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Integrated Family Support Services

Statutory Guidance and Regulations



PLANT A PHOBL IFANC - GWEITHREDU'R HAWLIAU
CHILDREN AND YOUNG PEOPLE - RIGHTS TO ACTION

Enquiries about this guidance can be directed to the

Integrated Family Support Team.

E-mail: IFST@wales.gsi.gov.uk

Title: **Integrated Family Support Services:
Statutory Guidance and Regulations**

Audience: Audience: Within the Newport, Merthyr Tydfil,
Rhondda Cynon Taf and Wrexham local authority areas:

- Health, local authority and third sector professionals and agencies (statutory and other) that commission and provide services in relation to safeguarding and promoting the welfare of children and young people, children in need (including children in need of protection and looked after children) and who deliver them.
- Health, local authority and third sector professionals and agencies (statutory and other) who provide, commission and deliver services in relation to adults who are misusing substances.
- Regulatory and inspection bodies.
- Justice agencies responsible for adults and children.

Overview: The Guidance and Regulations are issued under Part 3 of the Children and Families (Wales) Measure 2010 in respect of Pioneer Areas discharging their duties in establishing an Integrated Family Support Team (IFST), an Integrated Family Support Board and the provision of 'Family Support Functions'.

This Guidance has been issued to support the pioneer phase of the IFST.

Actions Required: Guidance issued under Part 3 of The Children and Families (Wales) Measure 2010 is primarily addressed to local authorities, Local Health Boards and their staff in Wales who work with children and families where parental substance misuse may deem their child/ren to be in need or at risk. The guidance is issued under:

- Section 65 of the Children and Families (Wales) Measure 2010.
- Section 7 of Local Authority Social Services Act 1970.

Local authorities, LHBs and their partners within Pioneer Areas must have regard to this guidance when establishing an Integrated Family Support Team, Family Support Board and providing 'family support functions' as defined within the Children and Families (Wales) Measure 2010 and associated Regulations.

Enquiries:

Enquiries about this guidance can be directed to the Integrated Family Support Team. E-mail: IFST@wales.gsi.gov.uk

This guidance can be accessed from the Welsh Assembly Government's website at:

<http://wales.gov.uk/topics/childrenyoungpeople/parenting/help/ift>

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Chapter 1: Background

1.1 A clear message from developing policies of the Welsh Assembly Government is that the future of effective public services in Wales must be built around integrated services to children and families to provide holistic support at every level of need.

1.2 The Stronger Families consultation¹ set out proposals to make legislation which would support vulnerable families by focusing on the complex needs of families where substance misuse, domestic violence, mental health problems or mental illness and learning disabilities may have impaired parenting capacity and where there is concern for a child's welfare.

1.3 The Children and Families (Wales) Measure 2010 provides the framework for the new approach starting with two key developments in:

- 1) new ways to tackle poverty through targeted approaches to co-ordinate the delivery of preventative services to families (at Tiers 1² and 2 of need) in vulnerable groups or communities; and
- 2) the establishment of statutory Integrated Family Support Services (IFSS) where both local government and their respective health board partners will have collective responsibility to ensure the integration and provision of seamless services to families with complex needs, where a child/children can be at risk (Tiers 3/4 of need). This guidance is focused on the implementation of IFSS.

1.4 The Welsh Assembly Government's fundamental belief is that children are best supported living with their family or friends of the family in their local community and social networks, for as long as this is positive for their welfare. Research suggests that there is often room for services to act earlier and more decisively to provide support to families and safeguard children's welfare. We intend that the introduction of IFSS, taken with the development of wider changes through the implementation of the Children and Young Persons Act 2008 and the new Public Law Outline for childcare proceedings, will result in a greater number of children being supported to live safely with their families.

1.5 Working with families earlier, before children become at risk of entry into care, will enable local authorities and their partners to foster a social contract with families to gain their commitment and to ensure they receive the right support to overcome their difficulties.

¹ Consultation on Stronger Families: Supporting Vulnerable Children and Families through a new approach to Integrated Family Support Services. Welsh Assembly Government, October 2008

² The Assembly Government described four 'tiers of need' in Fulfilled Lives, Supportive Communities: A strategy for Social Services in Wales over the next decade. Tier 1 deals with universal services (such as education, health and housing) which all children receive and within which they may sometimes require additional health. Tier 2 deals with cases where families require early intervention, remedial support or family support services. Tier 3 deals with complex support and care needs, including the restoration of the child to the family, safeguarding, long term care and therapeutic support. Tier 4 deals with acute and serious concerns where the child may be looked after or in accommodation in a social care or health setting.

What is Integrated Family Support Services: IFSS

1.6 The IFSS will deliver family focused services to enable parents to achieve the necessary behavioural changes that will improve their parenting capacity, and will engage with the extended family in the process of that change. It will also seek to address the social, cultural and organisational factors which have an impact on the safe care of the child or young person and their parents.

1.7 In order to achieve the best outcome for both children and adults and ensure that children are safeguarded, IFSS will seek to meet the needs of all family members. This approach requires a holistic approach to working with children and families.

1.8 At the heart of the IFSS will be an Integrated Family Support Team (IFST). In order to address and meet the needs of families with complex problems IFS Teams will be multi agency and multi disciplinary, consisting of professionals with the skills and experience in working directly with children in need, their parents and adults with complex health and social care needs. The culture of the Team will be one of reflective practice, peer support and mentoring in order to deliver effective evidence based interventions which are relevant to the families' needs.

1.9 It is important to note that IFSS is a reorientation of process and delivery of services to children in need, including those in need of protection and who are looked after. Its key strength is the bridging of children and adult services across local government and its health partners where both bodies are accountable for the efficient provision, either directly or through co-ordinated arrangements, of support services to children and families who are referred to them.

How does IFSS contribute to the current services arrangements for children, families and adults?

1.10 IFSS is a key component in the process of assessment, care planning, placement and review arrangements for children as set out in the Children Act 1989. In addition IFSS is an integral part of the assessment, care management and review arrangements in health and social care for parents who misuse substances.

Chapter 2: Introduction

Summary

2.1 This guidance sets out the functions and responsibilities of local authorities and Local Health Boards under Part 3 of the Children and Families (Wales) Measure 2010 (“the C&F 2010 Measure”), which concerns their support for children and families through the provision of Integrated Family Support Services (IFSS). In particular it describes how local authorities supported by Local Health Boards (LHBs) will respond to circumstances where alcohol or drug use have serious effects on the care or safety of children.

2.2 This guidance accompanies the commencement order and three sets of regulations to effect new integrated ways of working with vulnerable children and their families through IFSS. The order and the regulations are:

- 1) **The Children and Families (Wales) Measure 2010 Commencement Order 2010.**
- 2) **Integrated Family Support Teams (Composition of Teams and Board Functions) (Wales) 2010.**
- 3) **Integrated Family Support Teams Family Support Functions (Wales) Regulations 2010.**
- 4) **Integrated Family Support Teams (Review of Cases) (Wales) Regulations 2010.**

See Annex A for a copy of the Regulations.

Prescribed Areas

2.3 This guidance and supporting regulations for the provision of IFSS apply only to those areas specified under the Children and Families (Wales) Measure 2010 (Commencement) Order 2010.

2.4 The local authority areas are: Newport, Merthyr Tydfil and Rhondda Cynon Taf and Wrexham.

2.5 For the NHS this includes Aneurin Bevan, Cwm Taf and Betsi Cadwaladr University LHBs who are required to be active partners in assisting local authorities to discharge their duties in establishing an IFST, an Integrated Family Support Board (IFSB) and the provision of ‘family support functions’.

Key Principles of the Integrated Family Support Service (IFSS)

2.6 IFSS is underpinned by a key principle of the Children Act 1989 that children are best looked after within their families, with their parents playing a full part in their lives, unless compulsory intervention in family life is necessary. The right to know and be cared for ‘by one’s parents’ is also established in the United Nations

Convention on the Rights of a Child (UNCRC)³. In UK law and policy the principal is reflected in the concept of parental responsibility. It is also reflected in:

- the local authority's general function to provide services to support children and their families;
- the local authority's duty to return a looked after child to his/her family unless this is against his/her interest; and
- the local authority's duty to endeavour to promote contact between looked after children and his/her parents or others, unless it is not reasonably practical or consistent with his/her welfare.

2.7 The NHS and Community Care Act 1990 together with associated legislation place duties upon local authorities to assess and meet the needs of adults with a range of physical disabilities and mental disorders including the misuse of substances. Local Health Boards (LHBs) have duties under s.3 of the National Health Service (Wales) Act 2006 to provide health services for the prevention of illness, for the care of persons suffering from illness and the after-care of those who have suffered from illness.

2.8 Key to the operation of the IFSS is the identification by local authorities and their LHB partners of those cases where the parents/carers of a child have a higher level need, and where it can be demonstrated that meeting the health and social care needs of substance misusing parents will have a direct benefit on a child's health and welfare. IFSS intervention should lead to a change in their behaviour/lifestyle and improve their ability to meet their child's needs. IFSS is also a resource for system change, and will put in place the arrangements for a new way of working through an integrated approach to assessment, engagement, care planning, monitoring and review that should lead to seamless planning and delivery of services to families with complex needs where parental substance misuse is the primary presenting problem.

2.9 Underpinning the service is a set of principles which require the IFSS to:

- strengthen the safeguarding and welfare of children through restorative action to better support parents/carers;
- improve the quality of service experience by parents and children when they engage with professionals;
- be family focused and family centred;
- facilitate service change;
- be a resource to existing services;
- build trustful relationships;
- deliver holistic and intensive Evidence Based Interventions (EBIs); and
- provide a training resource to child and adult services on Evidence Based Interventions to engage complex families.

³ Article 7 of UNCRC refers.

2.10 IFSS should consistently reflect values that promote:

- engagement and collaboration;
- family and individual strengths;
- a sense of hope;
- openness;
- change; and
- professionalism.

Related Legislation/Guidance

Children and Families

2.11 The powers and 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. This sets out the responsibilities of local authorities and their partners 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 Part 3 of the Children Act 1989 and regulations made under that part set out assessment, care planning, placement and case review procedures to provide a framework for local authorities to act as good corporate parents to enable children to achieve their potential in life.

2.12 Local authorities, LHBs and their partners must have regard to these principal duties when operating IFSS. Local authorities must also ensure that their responsibilities for and in relation to child care, child protection and case management responsibility remain with the allocated social worker in the local authority children's services team.

2.13 Over the pioneer period the Welsh Assembly Government will also implement the provisions in the Children and Young Persons Act 2008 to strengthen the arrangements for assessment, care planning, placement and case reviews. Local authorities and their partners will be required to have regard to these new regulations when implemented and any consequential changes that may be necessary to the functions of IFSS.

Adults

2.14 The legal duties of local authorities and LHBs to provide social care and health care services are stated in guidance on the assessment, monitoring and review of care. The principle document is the Unified Assessment Process (UAP) which provides generic guidance for the assessment of all adults. This is supported by the Wales In-Depth Integrated Substance Misuse Assessment Toolkit (WIISMAT) and the Care Programme Approach (CPA) which provide guidance on the domains of substance misuse and mental health respectively.

2.15 As with children's services, where the IFST is involved, case management responsibility for ongoing casework with adult members of the family will be retained by the adult services case manager.

2.16 This guidance must be considered along with key statutory provisions including:

- 1) the Children Act 1989, Volume 1 of the Children Act 1989 Guidance and Regulations (Court order) and the Protocol for the Judicial Management of Public Children Act Cases known as the Public Law Outline (PLO); Working Together to Safeguard Children under the Children Act 2004; the Framework for Assessment for Children and their Families In Need, Towards A Stable Life and A Brighter Future;
- 2) Protection of vulnerable adults (POVA) guidance in line with 'In safe hands'; The Mental Health Act 1983 Code of Practice for Wales⁴, The Mental Capacity Act 2005 Code of Practice⁵, Deprivation of Liberty Safeguards Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice⁶.

Practice Tools

2.17 Chapter 12 of this guidance lists a number of research, practice guidance and tools available to support those working within the IFSS.

2.18 In addition to this statutory guidance, we have made available an Integrated Family Support Service Practice Manual⁷ to support the implementation of IFSS. Local authorities and LHBs must have regard to this training manual in discharging the duties in relation to IFSS.

⁴ Welsh Assembly Government 2008.

⁵ TSO, 2007.

⁶ TSO 2008.

⁷ Integrated Family Support Service Practice Manual, Welsh Assembly Government, July 2010.

Chapter 3: Establishing Integrated Family Support Teams (IFST)

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

3.1 Article 3 specifies the areas of; Merthyr Tydfil, Newport, Rhondda Cynon Taf; and Wrexham for the operation of the duty, to establish one or more IFSTs in their area to provide family support functions referred to in this guidance as the Integrated Family Support Service (IFSS). Section 57(3) of the 2010 Measure also requires that the Local Health Board (LHB) covering the jurisdiction of a local authority or consortium of local authorities must participate in the establishment of IFST and assist the local authority in discharging its functions.

3.2 The LHBs concerned in the commencement of the Measure are: Cwm Taf, Aneurin Bevan and Betsi Cadwaladr University Health Board.

3.3 Whilst the local authority and LHB will co-operate in the establishment of IFST, the principal duty lies with the local authority to take the lead in directing the Team to undertake those of the partner's functions which are assigned to that Team. Never the less each partner will remain individually responsible for the performance of their own statutory functions.

3.4 Through the Order (Schedule 1 paragraph 2) IFSTs will take referrals for -

alcohol or drug-dependant parents or prospective parents of children at risk or in higher level need⁸.

3.5 Cases referred will be those where there is:

- referral to the local authority because of concern about a child's welfare and/or concern about child protection related problems and, in either case, this arises from parental/carer alcohol or drug misuse; and
- the local authority considers through the assessment carried out under the Assessment Framework⁹, that helping the parents/carer will be the best way of helping the child and reducing the risk or welfare concern of the child or children in the family.

3.6 When considering referral under the above criteria a key judgment for the practitioner to consider (drawing on the tools of the Assessment Framework and information from any common assessment that may be in place) is whether tackling the drug or alcohol problem is going to keep the child safe and deal with the welfare concern of need.

⁸ The Social Services Statistical Data (SSDA903) for children looked after and the children in need census capture the reason that children are considered in need or in care are routinely recorded on local authorities SDA.

⁹ The Assessment Framework for Children in Need and their families.

3.7 Section 58 of the C&F 2010 Measure provides for the referral of family groups to an IFST.

3.8 A family is defined as¹⁰:

- 1) a child in need including children in need of protection (or a looked after child), the parents of a child and, if the authority thinks it is appropriate, any other individuals connected with the child or the parents;
- 2) individuals who are about to become the parents of a child who, and the local authority is of the opinion that the child, is likely to be in need or in need of protection in circumstances where subsection (8) applies, and if the local authority thinks it appropriate, any other individual connected with the individuals who are about to become the parents of that child;
- 3) for the purposes of referrals under Section 58, subsection (13) defines “parent” to include any individual who is not a parent but who has parental responsibility for the child or any individual who has care of the child.

¹⁰ S58(7) of the C&F 2010 Measure.

Chapter 4: Composition of Teams

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

Team Composition

4.1 The Integrated Family Support Team (IFST) must have a core team of five multi-disciplinary professionals (Regulation 2) each of whom are from one of the following professions and of which at least one must be a Consultant Social Worker as defined in Regulation 1:

- Social work.
- Nursing.
- Health visiting.

4.2 For the purposes of IFST, a Consultant Social Worker (CSW) (Regulation 1) must be a social worker with a minimum of three years post qualifying experience and have the range of skills, qualifications and competencies as set out in Annex B to this guidance.

