

**EXPLANATORY MEMORANDUM TO THE IMPLEMENTATION OF  
INTEGRATED FAMILY SUPPORT TEAMS PIONEER AREAS THROUGH  
FOUR STATUTORY INSTRUMENTS:**

- (i) Children and Families (Wales) Measure 2010 (Commencement Order 2010**
- (ii) Integrated Family Support Teams (Composition of Teams and Board Functions) (Wales) Regulations 2010**
- (iii) Integrated Family Support Teams (Family Support Functions) (Wales) Regulations 2010**
- (iv) Integrated Family Support Teams (Review of Cases) (Wales) Regulations 2010**

This Explanatory Memorandum has been prepared by the Directorate of Children Health and Social Services and is laid before the National Assembly for Wales in conjunction with the subordinate legislation listed above and in accordance with Standing Order 24.1

**Minister's Declaration**

In my view, this Explanatory Memorandum gives a fair and reasonable view of the expected impact of the Order and three sets of Regulations listed and I am satisfied that the benefits outweigh any costs.

*Gwenda Thomas*

Deputy Minister for Social Services

24 June 2010

## 1. Description

Taken together the Commencement Order and Regulations make provision for the implementation of Integrated Family Support Teams (IFST) to deal with family cases where the needs of adults (parents or carers) in relation to alcohol or drugs are linked to adverse consequences for the children of those adults. The teams will bring together professionals from the local authority and local health board (LHB) to address both the adults' and children's issues within a single team. **The regulations provide for implementation of the IFST pioneers from 1 September 2010**

The regulations require local authorities in specified areas (referred to as pioneers) **to establish one or more integrated family support teams (IFST)** to provide **relevant services** to children and families referred to it . It also places duties on the LHB which covers the **specified area** to act as a partner to actively assist the local authority in; establishing an IFST and in discharging its duties with regard to IFST. The local authority areas are: Newport, Wrexham and Rhondda Cynon Taff and Merthyr who are to operate as a consortium as provided for in regulations. The LHB area who are required to assist local authorities in establishing IFST are: Cwm Taf, Aneurin Bevan and Betsi Cadwaladr

In particular the individual Statutory Instruments make provision for;

### **The Children and Families (Wales) Measure 2010 (Commencement) Order 2010**

The commencement of Part 3 of the Children and Families (Wales) Measure 2010 is to have effect in the **specified local authority areas** of Merthyr Tydfil, Newport, Rhondda Cynon Taff and Wrexham. The Commencement extends to certain provisions within Part 3 of the Measure (sections 57 to 65 ) for the making of Regulations, issue of guidance and other matters necessary for the pioneers (specified areas) to implement and test the functionality and operations of IFST. Section 58 of the Measure provides the circumstances in which cases may be referred to IFST. For the purpose of the pioneers this is commenced in part so as to limit referrals in relation to children in need and where a parent/s is dependent on alcohol or drugs.

### **Integrated Family Support Teams (Composition of Teams and Board Functions) (Wales) Regulations 2010**

The regulations require for a core team of at least 5 multi-disciplinary professionals which must include social worker, nurse, health visitor (and must ensure there is sufficient administrative support) . One or more of the team must be a Consultant Social Worker (CSW). A CSW must have three years post qualifying experience, have suitable skills and experience (as set out in guidance). The other specified members of the team must be registered as a member of their profession with one or more of the following professional bodies;

- the Nursing and Midwifery Council – on the register of nurses , or specialist community public health nurse
- The Care Council for Wales or the general Social Care Council or a similar register in Scotland or Northern Ireland – as a social worker.

The Measure requires each local authority to establish an Integrated Family Support Board (IFSB) for its area and requires an IFST to carry out its functions under the direction of its board (sections 61 and 58 refer). The board must include;

- the director of social services ;
- the statutory lead director of children and young people services (under s.27 Children Act 2004) if this is not the director of social services;
- the lead officer for children and young people services from the Local Health Board.

The regulations list matters an IFS Board must have regard to in achieving its objectives in section 62(1) including, reporting systems, coordination of services, protocols for resolving disputes, supervision and professional development of staff, financial matters in relation to IFST and procedures in relation to protection of children and adults referred to the team.

