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Evaluation of the Integrated Family Support Service - Year 3 Summary Report

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Year 3 Summary Report

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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Executive Summary

SQW, supported by Ipsos MORI and Professor Geoff Lindsey of the Centre for Educational Development, Appraisal and Research (CEDAR) at the University of Warwick, was appointed to undertake an evaluation of the Integrated Family Support Service (IFSS) model in August 2010. **This Executive Summary presents the findings from the third and final year of the evaluation, covering the period April 2012 through to March 2013.** Detailed information on the IFSS model and the background to the evaluation process is contained in the First Interim Report[1], which was published in May 2012. In addition, a Second Interim Report was published in February 2013.

Key evaluation findings and issues for consideration

Developments during the third and final year of Phase one

The strategic and operational contexts for the three Phase one sites have changed significantly during the last 12 months. This was predominantly as a result of the roll out of IFSS across the whole of Wales, which has created some disruption locally, not least with some IFST members leaving to take posts in the new teams and uncertainties about future local arrangements and funding beyond March 2014.

The IFSTs at sites 1 and 3 have reduced in size significantly during the final year of this phase. Over the same time period, the size of the IFST at Site 2 has remained unchanged. Although some skills and capacity has been lost from the sites as a result of the staff churn, **the remaining IFST workers have continued to develop and become increasingly experienced and expert in delivering IFSS**.

IFSS Boards and Operational Groups have continued to meet and were seen as effective, even though attendance has been mixed. In one case the Operational Group was put on hold as it was felt there were insufficient issues

[1] Separate reports covering years 1 and 2 of the evaluation process have been published and can be accessed via the Welsh Government website: http://wales.gov.uk/statistics-and-research/evaluation-integrated-family-support-service/?lang=en

or interest to require it to meet now that the set up phase had passed. IFSS Board agendas have focused heavily on post Phase one funding and regional roll out strategic planning issues, with a reduced emphasis on day-to-day operational issues.

Section 58 agreements have been developed in all three sites, but to date there has been no cause to use these as partners have generally bought into the IFSS model. Indeed, the evidence suggests that operationally at least, partner awareness levels and commitment to IFSS has grown, mainly due to the relationship building work of the IFST members.

In year 3, the number of referrals to IFSS fell slightly compared to the volume recorded in year 2. However, the **monitoring data indicates that the quality of the referrals in year 3 has improved, as a larger proportion of these cases (92%) progressed to Phase 1**. This reflects improved awareness of and buy-in to the programme by referring Social Worker teams.

In two of the sites, **IFSTs had to operate a waiting list due to demand exceeding capacity**, although in one case this reflected a significant decline in the scale of the IFST. Waiting lists caused some frustrations given the importance of making a timely intervention. Cases were accepted on the basis of the most appropriate, predominantly in terms of the families' willingness or motivation to change, when capacity became available.

There is a high degree of consistency in terms of the volume of cases recorded as being accepted onto Phase 1 of the IFSS programme (47-49 across the three Phase one sites) in year 3. This consistency contrasts with the contextual data which shows a variation (645 – 2,435) in the number of registered Children in Need across the areas.

The volume of cases accepted onto Phase 1 represents an increase in throughput of around 50% relative to performance in year 2. This has been delivered with significantly smaller teams in two areas. It suggests that there may have been excess capacity at these two sites in previous years.

IFSTs in all sites have had to review when they accept cases and how many they can process at any one point in time. Some sites have moved towards

practitioners having two cases at a time, with one finishing and one starting, to deal with demand. This approach seems to be working.

There is **continued variation and flexibility in how IFSS has been delivered across the Phase one sites, although the general approach and ways of working are very similar**. At Site 1 and Site 3, the intensive period usually lasted for six weeks, whereas at Site 2, it tended to be shorter at four weeks, although some work could be carried over to the first week of Phase 2.

In addition, **there have also been some structural changes to how the model is implemented**. For example, at Site 1, a new resource panel approach to referrals was introduced part-way through the year, and at Site 2 IFST workers were assigned to build networks in particular geographical areas. The sites have also sought to provide greater structure and clarity to wider services during Phase 2. At one of the sites, a phased reduction in IFST worker inputs has been introduced as part of wider efforts to help manage the transition from Phase 1 to 2.

Key successes and achievements

A considerable amount of evidence has been generated and analysed as part of this evaluation process. Taken in the round, it shows that **the IFSS approach appears to improve short-term outcomes for a good number of families**, as has been observed with similar intensive family support interventions implemented elsewhere.

The general trend with the Goal Attainment Scores across the sites was consistent, with an initial spike in progress after the initial intensive period, followed by slower progress between one month and six months, and a second spike observed at the 12 month review stage. The extent to which these positive outcomes will persist into the future is unknown currently, but it will be interesting to explore this over the coming years.

The programme is perceived to have worked well for certain types of families, although for others the story has been a less positive one. There was a broad consensus among the IFSTs about who should receive

IFSS and for which types of family the approach worked best. Although only one site has sought to document this, all three IFSTs used broadly similar phrases around: **crisis point; the importance of timing; and the motivation to engage or change their behaviours.**

Across the three Phase one sites (amongst IFST staff, IFSS Board and Operational Group members, as well as referring social worker teams) there was almost **universal support and praise for the programme**. In particular, the **tools and techniques, and multi-agency style of delivery used were seen as being highly effective**.