4.3 The five key components of the CSW role within the IFST are:

Expert Practice

At least 50% of the CSW role should be spent on direct work with the children and families referred to the Integrated Family Support Service (IFSS).

Leadership and Consultancy

This function will be carried out to complement the operational management of the IFST with an emphasis on practice development by example and through mentorship of practitioners.

Practice and Service Development

This will include ensuring practice is evidence based and contributing to the service in operation.

Education Training and Development

This will include responsibility for education and training in respect of evidenced based interventions (EBIs), such as Motivational Interviewing and other techniques recommended by this guidance which will be delivered within the IFSS and to those mainstream services in health and social care with which the IFST interfaces.

Research and Development

This will include ensuring that the IFST is aware of the most recent research evidence, and developments that can be effectively applied within the functions of IFST and shared with practitioners/service manager who have a direct interface in supporting IFST to fulfil its functions.

Skills and Competence of the Core Team

4.4 Because of the specialist nature of the IFST, in addition to the Consultant Social Worker (CSW) other members of the core team should have at least three years post qualifying experience and must be a registered professional (Regulation 1) with one or more of the following professional bodies:

- The Nursing and Midwifery Council – on the register of nurses, and specialist community public health nurse.
- The Care Council for Wales– registration must be as a social worker.

4.5 Regulation 3(a) requires that the IFST must contain staff with suitable skills and experience in covering the categories of cases which can be referred to it. The initial category of cases upon commencement of the measure is families with children in higher level of need where one or both parents misuse substances. Therefore, the five core team members must between them have demonstrable and highly developed knowledge and experience of delivering services in each of the following areas:

- Direct work with children and child development.
- Child protection.
- Adult focused substance misuse treatment and support.
- Adult support services for people with a co-occurring mental health problem, intellectual impairment or physical health problem/disability.
- Child and adolescent mental health and/or substance misuse support services.
- Child and adolescent support services for children and young people with intellectual and or physical health problems/disability.
- Delivering training and/or education programmes.

4.6 In addition to these areas of specific knowledge and experience core team membership shall have experience and knowledge in the following areas:

- Effective multi-disciplinary working.
- Knowledge of the impact of substance misuse on health, mental health, behaviour and criminal behaviour.
- Knowledge of treatment programmes and skills in the delivery of treatment techniques.

- Knowledge of how to access welfare benefits and financial advice.
- Knowledge of disability and its impact on the functioning and dynamics within families.
- Knowledge of child development and analysis of behaviour.
- Knowledge of learning, obstacles to learning and how to gain access to learning support for children.
- Knowledge of schools and other learning provision.
- Knowledge and skills regarding engagement of children and adults.
- Knowledge of different theoretical models for social work intervention e.g. psycho dynamic, systems theory and behaviour modification.
- Knowledge of research and developments in their field and research methodology and evaluation of service delivery.

Team members additional to the Core Team

4.7 Regulation 3(b) requires that the need for professional staff to receive administrative support shall be met. Local authorities must therefore ensure that there is sufficient administrative support to the IFST to allow team members to carry out direct work with children and adult family members and liaise with the other professionals and agencies that will support them in delivering the ‘family support functions’. It is envisaged that key tasks may include co-ordinating appointments, gathering data on IFST activity, maintaining a database of referrals, families accepted for intervention, discharges from intensive intervention and case closures, the dissemination of Family Plans (within the sharing of information protocol) the preparation of reports to the Integrated Family Support Board (IFSB) and the maintenance of up to date policies and protocols on the delivery of IFST functions.

Additional relevant professionals for the IFST

4.8 In addition to its prescribed membership the IFST will formally engage with a number of additional relevant professionals as required by the needs of the families being supported and the Team. They could include (but not be limited to):

- Substance Misuse Treatment Services.
- Child/Adult psychology.
- CAMHS/Adult psychiatry.
- CAMHS Social Worker.
- Occupational therapy.
- Educational Psychology.
- Parenting co-ordinators/trainers.
- Child Care providers.
- GPs/Primary Care providers

- Carers support services/workers, including those working with young carers.

4.9 The engagement of these additional disciplines should be based upon the local arrangement of services and the specific needs of individual families.

Supervision and Professional Development of Staff

4.10 The complex nature of the IFST work requires high quality supervision of its staff. Each IFSB Board will ensure the provision of high quality supervision through a supervision policy. Examples of supervision within the context of IFSS may include one-to-one supervision through line managers; peer supervision through peers assigned to support one another and provide reflective practice and peer-led or facilitated group supervision.

4.11 The consideration of continued professional development (CPD) opportunities for each team member will be fundamental in the supervision process. The maintaining of high skill levels within the Team is critical for the delivery of the most up to date and effective evidence based interventions. The CSW will ensure that s/he is aware of the most recent evidence on effective interventions for families with complex needs and will inform and support the Team in the use of these interventions. Staff will be required to supplement this training with in-depth externally facilitated training on working with children and adults and family interventions as required. CPD will be assisted through strong links to academic institutions and by the training functions of the local authority and Local Health Board (LHB).

Reporting to IFS Board

4.12 One of the functions of the IFST will be to provide the IFS Board with a quarterly report. The report will include (but not be limited to) the achievements of the Team for that quarter including activity levels; the number of referrals received, the number of families accepted for IFST intervention, the number of cases closed on a planned basis, the rate of attrition from the service due to family withdrawal, the number and nature of disputed IFST decisions in respect of access to the IFST.

4.13 The report will also include qualitative information collected to inform the evaluation of service delivery. This will include analysis of the success or failure to meet objectives specified in Family Plans and the views of family members specifically with regard to the Team's effectiveness in engaging with and supporting them to bring about family change.

4.14 The report will include workforce issues including the status of the staff complement and any gaps in core staffing. It will also include information used to inform strategic planning, for example gaps in service provision. The report will also include recommendations to remedy any such service deficits within IFST or the wider service system.

Chapter 5: Integrated Family Support Board Members and Board Functions

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

Functions of Boards

5.1 The duty to establish an Integrated Family Support Board (hereafter referred to as the Board) is contained in Section 61 of the Children's and Families (Wales) Measure 2010. Each local authority (or a consortium of local authorities) must establish an IFSB in respect of the one or more teams established for its area.

5.2 Section 62(1) sets out the statutory objectives of the Board. These are:

- to ensure the effectiveness of what is done by the Integrated Family Support Teams (IFSTs) to which they relate;
- to promote good practice by the local authorities and Local Health Boards (LHB) 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; and
- to ensure that the local authorities and Local Health Boards participating in the Integrated Family Support Services co-operate with the Integrated Family Support Teams in discharging the Teams' statutory functions.

5.3 In order to discharge these statutory objectives the Board will need to fulfil a number of strategic and managerial functions.

5.4 The Board will need to receive and consider regular reports from the Teams' management. It shall quality assure service delivery, assess the effectiveness, sustainability and the human and financial resource needs of the service and its integration into wider local service provision and assess service delivery against the Team's objectives.

5.5 Continuous service development and improvements in integrated working across professional and organisational boundaries is imperative. The Board will assist the Team by commissioning cross sector services where appropriate and ensuring strategic relationships are developed with partner agencies and the wider service system for example housing and justice agencies in order to ensure that service provision difficulties are overcome.

5.6 It must also ensure that the Team is provided with clear protocols and procedures to support best practice, which meet the needs of both clients and staff – particularly in relation to child and adult protection and the sharing of information between health and social services and other organisations where required.

5.7 Each Board shall establish a procedure for dealing with potential internal conflict with regards commissioning and management of the Team.

5.8 In support of the service improvement and wider systems change, the Board will need to support and progress workforce development within IFSTs. They will need to ensure adequate arrangements for the management, professional supervision and development of the Team are in place together with the resources required to ensure that the Team can transfer their skills to the wider workforce through training and where desirable the use of secondments.

5.9 As part of its governance role, the Board will have responsibility for the financial audit of the service and has a duty to notify the local authority and the LHB of any financial or resource issues in respect of fulfilling the 'family support functions' assigned to the IFST. [See Chapter 7 for more detail.]

Board Membership

5.10 Section 61(3) defines the three core individuals who must form part of the Board's membership. These are:

- The Director of Social Services.
- The lead Director for Children & Young People's Services (where the Director of Social Services is not the lead Director for C&YP Service within Section 27(1)(a) of the Children's Act 2004).
- The lead Officer for Children and Young People's Services from the Local Health Board.

5.11 Under Section 61(5) local authorities can appoint members to a Board with the consent of their Local Health Board (LHB).

5.12 To compliment the multi disciplinary nature of the Teams and the cross cutting nature of the work, Board membership should also include:

- Senior representatives from Education and/or Inclusion.
- Senior representatives from Housing.
- Director of Primary, Community and Mental Health Services.
- Senior representation from Youth Offending Team and/or Probation Services or Police.

5.13 Local Authorities and LHBs can choose to widen the sources of expertise on the Board beyond those outlined above in support of the IFSS in operation. This could for example include a member of the Community Safety Partnership; LHB Nursing Director, Jobcentre Plus Childcare Partnership Managers. The engagement of these additional disciplines should be based upon the local arrangement of services.

5.14 The Board should also identify a 'critical friend' who acts in a non-executive capacity. It is recommended that this person is drawn from a neighbouring local authority or LHB to, facilitate knowledge transfer between pioneer and non pioneer areas and the potential to utilise services across authority boundaries.

Board Remuneration

5.15 In exceptional circumstances a local authority may pay remuneration and allowances (Section 61(7)) to Board members. Local authorities will need to determine whether they wish to provide remuneration and under which circumstances they would do this and to develop appropriate mechanisms to manage this process.

5.16 For example the Board may wish to call on the expertise of non public sector bodies or professionals in research and practice (clinical, social or scientific) to support the effective operation of the IFST and how it interacts with the wider service. In this example it would be appropriate to cover any reasonable travel and subsistence costs.

Board Reporting Function

5.17 Under Section 62 the Board is required to provide an Annual Report on the effectiveness of each IFST the Board oversees. The report must be provided by the 31 March of each year. The report must be signed off by the Chief Executives of both the Local Authority and the LHB in the respective Pioneer Area before being submitted to the Welsh Assembly Government. In order to produce this report the management of each IFST shall provide quarterly reports to the Board.

5.18 A copy of the Annual Report must be sent to:

- The Chief Executive of the Local Authority and its elected members responsible for Children, Young People and Social Services.
- The Chief Executive of the Local Health Board that relates to the Integrated Family Support Team.
- Welsh Ministers.
- The Director General for Health & Social Services, Welsh Assembly Government.

5.19 In line with the Local Government (Wales) Measure 2009, Directors for Social Services must include within its Annual Report to its Council information on the operation of the IFST and the IFSS¹¹.

5.20 The Board may also wish to consider sending the report to their Local Service Board and their Social Services Scrutiny Committee.

¹¹ Statutory Guidance on the Role and Accountability of the Director of Social Services. June 2009.

5.21 The report is required to address as a minimum the following:

- The IFS Board's membership, its mission; way of working and governance.
- Delivery of the service and its impact on the wider social care and health environment:
 - key achievements – impact upon families; wider system change;
 - big challenges – what has been tackled and what will need to be challenged over next 12 months;
 - tackling complexities - examples of national barriers which have hindered or will hinder future progress; and
 - priorities for the next 12 months.
- Expenditure against the IFSS grant.
- Improving partnership working:
 - what impact has it had on effective partnership working; scope for streamlining processes within Pioneer Areas.

The interface with other statutory Boards

5.22 The Board should actively work with their partners to optimise joint working arrangements and reduce duplication, ensuring that there are clear lines of accountability and governance across partnerships. The Board should consider whether combining other statutory boards and partnership arrangements would enable them to discharge their statutory duties more effectively.

5.23 *Making the Connections*¹² set out how Local Service Boards (LSBs) should be established in each local authority area. LSBs deliver the Community Strategy and ensure that all local partnerships are operating effectively and delivering on their agreed plans and strategies. They have an important role in ensuring that difficult issues are managed confidently. This may include tackling barriers to co-operation and service delivery and taking action to enhance capacity and expertise in partnerships. It will be necessary and important for the IFS Board and the LSB to communicate effectively and maximise the opportunity for making natural connections due to their commonality of membership. LSB members should be well placed to support the activity of the IFS Board by challenging obstacles to effective and co-ordinated service delivery. It will also be important for those supporting both Boards to reflect on how best to ensure effective communication.

5.24 Boards will need to identify and engage with other partners in their locality that fall outside the 'usual partners' for services to children and adults across public, private or third sector.

¹² Making the Connections: Delivering Beyond Boundaries (2006).

Chapter 6: Evidence Based Interventions and Training

6.1 Central to the delivery of IFSS is the use of Evidence Based Interventions (EBIs). These are defined as ways of working with people that have been rigorously evaluated, using experimental research designs.

6.2 Research evidence shows that Motivational Interviewing (MI) is an effective intervention in assisting people to effect change where they have problematic substance misuse. Furthermore “MI seems ideally suited for work with families who are experiencing a wide range of difficulties. It is particularly appropriate for those in which parents have drug or alcohol problems. The evidence is clear that MI can be an extremely helpful intervention and it seems particularly well suited to engaging reluctant or resistant parents in working with professionals”¹³. IFST Practitioners will be trained in the use MI and using their professional judgement will deliver this or other EBIs such as Brief Solution Focused Therapy (BSFT) & Cognitive Behavioural Therapy in order to assist in gaining positive outcomes for families.

6.3 The key issue to the successful use of EBIs is “implementation fidelity”: meaning that the intervention is delivered in the way that it was designed to be delivered. It is imperative that the core team and wider service are trained to use EBIs effectively and understand the IFSS approach and methods of service delivery.

6.4 Local authorities must therefore ensure that as a minimum the IFST members shall be provided with specialist training in the use of evidence based practice including MI and BSFT within complex families. Training in these techniques will enhance existing skills and assist in the engagement and direct work with families. The training provided for the IFSTs will be accredited by the Care Council for Wales and form part of the Credit and Qualification Framework (CQF) which will enable staff to attain credits as part of their continuing professional development.

6.5 The IFSTs will be provided with mandatory accredited training in the appropriate models and skills enabling the Team to facilitate a family’s engagement and collaboration in the change process and meet clear goals and outcomes. The Welsh Assembly Government will initially provide training for the implementation of the IFSS in the pioneer areas. Those undertaking the training will attain credits which will form part of their continuing professional development and are incorporated into the Care Council for Wales National CQF.

6.6 To ensure learning from EBI’s across services and professionals, local authorities should ensure they train sufficient members of the core IFST as accredited trainers in MI or other techniques. The support provided by Welsh Assembly Government will, during the Pioneer phase, assist the teams in building capacity in this area. For further information on how to access the training please see <http://www.agored.org.uk> under the unit grouping of Integrated Family Support.

¹³ Motivational Interviewing for Working with Parental Substance Misuse: A guide to support the IFS Teams. Donald Forrester May 2010.

6.7 In addition local authorities, with the support of their LHB, will be required to have clear arrangements in their Local Workforce Plans for the future training requirement of multi-agency professionals in their areas. Ensuring sustained and accredited training for staff employed within their IFST will be a key objective of the Integrated Family Support Board (IFSB).

6.8 In order to meet these needs training must cover three core elements:

1) Team Training

This will incorporate the philosophy of the intervention and build upon the Team's skills in effective communication, listening, exploring dissonance and building empathy and consultation.

2) Supervisory Training

Designed for IFSS Managers and supervisors to explore and improve their existing supervisory skills.