### **Integrated Family Support Teams (Prescribed Functions) (Wales) Regulations 2010**

The regulations prescribe which of a local authority or a LHBs functions are **family support functions** and which an IFST may therefore carry out. This is a comprehensive list of all the functions, whether of a local authority or a local health board, which an IFST might perform. A local authority and local health board will select from this list in deciding what functions will be exercised in the IFST which they establish.

Functions prescribed as **family support functions** and assigned to a IFST will continue to be exercised by the local authority and LHB outside the team as well as being performed within the team. The range of functions is broad and contained within the list of powers currently in force under existing duties on the primary functions of local authorities and LHB. The extent to which each of the functions is prescribed is set out in the text alongside the statutory functions identified in tables 1 to 4 of the Prescribed Functions Regulations .

Section 17 of the Children Act 1989 places a general duty on local authorities to make provision for **a child in need and any member of his or her family** necessary to safeguard and promote the welfare of children including assistance in kind or cash. The types of service which a local authority can do in fulfilling its duty to provide the “range and level of services” are listed in Schedule 2 to the Children Act 1989.

## **TABLE 1 - Local Authority Functions in relations to children**

**Section 2 of the Chronically Sick and Disabled Persons Act 1970** – local authorities provision of care services to adults including; practical assistance, adaptation or works and provision of meals at home, transport for purpose of participating in services under the Act etc. In respect of a **child in need** who is disabled there is significant overlap on the powers of the 1970 Act and those in section 17 of the Children Act 1989.

**Section 117 Mental Health Act 1983** – requires a LHB and local social services authority to provide, in co-operation with relevant voluntary agencies, after-care services to a patient who has been detained until such time as the agencies ; the LHB or the local social services authority are satisfied that the person concerned is no longer in need of such services.

**Section 192 and Schedule 15 of the National Health Service Act 2006** – Functions of local social service authorities in relation to the prevention, care and after care made under directions by Welsh Ministers to person who have been suffering from illness; for example a physical or mental illness caused by misuse of alcohol or drugs.

## **TABLE 2 - Local Authority Functions in relations to adults**

**Section 29 of the National Assistance Act 1948** – local authorities' provision of services / care for people who are disabled or who suffer from mental disorder; including learning disability.

**Section 117 of The Mental Health Act 1983** - see table 1

**Section 6 of the Carers and Disabled Children Act 2000** - local authorities duty to assess a parent where he or she is providing a substantial amount of care for a disabled child. Inclusion within a family support function means that, if a local authority and LHB assign it to their IFST, then the IFS team could itself carry out the assessment of the parent as part of its assessment of the family need when the family is first referred to the team.

## **TABLE 3 and 4 - Local Health Boards Functions in relations to children and adults**

**Section 117 of The Mental Health Act 1983** - see table 1

**National Health Service Act 2006** - Duties on Welsh Minister discharged through directions to LHB thorough the Local Health Boards( Directed Functions) (Wales) Regulations 2009 (SI, 2009/15110). These regulations include general and specific powers in relation to duties to provide health services to promote the health of people in Wales either directly or through arrangements with other bodies including the NHS and voluntary sector for the provision of facilities or services.

**Section 38 of the NHS Wales Act 2006** – to make available to local

authorities any service / support provided under the 2006 Act to enable them to discharge their functions relating to social services, education and public health.

## **Integrated Family Support Teams (Review of Cases) (Wales) Regulations 2010**

To place duties on local authorities to establish arrangements for the review of cases for a family who has been referred to IFST. Care planning and reviews under IFST will bring together children who are in need, looked after children, their families, carers and professionals, in order to plan for the care of the child (and the family plan) and to review that plan on a regular basis. The regulations set out the detailed arrangements including timing, their manner, the need to ensure children, parents and other prescribed persons participate in the review, the recording of the review and any decision in particular the implementation of any decisions / outcomes arising from the review by itself or in conjunction with the LHB or any other person.

