) (Net increase)			422
Average WEMWBS score at 12 month Follow up			56.9

(Percentages)

How much better off are our families? %age	Cardiff	Vale	Total
Percentage increase at 12 months	67%	77%	71%
percentage of children de-registered	3%	7%	4%
Percentage of children returned home	0%	0%	0%
Percentage of children remaining at home	99%	100%	100%
Percentage of families closed to CS	19%	19%	18%
Percentage of families accessing after an intervention (Cumulative) (Net increase)			211%
Percentage of services accessed after an intervention (Cumulative) (Net increase)			385%
Percentage increase in average WEMWBS score from Closure to 12 Month Follow up			36%

Cost benefits breakdown

Summary	Cardiff	Vale	Total at Closure	Total annualised
All Families				
Police	£36,077	£1,575	£37,702	£452,422
Education	£3,720		£3,720	£44,640
Housing	£2,522	£16,830	£19,352	£232,224
Health	£1,045	£313	£1,642	£19,701
Drug & Alcohol	-£165		-£165	-£1,980
Social Care	£340,604	£96,861	£552,174	£6,626,088
Parenting Services	£0	£0	£0	£0
Totals	£380,095	£119,287	£614,425	£7,373,094

It has been another good year for the IFST showing that targets would have been met if staffing levels had been maintained. Despite this setback, the IFST has made a positive contribution to the wellbeing of children with parental substance misuse and saving the community at large significant sums by reducing the number of police and ambulance call outs and keeping children out or reducing the amount of time they stay in the care system.

## **10 Partnership Working**

- 10.1 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. Work is ongoing with Families First commissioned services to ensure clear referral routes for families in phase 2 of the IFST intervention. The IFST is instrumental in delivering training to providers in order to ensure a shared set of principles and values underpin all work with families. This has created a firm foundation for these services to build their model on.
- 10.2 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 and ensures families across Cardiff and the Vale of Glamorgan receive a consistent approach in service delivery.
- 10.3 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.

## 11 Challenges and Issues

- 11.1 The main challenge in 2015/16 was the transference of the Grant to the RSG across two local authorities. There was concern that the fidelity of the model could be undermined due to a lack of clarity about what LA's will be held to account to deliver. This was previously set out in the grant terms and conditions. Some Boards were still to make fundamental decisions about structures of IFST for 2015/16 and the management group noticed that the original intent of IFST was becoming increasingly diluted because of the levels of uncertainty and lack of strategic direction. The transfer has, to date, been without the anticipated concerns.
- 10.2 With the recruitment of an IRO it was essential to ensure that the service was embedded in the IFSS methodology. All the IRO's in Cardiff have been trained to ensure this was made a priority. Training of the whole IRO team is ongoing and a dedicated IRO is in place.
- 11.3 Concerns were expressed regarding the continuation of the IFST services across Wales. Welsh Government Minister, Mark Drakeford, has affirmed his commitment to this way of working with families (and not only those where there are substance misuse issues). The IFSS, in leading the way on transformational change, continues to be high on his agenda by sharing and disseminating the IFSS practice to influence how services engage with families.
- 11.4 With the unprecedented challenges continuing to face 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 now picking 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.
- 11.5 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 is still proving challenging due to variance in development of IT systems.

## 12 Priorities for the next 12 months

- 12.1 The main priority for the next 12 months will be to continue to ensure there is little 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 four 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. This has been difficult to implement but is ongoing.
- 12.2 Priority will also continue to be given to train the wider workforce in the IFST model of intervention using Motivational Interviewing, Solution Focussed and other cognitive behavioural techniques. Furthermore priority will be given 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 continue to 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.
- 12.3 The IFST 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.
- 12.4 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.
- 13.5 To continue the 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.

## 13 Conclusion

Challenges remain in maintaining full staffing levels. The resultant gap between leaving and a new trained member of staff has a considerable effect on success in meeting targets. Budget pressures placed on both Cardiff and the Vale of Glamorgan Councils have also proved difficult for the service and the team has worked tirelessly in its endeavours to deliver an excellent service to benefit families in Cardiff and the Vale of Glamorgan.

The fidelity of the IFSS model is paramount and to ensure that this remains so has resulted in staff becoming increasingly innovative in the delivery of the interventions. The outcomes presented in this report show the valuable work the service does and the positive results that have proved so welcome to the families in crisis. We will continue to build on the positive work with families, referrers and other professionals to ensure the IFST continues to be a valuable resource, ensuring the continued best outcomes for families and children across Cardiff and the Vale of Glamorgan.

