

Children's Improvement Board Case Study - Wrexham County Borough Council

September 2012

1.1 Summary

- **What they are doing:** The Integrated Family Support Service in Wrexham works with parents across the authority who have an issue with substance misuse and whose children have involvement with a Children's Social Worker, who are deemed to be at a 'tipping point' of requiring a more intensive service.
- **How they are doing it:** The IFSS team is made up of practitioners from a variety of professional backgrounds.
 - The model has a specific format beginning with an intensive first phase where IFSS practitioners spend long periods of time with the family to identify the changes needed and the strategies the family can utilise to go about this, drawing up a detailed action plan.
 - In Phase 2, practitioners withdraw, and let other identified services support the family. However, practitioners carry out key reviews with the family at 3 points over the intervention to ensure that families are on track to meet their self-defined goals.
- **Main benefits and outcomes:** Families' self-identified progress has demonstrated significant progress with respect to meeting their goals (reflecting the service's strengths-based approach), and in addition, it is hoped there will be a reduction in the number of children who are LAC or on CP plans as a result of receiving the IFSS service. At this stage, there is no information on whether the service is making any demonstrable cost savings for the authority, although the vision is of generational change, and therefore generational savings for local authorities involved in the Pilot.

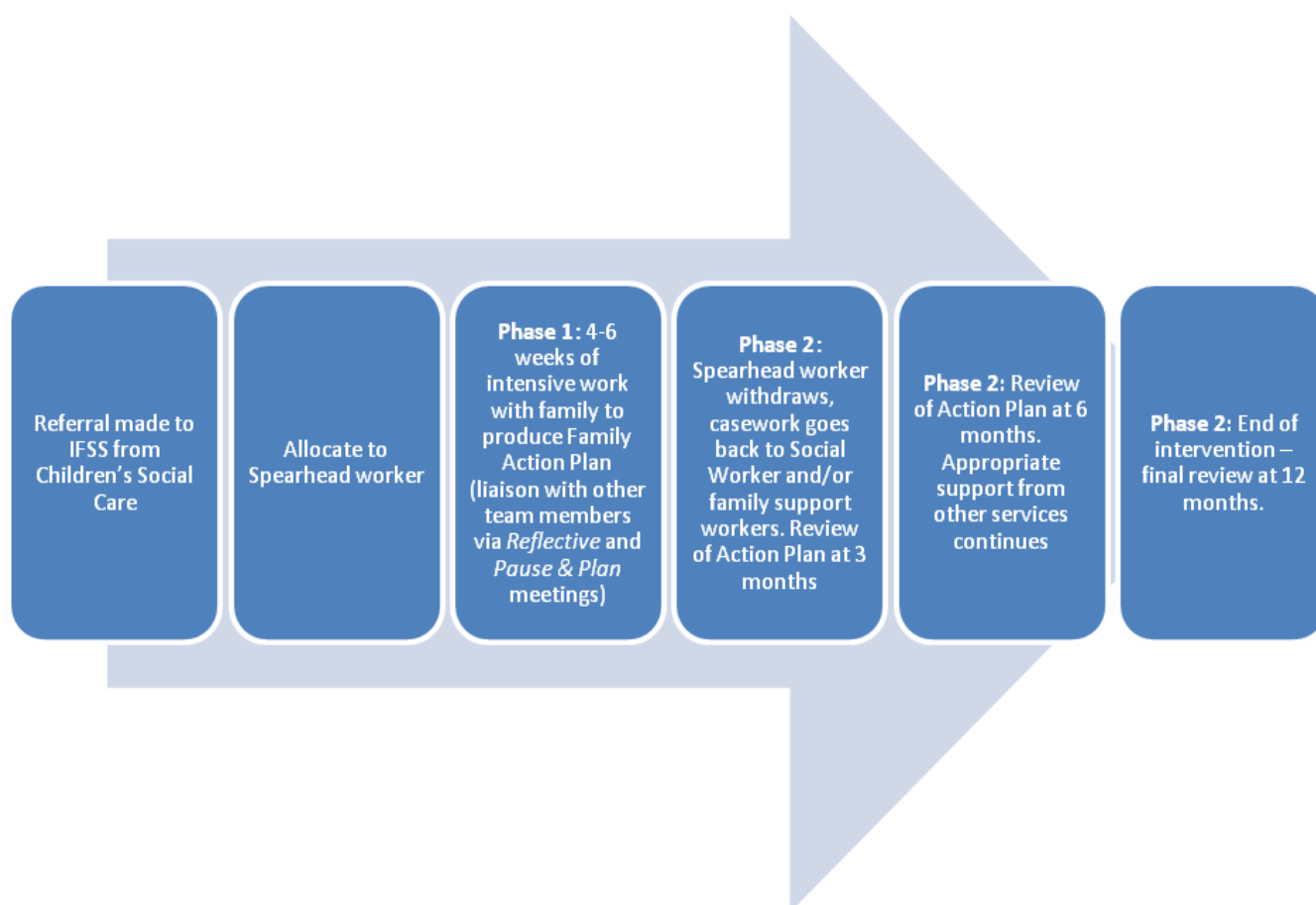
1.2 How it works

The IFSS in Wrexham is part of a Welsh Government-funded Pilot, originally tested in three 'pioneer' Welsh authorities (Wrexham, Newport and Merthyr Tydfil). The service is made up of a Head of Service, an Operations Manager (with line management responsibility of the frontline workers), a Consultant Social Worker and 7 'Spearhead' frontline practitioners, all from different professional backgrounds including:

- Social Work
- Nursing
- Health Visiting
- Substance Misuse
- Mental Health
- And others including a Parenting Coordinator and Probation

The role of the Consultant Social Worker is a new one, and whilst they work with one family as a practitioner, they also have the remit of undertaking research with IFSS staff to embed research-mindedness into the organisation, and to gather intelligence about how the service is operating and being experienced by staff.

The diagram below shows how families move through the service and receive an intervention.



Referrals