The IFST 2010 review regulations in many aspects mirror the requirements of the Review of Children Cases (Wales) Regulations 2007. The 2007 Regulations extend only to children in care and must continue to be the principal regulations for those children and families who are referred to IFST. However, changes made to the 2007 regulations for looked after children require additional considerations about the family's circumstances (listed in Schedule 3 of the 2010 regulations) to be taken into account in the review of case for a looked after child where he/she and his/her family are receiving a family support service from IFST.

The Integrated Family Support Team (Review of Cases)(Wales) Regulations 2010 extend to children in need and their families who have been referred to IFST. Nothing prevents another review required by guidance in relation to the health or community care needs of an adult, from being carried out at the same time.

### **2. Matters of special interest to the Constitutional Affairs Committee**

This is the first use of powers under the Children and Families (Wales) Measure 2010.

### **3. Legislative Background**

The Children and Families (Wales) Measures 2010 was passed by the National Assembly for Wales on 10 November 2009 and approved by Her Majesty In Council on 10 February 2010.

Section 74(3) of the Measure requires that all regulations made under the Measure are made by the negative procedure. The commencement order has been included as part of the package to be read alongside the regulations

to show how the implementation will be effective only in relation to the pioneer areas and in relation to particular categories of families.

The Measure is split into four Parts, Part three deals with Integrated Family Support Teams, and delivers on the Welsh Assembly Government's commitment in **One Wales** and the 10 year strategy for social services **Fulfilled Lives, Supportive Communities** in respect of improving support to vulnerable children and families through Integrated Family Support Services. IFST will also contribute to the delivery of a number of related Government policies including, Hidden Harm, the Proposed Mental Health (Wales) Measure and the Child Poverty Strategy. IFST also supports the aims of the Invest to Save and Making the Connections agenda to promote efficiency and innovation to transform the way public sector organisations work, and to improve the delivery of better integrated of quality services to vulnerable children and their families.

The rising population and poor outcomes indicators for children in care is a major concern for Government nationally and locally as is the welfare and wider social care of children and families in need. There are 75 children in care (4,705) in Wales per 10,000 population compared to 56 in England. Local authorities expenditure on children's and families' services grew from £179m in 2001/2 to £379m in 2008/9.

There were 46,172 referrals of children to local authority social services in the year ending March 2009, an increase of 9.4% on the previous year. The rate of re-referrals by authority area within one year range from 42% to 50%. This highlights an increasing focus on families where there are children at risk and suggests a more pro-active approach is needed to identifying earlier protective factors (as opposed to identifying and managing risk) that might avoid the development of problems. The Chief Inspector for the Care and Social Service Inspectorate (CSSIW) reports a complex and wide range of factors, which have contributed to this position.

### **Why start IFST with Parental Substance Misuse ?**

Around a third of all child care social work cases involve parental substance misuse. However other problems may be present such as mental health, learning disabilities and domestic abuse. Evidence suggests that parental substance misuse is an issue for around 60% of children subject to care orders. The picture is one of parents with severe personal problems trying to cope with children, some of whom will have multiple difficulties, in social situations that exacerbate those problems.

The new legal framework of IFST will provide a step change in the way local authorities and Local Health Boards provide integrated family support to effectively respond to children who at risk (those in need and in care) of long term difficulties and risk separation from the families. IFST will re-configure services to deliver person-centred services for the whole family which will

enable children to remain safely within their families, where it is in their best interest to do so.

The new legislation strengthens and builds on powers in section 17 and Schedules 1 and 2 of the Children Act 1989 in respect of support to children in need and their families. New statutory duties of IFST will operate alongside current duties of local authorities in relation to children who are in need and looked after by them are set out in the Children Act 1989 as amended and a raft of regulations and guidance made under the 1989 Act and subsequent Acts.

These set out local authorities' and their partners' responsibilities in relation to safeguarding the welfare of children and young people and general duties under section 17 to support children and families in need. In relation to looked after children they set out care planning, placement and review procedures for children who are accommodated under section 20 or 31 of the 1989 Act.

#### **4. Purpose & Intended effect of the legislation**

IFST responds to concerns that existing services are not sufficiently meeting the needs of some children and families with complex problems. For these families there is an increased likelihood that the child's physical, social and emotional development will be impaired and for some children there will be repeated or long term episodes of being looked after by the local authority. IFSTs also seek to overcome barriers to cross sector delivery and to strengthen links between services for adults and children with a focus on the family. .