3) Training the Trainers

To facilitate and support wider workforce development key personnel will be trained to deliver core IFSS training modules. These will include Enhancing Motivation, Lowering Resistance and Promoting Family Change.

6.9 An outline of the IFST Training Framework is attached at Annex C detailing the learning framework and expected learning outcomes. The Integrated Family Support Services Practice Manual supports the training programme provided.

Chapter 7: The IFST Service and Access to Integrated Family Support Service (IFSS)

What service the IFST Offers

7.1 At its simplest the Integrated Family Support Team (IFST) will offer five principal functions:

- 1) Provide advice and consultancy to practitioners and agencies on engaging complex families with parental substance misuse.
- 2) Undertake direct work with families through the application of time limited family focused interventions.
- 3) Jointly with the case managers co-ordinate agencies, practitioners and others to access the services which the family needs [Family Support Functions].
- 4) Spot purchase services not otherwise available.
- 5) Providing training on Evidence Based Interventions (EBIs) for the wider workforce¹⁴.

7.2 The IFST Practitioners deliver targeted interventions, which must be carefully directed at eligible families where the need for intervention is indicated. In order to ensure that the service directs its resources most effectively, referrals will be screened for appropriateness and agreed through consultation that a family focused intervention is appropriate and timely.

7.3 Where agreement is reached that a family's case is appropriate for intervention from the IFST, a member of the Team will be identified to lead the intensive work with the family. The team member will be selected on the basis of the appropriateness of their core skills, experience to meet the needs of the family as identified in the referral and through the consultation process. The caseload and work commitments of individual team members will also be given consideration in determining the most appropriate team member to be allocated to the family. When a referral for a family group is taken up by an IFST, the separate management of the adult's case by the adult service, and the management of the child's case by children's services will continue and the workers responsible for managing the cases will need to continue to exercise judgement in that regard. The IFST Practitioner and the case manager/s will of necessity work in very close collaboration for the duration of the IFST engagement.

7.4 Care shall be taken to ensure that families make timely progress through the service gaining timely and effective intervention but ensuring that capacity to deliver intensive intervention is maintained by appropriately discharging families once intensive intervention care planning and phase two has been provided.

¹⁴ These modules will be accredited through the Care Council for Wales.

Duration of IFST Intervention

7.5 The intervention offered by IFSS is provided in two phases:

- Phase 1 is the intensive intervention delivered using Evidence Based Interventions.
- Phase 2 is the broader services provided to the family as set out in the 'family support functions'.

Phase 1

7.6 Teams in Pioneer Areas will test whether the intensive intervention which usually lasts for 4-6 weeks is a sufficient length of engagement or whether this should be extended. The delivery of the intervention is subject to continuous review. The decision to successfully conclude the planned intervention shall be reached between the lead IFST Practitioner, the case managers and the family. The decision to end the intervention before its planned conclusion will require a closure meeting and ratification by the Service Manager.

Phase 2

7.7 Over the intensive intervention period (Phase 1) the Team together with the lead IFST Practitioner and the case co-ordinators for the child and adult should identify the overall needs of the family (drawing on the information from the relevant assessments) and these will be recorded in the Family Plan. The Family Plan must specify how the authority proposes to respond to the full range of the child and family needs, the expectations of the other practitioners and services in accessing 'family support functions' to enable the family to make sustained change towards meeting the long and short term goals for the child and family.

7.8 The prescribed '*family support functions*' which an IFST may carry out are set out in Chapter 7.

7.9 The Family Plan and entitlement to 'family support functions' will be time limited and progress made should be closely monitored as part of the Family Plan review. See Chapter 8. The timescales for 'family support functions' will be matters for the local authority and LHB to decide but it is expected that they should not extend beyond 12 months, unless there are exceptional circumstances.

7.10 Effecting sustained change will vary depending upon the complexities of the circumstances and dynamics of the family. Option 2 research suggests that sustained change is most evident between 12-18 months. It is therefore envisaged that the IFST may be required to provide further short intensive interventions (booster sessions) for families to strengthen confidence and coping mechanisms.

Who can be referred to the Integrated Family Support Team (IFST)

Referral and Assessments

7.11 Section 57 of the Children and Families (Wales) Measure 2010 sets out those who may be referred to IFST for a service. For the purpose of pioneer phase the regulations are limited to:

- children in need, children in need of protection and children who are looked after where the child's plan is to return home;
- parent/s or carer/s of children in need where one or both parents/carers have a dependence upon alcohol or drugs; and
- expectant parents where one or both parent has a substance misuse problem that is likely to give rise to the child being in need of protection.

7.12 An IFST intervention is indicated for families with complex needs. When seeking to identify those children and families who would derive most benefit from an IFST intervention, local authorities will need to make a judgment at referral on the appropriateness of individual families through the Assessment Framework. This will need to indicate the willingness and commitment of families to engage with the IFST.

7.13 IFSTs should prioritise working with families where the impact of parental substance abuse is having or likely to have a negative impact on their parenting capacity which will result in their children being at risk or the high end of need.

7.14 The service should focus on children in three high level risk categories:

- Where the child is in need of protection, is on the child protection register and there has been neglect of children's care or development due to parental substance misuse.
- Where a family is at a point of crisis and where the children in that family are likely to become looked after by the local authority unless a change in the impact of substance misuse can be achieved quickly, (this shall include unborn children where there are concerns in the course of the pregnancy)
- Where children who are looked after by the local authority and without intervention the child/ren cannot return home due to substance misuse by their parents or carers.

7.15 Families may only be referred to IFST through the local authority's children's service following an assessment under the Assessment Framework. However to ensure that children in families where support is provided by adult services are not missed, local authorities must ensure they have arrangements in place to identify, as part of the Unified Assessment Process (UAP) and other adult services assessment tools such as the WIISMAT and/or Care Programme Approach for mental health (see below), children who may be in need or in need of protection as a result of their parent/carer's substance misuse.

7.16 The Assessment Framework provides a structure for the assessment of need across three domains – the child’s developmental needs, parenting capacity and family and environmental factors. The seven dimensions of developmental need (see **Figure 1** below) will feature prominently in care planning, placement and review. They will underpin the child’s care plan and it will be important for planned outcomes to be specified in each one.

Assessment Framework Triangle

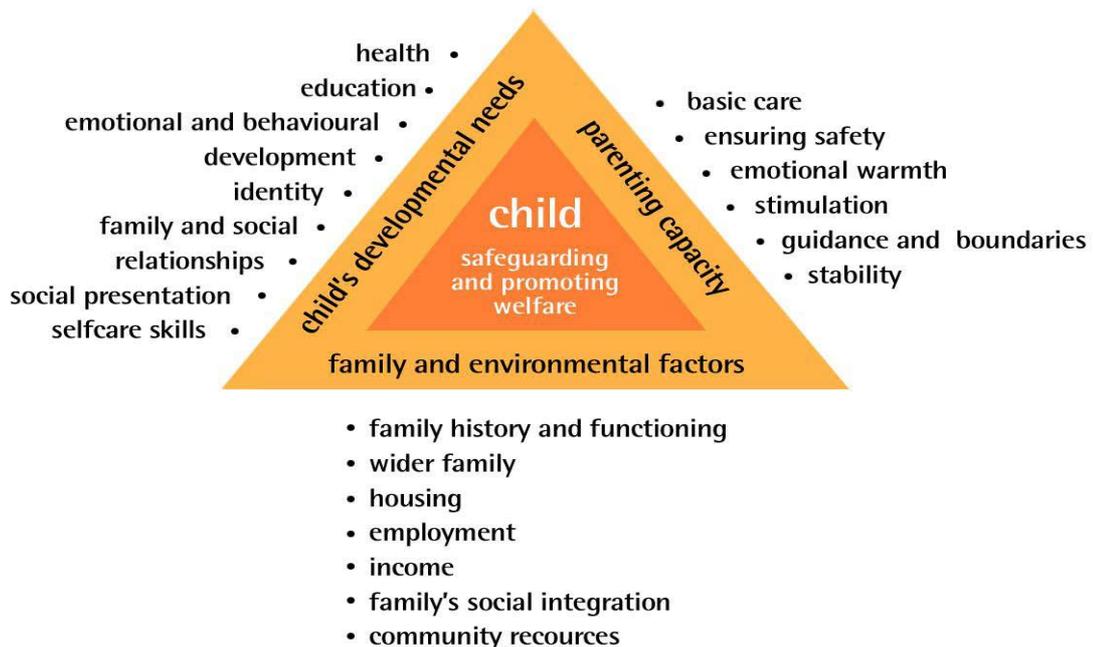


Figure 1 – the seven dimensions of need

7.17 The Assessment Framework is a fundamental part of social work and healthcare professionals’ work. It not only requires an understanding of the importance of planning, but also the relevant conceptual and practice frameworks.

7.18 The principal purpose of the Children's Assessment framework is:

- to ensure that children and their families and carers are treated with openness and honesty and understand the decisions that are made;
- to provide clarity about the allocation of responsibilities and tasks, in the context of shared parenting between parents, the child’s carers and the corporate parents and ensure that actions lead to improved outcomes; and
- to demonstrate accountability in the way in which the functions of local authorities under the 1989 Act, and the Children and Families (Wales) Measure 2010 (part 3) are exercised.

Addressing Parental Need (with specific reference to parental substance misuse)

7.19 To comply with the duties introduced through Part 4¹⁵ of the Children and Families (Wales) Measure 2010 and the duties of IFST a new domain of assessment will be required in the UAP to bridge children and adult services and to identify as part of the adult assessment those families where parenting capacity may be reduced due to their substance misuse.

7.20 The assessment of parental need is undertaken within the Creating a Unified and Fair System for Assessing and managing care – the Unified Assessment Process (UAP). This requires that a contact assessment is undertaken together with an overview assessment of any parental need together with an assessment of any risks that the parents/carers may pose to themselves or other people including their children. Where specific needs are identified a specialist assessment is required. In the case of substance misuse the Wales Integrated In-Depth Substance Misuse Assessment Tool (WIISMAT) shall be used. Further changes will be made to the UAP to introduce **Parenting** as a new domain. This will be through the introduction of a specialist assessment to be completed wherever social services and/or adult health professionals are assessing or treating adult clients who misuse substances and have dependent children. This shall enable them to ensure that they have regard to the needs of those children.

7.21 Both UAP and WIISMAT alert assessors to the potential risk of harm to children and the need to consider any evidence that a child's health or development is, or is likely to be, impaired as a consequence of the needs of the parents/carers arising from their condition. Both also set out clear duties of referral where there is a risk of significant harm to any child and to direct a referral to social services in accordance with the child protection procedures as set out in *Safeguarding Children Working Together under the Children Act 2004*.

7.22 Frequently, substance misuse is accompanied by other co-occurring problems such as mental disorder, learning or physical disabilities. Furthermore in families' referred to IFST it is possible that the parents/carers will have different primary presenting problems. For example a mother may have a substance misuse problem whilst her partner may have a serious mental disorder. In such cases consideration shall be given to undertaking specialist assessments within these domains. In the case of mental disorder this will require assessment and case management using the Care Programme Approach (CPA).

7.23 The use of WIISMAT and CPA shall ensure that a detailed and comprehensive assessment of need and identified risk of harm to the child/ren is undertaken and that a plan to meet these needs is produced with the service user and shared with relevant staff.

7.24 It is imperative for families referred to IFST that the review processes within adult services are dovetailed with the review processes for children. This approach will ensure that all parental needs identified within both the adult and children's

¹⁵ See S 67 and S68.

review processes are incorporated within revised care plans (see review procedures in Chapter 8 below).

Identification and Referral of Children in Need

7.25 Local Authorities must have regard to the requirement in this guidance in respect of identification and referral to children's services of dependents/children of adults who are being assessed for their substance misusing behaviour. Local authorities and health partners in specified areas are required to consider referral of a child in need where the physical, social, emotional or educational development of a child may be adversely impacted by reason of the adult parent's/carer's substance misuse. When assessing the adult with substance misuse it should be ascertained whether the person has parenting responsibilities for a child under 18 years. Before making the referral, the parent's/carer's permission or the child where appropriate, should be sought, unless seeking permission may itself place a child at risk of significant harm.

7.26 The assessment by adults services should determine whether the adults' needs are likely or not to significantly affect the physical, social or emotional development of a child in the family. If after initial contact with the family this appears to be the case, then a referral should be made to children's social services for an assessment in accordance with the Assessment Framework.

7.27 Local authorities must have regard to the requirement in this guidance in respect of identification and referral to children's services of dependents/children of adults who are being assessed for their substance misusing behaviour.

Practice Toolkits

A number of toolkits have been developed over time to assist practitioners in their work with families where parents misuse drug or alcohol and there are concerns about the child welfare.

The WIISMAT recommends the use of the Cut Down, Annoyed, Guilty Eye Opener (CAGE) assessment tool in the Contact assessment. In the Overview assessment the Drug Abuse Screen test 10 (DAST10) is recommended by WIISMAT for assessment of drug misuse and audit and for assessment of alcohol misuse.

The National Children Bureau – toolkit for practitioners in assessing the impact of parental substance misuse provides clear practice tips and audit tools to assist a wide range of practitioner and agencies.

Making a referral to the IFST

7.28 Where the Assessment Framework identifies that the eligibility criteria for referral to IFST is met, a children's services social worker will contact the IFST in their area. Where such need is identified by a professional in adult social care or healthcare through their assessment they must make a referral through the children's services within the local authority.

7.29 Local authorities must develop procedures to manage the referral process to IFST. Procedures shall include arrangements for receipt and management of referrals detailing who has responsibility to follow up and respond to any such requests. These arrangements must be jointly agreed between the local authority/ies and their Local Health Board (LHB).

7.30 The critical issue for practitioners and their managers to consider before referral to IFST is the decision about which interventions are likely to be most effective for a particular child and family or carers in order to achieve the best possible outcomes in the circumstances. The nature of the intervention and the potential benefits of IFSS will depend on the identified need as set out in the plan for a child in the context of the assessment of the child's developmental need in particular the likelihood of achieving sufficient change within the child's developmental timeframe.

7.31 Referring cases to IFST will require a commitment by the child social worker and adult care coordinators to work closely with the IFST in supporting the family, learning and developing the skills and competency in direct intervention with the families. Senior Officers must ensure the children's case manager and case managers in adult services are given sufficient time and support to undertake any additional duties linked to their IFST involvement. The IFST management shall audit referrals ensuring that they are in line with the requirements above. A lack of sufficient detail and inappropriate referrals is wasteful of service time. The quality of referrals shall be monitored through audit and included in the IFST report to the Integrated Family Support Board (IFSB).

7.32 Referrals for IFST may initially include limited information due to the need for urgent intervention and constraints in accessing all relevant information. However as soon as is practicable the following information shall be provided to the IFST:

- 1) The reason for referral.
- 2) All relevant information including all assessments of need and risk. For children this includes the initial and core assessments and any other specialist assessment i.e. WIISMAT, CPA.
- 3) A copy of the child's care plan (including a court care plan for a child as required by Section 31A of the 1989 Act) any child protection plan or a children in need plan for service under Section 17.
- 4) A copy of the child's parent's/carer's care plan (where appropriate).
- 5) Indication of the agreement of the family to be considered for a service and any wishes or feelings they wish to express.
- 6) A chronology of the family including current and previous adult and children's service provision including details of any services offered and the intended outcomes from those interventions.
- 7) An up to date risk analysis.
- 8) The desired outcomes defined by the referrer for the IFST to consider.