The service only accepts referrals from Children's Social Care and the child referred has to have a Childcare Social Worker working with them. Although each Spearhead worker has their own professional expertise and practice, cases are not necessarily allocated on the basis of matching to a particular worker's expertise. Instead, the IFSS service uses a model of peer exchange of expertise to ensure that each worker is equipped with the right skills and knowledge by liaising with the relevant specialist in the team (rather than referring the child/family on to more professionals, a previously-identified barrier to working successfully with families). This knowledge-exchange takes place in an informal way through weekly *Reflective* meetings where team members can discuss cases and access other practitioners as a resource that may be able to offer some further insight or advice on the best approach.

The service also commissions Action for Children and Barnardo's to deliver specific services which complement the IFSS offer. Action for Children provide Solution-Focused counselling for families in need and practical support for Young Carers, both in Phase 1 and 2. Barnardo's offers Family Group Conferencing services for families, and in practice this often occurs before families reach Phase 1 of the IFSS service.

Phase 1

During Phase 1, Spearhead workers generally have one case allocated to them, (although they may have capacity to work another family), as this is a period of 4-6 weeks where they will spend intensive periods of time with the family, co-identifying issues to be addressed and using a number of tools and techniques to ensure that interventions are strengths-based. Workers typically spend between 60-80 hours of contact time with clients (and their extended family members) during this phase. By the end of Phase 1, families should be clear about their action plan and how they are going to tackle the changes needed – these are included as part of their Family Plan. Practitioners also use *reflective letters* as tools in working with families – these are personal letters written by the Spearhead worker describing a session to the client which uses non-professional language, and instead is a personal reflection of the session by the worker in which the client's strengths and circumstances are acknowledged. These are effective in engaging the client in a more meaningful way, fostering trust between client and worker.

Phase 2

In Phase 2, Spearhead workers withdraw from the family apart from co-ordinating the family's key reviews at 3 months, 6 months and finally at 12 months, at the end of the intervention. During this time, Spearhead workers pass the case back to the Childcare Social Worker and can also organise other forms of support (e.g. Family

Support Workers, Action for Children support), to practically help the family to achieve/build upon their goals in a supportive way. If the family feels they are relapsing in a major way, they can also request a 'top-up' of support from the Spearhead workers, which would usually last for 3 days of intervention - this is called a Booster Session.

In the last financial year, there were 74 referrals made, of which 63 cases were accepted by the service.