IFST are teams of multidisciplinary professionals who are highly skilled and support the local authority and LHB services in providing integrated interventions earlier to complex families with chaotic lifestyles whose children are in need or at risk because their parents misuse of alcohol or drugs. IFS Teams will facilitate the increase of skills within the workforce when assessing the needs of and delivering high quality services to vulnerable families where substance misuse is a prevalent factor.

The IFST will also deliver evidence-based interventions direct to families where children are at risk of developing long term difficulties or experiencing significant discontinuity in their upbringing that may result in the child entering care. The IFST will also support the reunification of children who are voluntarily accommodated. The IFST will have a training role in providing supervised accredited training for wider staff working with families in local authorities and Local Health Boards on a range of techniques in engaging complex families and delivering evidenced based interventions.

The Pioneers and evaluation process will test the effectiveness of IFST in the areas of substance misuse and inform the decision-making process and business case for the pan-Wales roll out of the service model during 2013-2015. The intention in the long term is to make further regulations under section 58 of the Measure to extend the list of circumstances under which a

family can be referred to IFST to include; parental mental health problems or mental illness, learning disabilities and domestic violence. Although it is accepted that these factors sometimes co-exist with substance misuse and these areas will also be supported / treated as part of **a family support function** provided by the IFST pioneers.

The regulations also make consequential amendments to the Review of Children Cases (Wales) Regulations 2007 to extend duties of the Independent Reviewing Service (IRO) for children in care to take account of those children in care whose families may be referred to and IFST for a family support functions service. This will cover children who are in care either through a voluntary arrangement or by order of a court and their referral to IFST aims to work towards reunification of the child or children with the family or connected persons (extended family members or friends).

### **Functions of IFST and IFS Boards**

The functions that an IFST can perform are prescribed as **Family Support Functions**. In essence IFST will take referrals made to them (under S58 (5) (6) of the Measure) through children's services following a statutory assessment for children in need and their families. The services and operations of IFST will include:

- provision of holistic family interventions to enable families to engage and collaborate in the change process. Interventions must have an evidence base and be recognised by the Welsh Assembly Government.
- assessment of families who are referred to determine if they would benefit from engagement with the IFST. In particular this would be done through a screening of all available information (drawing on adult assessment information) and through initial discussion/meeting with the family and wider service professionals.
- participation in the statutory child and adult care plan, monitoring and reviewing processes for families referred to IFST where there is a child or children in care and to undertake a **review of family cases** referred to them.
- to work with partner agencies/ professional in mobilising and coordinating services (those listed in the family support functions regulations) to support the child and their family.

Section 62 of the Measure sets out the objectives of an Integrated Family Support Board:

- (a) to ensure the effectiveness of what is done by the IFST to which they relate;



- (b) to promote good practice by the local authorities and Local Health Boards participating in the teams in respect of functions assigned to the teams;
- (c) to ensure IFST have sufficient resources to carry out their functions;
- (d) to ensure that the local authorities and LHB participating with the IFST is discharging the teams' functions.

Regulations<sup>1</sup> and guidance will ensure objectives are being discharged and ensure support and resources are available to IFST in their area to;

- provide integrated services for children in need and parental substance misuse;
- co-operation of different agencies to ensure there is seamless provision of service for families between the different interventions and programmes provided for example ; Flying Start, Cymorth, Local Poverty Strategies , Community Safety Programmes , NHS delivery , Youth Justice Board, Police, Communities First, Housing / Supporting People etc;
- ensure that key service plans provide for support and linked service for IFSt – Children & Young People Plan, Community Safety Partnership Plan, Community Plan, Health Social Care & Wellbeing Plans

## 5. Implementation

It is intended that the Commencement Order and supporting Regulations (3 sets) come into force on **1 September 2010**.

## 6. Consultation

Consultation on new measure powers; **Stronger Families**<sup>2</sup> to enable IFST to support vulnerable children and families was undertaken in 2008. The link to the published reports on the consultation and workshops responses are provided below.

