

**EXPLANATORY MEMORANDUM TO THE IMPLEMENTATION OF  
INTEGRATED FAMILY SUPPORT SERVICES (IFSS) PHASE II AREAS  
THROUGH THREE STATUTORY INSTRUMENTS:**

- (b) Integrated Family Support Teams (Composition of Teams and Board Functions) (Wales) Regulations 2012**
- (c) Integrated Family Support Teams (Family Support Functions) (Wales) Regulations 2012**
- (d) Integrated Family Support Teams (Review of Cases) (Wales) Regulations 2012**

This Explanatory Memorandum has been prepared by the Directorate of Health, Social Services and Children and is laid before the National Assembly for Wales in conjunction with the subordinate legislation listed above and in accordance with Standing Order 27.1

**Minister's Declaration**

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

*Gwenda Thomas*

Deputy Minister for Children and Social Services

30 January 2012

## **1. Description**

- 1.1 These Regulations are made under the Children and Families (Wales) Measure 2010 and make provision for the further implementation of Integrated Family Support (“IFS”) services which provide services to families in relation the parental substance misuse and where the needs of adults (parents or carers) are linked to adverse consequences for their children. The IFS teams bring together professionals from the local authority and local health board (LHB) to address both the adults’ and children’s issues within a single team.
- 1.2 These Regulations replace the Regulations made in 2010<sup>1</sup> that applied to four pioneer IFS areas; Newport, Wrexham, Merthyr Tydfil and Rhondda Cynon Taff (working as a consortium), referred to as Phase 1 areas. These Regulations will apply to Phase 1 areas and other local authority areas that have IFS duties under the 2010 Measure.

### **Integrated Family Support Teams (Composition of Teams and Board Functions) (Wales) Regulations 2012**

These Regulations make requirements about the professional categories from which the workers who are members of an IFS team must be drawn and set out what an IFS board must do to meet its objectives under section 62 of the Children and Families (Wales) Measure 2010

### **Integrated Family Support Teams (Family Support Functions) (Wales) Regulations 2012**

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.

### **Integrated Family Support Teams (Review of Cases) (Wales) Regulations 2012**

These Regulations make requirements about how local authorities must review the cases of families who are supported by an IFS team.

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

None

## **3. Legislative Background**

- 3.1 The Children and Families (Wales) Measure 2010 (“the Measure”) was passed by the National Assembly for Wales on 10 November 2009 and approved by Her Majesty in Council on 10 February 2010.

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<sup>1</sup> Integrated Family Support Teams (Composition of Teams and Board Functions) (Wales) Regulations 2010  
Integrated Family Support Teams (Family Support Functions) (Wales) Regulations 2010  
Integrated Family Support Teams (Review of Cases) (Wales) Regulations 2010

- 3.2 Part 3 of the Measure requires local authorities to establish IFS teams to provide services to families and requires the Local Health Board to assist the local authority in establishing and resourcing the team in order for a local authority to discharge its IFS duties.
- 3.3 In 2010 three sets of regulations<sup>2</sup> were made under the Measure to effect the implementation of IFS services in the following four pioneer areas: Newport, Wrexham, Merthyr and Rhondda Cynon Taff.
- 3.4 The IFS scheme will now be implemented in further local authority areas, 'Phase 2 areas'. The next phase of implementation will place IFSS duties on local authorities on the following dates:

Cardiff	28 February 2012
Vale of Glamorgan	28 February 2012
Carmarthen	31 March 2012
Ceredigion	31 March 2012
Pembrokeshire	31 March 2012
Powys	31 March 2012

- 3.5 These regulations replace the regulations made in 2010 with minor modifications. They apply to local authority areas that have IFS duties under the 2010 Measure.
- 3.6 The powers enabling these Regulations to be made are contained in sections 58(2), 60(1), 62(2), 63(a), 74(2) of the Children and Families Wales Measure 2010 and sections 26(1) and (2), 104(4), 104(A)(1) and (2) of the Children Act 1989. The regulations follow the negative procedure.