Considering acceptance of the referral

7.33 Upon receipt of a referral, consultation shall be undertaken in order to establish whether the service request is appropriate and timely. Participants could include the referring social worker, relevant family members and the lead IFST Practitioner.

7.34 During this consultation the request shall be considered on the basis of the eligibility for intervention, the consent of the family and the appropriateness of the intended outcomes to be gained from IFST intervention at that time.

7.35 The consultation should lead to one of three outcomes:

- Acceptance for intervention by the IFST and communication of acceptance to the members of the family group.
- Deferred acceptance by the IFST subject to other work being undertaken prior to intervention.
- An alternative plan for the family drawing on mainstream service provision (this may lead to a future referral being made to IFST where the family circumstances have changed).

Chapter 8: IFST Prescribed (Family Support Functions) & Section 58 Agreements

Integrated Family Support Teams (Family Support Functions) Regulations 2010

8.1 During both the intensive intervention and the maintenance phase of Integrated Family Support Team (IFST) involvement services shall be provided to support the family. The intensive intervention (Phase 1) and the broader services provided under 'family support functions' (Phase 2) to support the family within this guidance constitutes the Integrated Family Support Service (IFSS).

8.2 Section 58 requires that IFSTs must carry out the 'family support functions' assigned to it by the local authority and Local Health Board (LHB) under which it operates. The local authority and the LHB will therefore jointly decide the range of things that their IFST will do.

8.3 The range of functions that the local authority and LHB will draw upon in making the joint agreement is contained in Schedule 1 of the Integrated Family Support Teams (Family Support Functions) (Wales) Regulations 2010. In the Schedule these functions are expressed by reference to the relevant statutes. A joint agreement may choose to express the functions in more practical terms as things which the IFST will do. The fact that certain things will be done by the IFST does not mean that the local authority or LHB will stop doing the same things more widely elsewhere. The ability of the wider health and social care services to carry out functions that are ascribed to IFSTs is not affected.

Family Support Functions

8.4 The prescribed '**family support functions**' which an IFST may carry out is a comprehensive list of all functions, whether of a local authority or a LHB which an IFST might perform. Functions prescribed as '**family support functions**' 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.**

8.5 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 of each category and its relationship to Section 17 of the Children Act 1989 is set out in tables 1 to 4 of the Prescribed Functions Regulation and are summarised at Annex D to this guide.

8.6 Section 17 of the CA1989 places a general duty on local authorities to make such provision for a **child in need and any member of his or her family** as is 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.

8.7 Annex E provides an example of a s58(1) agreement in respect of the family support functions which an IFST can deliver.

Section 58(1) Agreements

8.8 Local authorities and LHBs in fulfilling their objectives in Section 62 and 58 are required to put in place a Section 58(1) agreement on the range of services that both parties agree to be included within the 'family support functions' that will apply to their respective IFST (to be provided directly by the IFST or through wider services in supporting the IFST).

8.9 The s58(1) agreement will enable the partner bodies to set out from the beginning the range of things which they want the IFST to do and ensure clear working arrangements and management systems for the effective operation of the IFSS. It is a record of what is being undertaken by partners as well as dealing with issues of resources and objectives. The agreement is not an operational manual nor a service specification or contract and should not be seen as the full explanation of all necessary actions or systems of the local authority for securing a successful outcome against the agreed objectives. It will not usually outline the detail of how the local authority will deliver transactions day to day. The agreement may mention objectives for partnership but not the internal procedures for delivery. It may describe the governance arrangements and the officer roles involved. This will still require both of the individual organisations to ensure that their own management and accountability arrangements are matched to these roles for staff.

The s58(1) Agreement

8.10 Matters for partners to consider for inclusion in the Section 58(1) agreement:

- The nature of the partnership.
- For how long.
- How it will operate.
- Within what governance.
- In what way.
- With what undertakings from the partners to each other.
- To what objectives.
- The services to be accessible to IFSS.
- With what resources.
- How IFST staff are deployed within the arrangements including any secondments and how associated matters are managed.
- Review.
- With what local measurements for assessing the impact of the partnership upon outcomes for local service users (not just organisational agency imperatives).

Resources & Staffing Arrangements

8.11 Partners will wish to ensure that the agreement includes clear lines of accountability for managers and staff, including front line staff that are not employed by the local authority but are managed as part of the IFST. Whilst the IFST will comprise a single team, it may involve a mix of secondment and employed staff. These will be directed in their duties day to day by the local authority whilst each partner retains responsibility for their own functions and continues to provide oversight for professional supervision and clinical governance.

8.12 Depending on the model partners adopt, partners should consider:

- arrangements for effective performance management, delegated authority and supervision;
- formalised Secondment arrangements; and
- the indemnity of each professionals role within the Team and how that is reflected in partners policies and procedures.

8.13 Finance leads are key to agreeing the framework of financial contributions and how any joint resources are managed i.e. what is to be included, who does what, how accounting and invoicing is maintained.

Delegated Team Budget

8.14 To ensure the effectiveness of the Team in delivering ‘family support functions’ there may be instances when the Team needs to spot purchase a service that, for whatever reason, is not accessible 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 Team either in the local authority or LHB.

8.15 To enable the Team to be responsive partners will wish to consider the benefits of establishing a delegated team budget. The agreement may wish to cover the process for arranging contracted external services available as ‘family support functions’ and spot purchased services. Which agency system and contract is used at any time for purchasing certain kinds of specialist services resourced from the fund may vary.

8.16 Unmet needs which cannot be met by ‘family support functions’ (including any services that may have been purchased directly by the Team) should be recorded and communicated to the IFS Board for consideration in their strategic planning and commissioning processes.

8.17 Where the partners operate a delegated budget it should be managed by the local authority however where the delegated budget is used by the team members they will wish to be clear on:

- when and how the budget is accessed;

- how it is used to purchase external services e.g. where it is used to purchase additional NHS services the partners may wish to agree whether it would be beneficial for the NHS to do the arranging of such services and to invoice the local authority managing the budget for the cost of arranged care;
- how the budget is controlled to avoid the risk of overspend without agreement;
- how the budget held on behalf of the partners by the local authority is managed; and
- mechanisms for agreeing/reporting delegated budget spend to the IFS Board.

Safeguarding and Promoting the Welfare of Children and Family Support Services

8.18 Section 25 and 28 of the Children Act 2004 places duties on local authorities and a range of agencies to co-operate to safeguard and promote the welfare of all children and young people.

8.19 The Children and Young People Partnership (CYPP) is key to discharging these duties through the provision of universal services. In particular services like Flying Start, Cymorth, Communities First and the Assembly Government promotion of *Family First pioneers* are critical to local prevention strategies to reduce the number of children meeting the social service thresholds for **Children in Need** and children having to be taken into care.

8.20 Partner agencies have a shared responsibility for the delivery of these Children Act 2004 duties, including their support to IFSS and ensuring the necessary resources and services are available in their provision of family support services.

8.21 Similarly a range of services are provided, in particular by the NHS and voluntary organisations, to respond to the needs of adults who misuse substances including those with parental/caring responsibility for children and young people. The Community Safety Partnerships (CSP) within their strategies for combating substance misuse in their area should consider how their services connect with IFSS, and have referral systems to children social services (for children who need protection or are in need) and supporting delivery of services to adults as listed in 'family support functions' regulations and set out in local Section 58(1) agreements.

8.22 Research from similar intensive family support services such as Option 2, identified the need for sustained support of families after an initial intervention so that services maximise the engagement of these families and to support them in sustaining change. It is therefore important that families are assisted to access universal services when their involvement with an IFST ends. Transition arrangements should be in place to ensure exit arrangements allow for the tapering of IFST support to families so they can continue to be supported through universal and targeted services (if appropriate). These arrangements need to be recorded within the Family Plan.

8.23 To assist the transition from IFSS authorities will wish to consider the benefits of mentoring schemes and out-reach support networks. A resource that IFSS may wish to connect with is the new Peer Mentoring Scheme for adults misusing substances.

8.24 Shortly a network of peer mentors will be available across Wales to advise, assist and befriend individuals who are experiencing significant and acute problems with their abuse of substances. They will focus exclusively on helping that person to overcome their problems by achieving economic independence through paid employment, skills development, adult education or other forms of training. For example, Job Centre Plus will be able to provide assistance and advice to family members seeking to re-train with a view to gaining employment.

8.25 The Peer Mentoring Scheme will add significant value to and complement the work of IFSS and existing work with specialist clinic and psycho-social interventions. The aim is that Peer Mentors become embedded within main-stream substance misuse services to complement, enhance and improve case work capacity in order to achieve improved outcomes.

8.26 The key roles of the Peer Mentors and the services they provide will include:

- helping and supervising individuals to remain focussed on completing specific treatment for their substance misuse and to provide on-going and intensive therapeutic support to help achieve this outcome;
- providing critical help support and guidance – post treatment – designed to help maintain positive momentum towards the ultimate goal of achieving economic independence and an enhanced quality of life;
- provide critical relapse prevention support;
- provide post treatment focus for partners and wider family support networks;
- provide a potential career pathway for ex-service users or individuals with unique insight into substance misuse dependency, to develop their own skills as practitioners and promote opportunities to become a Peer Mentor; and
- filling an acknowledged gap within current services, given case work support often stops at the conclusion of a clinical treatment episode.

‘Family Support Functions’: a Case Study

Kelly and her partner Tom are both 32 years old. They are the parents of 4 children between the ages of 17 –2. Michael 17 years, Kate 15 years, Carl 6 years, Hannah 2 years.

Tom and Kelly have very few educational qualifications between them, and some problems with basic numeracy and literacy.

Both have long-term substance dependency problems with alcohol and heroin. This has become more problematic of late. There are concerns from school, health services and social services about the capacity of the couple to parent their children and the amount of caring being done by the older children.

The family live in a three bedroom, privately rented house. The home has been poorly maintained, and because of problems with housing benefits, they have accrued significant arrears.

The family has a good and well established link with their social worker and their health visitor. They have told Kelly that they need to have a child protection conference in the next two weeks. Although Tom has not been seen by them for the last few weeks, Kelly has told them that she is worried about their substance misuse levels and about losing her children, and wants help.

Delivering Family Support Functions

Following the IFST referral consultation, the IFST lead practitioner undertakes a visit with the family and engages with the whole family around their concerns, the social worker’s concerns and preferred outcomes.

The IFST undertake a period of intense intervention (Phase 1) with the family during which time the whole family explores what is important to them as adults, children, parents, offspring and siblings. They work to establish the strengths and resources within themselves, within their family and within their environment.

This process allows the family to prioritise and establish the clear goals that will help them meet their preferred outcomes:

Goal #1: To establish clear routines for the family that ensure the children attend school.

Goal#2: Kelly & Tom to consider the impact of their substance use on their children.

Goal #3: Kelly & Tom to address finances & home conditions in order to secure their tenancy.

Continued ...

During this period of intense intervention the family work with the lead IFST practitioner on their goals. The lead IFST Practitioner helps the family in identifying what works for them in establishing meal, school and bedtime routines; they work on exploring with Kelly & Tom their substance use and its impact on family life and their aspirations. Kelly and Tom begin to challenge and change their substance misuse and begin to instigate new ways of managing.

Once the family are ready to invite in support that would help them reach and sustain their goals the lead IFST Practitioner also assists the family to engage with other agencies to help with some of the more practical matters impacting on the family. They work with the local authority housing department to identify alternative housing in the local area. They engaged directly with Job Centre Plus to better understand the difficulties with the housing benefit and work with the family and benefits officer to complete the appropriate paperwork. They facilitate a meeting between Kelly and Tom and Kate and Carl's head teacher to discuss school attendance and identify how they might work together to improve it. The lead IFST Practitioner also worked with the family to arrange a couple of days work experience for Tom to help boost his confidence. At the request of the family, to help address the literacy problems within the family, the lead IFST Practitioner spoke with adult education colleagues to identify possible classes for Tom and/or Kelly to attend in the future.

At the end of the intensive period of the intervention Michael and Kate were less involved in care to their siblings. Kate & Carl are attending school more regularly and Michael is seeking work. In addition Kelly & Tom had made self-referrals to the substance misuse service to continue the work that they have started within the intensive intervention.

During the follow-up period of intervention (Phase 2) the Family Plan continued to consolidate the changes achieved in the intensive phase:

- A specialist substance misuse worker is allocated and a care and treatment plan is devised with Kelly & Tom, using WIISMAT, focused upon the prescription of a heroin substitute.
- Kelly and Tom are supported by a Children's Services support worker to reinforce the routines established for the children, and assist them in formulating strategies caring for the children.
- Tom chose to undertake an adult literacy course with a view to gaining employment.

Chapter 9: Family Plan, Review of Family Cases and concluding the intervention

Developing the Family Plan

9.1 It is imperative that referral to the Integrated Family Support Team (IFST) does not generate significant additional bureaucracy. In order to achieve this, the lead IFST Practitioner will be provided with the relevant Care Plans developed within the adult and children's services. Using these and through the engagement of the family, the lead IFST Practitioner will develop a **Family Plan** which will be shaped throughout the intensive intervention. The Family Plan will be drawn up using existing material, including case history, risk and needs assessments and the planned outcomes (family goals) as agreed with the family. The Family Plan and family goals will be shared with the child care social worker and the adult services care co-ordinator at appropriate points in its development.

9.2 The detailed objectives in the Family Plan are benchmarks by which the progress of the family and the commitment of professionals and IFST are measured, and it is important that they are realistic. The analysis, judgement and decision made (by the child/adult case manager and the IFST) will form the basis of a Family Plan of work with the child in need and their family. The complexity or severity of the child/ren and family needs will determine the scope and detail of the Family Plan and the range of interventions, including the type of 'family support functions' or other services necessary to allow change to the parenting capacity and family circumstances. The Family Plan must specify how the authority proposes to address the full range of the child and family needs, taking into account the child and family's wishes and feelings.

Care Planning (The Family Plan) and Reviews under IFST

9.3 Care planning and reviews under IFST are about bringing together children in need, those in need of protection, and children looked after, their families, carers and professionals in order to plan to meet the needs of the entire family and thereby ensure the needs of the child are met. Reviews will consider the effectiveness of the Family Plan and should be undertaken on a regular basis. Effective care planning and review is underpinned by careful and ongoing assessment of needs and risks.

9.4 The 2007 Placement Regulations set out the arrangements which the responsible authority must make for looking after a child. The Children and Families (Wales) Measure Regulations extend these arrangements to cover children in need and their families whilst they are receiving a Family Support Service.

Child Care Plan

9.5 The formulation of a care plan is central to discharging the requirements under both child and adult systems. The child care plan will contain information about how the child's current developmental needs will be met as well as the arrangements for the current and longer term care for the child. It ensures that there is a long term plan for the child's upbringing (referred to as 'the permanence plan')

which everyone is working, including the team around the child, the child and, where appropriate, the family . There should be clarity in the care plan, particularly about the desired outcomes for the child and those expected from services and other actions identified. This clarity will support effective reviews of the child's case and monitoring the progress made towards meeting the short and long term goals for the child.

Adult Care Plans

9.6 Similarly WIISMAT and CPA require that a plan of care is formulated to meet the needs of the parents of children receiving an IFS intervention. Services shall pay particular attention to parental needs for services where the provision of such services shall impact favourably on meeting the needs of their children.

9.7 The care plans formulated for the children and adults within a family engaged by the IFST shall be drawn together to create a Family Plan.

9.8 The 2010 Regulations set out the arrangements which the local authority must make for the review of Family Plans under IFST and how the review informs or requires changes to the care plan for the individual child plan, the adult care plan and how these changes contribute to the development of the Family Plan.