The development of the regulations and statutory guidance has been done in consultation with the pioneer areas who have been working with the Welsh Assembly Government since summer 2009 in the preparations for the implementation of IFST pioneers (Merthyr Tydfil, RCT, Newport and Wrexham) by summer 2010

Summary of responses to IFSS Consultation Doc – English:

<http://wales.gov.uk/dhss/publications/children/reports/strongerfamilies/reportfamilysupporte.doc?lang=en>

Summary of responses to IFSS Consultation Doc – Cymraeg:

<http://wales.gov.uk/topics/childreneyoungpeople/publications/reports/stongerfamilies/?skip=1&lang=cy>

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<sup>1</sup> **Integrated Family Support Teams (Composition of Teams and Board Functions) 2010**

<sup>2</sup> **Stronger Families** : Supporting Vulnerable Children and families through a new approach to Integrated Family Support Services (WAG, 2008)

## **7. Regulatory Impact Assessment (RIA)**

The RIA is below. A RIA was produced in support of the Children and Families (Wales) Measure 2010 and can be accessed on <http://www.assemblywales.org/bus-home/bus-legislation/bus-leg-measures/business-legislation-measures-cf.htm>

## PART 2- REGULATORY IMPACT ASSESSMENT

Two options have been considered

**Options one** : make no policy change

**Option two:** Implement IFST pioneers through the Commencement Order and associated regulations (three sets)

The policy for IFST has been rigorously scrutinised by a number of Committees as part of the passage of the Children and Families (Wales) Measure 2010 that provides the primary viries for IFSTs. IFST has attracted significant support and is viewed as a positive step to improve services and outcomes to some of the most vulnerable children and families in Wales with complex and intractable needs.

IFST will take agencies in Wales a step closer to deliver its central policy that as far as it is consistent with their welfare a child of should be supported to remain in their families. The right to 'know and be cared for ' by ones' parent is enshrined in Articles 7 of the UN Convention(UNCRC) and domestic law and policy has traditionally reflected the importance of supporting families in bringing up their children. IFST recognises that without stronger families we cannot enable children and adults to achieve their potential.

As such it is regarded as necessary to implement IFST to bring about service change and improvements to the support and outcomes for vulnerable children and families in Wales. Implementation of IFST will be managed through a phased implementation starting with pioneer areas who will take referrals from children in need, (including those looked after) and their family members who misuse alcohol or drugs. The scope of the Commencement Order and Regulations reflect this approach. The options and cost benefits therefore take a national perspective of the final analysis of IFST when fully implemented across Wales, and when applied to a wider set of parental issues such as mental health or domestic violence, and will build on early learning from the pioneers.

**Option 1:** Make no policy change: This is not sustainable and will inevitably result in increased numbers of children being referred to local authority care. This will lead to further increased costs to the public purse and greater of number of children and their families would be disproportionately disadvantaged in both social and economic terms.

For example, the population of children in care is increasing on average by 1.5% each year with current level of 4,705. A early audit of the 2010 figures suggest a significant increase on past trends. Total spending on children and family service has grown from £179m in 2001/2 to £279m in 2008/9., an average annum increase of £28.6 million. A survey by the Association of Directors of Social Services (ADSS) in 2009 reported that the greatest financial pressures in children services are the cost of agency and fostering placements; increased costs of social workers and legal cost associated with

care proceedings. The people who work in social services are the sector's most important asset. We need a diverse workforce to deliver the new models of service while retaining social work as a highly trained and skilled occupation. IFST will bring associated workforce benefits. Vacancy rates in children service are at 9%<sup>3</sup>, IFST will seek to re-invigorate excellence in social work practice through the arrangements to test the role of a Consultant Social Worker and other multidisciplinary professionals in more direct work with complex children and families and to ensure the social care workforce is prepared and equipped for the challenges of the future. Taking preventative action earlier to engage complex families (through approaches like IFST) should divert children advancing to a level of need that may lead to more formalised care arrangements, separation from their families and friends and subject to care proceedings through the courts. IFST working earlier and intensely with families will also identify earlier those children who are at an increased level of risk and whose future may be best met away from the family and to look to establish more permanent solutions for their long term care and wellbeing. There should also be rewards in retention and enhanced skills and confidence of child care social workers who benefit from a proportionate balance of case management and direct social work practice.