#### **4. Purpose and intended effect of the legislation**

- 4.1 IFSS is the Welsh Government's programme to transform and better integrate services for children and families across health and local government supported by the third sector and the community. It is a targeted service to support families with complex needs and where the child may be at risk or there is a welfare concern. These children are normally known to social services as: children in need, children in need of protection or children accommodated by the local authority (either voluntary or through a court order).
- 4.2 IFS teams are teams of multidisciplinary professionals who are highly skilled and support the local authority and LHB in providing integrated interventions earlier to complex families with chaotic lifestyles, as a result
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of substance misuse problems, whose children are in need or at risk because their parents misuse of alcohol or drugs. IFS teams facilitate the increase of skills within the workforce when assessing the needs of vulnerable families and deliver a high quality service where substance misuse is a prevalent factor.

- 4.3 IFS teams deliver evidence-based interventions direct to families where children are at risk of developing long term difficulties or experiencing significant discontinuity in their upbringing that may result in the child entering care. The IFS teams support the reunification of children who are voluntarily accommodated, with their parents, wherever possible. The IFS teams have a training role in providing supervised accredited training for wider staff working with families in local authorities and LHB on a range of techniques in engaging complex families and delivering evidenced based interventions.
- 4.4 The commitment to roll out IFS services (in the area of substance misuse) is a key priority in Sustainable Social Service for Wales and the Programme for Government which sets out the vision to 'support people' through high quality, integrated, sustainable and effective people-centred services that build on people's strengths and promote their well-being.
- 4.5 The plan for regional IFS consortia supports the Welsh Government's Collaborative Footprint for Public Services. There is an expectation that future collaborative working will be aligned to this footprint, including aggregation of these areas where larger scale regional delivery of services is required or appropriate.

#### **Integrated Family Support Teams (Composition of Teams and Board Functions) (Wales) Regulations 2012**

- 4.6 These Regulations make requirements about the professional categories from which the members of an IFS team must be drawn. The regulations require a team of at least 5 multi-disciplinary professionals which must include a social worker, a nurse, a health visitor and require that there is sufficient administrative support. One or more of the team must be a Consultant Social Worker (CSW). A CSW must have three years post qualification experience and suitable skills and experience. The other specified members of the team must be registered as a member of their profession with one or more of the following professional bodies;
  - the Nursing and Midwifery Council – on the register of nurses, or specialist community public health nurse;
  - The Care Council for Wales or the general Social Care Council or a similar register in Scotland or Northern Ireland – as a social worker.

- 4.7 The Measure requires each local authority to establish an IFS Board for its area and requires an IFS team to carry out its functions under the direction of its board. The board must include:
- the director of social services ;
  - the statutory lead director of children and young people services (under s.27 Children Act 2004) if this is not the director of social services;
  - the lead officer for children and young people services from the Local Health Board.
- 4.8 The regulations list matters that an IFS Board must have regard to in achieving its objectives in section 62(1) including, reporting systems, coordination of services, protocols for resolving disputes, supervision and professional development of staff, financial matters in relation to IFS team and procedures in relation to protection of children and adults referred to the team.

#### **Integrated Family Support Teams (Review of Cases) (Wales) Regulations 2012**

- 4.9 These Regulations place duties on local authorities to make arrangements for the review of the cases of families who have been referred to an IFS team. Care planning and reviews under IFS teams will bring together children who are in need, looked after children, their families and carers and professionals in order to plan for the care of the child (and the family plan) and to review that plan on a regular basis.
- 4.10 The Regulations set out detailed arrangements about the timing of reviews, the manner in which they are carried out and ensure that children, parents and other prescribed persons participate in them. Provision is also made about the recording of the decisions made during the review and how outcomes will be implemented by IFS team itself or in conjunction with the LHB or any other person.
- 4.11 The Regulations in many aspects mirror the requirements of the Review of Children Cases (Wales) Regulations 2007. The 2007 Regulations apply only to children in care and will continue to be the principal regulations for those children and families who are referred to an IFS team. However, changes made to the 2007 regulations for looked after children require additional considerations about the family's circumstances to be taken into account in the case review for a looked after child, where he/she and his/her family are receiving a family support service from an IFS team.
- 4.12 These Regulations apply to children in need and their families who have been referred to an IFS team. Nothing prevents another review required by guidance in relation to the health or community care needs of an adult, from being carried out at the same time.