9.9 Families supported by IFSS may have a number of individuals care plans:

- A children in need plan.
- A child protection plan.
- Care plans for children who are looked after.
- A care plan for a child who is the subject of a care or supervision order or for whom the plan is adoption.
- A care plan formulated using UAP and the specialist domains of WIISMAT and where appropriate CPA including the incorporation of Section 117 aftercare planning.
- OASys (provided to those sentenced to community sentence or serving a 12+ custodial sentence.
- YOT Intervention Plan (which may also include vulnerability/risk plan).

9.10 The Family Plan provides a holistic view of the needs of the child and their parents building on each component part of existing individuals plans. In addition to the principle requirement of care planning for children who are looked after and in need (set out above), it should contain information on how the IFSS through intervention and 'family support functions' will assist the broader requirements of the family and to bring together in a seamless manner services that will deliver the required outcomes for the family and individual family members. IFST interventions seek to strengthen capacity and change behaviour so that parents/carers can meet the needs of their children.

9.11 It is essential that the risk of potential harm and the impact of the parents condition on the safety, health and development of children or vulnerable adults (for example, partners or others living in the household) is assessed and recorded in both the individual's plan and the Family Plan. To ensure continued effectiveness and to manage risk, these plans must be regularly monitored and reviewed. It is crucial that during the period of intensive intervention and a record of all engagement with the family must be kept by the lead IFST Practitioner and shared as required with child and adult case managers.

The Review of Family Plans

9.12 The Integrated Family Support Teams (Review of Cases) Regulations (Wales) 2010 require local authorities to review the cases through the Family Plan of those families supported by IFST (Regulation 2). **The Review of Children's Cases (Wales) Regulations 2007 continue to apply for children who are looked after and current arrangements for the review of the adults/parents/carers plan will also operate. However the new statutory review arrangements have the effect of extending these arrangements to children in need, including those who are not in the looked after system, whilst they are working with the IFST.**

9.13 The review of the care plan is one of the key components within the core processes of working with children and families. It requires that staff assess, plan, intervene and review the plan of care and its effectiveness. The Family Plan must specify how the authority proposes to respond to the full range of the child and family needs, taking into account the child and family's wishes and feelings. The purpose of the review of families referred to IFST is to; consider the quality of the Family Plan, monitor progress of the Family Plan (as well as an individuals plan) e.g. are the outcomes set out in the Family Plan being met, drawing on individual child in need and adult plans, to amend the Family Plan (and where appropriate individuals plans) as necessary in light of the direct intervention of the IFST (and the IFSS – family support services), and to ensure the exchange of information and circumstances.

9.14 The central importance of the 'Family Review' therefore is to ensure that the child's welfare continues to be safeguarded and promoted. Monitoring whether interventions are making a difference to the family behaviours and circumstances and whether they will lead to measurable improvements in the child's welfare and family outcomes. These improvements include environmental and other circumstances which lead to a reduction in the level of need and risk.

The Role of the IRO in IFST

9.15 Regulations 4(3) requires that local authorities appoint a person to co-ordinate the review of the Family Plan. Given the relationship link with the review for looked after children and the need for consistency by local authorities to discharge their corporate parenting responsibilities to children in need and children who are looked after, the expectation is that the coordination function shall be carried out by the local authority's Independent Reviewing Officer (IRO) . Alternatively the authority may consider wish to nominate a named officer but the individual must have the skills and experience equivalent to that of an IRO. For example, it may be more appropriate for the chair of the child

protection conference to lead on the family review for a child/ren with a child protection plan. The named officer appointed shall be recorded in the Family Plan. IROs are also well placed to assess the quality and effectiveness of local authority adult services.

Principle of Review

- *What have been the outcomes of the last review?*
- *Is a new assessment of need called for?*
- *Has the Family Plan (or component parts care plan/CIN, CP, LAC plan. Personal care Plan) been called into question by developments?*
- *Do its objectives need to be reformulated?*
- *How integrated does the plan look?*
- *How is the principle of sensitive, open and shared planning being upheld?*
- *How effective is the planning process?*

Consultation and Information Gathering

9.16 It is essential that there is full consultation with all relevant individuals before the Family Plan review meeting. Provision must be made for children and parents with communication difficulties or whose first language is not English. The wishes and feelings of the following people (Regulation 6) about the plan, progress since last review and their willingness/agreement to proceed with the support of the IFST:

- the child (subject to age and understanding);
- his/her parents;
- any person who is not a parent but who has parental responsibility for him/her;
- lead IFST Practitioner;
- any other person thought to be relevant, for example current foster carer;
- relevant health professionals;
- adult substance misuse worker;
- CAMHS or adult mental health worker (if appropriate);
- child and adult GP;
- the child teacher/education LAC worker or other education representative;
- social housing officer (if appropriate);
- independent visitor (if one has been appointed).

Matters for Consideration

9.17 The aim of the review is to assess how far the individual plans that make up the Family Plan are addressing the needs of the child and parents and whether any changes are necessary to achieve this. The focus of the first review meeting will be on examining and confirming the Family Plan and individual care plan components.

9.18 The Schedules (1 – 4) to the regulations set out the matters for consideration at the review. In addition the review must consider matters specified in the CA 1989 relating to the welfare of the child as well as matters that will apply to individual adult/parents/carers cases.

Frequency of Reviews: Family Plans

9.19 The specified frequency of reviews (Regulation 3) is a minimum standard. A review should take place as often as the circumstances of the individual case requires. Upon receipt of a family's referral to IFST **a first review must be carried out within 4 weeks**, with the second review being carried out no more than three months after the first. The designated review lead (IRO or other named individual) must ensure that the people responsible for implementing decisions taken as a consequence of the review are identified, and where decisions are not implemented this shall be brought to the attention of a senior officer within the responsible authority.

9.20 Responsible authorities must ensure that their system provides for:

- a structured, co-ordinated approach to the conduct of a review;
- the full participation of both child and parents in the decision-making process where possible and appropriate; and
- the full participation of the child's carers, subject to the wishes and feelings of the child (where age appropriate).

9.21 Where there is a need for significant changes to the Family Plan, the date of the review should be brought forward. Unless it is not reasonably practicable, no significant change to the Family Plan or individuals Care Plan can be made unless it has first been considered at a review. However, in the event of a significant change or event in the child's life or family circumstances, the child's social worker and parent's care co-coordinator must inform the review officer (designated individual) or IRO. Changes may include:

- a proposed change of care plan for example arising at short notice in the course of proceedings following directions from the court;
- where agreed decisions from the review are not carried out within the specified timescale;
- major change to the contact arrangements;
- changes of allocated social worker, care co-ordinator;

- any safeguarding concerns involving the child, which may lead to enquiries being made under Section 47 of the 1989 Act ('child protection enquiries') and outcomes of child protection conferences, or other meetings that are not attended by the review officer/IRO;
- any adult protection safeguarding concerns involving the parents;
- a deterioration of a parents pattern of substance misuse, mental state or other factors;
- changes to parenting capacity as a result of family support or other services provided; and
- any other major changes in the family circumstances.

9.22 Family reviews and subsequent reviews (following the three month review) must be carried out no later than six months after the date of the previous review. Timing for family review has been aligned to those for children who are looked after and it is the responsibility of the named review officer/IRO to chair this review at regular intervals.

9.23 The named reviewing officer/IRO must be satisfied that the Family Plan identifies who is responsible for achieving the plan's objectives and clear timescales set. The Family Plan must demonstrate how the services provided have fully taken account of the wishes and feelings of the child and his/her family in particular the family continued willingness/agreement to receive intervention and service offered by IFST.

9.24 For children who are looked after local authorities will want to ensure that entry to IFSS will trigger a review under the 2007 Regulations (Regulation 4 refers) as a change in child/family circumstances. When this occurs local authorities when reviewing the child's care plan, must also have regard to the matters listed in Schedule 4 of the 2010 'family review regulations' [see Regulation 9(3)]. As outlined earlier the family may have a number of different plans for different purposes, local authorities are required to ensure that when in receipt of IFST service, each plan must take into account also those matters specified in Family Plan as to the holistic needs of the family.

Relationship with other Reviews

9.25 Regulation 9 makes changes to the review of cases for looked after children as set out in the 2007 Regulations and makes provision for the 2007 review to be conducted at the same time as a family review when a child case is referred to IFST. For looked after children cases referred to IFST, the IRO must consult (Regulation 6A), take views (see Regulation 8 of the 2007 Regulations) with the lead IFST Practitioner before conducting a review under 2007 LAC regulations and the IRO must include the lead IFST Practitioner in the list of people who are informed of action and decision as a result of the review.

9.26 The review of Family Case/Plan may be carried out at the same time as other reviews, for example the LAC review and any adult Care Plans [Regulation 4(5)]. Where a child in need is subject to a child protection plan the timing of the review

conference should be the same as the review under the 2010 Regulations to ensure that information in relation to the child's safety is considered within the review of the Family Plan and inform the overall care planning process for the child individual plan and the Family Plan.

Conduct of the Review

9.27 A review is made up of a number of elements; preparation, consultation, gathering information, consideration of the information at the review meeting, and revising the Family Plan and the individuals child care plan or adults personal care plan.

9.28 The Review process should enable the social worker (child SW/adult care co-ordinator in consultation with the IFST) to be in a position to report on:

- the progress made in implementing the Family Plan and individual care plans that sit within the Family Plan and the specified outcomes achieved;
- any changes required to the provision of services; and
- any changes required to the legal status of the child (this may include the need for care proceedings, discharge of a care order or provision of short term care (Section 20 or 17 accommodation) outside the family over the rehabilitation period.

Recording the Review of Family Plans

9.30 Local authorities must have system for recording the review and its outcome. It is important that the review records all those who attended or were consulted as part of the process and that it addresses in detail all elements of the Family Plan (and individual plans where reviews have been brought together). The named reviewing officer/IRO is responsible for completing the record of the review, evaluating that extent to which the Family Plan (and individual plans) is meeting the needs of the child and family and identifying (in consultation with the lead IFST Practitioner) any changes that are necessary in light of information presented at the review. The review should provide a comprehensive record of the child's background and current circumstances (if looked after, their placement), the needs of the child and the family and action that adults/parents are taking to meet these needs.

9.31 It is important that outcomes and decisions of the Family Review are recorded and that changes are made to individual plans. A written record (Regulation 8) of each Family Review should be completed and placed on the family and individual child or adult case file. Local authorities are required to ensure that all plans make provision for the dual recording and each must have a written policy regarding the manner in which they will conduct family reviews under the 2010 Regulations and how the 2010 reviews and others will be conducted in a seamless manner.

9.32 Following the review and any subsequent revision to the Family Plan the local authority (child's case worker) and adult services care co-ordinator must be provided with copies of the revised Family Plan. Copies must also be provided to the family, and where a child is accommodated in foster or residential care the foster

carer or link worker must receive copies. The adult case manager must consider other parties concerned with the rehabilitation/treatment of the parents that should have a copy of the plan.

9.33 For children who are in need in particular those who are looked after, the care plan, review and recording of support and outcomes following IFST will be critical to inform future action and may be used as evidence at any future court hearing for a child care proceedings [see Volume 1 guidance under the CA 1989]. A key aim of IFSS is to avoid escalation to care where appropriate through earlier intensive intervention and to work intensely with parents with the aim of maintaining a child safely at home, or of returning the child to the family home or to live with friends, clear records must be kept if rehabilitation fails alongside the recording of all other matters.

Ceasing to receive an Integrated Family Support Service

9.34 Authorities should have clear arrangements in place for the future care planning arrangements for families who are no longer in receipt of IFSS to ensure the transition is positive and there is a continuing focus on agencies (where appropriate) working with the child and the family to achieve best possible outcomes. On exiting IFSS the Review Regulations (Wales) 2010 cease to apply.

9.35 A record of the ending of an IFSS intervention must be recorded on the family file and child and adult case files. As part of the closure of the IFSS Family File, the lead IFST Practitioner will need to ensure that they have on file evidence relating to changes in family functioning changes to help any future evaluation of the outcomes for families.

9.36 There may be a number of different outcomes for families depending upon the family circumstances. However with the complexities and scale of the issues faced by the families who were supported by IFSS it is likely that they may still require support under the general duties of Section 17 as a child in need.

9.37 It will be important that families can still access universal and targeted services as necessary and where appropriate, continue to maintain and review the individual child and adult care plan.

9.38 It will be important that the local authority and their partners continue to deliver seamless services to the family as a whole so the benefits of IFSS and any measurable progress made by the family are sustained.

Chapter 10: Information Sharing and Case Management Systems

10.1 Sharing information about the service users is crucial to the safeguarding and wellbeing of children and adults and to the delivery of effective care and service provision, across number of organisations including those in the public sector, voluntary sector and private and independent organisations.

10.2 Service users usually expect that their personal information is shared between parties who are providing them with services and that this is managed in a safe, secure manner ensuring only the relevant information is shared.

10.3 Personal Information Sharing Protocols enable any legal complexities and misunderstandings – particularly of the Data Protection Act 1998 – to be overcome.

10.4 It is important that practitioners who provide Services for Children and Adult understand when, why and how they should share information so that they and do so confidently and appropriately as part of their day-to-day practice.

10.5 With regards to Adult Services, it is recognised that information should be disclosed when it is in the best interests of the individual and where the individual is at risk to themselves or others¹⁶.

10.6 The Board will need to ensure that an Information Sharing Protocol is in place between the partners and that Information Sharing Agreements are distributed to the IFST and wider agencies in advance of the 1 September 2010.

Wales Accord on the Sharing Personal Information (WASPI) provides a framework for organisations directly concerned with the well being of an individual to share information between them in a lawful and intelligent way. It ensures total compliance with the Information Commissioner's Code of Conduct for Sharing Information and ensures compliance with legislative requirements and national and international standards and policies.

10.7 Boards must ensure the new requirements introduced as part of IFSS are accommodated within their case management and information systems including the Management Returns to the Welsh Assembly Government under SSDA e.g. 903.

¹⁶ In Safe Hands – Protection of Vulnerable Adults in Wales, National Assembly for Wales, July 2000 and subsequent updates to guidance.

Chapter 11: Disputes and Complaints

11.1 The Welsh Assembly Government believes it is crucial to listen and respond to those who use services and those who work with them. This is especially important for the most vulnerable children and adults who may want to make a complaint because a concern or a problem is not being resolved¹⁷.

11.2 Local Authorities should have regards to the existing complaints procedure set out in *Listening and Learning – A guide to handling complaints and representations in local authority social services in Wales 2006*.

11.3 Where the complaint is related specifically to staff employed by the Local Health Board (LHB), then regards should be given to the National Health Services complaints procedure set out in *Complaints in the NHS – A guide to handling complaints in Wales – April 2003*.

Access to Advocacy

11.4 Vulnerable people may need help or support in gaining additional information required to inform their decision making. In Wales a range of advocacy services are available on an informal basis. However the Mental Capacity Act (MCA) 2005 came into force in early 2007 and introduces the new statutory role of the Independent Mental Capacity Advocate (IMCA) to support people who lack capacity to make certain decisions.

11.5 As of 1 October 2007, local authorities and LHBs in Wales have been under a duty to instruct an IMCA to support an individual if they meet the criteria as laid out in the Act. IMCAS are for people aged 16 and older.

11.6 Advocates can assist a person - adult or child - to have their voice heard and that their views are taken into account during a complaints/dispute process.

11.7 It is recognised that early intervention to resolve issues and problems can prevent a problem from escalating.

11.8 Local authorities and LHBs must provide access to advocacy services and where appropriate to include advocates in client related meetings.