1.2.1 Main benefits

Practitioners have found that for some families, the IFSS can improve their life chances dramatically and in particular, families' attitudes and beliefs about their own ability to manage and make the changes needed. In this respect, it seems the strengths-based approach is successful in fostering confidence in families' own skills. This is also reflected in families' scores of their progress over the course of their intervention (measured at key intervals).

Part of the original IFSS remit was to train external social care staff in the workings of the model, both to share innovative practice and to raise awareness. Spearhead practitioners now feel they have greater expertise in working to the IFSS model and through the multi-professional team structure, have a much better understanding of other agencies' work. Certain IFSS working practices are also being piloted in Children's Services more widely - for example, the use of reflective letters is being piloted by practitioners in the Youth Offending Service where they are having some impact with young offenders.

1.2.2 Has the project improved outcomes?

Although there has been a low response rate from families providing feedback on the IFSS, the feedback that has been collected has been very positive and the value of the individual relationship between the family and the Spearhead worker is one that is seen as critical to the success of the service.

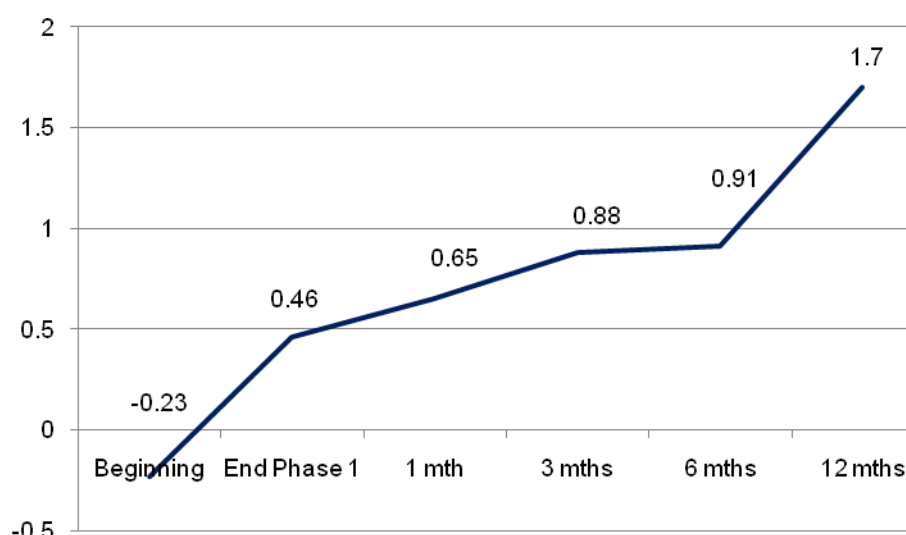
'I would recommend this service: my life would be a mega mess without this service.'

Parent, IFSS client.

In addition, a key progress measure of the project has been families' own scores of their progress throughout the lifetime of the intervention. This is assessed in relation to 'distance travelled' in achieving their self-set goals in the middle of Phase 1. Although families themselves decide their score, these are negotiated alongside the Spearhead worker, taking note of any child protection concerns. Aggregated scores of all families in the service demonstrates that over time, families' sense of how far they have travelled in reaching their goals has cumulatively increased, with most progress occurring between the start at end of

Phase 1, and then again towards the last 6 months of the intervention. This is demonstrated in Figure 1 below.

Figure 1: Parents' assessed progress by average goal score across the lifetime of the intervention



The project is hoping to see a reduction in the risk status of children who the IFSS have engaged with. This means that following IFSS intervention, children should move from being on a Child Protection (CP) Plan to being classified as a Child in Need (CiN), or for those that were CiN, a move to Team around the Child (TAC) cases. In this way, through intensive intervention and self-identified problem-solving, the service is hoping to directly address the risk that children are facing.

1.2.3 Has the project led to cost-savings?

Whilst Wrexham has not been explicitly measuring any cost-savings, they are hoping to utilise a cost measuring tool developed in another pilot site (Merthyr Tydfil) in the future to gauge whether the service is making any demonstrable cost savings.