**Option Two:** IFST will require pioneers areas to work in a different way to provide holistic support to the whole family as opposed to individual client groups. IFST will be the catalyst to the culture shift needed for a change in the way services to vulnerable children and families are organised, resourced and delivered so that services are truly integrated. There will be multiple benefits; to the child, family, professionals working in the service and those professional and agencies in the wider service who will make referrals and participate in supporting IFST and at the same time developing new skills and techniques in engaging complex families. There are wider political and social contributions that IFST will have in terms of social cohesion and economic mobility of communities.

Over time earlier interventions should improve outcomes for children and families and reduce the need for more intensive expensive services. It should also make a positive contribution to the workforce in terms of recruitment, retention and motivation of social workers and other professionals working with complex families. The IFST pioneers will also test the role of a consultant social worker to inform the modernisation agenda and new career pathways for social care workforce in Wales.

### **Cost and Benefits of IFST**

Each pioneer area has been provided with £0.6m in 2009/10 towards their local preparations for IFST. In addition, grants will be available to pioneers in 2010/11, and 2012/13 to test their new working arrangements with the IFST. The money will be used to cover cost of establishing and accommodating a

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<sup>3</sup> LGDU – March 2010 - Social Work Workforce Planning (SWWP) baseline year 2008-09

core IFS Team, the operations of the IFS Board, ensuring the team have a delegated budget for commissioning of essential services not currently available through existing provision of local authorities or LHB services including those listed in Family Support Functions Regulations and to support greater numbers of children in need living with parents who misuse substances.

To ensure IFST pioneers are supported and progress is closely monitored a central resource team with training consultants has been established within the Welsh Assembly Government, Health and Social Services Department. The central team with the pioneers will also be leading in preparing other authority and LHB areas for the implementation of IFST in their respective areas.

There are a number of tangible and intangible benefits to adopting option two. At a local level within the pioneers IFST will provide great opportunity for the three areas; Newport, Wrexham, and Merthyr and RCT as a consortium, to bring forward fundamental changes in the way they delivery and organise their child and adult services. Their Service will require a shift towards earlier intervention and greater prevention in working more intensely with families so as to avoid escalation of risk to themselves and their children through more responsible behaviour; putting the welfare of the child before themselves. IFST will also lead to better engagement and support of parents who misuse alcohol and drugs to enable them to better manage their problems and focus on the most appropriate methods of rehabilitation.

At a service and organisational level IFST will also better connect children and adult services in an integrated and effective way. Local authorities and LHB in discharging their new partnership duties in regulations will be responsible for the effectiveness of IFST and will be required to adopt joint approaches to unlock barriers that prevent vulnerable families in accessing services. In addition to providing direct interventions with referred families IFST will provide consultation and advice to a range of professionals and help to coordinate service provision available within local authorities and Local Health Boards in their area.

IFST will also facilitate the increase of skills within the workforce when assessing the needs of, and delivering high quality services to vulnerable families where substance misuse is a prevalent factor. The Welsh Assembly Government with the Care Council for Wales and other partners are developing a Social Work Career Pathway to ensure that social work continues to evolve as one integrated profession bringing together the skills of adult and child social workers and reinforcing the work of IFST in bridging the gap between services. The training provided by the central resource team to IFST will be accredited by the Care Council for Wales and form part of the Credit and Qualification Framework (CQF) which will enable staff to 'bank' their credits as part of their continuing professional development.

Stemming the numbers of children and young people entering care and the youth justice system and accessing expensive targeted services requires

robust strategies for early interventions providing greater support to vulnerable children and families. Tackling this requires a whole system approach across health, local authorities and their partners to provide services across the four tiers of need. IFST will plug the gap for targeted services at tier three and four where families have intractable problems that require specialised intervention by a range of highly skilled professionals.