¹⁷ *Listening and Learning – A guide to handling complaints and representations in local authority social services in Wales 2006*.

Chapter 12: Inspection

12.1 Care and Social Services Inspectorate Wales and Health Inspectorate Wales are responsible for Inspection within Social Services and Healthcare services respectively.

12.2 During the Pioneer Phase, IFSS will not be subject to a specific inspection regime but will be considered within the broader inspection of health and social care services where these are undertaken within pioneer areas during this phase.

12.3 A future inspection framework appropriate for use following a pan-Wales roll out of IFSS will be considered during the evaluation of the Pioneer Phase.

Chapter 13: Tools and Guidance to support the Integrated Family Support Service (IFSS)

A number of research, practice guidance and tools available to support those working within the IFSS. These tools can also be utilised by other areas wishing to implement a similar service in their area.

IFSS Legislation

Children and Families Measure (Wales) 2010:

<http://www.assemblywales.org/bus-home/bus-legislation/bus-leg-measures/business-legislation-measures-cf.htm>

Children and Families Measure (Wales) 2010, Part 3 regulations (IFSS):

<http://wales.gov.uk/topics/childrenyoungpeople/parenting/help/ifst/>

Background

Stronger Families Consultation

Stronger Families – a new approach to Integrated Family Support Services consultation (now referred to as Integrated Family Support Teams) ran for eight weeks from 8 August 2008 to 3 October 2008. In addition, on 11 and 14 November 2008 the Assembly Government hosted two stakeholder workshops attended by over 250 delegates.

- Summary of responses to IFSS Consultation Doc – English
- Summary of responses to IFSS Consultation Doc – Cymraeg
- A Key workshops messages report was published and widely disseminated in December 2008

<http://wales.gov.uk/consultations/childrenandyoungpeople/strongerfamilies>

Cabinet Papers

November 2008:

<http://wales.gov.uk/about/cabinet/cabinetsubcommittees/cyp/24nov08/?lang=en>

June 2008:

<http://wales.gov.uk/about/cabinet/cabinetsubcommittees/cyp/23jun08/mins/?lang=en>

January 2008:

<http://wales.gov.uk/about/cabinet/cabinetsubcommittees/cyp/14jan08/mins/?lang=en>

IFSS Tools

A series of reports and guides have been commissioned to support IFSS Teams in their operation.

Evidence Based Interventions and “Stronger Families”: Recommendations and lessons from a review of evidence
Professor Donald Forrester
January 2010

Integrated and Inter-Professional Working: A review of evidence
Professor Donald Forrester and Dr. Sarah Galvani
February 2010

Evaluation and Ongoing Monitoring: A Guide to support IFS Teams
Professor Donald Forrester
April 2010

Motivational Interviewing for working with parental substance misuse: A guide to support IFS Teams
Professor Donald Forrester
May 2010

“Option 2” and Home Builders: A guide to support IFS Teams
Professor Donald Forrester and Anne Williams
May 2010

Integrated Family Support Services Practice Manual
IFSS Central Resource Team
July 2010

Case Management Approaches and Parental Substance Misuse: A guide to inform IFS Teams
Professor Donald Forrester and Sarah Wadd
To be issued September 2010

IFSS and Pooling Resources
Robin Lorimar
To be issued September 2010

All of these reports and any future commissioned reports/guides will be available from <http://wales.gov.uk/topics/childrenyoungpeople/publications>.

Interesting reading

Additional reports which are related to the work of the IFSS:

Option 2

Research study involved an evaluation of the “Option 2” project in Cardiff and the Vale of Glamorgan.

<http://wales.gov.uk/topics/childrenyoungpeople/publications/option2>

Evaluation of Early Parental Intervention Pilot Projects

An evaluation of the EPIPP pilots which were commissioned by the Welsh Assembly Government in 2007. The evaluation was commissioned to examine the effectiveness of the range of ‘working within each of the projects.

February 2010

<http://wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/publications/?lang=en>

Annex A

W E L S H S T A T U T O R Y I N S T R U M E N T S

2010 No. 1699 (W.160) (C.87)

SOCIAL CARE, WALES

HEALTH, WALES

CHILDREN AND YOUNG PERSONS, WALES

Made

24 June 2010

Children and Families (Wales) Measure 2010 (Commencement) Order 2010
EXPLANATORY NOTE

(This note is not part of the Order)

This Order brings into effect part 3 of the Children and Families (Wales) Measure 2010 (“the Measure”) on [] September 2010 in the specified areas. The specified areas are the local authority areas of Merthyr Tydfil, Newport, Rhondda Cynon Taff and Wrexham.

Part 3 of the Measure requires local authorities to establish one or more integrated family support (“IFS”) teams in their area. A Local Health Board whose area corresponds to the area of a local authority must participate in the establishment of the team. Section 58 of the Measure sets out the kinds of cases that can be referred to an IFS team and section 58(6) sets out categories of adults who may be subject to a family referral. Only paragraph (a) of section 58(6) is commenced that is to say that an IFS team will only be able to receive referrals in relation to families where a parent is dependent on alcohol or drugs.

Part 3 includes other provision about the funding of IFS teams (s.59) and the composition of IFS teams (s.60). Sections 61 and 62 provide for the establishment of IFS boards to oversee the teams. Section 63 gives the Welsh Ministers power to make regulations about various aspects of the functioning of the IFS teams and boards. Section 64 requires a board to make an annual report on the team. Section 65 requires local authorities, local health boards, IFS teams and boards to have regard to any guidance given by the Welsh Ministers.

2010 No. 1699 (W.160) (C.87)

SOCIAL CARE, WALES

HEALTH, WALES,

CHILDREN AND YOUNG PERSONS, WALES

Children and Families (Wales) Measure 2010 (Commencement) Order 2010

Made

24 June 2010

The Welsh Ministers, in exercise of the powers conferred by sections 74(2) and 75(3) of the Children and Families (Wales) Measure 2010⁽¹⁸⁾, make the following Order.

Citation, interpretation and application

1.—(1) The title of this Order is the Children and Families (Wales) Measure 2010 (Commencement) Order 2010.

(2) This Order applies in relation to Wales.

(3) In this Order —

“the 2010 Measure” (“*Mesur 2010*”) means the Children and Families (Wales) Measure 2010.

Appointed day for specified areas

2.—(1) Paragraph (2) of this article applies in relation to the local authority areas specified in article 3.

(2) Those provisions of Part 3 of the 2010 Measure set out in the Schedule come into force on [] 1 September 2010.

Specified areas

3. The local authority areas specified for the purposes of article 2 are —

- (a) Merthyr Tydfil⁽¹⁹⁾;
- (b) Newport;
- (c) Rhondda Cynon Taff ; and
- (d) Wrexham.

⁽¹⁸⁾ 2010 nawm 1

⁽¹⁹⁾ The local authority areas designated as specified areas are as set out in Part 2 of Schedule 4 of the Local Government Act 1972 (c.70).

Gwenda Thomas

Deputy Minister for Social Services

Under authority of the Minister for Health and Social Services, one of the Welsh Ministers

Date 24 June 2010

SCHEDULE 1

Provisions of Part 3

1. Section 57 (Establishment of integrated family support teams)
2. Section 58 except subparagraphs (b), (c) and (d) of subsection (6) (Functions of integrated family support teams)
3. Section 59 (Resources for integrated family support teams)
4. Section 60 (Composition of integrated family support teams)
5. Section 61 (Establishment of integrated family support boards)
6. Section 62 (Functions of integrated family support boards)
7. Section 63 (Regulations about integrated family support teams and boards)
8. Section 64 (Annual reports on integrated family support teams)
9. Section 65 (Guidance about integrated family support teams).

2010 No. 1701 (W.162)

**SOCIAL CARE, WALES HEALTH, WALES CHILDREN AND
YOUNG PERSONS, WALES**

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

EXPLANATORY NOTE

(This note is not part of the Regulations)

These regulations set out the functions of a local authority and the functions of a Local Health Board which are “family support functions” for the purposes of section 58 of the Children and Families (Wales) Measure 2010 (“the Measure”). Section 57 of the Measure requires local authorities to establish one or more integrated family support (“IFS”) teams in their area and requires a Local Health Board to participate in their establishment. The IFS teams are not separate legal entities but bring together the local authority and the Local Health Board to perform together certain health and social care functions to address the issues of the families whose cases can be referred to it.

Section 58(2) of the Measure allows the Welsh Ministers to prescribe certain of a local authority’s social services functions and certain functions of a Local Health Board or NHS Trust as “family support functions”. A local authority, with the consent of the participating Local Health Board, must decide which of its own and the Local Health Board “family support functions” to assign to the IFS team.

Subsections (5) to (8) of section 58 set out the particular types of cases which a local authority may refer to an IFS team. The statutory functions identified apply more widely than the types of case in question might require so the tables in the Schedule to these Regulations include text narrowing the focus to the relevant area.

Section 58(12) of the Measure provides that functions prescribed as “family support functions” and which are assigned to an IFS team will continue to be exercised by the local authority and a local health board outside the team as well as being performed within the team.

2010 No. 1701 (W.162)

**SOCIAL CARE, WALES HEALTH, WALES CHILDREN AND
YOUNG PERSONS, WALES**

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

Made 24 June 2010

Laid before the National Assembly for Wales 29 June 2010

Coming into force 1 September 2010

The Welsh Ministers, in exercise of the powers conferred by sections 58(2) of the Children and Families (Wales) Measure 2010⁽²⁰⁾, make the following regulations.

Citation, commencement, interpretation and application

1.—(1) The title of these Regulations is the Integrated Family Support Teams (Family Support Functions) (Wales) Regulations 2010 and they come into force on 1 September 2010.

(2) These Regulations apply in relation to Wales⁽²¹⁾

(3) In these Regulations—

“the 2010 Measure” (“*Mesur 2010*”) means the Children and Families (Wales) Measure 2010.

Family support functions

2. The functions set out in the Schedule are family support functions for the purposes of Part 3 of the 2010 measure.

Gwenda Thomas

Deputy Minister for Social Services

Under authority of the Minister for Health and Social Services, one of the Welsh Ministers

Date 24 June 2010

⁽²⁰⁾ 2010 nawm.1

⁽²¹⁾ The enabling power under which these regulations are made has been brought into force only in relation to the specified areas prescribed in the Children and Families (Wales) Measure 2010 (Commencement) Order 2010 (S.I. ..2010/1699 (W.160) (C.87)). These areas are the local authority areas of Merthyr Tydfil, Newport, Rhondda Cynon Taf and Wrexham.

SCHEDULE 2

Table 1

Local authority functions in relation to children

| <i>Function</i> | <i>Extent</i> |
|--|---|
| s.2 Chronically Sick and Disabled Persons Act 1970 (as it applies through the operation of s.28A of that Act) (<i>Provision of Welfare Services</i>) | In so far as they relate to the provision of services (including assistance, counselling or support) for children who are “in need” for the purposes of section 17 of the Children Act 1989 and for their families, including the carrying out of any assessments for those purposes. |
| s. 117 Mental Health Act 1983 (<i>After-care</i>) | |
| s.17 and Schedule 2, part 1 Children Act 1989 (<i>Provision of services for children in need, their families and others</i>) | |
| s. 82 National Health Service Act 2006 (<i>Cooperation between NHS bodies and local authorities</i>) | |
| s.192(1) and Schedule 15 National Health Service (Wales) Act 2006 (<i>Local Social Service Authorities</i>) | |

Table 2

Local authority functions in relation to adults

| <i>Function</i> | <i>Extent</i> |
|---|---|
| s. 29 National Assistance Act 1948 and directions made under it (<i>Welfare arrangements</i>) | In so far as they relate to the provision of services (including assistance, counselling or support) or facilities to promote the welfare of persons over the age of 18 who are |
| s.2 Chronically Sick and Disabled Persons | |

| | |
|---|--|
| Act 1970 (<i>Provision of Welfare Services</i>) | eligible for services under those sections because they are |
| s. 117 Mental Health Act 1983 (<i>After-care</i>) | dependent on alcohol or drugs, because they are victims of |
| s.6 Carers and Disabled Children Act 2000 (<i>Assessments: persons with parental responsibility</i>) | domestic violence or abuse, have a history of violent or abusive behaviour or because they have a mental |
| s. 192(1) and Schedule 15 of National Health Service (Wales) Act 2006 (<i>Local Social Service Authorities</i>) | disorder, and including assessment of the need for those services or facilities. |

Table 3

Local Health Board functions in relation to children

| <i>Function</i> | <i>Extent</i> |
|--|---|
| s. 117 Mental Health Act 1983 (<i>After-care</i>) | In so far as they relate to the provision of |
| s.82 National Health Service Act 2006 (<i>Cooperation between NHS bodies and local authorities</i>) | health services or facilities for, or treatment of children who are in need for the purposes of s.17 of the Children Act 1989 |
| s. 1 National Health Service (Wales) Act 2006 (<i>Duty to promote health service</i>) | including the assessment of need for such services or |
| s. 2 National Health Service (Wales) Act 2006 (<i>General powers</i>) | facilities. |
| s.3(1) (c), (d), (e) and (f) National Health Service (Wales) Act 2006 (<i>Provision of certain services</i>) | |
| s. 10(1), (2), (3), (4) and (5) National Health Service (Wales) Act 2006 (<i>Arrangements with other bodies</i>) | |

s. 38(6) National Health Service (Wales) Act 2006
(Duty to make available services provided by a person employed in the health service to enable local authorities to discharge functions)

Table 4

Local Health Board functions in relation to adults

| <i>Function</i> | <i>Extent</i> |
|--|--|
| s. 117 Mental Health Act 1983 (<i>After-care</i>) | In so far as they relate to the provision of health services or facilities for, or treatment of persons who are dependent on alcohol or drugs, or who are victims of domestic violence or abuse, have a history of violent or abusive behaviour or who have a mental disorder, to include the assessment of need for such services, facilities or treatment. |
| s.82 National Health Service Act 2006 (<i>Cooperation between NHS bodies and local authorities</i>) | |
| s. 1 National Health Service (Wales) Act 2006 (<i>Duty to promote health service</i>) | |
| s. 2 National Health Service (Wales) Act 2006 (<i>General powers</i>) | |
| s.3(1) (c), (d), (e) and (f) National Health Service (Wales) Act 2006 (<i>Provision of certain services</i>) | |
| s. 10(1), (2), (3), (4) and (5) National Health Service (Wales) Act 2006 (<i>Arrangements with other bodies</i>) | |
| S. 38(6) National Health Service (Wales) Act 2006 (<i>Duty to make available services provided by a person employed in the health</i> | |

*service to enable local
authorities to
discharge functions)*

2010 No. 1700 (W.161)

**SOCIAL CARE, WALES CHILDREN AND YOUNG PERSONS,
WALES**

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

(This note is not part of the Regulations)

These Regulations establish requirements about how local authorities must review the cases of the families who are supported by Integrated Family Support (“IFS”) teams. The requirements for the local authority to review a case do not apply in relation to a child whose case is already subject to review under the Review of Children’s Cases (Wales) Regulations 2007 (S.I. 2007/307) (“the Review Regulations”) by virtue of being “looked after” as defined in section 22(1) of the Children Act 1989.

These Regulations also make amendments to the Review Regulations so that the requirements for the review of cases of looked after children take account of the involvement of IFS teams in a number of specified ways.

Regulation 2 requires a local authority to review the cases of families whose cases are supported by an IFS team but excepts cases of looked after children.