Working with partner agencies in an early intervention and prevention model has proved very exciting and early results show that there is a reduction in the demand on Statutory Services by working in partnership with families to ensure the safety and wellbeing of their children. This, in a small way, will inevitably help reduce demand on an already over expended treasury.

Over the past 5 years, the IFST has been instrumental in setting up additional services that are continuing to help many of the families that have been worked with. This important work will continue over the coming years with new services being created where there is a need to ensure that at all times we can give the best possible service to our families.

### 13.1 Statutory Framework.

A number of evaluations of IFSS have been undertaken. Positive feedback to the Welsh Government in the final year 3 IFSS report published in 2014 resulted in continuation and strengthening of IFSTs in *Part 9 Social Services and Wellbeing Act (Wales) 2014* and detailed guidance in the *Explanatory Memorandum to the Partnership Arrangement (Wales) Regulations 2015*.

The report highlighted that most families felt their IFST intervention was successful and that the problems they had experienced such as substance misuse, domestic abuse, mental health problems, problems with parenting, housing, gaining employment, etc. had been either fully or partly resolved following their engagement with IFST. Similarly, most families described IFSS as a considerable improvement on the support they had previously received.

Parents felt more confident in managing their problems and challenges in the future and felt motivated to do this and this shows the effectiveness and value of the service. This also shows significantly improved family resilience.

The IFSS model has a solid foundation and evidence base .The Motivational Interviewing model has been subject to a growing number of (150) of systematic reviews and an increasing number of statistical meta-analysis.

### 13.2 **The requirements of the *SS&WB (Wales) Act 2015***

The Welsh Government requires the IFSS to deliver holistic family focused services to enable parents to achieve the necessary behaviour changes that will improve their capacity and capability as parents.

They consider that IFSS is a key component in the process of assessment, care planning, placement, and review arrangements for children and additionally IFSS is an integral part of the assessment care management and review arrangement in health and social care for parents who misuse substances.

IFSS should embed the values of engagement and collaboration, which builds on the families and individuals strengths. The voices of the children and parents must be heard and focused on the outcomes they want to achieve.

## Appendix 1

The following is a report on a research project based on school attendance of children of families worked with during the year 2015. The intention was to find out whether the IFST intervention would have any beneficial effect on school attendance regardless of whether there was any specific work done with the families to improve this. The report was written by Paul Clayton, Educational Psychologist.

### IFST children and young people

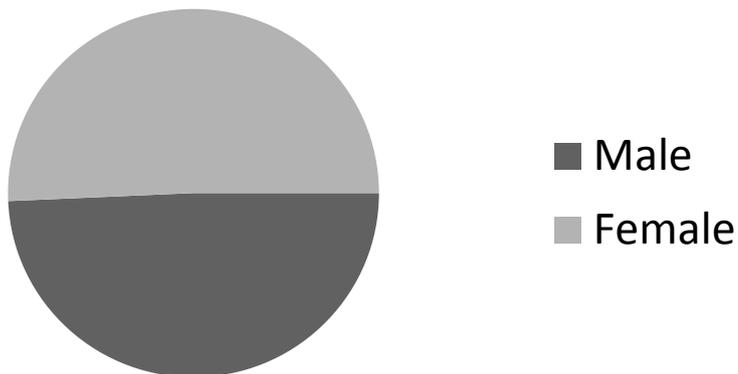
#### Educational Profile

##### Number

- In the time period there were 144 children and young people from Cardiff and the Vale of Glamorgan
- Of those 29 were below statutory school age at the time
- Of the remaining 115, for 12 children and young people the data was not available (either not held or in the Vale of Glamorgan)