Most of the families interviewed felt the IFSS programme had been largely successful. In the majority of cases, families explained that a number of the issues they had faced such as substance misuse, acute mental health problems, problems with parenting, housing, gaining employment, children's truancy and problematic/abusive relationships had been either fully or partly resolved following their engagement with IFSS.

Similarly, most families **described IFSS as a considerable improvement on the support that they had previously received**. IFST practitioners were felt to be more willing to get to know families and were described as less judgemental than traditional social workers; something which has helped families to feel more comfortable about opening up and sharing their problems.

In addition to the reports of effective access to services, many parents talked about **feeling significantly more confident in their ability to manage their own problems and challenges in the future, and also now felt motivated to do so**.

They were also better able to understand some of the causes of the issues that they had experienced (including long-standing mental health problems, addictions and/or trauma as a result of difficult childhoods, bereavement or other past events). Most of the families taking part in the research believed that they were making progress (to differing extents) to overcome these problems through the support of their IFST practitioner and suitable referrals

to additional support and counselling services. In the longer term, further support may be needed to ensure that families with long standing difficulties are able to continue to manage well in the future.

Key areas for development going forwards

IFSS was perceived to have been **less successful where families had very chaotic lives and serious multiple issues to address at once**. The timing of the intervention and the level of motivation within the family also appears to be very important.

Issue 1 for consideration: as highlighted in the interim evaluation reports, the evidence suggests that IFSS appears to be an effective policy intervention for supporting families to move away from a potential 'crisis' or 'tipping point'. However, the programme may not really tackle the existing stock of families who have gone through a crisis in the past or whose lives are extremely chaotic and they are not motivated to turn things round. A different intervention, perhaps over a longer period and focussed on building motivation to change, may be required in order to engage families from this cohort and to make them receptive to IFSS-style support.

When families did not think they had benefited, they most often related this to: **lack of continuity of service; phase 1 being too short; the IFST lacking specialist skills; gaps in wider service provision; and to some extent, family members not fully engaging**. However, each issue was reported by fairly small numbers of families.

Issue 2 for consideration: the evidence suggests that for some cases the length of the programme is too short or the transition from Phase 1 to 2 is overly severe. An additional stage of support may be required after Phase 1, during which IFST work with the family continues but is gently tapered over time as part of a managed process. It is clear from the evaluation that it is difficult to generalise in terms of the needs of different families. However, it may be sensible to pilot this additional phase of the model and it would make sense to do this at the Phase one sites given that they have the most experience.

It is evident that **IFSS is only as good as the IFST workers who are delivering the intensive support to families**. The importance of having staff with the right experience, expertise and skills cannot and should not be underestimated. Professional judgements are required during all stages of the process.

Issue 3 for consideration: considerable learning and development has taken place over the last three years at the Phase one sites. The current IFSTs have built up their experience over time. However, at the start they relied heavily on the experience they brought from other fields. The need for newly recruited members to be similarly experienced is important alongside any IFSS training that they may be offered.

Some **uncertainty remains about how best to get most value out of the CSW role**. Concerns have been raised that the role is becoming increasingly focused on management and training activities, at the expense of research and case handling elements.

Issue 4 for consideration: whilst it is not problematic for CSWs to take on more IFST team management responsibility, it is essential that the balance of their activities is reviewed on a regular basis. It is imperative that the CSWs retain their professional credibility which comes from having a recognised caseload.

IFSS is **heavily reliant upon the volume and quality of the referrals that come through from the social worker teams**. Progress has been made in this area during year 3 but ongoing challenges remain.

Issue 5 for consideration: the evidence from the Phase one sites demonstrates how much resource must be invested in raising awareness of IFSS, building effective relationships with the social worker teams and wider partners (in order to embed IFSS tools and practices). Furthermore, given the significant level of staff churn seen across the referring social worker teams, there is likely to be an ongoing need for this work to continue into the future.

In terms of throughput, performance during last year with reduced capacity suggests that **IFST workers might be able to handle two cases at one time (where one is entering and one exiting the intensive phase)**.

Issue 6 for consideration: reflecting on the increased throughput with reduced capacity, there was support from across the sites to explore the option of IFST workers taking on two cases at any one point in time. The situation would need to be monitored carefully as some of the more complex cases or the work with larger families will require additional IFST worker time. It could be appropriate to pilot this approach at one of the Phase one sites.

Monitoring activity across the sites remains inconsistent.

Issue 7 for consideration: A more structured and systematic approach across all sites, in terms of monitoring, target setting and evaluation, would be beneficial and would aid strategic planning decisions. More specifically, the scale of the demand for IFSS intervention locally should be considered when funding and other decisions such as the size and shape of the IFSTs are taken. Additionally, beneficiaries should be tracked over time so that the sustainability of IFSS impacts can be assessed robustly.