Regulation 3 sets out when a case must first be reviewed and at what intervals subsequent reviews must take place. Regulation 4 requires a local authority to set out in writing its arrangements for reviewing cases and requires that the local authority coordinates the review. The matters to be dealt with in the review are dealt with in Schedule 1.

Regulation 5 and Schedule 2 set out all the matters which a local authority must take into account in reviewing cases. Regulation 6 sets out the requirements about who must be consulted before a review, who must participate in it and who should be notified afterwards.

Regulation 7 creates a duty for a local authority to implement the decisions taken at a review. Regulation 8 requires that information provided for a review, together with minutes, and any decisions of a review, are recorded in writing.

Regulation 9 makes amendments to the Review regulations to include a requirement that a member of an IFS team is involved in the review of the case of a looked after child whose family’s case is supported by such a team. It also amends the review regulations so that notification of referral of a case to an IFS team is a trigger for a review of the case of a looked after child. A schedule of additional matters to be taken into account in the case of a looked after child whose family is being supported by an IFS team is included to become Schedule 4 of the Review regulations.

2010 No. 1700 (W.161)

**SOCIAL CARE, WALES CHILDREN AND YOUNG PERSONS,
WALES**

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

Made 24 June 2010

Laid before the National Assembly for Wales 29 June 2010

Coming into force 1 September 2010

The Welsh Ministers, in exercise of the powers conferred by section 63(a) and 74(2) of the Children and Families (Wales) Measure 2010 and sections 26(1), (2), 104 (4), 104A (1) and (2) of the Children Act 1989⁽²²⁾ make the following regulations.

Citation, commencement, interpretation and application

1.—(1) The title of these Regulations is the Integrated Family Support Teams (Review of Cases) (Wales) Regulations 2010 and they come into force on 1 September 2010.

(2) These Regulations apply in relation to Wales.

(3) In these Regulations—

“a family” (“*teulu*”) means a family which has been referred by a local authority to its IFS team and whose members have been notified that they will be supported by the team;

“IFS team” (“*tîm integredig cymorth i deuluoedd*”) means an integrated family support team established by a local authority with the participation of a local health board in accordance with s.57 of the 2010 Measure;

“the Review regulations” (“*y rheoliadau Adolygu*”) means the Review of Children’s Cases (Wales) Regulations 2007⁽²³⁾;

“the 2010 Measure” (“*Mesur 2010*”) means the Children and Families (Wales) Measure 2010.

Duty to review cases

2.—(1) Subject to paragraph (2), a local authority must review the case of each family in accordance with these Regulations, for as long as the family is being supported by its IFS team.

(2) Where an IFS team is established jointly by more than one local authority, then the duty in paragraph (1) applies to the local authority in whose area the child lives and any temporary arrangements for the child to live away are to be disregarded for this purpose.

(3) The duty in paragraph (1) of this regulation does not apply in relation to the case of a family where one or more of the children in the family is being looked after or is being provided with accommodation by the local authority and that child’s case is (or those children’s cases are) subject to review under the Review of Children’s Cases (Wales) Regulations 2007.

⁽²²⁾ 1989 c.41

⁽²³⁾ S.I. 2007/307

Time when each case is to be reviewed

- 3.**—(1) Each case must first be reviewed within four weeks of the date on which the family are notified that their case will be supported by the IFS team.
- (2) The second review must be carried out no more than three months after the first and thereafter subsequent reviews must be carried out no more than six months after the date of the previous review.
- (3) Nothing in this regulation prevents a local authority from reviewing the case before the time specified in paragraph (1) or (2).

Manner in which cases are to be reviewed

- 4.**—(1) A local authority must set out in writing how the case of each family is to be reviewed and must make this available to the persons specified in regulation 6(1).
- (2) A local authority whose IFS team is supporting a family must make arrangements to co-ordinate the carrying out of all aspects of the review.
- (3) The local authority must appoint one of its officers to coordinate all the aspects of the review.
- (4) The matters to be dealt with in each review must, so far as practicable, include the elements specified in Schedule 1.
- (5) Nothing in these Regulations prevents the carrying out of any review under these Regulations and any other review, assessment or consideration under any other provision at the same time.

Considerations to which local authorities are to have regard

- 5.** The considerations to which, so far as is reasonably practicable, a local authority are to have regard in reviewing each case are the general considerations specified in Schedule 2.

Consultation, participation and notification

- 6.**—(1) Before conducting any review a local authority must, unless it is not reasonably practicable to do so, seek and take into account the views of—
- (a) the children of the family;
 - (b) the parents;
 - (c) any person who is not a parent of the child but who has parental responsibility for him or her;
 - (d) members of the IFS team; and
 - (e) any other person whose views the authority consider to be relevant;
- in particular in relation to the matters which are to be dealt with in the course of the review.
- (2) A local authority must so far as is reasonably practicable involve the persons whose views are sought under paragraph (1) in the review and, where the authority consider appropriate, invite them to attend all or part of it.
- (3) A local authority must, so far as is reasonably practicable, make known the outcome of the review and of any decision taken by it in consequence of the review to—
- (a) the children of the family;
 - (b) the parents;
 - (c) any person who is not a parent of the child but who has parental responsibility for him or her;
 - (d) the IFS team; and
 - (e) any other person whom the authority considers ought to be notified.

Arrangements for implementation of decisions arising from reviews

7. A local authority must take all reasonable steps to implement any decision which it takes in consequence of a review, whether by making arrangements itself or by making arrangements with a local health board or with any other person.

Recording review information

8. A local authority must make a written record of—
- (a) information obtained for the purposes of a review;
 - (b) any meeting arranged by the authority in anticipation or in consequence of any aspect of the review of that case; and
 - (c) details of the outcome of the review and any decisions made by the authority in consequence of the review.

Amendments to the Review of Children's Cases (Wales) Regulations 2007

9.—(1) In paragraph (2) of regulation 1 of the Review regulations (Title, commencement, interpretation and application) insert the following definition—

“IFS team” (“tîm integredig cymorth i deuluoedd”) means an integrated family support team established by a local authority with the participation of a local health board in accordance with section 57 of the Children and Families (Wales) Measure 2010;”

(2) In regulation 4 of the Review regulations (Time when each case is to be reviewed), in paragraph (3) delete the words “the independent reviewing officer so directs” and insert the following subparagraphs—

- “(a) the independent reviewing officer so directs, or,
- (b) the child is included within a family whose case has been referred to an IFS team and the family has been notified their case will be supported by the team.”

(3) (a) After regulation 6 of the Review regulations, insert the following regulation—

“Additional considerations to which responsible authorities are to have regard where IFS team involved

6A. The additional considerations to which responsible authorities are to have regard in reviewing the case of a child who is part of a family which is being supported by an IFS team are the considerations specified in Schedule 4.”

(b) Schedule 3 (which inserts a new Schedule 4 into the Review regulations) shall have effect.

(4) In regulation 8 of the Review regulations (Consultation, notification and participation), in paragraph (1), at the end of subparagraph (d) delete the word “and” and add the following subparagraph—

“(dd) in the case of a child whose family is being supported by an IFS team, a member of that team; and”.

(5) In regulation 8 of the Review regulations, in paragraph (3), at the end of subparagraph (d), delete the word “and” and add the following subparagraph -

“(dd) in the case of a child whose family is being supported by an IFS team, a member of that team; and”.

Gwenda Thomas

Deputy Minister for Social Services

Under authority of the Minister for Health and Social Services, one of the Welsh Ministers

Dated 24 June 2010

Schedule 1

Regulation 4(4)

Matters to be dealt with in case review

1. Any change of circumstances of any children or adults in the family.
2. The effectiveness of the plan to address the needs of the child, whether in relation to health needs or social, emotional or behavioural needs.
3. The effectiveness of plans to address the needs of adults whether in relation to health needs or social care needs.
4. The views of the adults and children in the family.
5. Whether the plans for the child(ren) or adult(s) should be adapted to better support each other.

Schedule 2

Regulation 5

Considerations to which local authorities are to have regard

Part 1

The child

1. Any change in the legal status of the child.
2. Any risks to the child.
3. Whether the current arrangements for the care of the child are satisfactory.
4. The child's developmental progress and whether there is a need for the child to be the subject of any further assessment in relation to health, social, emotional, behavioural or educational needs.

Part 2

Family

5. Any changes in the family circumstances since the last review.
6. Any significant events outside the family which are relevant including the implementation of actions from previous reviews.

7. Any change to the parenting capacity of the parents as a result of health or social care services provided or as a result of other factors.
8. Any difficulties which the family may have had in engaging with the IFS team.
9. Whether there is any conflict between the needs of the child and the needs of the adults and how this can be resolved.
- 10 The need to prepare for the ending of the involvement of the IFS team.

Schedule 3

Regulation 9(3)(b)

Review of Children's Cases (Wales) Regulations 2007

The following Schedule is inserted into the Review regulations after Schedule 3—

“

Schedule 4

Regulation 6A

Additional considerations to which local authorities are to have regard where IFS team involved

1. The care plan or health treatment plan of the parent or parents.
2. Any changes in the family circumstances since the last review.
3. Any change to the parenting capacity of the parents as a result of health or social care services provided or as a result of other factors.
4. Any significant events outside the family which are relevant.
5. Any difficulties which the family may have had in engaging with the IFS team.
6. Whether there is any conflict between the needs of the child and the needs of the adults and how this can be resolved.
7. The need to prepare for the ending of the involvement of the IFS team.”

2010 No. 1690 (W.159)

**SOCIAL CARE, WALES HEALTH, WALES CHILDREN AND
YOUNG PERSONS, WALES**

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

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations make requirements about the professional categories from which the workers who are members of an integrated family support (“IFS”) team must be drawn. These Regulations also set out what an IFS board must do to meet the objectives conferred on it by section 62 of the Children and Families (Wales) Measure 2010.

Regulation 2 requires that an IFS team must contain a core of five professionals drawn from three professions: social work, nursing and health visiting. Each profession must be represented in the team. In addition the social worker, or, where there is more than one social worker, at least one of them, must be a consultant social worker, as defined in regulation 1. Regulation 3 requires the team to have suitable skills and experience having regard to the types of cases which are to be referred to the team, to guidance which the Welsh Ministers may issue and to the need of the professional members of the team for administrative support.

Regulation 4 spells out the functions an IFS board must perform in meeting its objectives.

2010 No. 1690 (W.159)

**SOCIAL CARE, WALES HEALTH, WALES CHILDREN AND
YOUNG PERSONS, WALES**

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

Made 24 June 2010

Laid before the National Assembly for Wales 29 June 2010

Coming into force 1 September 2010

The Welsh Ministers, in exercise of the powers conferred by sections 60(1) and 62(2) of the Children and Families (Wales) Measure 2010⁽²⁴⁾, make the following regulations.

Citation, commencement, interpretation and application

1.—(1) The title of these Regulations is the Integrated Family Support Teams (Composition of Teams and Board Functions) (Wales) Regulations 2010 and come into force on 1 September 2010.

(2) These regulations apply in relation to Wales.

(3) In these Regulations—

“the 2010 Measure” (“*Mesur 2010*”) means the Children and Families (Wales) Measure 2010;

“consultant social worker” (“*gweithiwr cymdeithasol ymgynghorol*”) means a social worker with at least three years post-qualifying experience and with such skills, qualifications and competences as may be set out by the Welsh Ministers from time to time in guidance issued under s.65 of the 2010 Measure;

“health visitor” (“*ymwelydd iechyd*”) means a person who is registered on the specialist community public health nurse part of the register maintained by the Nursing and Midwifery Council and whose entry in that part of the register records competence in health visiting;

“nurse” (“*nyrs*”) means a person who is registered on the nurses part of the register maintained by the Nursing and Midwifery Council;

“social worker” (“*gweithiwr cymdeithasol*”) means a person who is registered as a social worker with the Care Council for Wales or the General Social Care Council or a similar register of social workers maintained in Scotland or Northern Ireland;

“team” (“*tîm*”) means an integrated family support team established under part 3 of the 2010 Measure.

Composition of integrated family support teams

2.—(1) A team must include a minimum of five persons each of whom are from one of the following professional categories—

⁽²⁴⁾ 2010 nawm.1

- (a) social worker;
- (b) nurse; or
- (c) health visitor.

(2) A team must include at least one person from each of the categories in subparagraphs (a) to (c) of paragraph (1).

(3) One member of the team must be a consultant social worker.

3. A team must contain staff with suitable skills and experience having regard to —

- (a) the categories of cases which can be referred to it;
- (b) the need of professional staff for administrative support; and
- (c) any guidance issued by the Welsh Ministers under section 65 of the 2010 Measure.

Integrated Family Support Boards

4. In order to achieve the objectives in section 62(1) of the Measure (Functions of integrated family support boards) an integrated family support board must—

- (a) receive and consider regular reports from the person managing the team including information about the levels of service activity and outcomes;
- (b) seek to resolve issues in relation to the coordination of services provided by the team and other services provided by the local authority and the local health board;
- (c) ensure that the team has procedures in relation to
 - (i) child protection;
 - (ii) adult protection;
- (d) establish a procedure for resolving disputes between the local authority and the local health board about the arrangements for the team;
- (e) ensure that there are adequate arrangements for the supervision and professional development of all professional staff;
- (f) receive reports on the team's income and expenditure and notify the local authority and the local health board of any financial or other resource issues which are likely to affect the teams ability to fulfil its functions.

Gwenda Thomas

Deputy Minister for Social Services

Under authority of the Minister for Health and Social Services, one of the Welsh Ministers

Date 24 June 2010

Appendix B

Integrated Family Support Service

The Consultant Social Worker Framework

Job Summary

The Consultant Social Worker; Integrated Family Support Service (IFSS) will both directly and through facilitation deliver expert evidence-based interventions (EBIs) to parents, children and where appropriate other people identified within the Family Plan. These interventions shall be delivered in line with the agreed service model of the IFSS. The Consultant Social Worker will be fully engaged in the strategic development of the Integrated Family Support Service. They will support the team manager by providing professional leadership to other members of the IFST providing mentorship, consultancy and acting as a resource to the Team on matters of research and development, training and education. They shall work closely with partner agencies in ensuring that service provision is based on sound evidence. They will also play a lead role in training practitioners working in mainstream services on EBIs and the delivery of IFSS. The Consultant Social Worker will help to provide better outcomes for families referred to the IFSS through the delivery of EBIs and ensuring closer integration of services to children and services to adults and an appropriate practice interface between the IFST and mainstream services to children and services to adults in health and social care.

The Consultant Social Worker IFSS will work in close collaboration with academic institutions in order to remain apprised of developments in practice and EBIs and in order to assist in the training of undergraduate and post qualification social workers.

Duties and Responsibilities

Expert Practice

A minimum of fifty per cent of the Consultant Social Worker's time will be spent in family interventions. This will take the form of direct delivery of EBIs where high level assessment, problem solving and decision making skills will be required. They will be responsible for ensuring the maintenance of expert social work practice within the IFST and within mainstream services aligned to the IFST. They will be responsible for ensuring that the vision and values of the IFST are sustained in practice delivery and that they influence and develop practice within mainstream services.

Provision of expert consultancy

Consultant Social workers will:

- have a sound understanding of the law relating to children and their families and of the law relating to adults and the provision of community care;

- develop and implement pathways of care into the IFSS through negotiation and expert consultancy with referring services. During the Pioneer phase this will focus upon families with a primary presenting problem of substance misuse and where children within the family are at risk or vulnerable. They will assist the Team in ensuring that the multi-agency and multidisciplinary responsibilities are clear between agencies and to family members. They will assist in ensuring that responsibility for child protection is clear and that relevant information is shared with practitioners carrying out these duties;
- mentor social work practitioners within or working with the IFST ensuring professional development and continuous improvement in practice;
- provide professional Social Work leadership in practice within the IFST and within related mainstream services;
- provide expert consultancy to social workers in enabling clients who have complex needs to have control over their quality of lives with an emphasis on mental and physical health promotion;
- train social work and health care professionals on the IFSS and related EBIs; and
- provide practice supervision for professionals working with clients with complex needs in relation to substance misuse mental health and domestic violence.