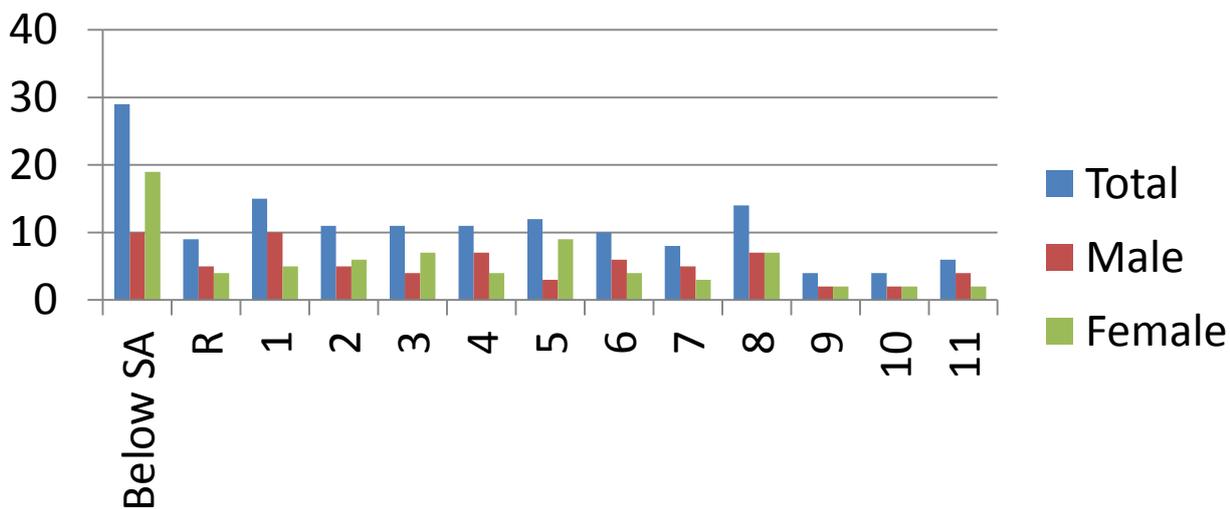
##### Gender

### Gender



Of the children and young people identified 73 were female and 71 were male.

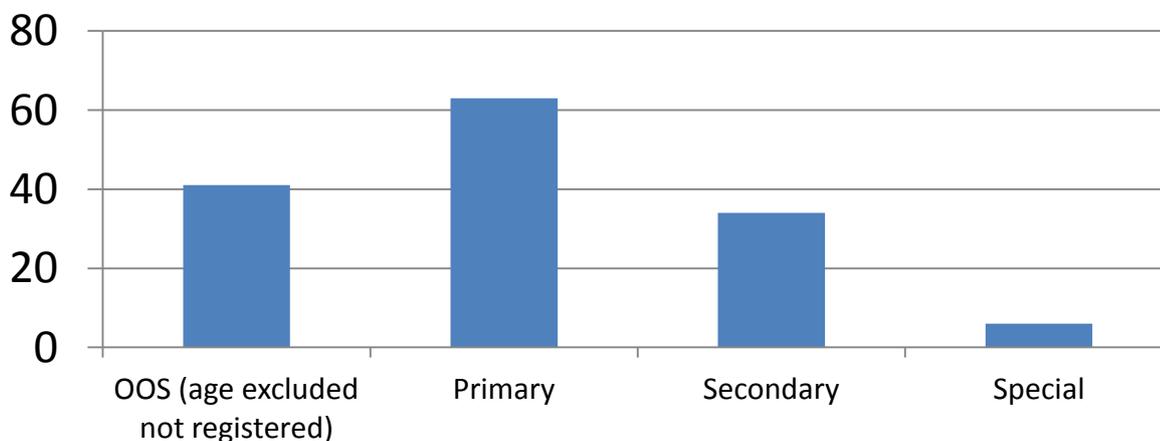
##### Ages



There seems to be an equal spread of children from age 0 years until about 14 years with an average of 10 children at each age. At fourteen plus there were few families with children of these older ages. This could be due to the nature of the families or that some families have had children removed. But with such small samples it is impossible to judge without further investigations. Also it could be that the families with difficulties will manifest these before a particular age of the children.