Research shows that providing a range of universal and targeted interventions can have a positive impact on child welfare and provide significant cost benefits and early preventative schemes such as Flying Start and Cymorth have key social and economic contributions to make in assisting social services in supporting children and families who are disadvantaged.

These early interventions also provide the important links between community and more specialist services to reduce the need for more expensive social service interventions. Any reduction in the level of preventative service would lead to increase demand for more intensive and expensive specialist services.

The wider social and financial costs in relation to welfare outcomes, social capita and economic activity that may result in any dilution of a preventative action offered by targeted IFST and broader prevention services available at tiers one and two through programmes such as Flying Start and Cymorth will result in disproportionate increases in numbers of children becoming looked after by a local authority and children and young people entering the youth justice system.

The application of evidenced based interventions within social service systems for family support is shown to have positive benefits in terms of cost for children's care and early return home of children to live safely with parents. In an environment of scarce resources it is essential that public service resources are spent in the most efficient way to ensure Wales can get the best return for "the Welsh pound". It is therefore imperative that local authorities and their partners focus investment to develop and deploy effective interventions that have been rigorously evaluated and proven to be effective in improving outcomes. IFST will provide systems to effect the change and to place greater emphasis on local authorities and LHB's joint responsibility for safeguarding and wellbeing of children and to provide integrated seamless services to families as a whole.

A comprehensive evaluation of the intervention programme known as 'Option 2' (a focussed intervention for families where parents have a drug or alcohol problem and there are children at risk of harm and operating in Cardiff or the Vale of Glamorgan) reported that the model significantly reduced the time children spent in care by 766 days compared with the 958 days of the comparison group (who were in receipt of some other type of service). It also reports an average cost saving of £1,178 per child and noted particular effectiveness with lone parent families where the parent misused alcohol. Most notably a success of Option 2 is the relationship between families and skilled professionals who had managed to engage with families where other professionals had failed. A lack of listening and other skills needed to interact

with children and families may have been a major obstacle to families agreeing to earlier support. IFST is designed to address these.

The report suggests that this is the first British evaluation with a robust methodology to show a reduction in the need for care from a support service for families. It acclaims its status and proven impact to the long follow-up period (averaging 3.5 years) against a valid comparison group and concludes that Option 2 in Wales is a ground-breaking asset of national and potentially international significance.

### **Competition Assessment**

There are no market implications associated with these provisions. IFST will place duties on statutory bodies to deliver services in a different way that will maximise support for families as opposed to individual clients where the safeguards and wellbeing of the child and the parents' ability to care for the child may be overlooked. The main burden will fall to local authorities and local health boards. As is the case now they will continue to procure appropriate services from the third sector (voluntary and independent organisations) to support the delivery of services to vulnerable children and families with complex needs. Local authorities have the option to use the new powers to co-opt third sector practitioners to be part of the IFST as a core team member or otherwise.

### **Post Implementation Review**

The local delivery of the service and the success of the IFST model will be closely monitored in a number of ways; through local and national reporting against locally developed IFST outcome measures, through mentoring and supervision by the central resource teams, and a comprehensive evaluation of IFST over the pioneer period 2010/13.

A further grant of up to £0.45m will be made available to each of the three pioneers from 2010/11. The pioneer phase is designed to inform the full business case and evidence the benefits that IFST will bring in social and economic terms.

The evaluation will need to take into account the full cost in terms of the potential reduced number of children becoming looked after, and/or earlier return home. In addition the wider benefits in terms of workforce and improved public service delivery will place the citizen at the centre and will respond to meeting local circumstances and priorities.

Initially the pioneer areas will test the new arrangements in the area of substance misuse before commencing the provisions across Wales or to include wider groups for example parental mental health. The aim is that the

IFST will become a core service of local government and health and be measured through; the local government Performance Management Framework; the Annual Operating Framework in Health and the developing outcomes framework for the Children and Young People Partnerships linked to the planning requirements under section 26 of the Children Act 2004 and local child poverty targets. The IFST will also be inspected by the relevant Inspectorates with the Care and Social Service Inspectorate Wales (CSSIW) taking the lead. Adjustments are being made to the inspection and planning arrangements for the pioneer areas so that the different operating arrangements across children and adult services can be taken into account.