1.3 How it was achieved

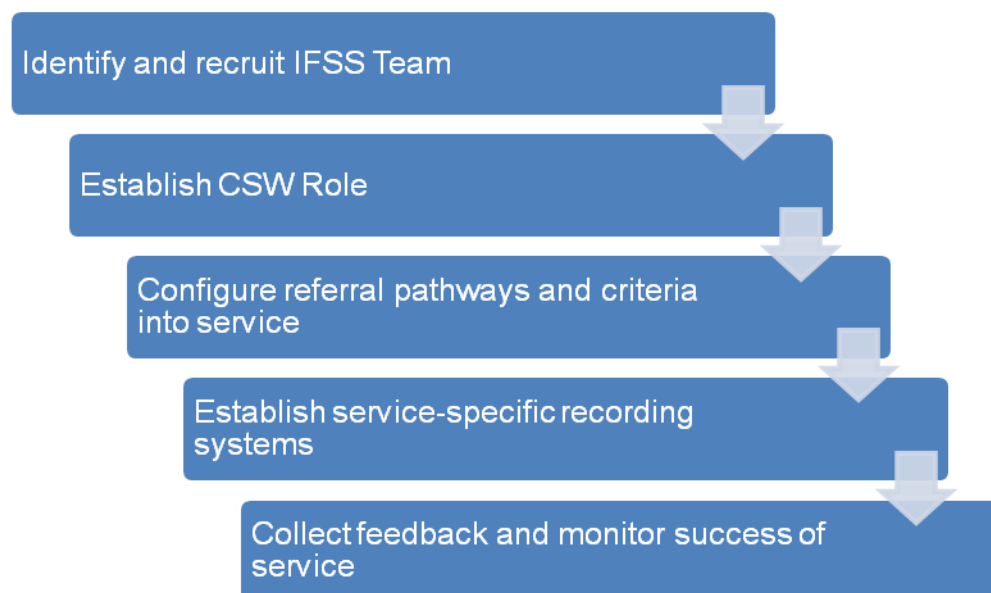
1.3.1 What was the rationale for the service?

Wrexham was one of the first three pilot sites in Wales to develop the Integrated Family Support Service model, and as such has shaped the integrated family provision agenda in Wales. Whilst the authority has its own service at the moment, the national roll-out of the IFSS model across all Welsh authorities by next year means that Wrexham's IFSS provision is likely to change to one that is shared

across authorities – the impact of this is still to be assessed, but there is a risk that the service may become diluted.

1.3.2 Key steps towards integration

The diagram below shows the key steps involved in setting up the service.



1.3.3 What were the key challenges, and how were they overcome?

A challenge for the service in its early phase was the relative lack of referrals that were coming in from Children's Social Care. As this is the only referral route into the service, greater efforts had to be made in order to ensure Children's Social Workers were fully aware of the IFSS and how it would complement the support they were already providing to families.

In addition, the referral criteria as set out at the inception of the service stated that families must be experiencing crisis to be accepted into the service. Practitioners felt that there was ambiguity around what constitutes a crisis, and as such the definition has been relaxed over time, and now uses the idea of families being at a 'tipping point' (where they are on the cusp of requiring much more labour-intensive services if they are left with no intervention). This more inclusive criterion allowed a greater number of families to be offered IFSS support.

Finally practitioners feel that there may be too stark a contrast between the very intensive Phase 1 where Spearhead workers can see families for up to 80 hours in the first 4-6 weeks, and Phase 2, where they are only responsible for co-ordinating reviews at 3, 6 and 12 months. It is felt that this may be too much of a drop in support for families, although there has not been any explicit negative feedback from families in respect of this feature of the service.

1.4 Learning points

The main learning points in relation to the development of the IFSS service have been:

- **Workers are able to take on more than one case during Phase 1:** The service has modified this slightly to allow Spearhead workers to take on a new case as their first case is drawing to the end of Phase 1 and this is working well and so far is not creating capacity issues.
- There may be a **need for Phase 2 to include more direct support** from the Spearhead worker, with a **new Phase 3** where there is **gradual withdrawal of direct work**.
- The **importance of establishing appropriate recording systems:** the service had to negotiate a new recording system which was based on the family as the individual unit, (rather than the child as traditional social care recording systems are structured) – this reflected better the nature of the work the IFSS carried out and was critical to the successful monitoring and recording of project interventions.

1.5 Key contact

For further information, contact Kathy Weigh, Head of Service on 01978 268 140 or Kathy.weigh@wrexham.gov.uk.