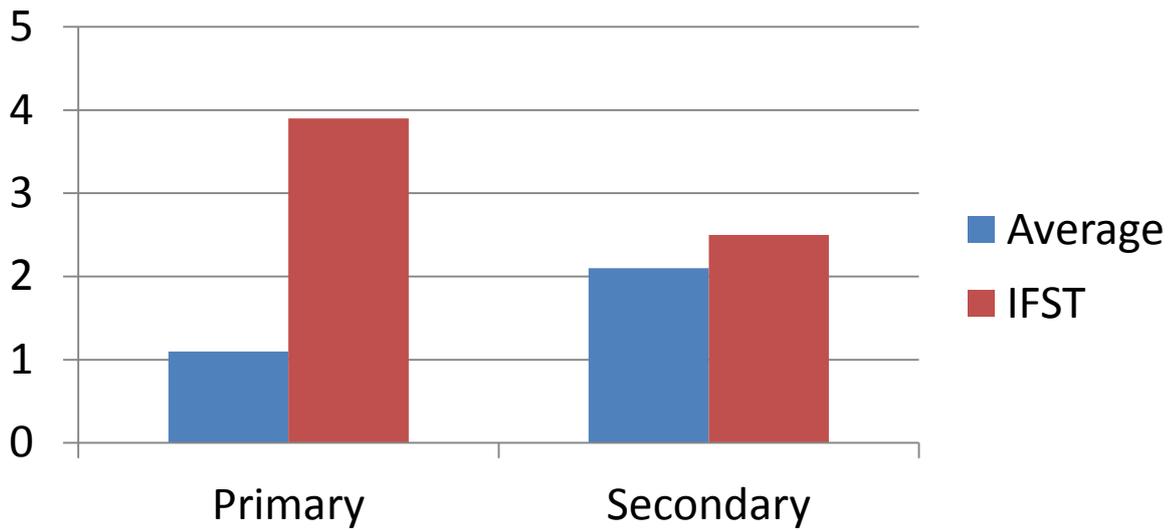
School types for children of school age

## Number of children

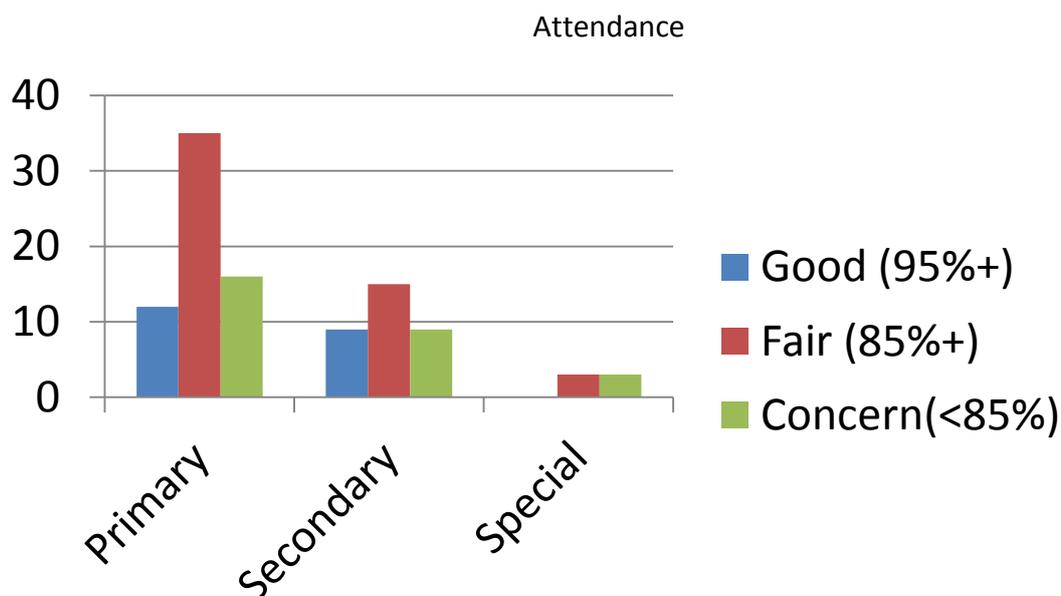


The majority of children are in mainstream the children Out of School (OOS) includes children too young, children in the vale and children currently with no school allocated. (See number of children)

Number of schools



The children and young people were compared to a control sample the averages of the control and IFST groups are shown. At Primary phase the number of schools attended by “IFST children” was over three times greater than the control group. This is statistically significant and also would have a social and educational impact on the majority of the children. Also this is a skewed average with some children having 5 or 6 changes of school in their Primary phase. There was no such difference at the Secondary phase.



The attendance for these children and young people for the majority was Fair or Good with no significant difference across the phases. The benchmarks were set high as the impact of attendance on attainment and social relationships are marked at this level. The impact on the child is noteworthy at this level as absence has an impact on the child and young person's social relationships and ability to make progress at these levels.

#### Exclusions

Fourteen of the 103 known children of school age have been excluded during their time at school. This was for fourteen children and young people. Of these fourteen children thirteen were males.

There were 112 incidents accounting for 207.5 days. Of these 207.5 days were due to the exclusion of seven children.

Six of the fourteen excluded children had concerns regarding their attendance

Eleven of the children were of secondary age and four attended secondary special school, one at a primary.

#### Resilience

For children to be resilient in school it has been shown that a number of factors should be present for the child or young person to have a good school experience.

- Good attendance, if not good then regular, attendance is crucial for progress and is for these children a better indicator of attainment than ability
- Recognition of achievement at an appropriate level
- Appropriate and positive expectations from both adults and children and young people
- One supportive adult who the child or young person feels confident in (often not who is "responsible for the child")
- Specialist help with emotional difficulties and behavioural issues, where there is an understanding
- Friendships

### Sample of progress

It was possible to look at a sample of children in terms of their attendance before and at the end of their involvement with IFST. With a margin of  $\pm 5\%$  it was possible to attribute increases and decreases in attendance, so a change of 5% more or less is taken as no change. Of the sample 40% remained the same, 40% increased and 20% decreased. These figures are not indicative without further analysis but appear to indicate a significant positive change for the children identified.