Leadership and Consultancy

Consultant Social Workers will:

- play a key leadership role in social work practice within the local authority providing consultancy to senior social services managers;
- interpret Case Law and Legislation;
- respond to practice based complaints;
- act as a leader and champion of best practice;
- influence the future direction of services and the Social Work profession;
- act as a guardian of professional codes of practice within the organisation;
- promote a culture which recognises the unique contribution of the Social Work profession;
- provide effective leadership by promoting understanding of the highest standards of social work practice, promoting philosophies of care which reflect current innovative thinking and evidence based practice in family work including the safeguarding of children at risk and children in need. They will play a part in developing policy at a local level and connect with fellow Consultant Social Workers across Wales to develop the role and to assist in the implementation of IFSS within Wales and the improvement of outcomes for families in Wales;

- promote an understanding of the problems faced by families with substance misusing parents, raise the profile of IFSS and provide a high quality service to clients thus impacting on positive outcomes for families and improved safeguarding of children;
- exercise advanced decision making in social work practice and be able to offer advice on a range of issues emerging with the IFSS; and
- provide professional leadership and inspire others to improve standards of care, developing and promoting best practice across organisational boundaries.

The provision of expert advice and consultation to professionals, clients and carers is central to the role.

Practice and Service Development

The Consultant Social Worker will:

- collaborate with academic institutions and the Social Services Improvement Agency to ensure that practice innovation and service development is evidence based, has its roots in valid research and is translated into improvement in service delivery;
- contribute to training and practice development within the arena of IFSS and engage in research that has a direct impact on IFSS and related family work; and
- work in close collaboration with academic institutions in order to remain appraised of developments in practice and EBIs and ensure the dissemination of this learning.

Education, Training and Development

The Consultant Social Worker will:

- influence the wider social care and health community in engaging with the IFSS and the integration of EBIs into mainstream practice. They will incorporate the most up to date research in respect interventions with families where substance misuse, mental illness and or domestic violence give rise to raised vulnerability among the children living within these families;
- contribute to qualifying and post qualifying social work education curricula development and in the promotion of the Social Work Career Pathway;
- provide training within the IFSS and related mainstream services on IFSS and EBIs; and
- produce evidence based learning materials in relation to EBIs and family work.

Research and Development (R&D)

The Consultant Social Worker will:

- play a key role in cascading research evidence on interventions with children and adults and in the safeguarding of children. They shall lead in informing management and practitioners of the most up to date research evidence and ensure that this is translated into evidence based practice. The post-holder will play a key role in supporting the evaluation of the IFSS in practice and ensure that learning from evaluation informs the future development of IFSS locally and across Wales They will therefore sit on local R&D and evaluation for a and develop networks with other areas of best practice. The post-holder will participate in the research governance systems and undertake research into IFSS methodology;
- be expected to develop a specific research interest relevant to their area of practice interest and the needs of the service;
- contribute to the wider research across the United Kingdom and actively engage in research with a view to publication; and
- present papers at both local and national conferences and publish articles in appropriate journals.

Flexibility Statement

Members of the Integrated Family Support Teams will be required to work in a family supportive manner. This will require the post holder to work in a flexible manner outside normal office hours including before 9.00 a.m. after 5.00 p.m., during evenings and weekends.

This Job Description provides a framework for the Consultant Social Work post and is not intended as an exhaustive list of duties and responsibilities. The Job Description is therefore intended to be flexible and is subject to review and amendment in the light of changing circumstances, following consultation with the post-holder.

| | ESSENTIAL | DESIRABLE |
|-----------------------|---|---|
| QUALIFICATIONS | <p>Relevant Social Work Qualification CQSW, DipSW.</p> <p>Minimum of Post Graduate Diploma in PQ Social Work.</p> <p>To have or be working towards a PQ module in research.</p> | <p>A formal teaching qualification, PGCE or equivalent.</p> <p>A PQ module in research.</p> <p>Postgraduate diploma or above in relevant psychological approaches.</p> <p>Experience of delivering & developing psychosocial interventions.</p> |

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| <p>EXPERIENCE</p> | <p>Significant post qualification experience, including experience at Senior Social Work Practitioner or team manager level. Expertise in Child Care and Development, Child Protection or Direct Work with Substance Misusing Adults.</p> <p>Evidence of senior leadership experience in Child Care and Development, Child Protection or Direct Work with Substance Misusing Adults.</p> <p>Experience of working with partner agencies, in multi-disciplinary settings.</p> <p>Engaged in practice supervision.</p> <p>Research/scholarly activity relevant to Child Care/Child Protection substance misuse or evidence of relevant knowledge.</p> <p>Mentorship of students undertaking pre and post qualification programmes.</p> | <p>Service and policy developments in substance misuse and/or mental health.</p> <p>Experience of service development and evaluation.</p> <p>Evidence of having acted as a research supervisor.</p> <p>Knowledge of current evidence based approaches to learning and teaching.</p> <p>Evidence of curriculum development experience and experience of quality assurance processes in higher education contexts.</p> |
| <p>SKILLS</p> | <p>Recognised expert in the field of Child Care/Child Protection or substance misuse.</p> <p>Clear underpinning knowledge of IFSS and related current local, national policy and legal issues in Child Care/Child Protection or substance misuse.</p> <p>Ability to prioritise workload and manage competing demands.</p> | <p>Motivational interviewing skills.</p> <p>Evidence of academic writing/publication.</p> <p>Significant experience in teaching and development of professional staff in academic and practice settings.</p> |

| | | |
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| <p>SPECIAL KNOWLEDGE</p> | <p>Evidence and knowledge of working with adults or children and families with highly complex needs Leadership skills.</p> | <p>Experience of consultancy work within Social care or higher education sectors. Experience of evaluating services in operation.</p> |
| <p>PERSONAL QUALITIES <i>(Demonstrable)</i></p> | <p>Evidence of innovative practice. Evidence of change management skills. Well developed interpersonal and communication skills. Ability to work as part of and across organisations and teams.</p> | |

Annex C – Training Framework

IFSS Family Focussed Intervention – Core training 4-day Training Programme

Learning Framework - Day 1

Introduction to the Model: Overview of Model & Training

Key components of the Model: The Process of Behaviour Change

Key Components of the Model: Solution Focussed Work

Beginning the Intervention: Referral Taking

Taking the Referral and Referral Meeting

Day 2

Core Skills: Motivational Interviewing

- Motivational Interviewing; Eliciting Change Talk; Decisional Balance

Beginning the Intervention: Reducing Resistance & Increasing Safety

Aims for first meeting with reflective team

Understanding Resistance

Meeting the Family

Establishing safety

Learning Outcomes

Individuals can apply for accreditation at one of three levels. Level 2; 3 and 6. The learning outcomes for each of these levels are detailed below.

Level 2

- Understand the philosophy of integrated family support.
- Recognise the communication skills needed in integrated family support.
- Understand integrated family support processes.

Level 3

- Be able to recognise and use the communication skills needed in integrated family support.
- Understand and use strategies for working in integrated family support.
- Understand and use integrated family support processes.
- Understand and use safe working practice while delivering family focussed interventions.
- Be able to provide family focussed interventions.
- Recognise personal practice in family focussed interventions.

Level 6

- Manage a referral to the integrated family support service.
- Implement family focussed interventions
- Manage a structured family focussed intervention.
- Understand family focussed intervention practice.

**IFSS Family Focussed Intervention
4-day Training Programme (continued)**

Day 3

Working through the Intervention: Enhancing Motivation to Change
Strategic Questions & Evocative Tools:

- Pre-contemplation
- Miracle Question
- Contemplation
- Values
- Strengths
- Goal Setting
- Reflecting with the team
- working up action plan with the family

Day 4

Beyond the Intensive Intervention: Maintaining Change:

- Introducing Phase 2 of the process
- Lapse
- Role play family
- Role play Core Group
- Follow-ups & booster
- Endings & Family files

Learning Outcomes

- As Above

Consultation in the IFSS Family Focussed Intervention 1-day Training Programme

This 1-day course is designed for those members of the IFSS Team providing a consultation role to practitioners outside of the IFSS Team. At the end of the course staff will be able to:

- understand the nature of the consultation role as opposed to advice or supervision;
- support practitioners in informing their practice thus impacting on families;
- assist the practitioner to access appropriate resources and referral routes; and
- listen effectively and maximise the practitioner's opportunity for reflection on practice.

Learning Framework – Day 1

Consultation: what do we mean, what do we do?

- What is consultation?
- Core Skills in Consultation

Strategy & Structure in Consultation

- Strategy & Structure
- Skills Practice

Key Moments for Consultation

- Maximising Every Opportunity

Context for IFSS Consultation Role

- Challenges & Opportunities
- Prioritising Consultation into Our Practice
- The Consultation Shield!
- Putting it into practice

Learning Outcomes

Unit 1: Defining the Consultation role

Unit 2: Develop Strategies for the consultation process

Unit 3: Define the formal and informal opportunities to implement consultation

Units: definition, core skills & strategies, & opportunities

Supervising in the IFSS Family Focussed Intervention 2-day Training Programme

Aims: This 2-day course is designed for those members of the IFSS Team providing a supervisory role to IFSS Team Members. At the end of the course staff will be able to:

- understand the principles of supervision;
- understand the application of the supervision model within the IFSS process; and
- Have learnt & practiced the core supervision skills & strategies necessary.

Learning Framework - Day 1

Supervising – What do we mean, what do we do?

- How supervision helps the worker & the family
- Expertise, reflection & advice for intervention
- Spirit, confidence, energy & morale of worker
- Quality assurance

Outcomes in Supervision:

- Building on your own success
- Best Outcomes for Supervision

The Process of Supervision:

- Who needs what, when, where?
- autonomy & peer supervision
- What do people need, when?

Principles & Core Skills in Supervision

- Principles of Supervision
- Skills in Practice

Learning Outcomes

Unit 1: Principles

- Understanding the way people develop effective professional practice and the importance of enhancing internal motivation
- Understanding the importance of the empathic relationship in facilitating growth and learning
- Be able to recognise resistance and respond to minimise its impact
- Understanding the importance of self efficacy in professional growth and development

Supervising in the IFSS Family Focussed Intervention 2-day Training Programme (continued)

Day 2

Supervision Structure and Key Questions

Key Issues Supervision in the IFSS Intervention

- Triads Skills Practice: Key Moments
- Goal setting
- Engaging key people (avoiding alliances)
- Week 2 wobble-immersed in the family
- Endings drift
- Risk of lapse: relapse exploration in follow up, etc
- Disclosure/transparency

Supervision in IFSS Intervention: Group Processes

- Peer Supervision
- Brainstorm ground rules
- OARS

Supervision in the IFSS Wider Context

- Where to Fit it in?
- Locality Groups
 - 1-2-1, peer, group, external?
 - IFSS family supervision
 - Professional supervision with host services
 - Managerial supervision
 - Quality assurance

Support for the Supervisor

- Internal Locality Structures
- Cross locality virtual & real events

Learning Outcomes

Unit 2: Models & Theories

- To understand the formative restorative and normative process
- To explore stages of practitioner development and consider appropriate responses
- Understand the process of change and how it relates to the supervision model

Unit 3: Applications

- Be able to utilise key questions within the supervision model
- To be able to identify and explore key moments in the supervision process

Unit 4: Core skills

- Listen effectively
- Ask open questions Offer advice appropriately
- Affirm
- Summarise
- Reflect
- Encourage doubt
- Build hope
- Problem solve ethical issues

**Integrated Family Support Service
Training the IFSS Trainer in Supporting the Workforce Development Modules
2-day Training Programme**

Aims: This 2-day course is designed for those members of the IFSS Team providing a training role to the workforce outside of the IFSS Team. At the end of the course participants will be able to:

- understand the purpose of the courses they will be required to teach;
- prepare learning outcomes and devise training programmes;
- consider the core competencies for effective trainers;
- consider the compatibility between trainer style and practitioner style;
- consider ways in which to promote requests for training; and
- and have had experience of training delivery.

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Learning Framework: Day 1

Qualities of an Effective Trainer

- What makes a good trainer?

Principles of Effective Training

- Principles consistent with effective training
- DARES: How consistent can we be?

Bringing skills to the wider workforce: The IFSS Trainer role

The Training Programme from Learning Delivery Outcomes to Delivery

Day 2

Trainer Delivery Style & Participant Learning Style: Maximising Compatibility

- Styles of Learning

Training Skills Development

Promoting Training in the Local Context

- Challenges and Opportunities
- Promoting Training in the locality

Annex D

Summarised Prescribed Functions Regulations

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 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 it.

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 LHBs through 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.

Annex E

Sample s(58(1) agreement

Model Agreement between Local Authority and Local Health Board under s.58 of the Children and Families (Wales) Measure 2010 (“the Measure”) for assignment of functions – drug and alcohol cases

In fulfilment of their respective duties to establish and participate in the establishment of an integrated family support team under Section 57 of the Measure X County Borough Council and Y Local Health Board (“the partners”) hereby agree that they will assign the following “family support functions” as set out in the Integrated Family Support Teams (Family Support Functions) Regulations 2010.

The assigning of functions below by the partners to the integrated family support team in relation to certain cases does not exclude in accordance with s.58(12) of the Measure.

Local Authority functions

| | |
|---|--|
| S.17 and Schedule 2, part 1 Children Act 1989 | <p>In so far as they relate to the provision of services, assistance, counselling or support for:</p> <p>(1) children who are “in need” for the purposes of Section 17 of the Children Act 1989 where the identified needs are caused by, or related to, dependency on alcohol or drugs on the part of the child’s parents;</p> <p>(2) parents of children where the needs of the children arise from or are related to a dependency on drugs or alcohol on the part of the parents;</p> <p>(3) other members of the family of children and parents mentioned in (1) and (2) with related needs.</p> <p>The provision above includes doing anything which facilitates the exercise of these functions or is reasonably incidental to it.</p> |
| S.2 Chronically Sick and Disabled Persons Act 1970 (as it applies through the operation of s.28A of that Act) | |
| S.192(1) and Schedule 15 National Health Service (Wales) Act 2006 | |
| s.117 Mental Health Act 1983 | |
| S.29 National Assistance Act 1948 and directions made under it | |
| s.6 Carers and Disabled Children Act 2000 | |

Local Health Board functions

| | |
|--|---|
| S.3(1) (d), (e) and (f) National Health Service (Wales) Act 2006 | In so far as they relate to the provision of treatment or other health services: |
| s.117 Mental Health Act 1983 | <p>(1) for children who are “in need” for the purposes of s.17 of the Children Act 1989 and where the need is an impairment of health or development which is amenable to treatment or provision of health services and which is caused by or is related to dependency on drugs or alcohol on the part of the parents;</p> <p>(2) adults of children in (1) who have a dependency on drugs or alcohol;</p> <p>(3) other members of the family of children and parents mentioned in (1) and (2) with related health needs.</p> <p>The provision above includes doing anything which facilitates the exercise of these functions or is reasonably incidental to it.</p> |

Signed on behalf of X County Borough Council

Signed Dated

Name of signatory
Position of signatory

Signed on behalf of Y Local Health Board

Signed Dated

Name of signatory
Position of signatory