## **Integrated Family Support Teams (Family Support Functions) (Wales) Regulations 2012**

- 4.13 The regulations prescribe which of a local authority or a LHBs functions are ***family support functions*** and which may therefore be assigned to an IFS team. A local authority and local health board will select from this list in deciding what functions will be assigned to the IFS team.
- 4.14 Functions prescribed as ***family support functions*** and assigned to an IFS team will continue to be exercised by the local authority and LHB outside the team, as well as being performed within the team. The range of functions is broad and is contained within the list of powers currently in force under existing duties on the primary functions of local authorities and LHB. The extent to which each of the functions is prescribed is set out in the text alongside the statutory functions identified in Tables 1 to 4.

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

#### **Section 2 of the Chronically Sick and Disabled Persons Act 1970 –**

Contains functions relating to local authority 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 –**

Describes the functions of local social service authorities in relation to the prevention, care and after care made under directions by Welsh Ministers to persons 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** – Provides for 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** – Places a duty on local authorities 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 IFS team, then the IFS team could itself carry out the assessment of the parent as part of its assessment of the family need when the family is first referred to the team.

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

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

**National Health Service Act 2006** – Makes provision about the duties on Welsh Ministers that are discharged through directions to LHBs under 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 the local authority to discharge their functions relating to social services, education and public health.

#### **Evaluation**

4.15 IFSS is subject to on-going evaluation by SQW Consulting and inspection as part of social service core functions for children services by the respective Inspectorate bodies including the Care and Social Services Inspectorate Wales and Health Inspectorate Wales.

#### **5. Consultation**

5.1 The Phase 2 areas have been working closely with Welsh Government in their preparations for their implementation of IFSS. Arrangement are also in place for Phase 1 IFSS area to buddy with Phase 2 areas to share learning and provide support over their development including and implementation. These support systems will continue over the following months.

5.2 A report on the consultation of; **Stronger Families**<sup>3</sup> is available on the Welsh Government website.

5.3 The principal explanatory memorandum and regulatory impact assessment for the 2010 Regulations and the implementation of Phase 1 of IFS is available at:

<http://www.assemblywales.org/search.htm?q=explanatory%20memorandum%20for%20Integrated%20family%20Support%20Services%20Regulations%202010%20>

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<sup>3</sup> **Stronger Families** : Supporting Vulnerable Children and families through a new approach to Integrated Family Support Services (WAG, 2008)

Summary of responses to IFSS Consultation Doc – English:  
<http://wales.gov.uk/dhss/publications/children/reports/strongerfamilies/reportfamilysupporte.doc?lang=en>

Summary of responses to IFSS Consultation Doc – Cymraeg:  
<http://wales.gov.uk/topics/childrenyoungpeople/publications/reports/stongerfamilies/?skip=1&lang=cy>

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

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

## **7. Cost and Benefits of IFSS**

- 7.1 In 2011/12 around £1.8m has been made available to support the Pioneer areas and £1,170m to support the implementation of Phase 2.



## **PART 2- REGULATORY IMPACT ASSESSMENT**

Two options have been considered

**Option 1:** make no policy change

**Option 2:** Commence the regulation making powers in relation to the whole of Wales, and implement IFS duties in two further Consortia in Wales: Cardiff & Vale and Hywel Dda, through the Commencement Order and associated regulations (three sets).

### **1. Option 1**

- 1.1 Make no policy change: This is not sustainable and will inevitably result in increased numbers of children being referred to local authority care. This will lead to further increased costs to the public purse and greater numbers of children and their families being disproportionately disadvantaged in both social and economic terms.
- 1.2 For example, the population of children in care is increasing on average by 3.8% each year with current level of 5,420, and increase of 20% over the last five years. Total spending on children and family service has grown from £180m in 2001/2 to £424m in 2010/11, and annum average increase of £27m.

### **2. Option 2**

- 2.1 IFSS has attracted significant support and is viewed as a positive step to improve services and outcomes to some of the most vulnerable children and families in Wales with complex and intractable needs. The roll out of IFS services across Wales is a key priority for Programme for Government and Sustainable Social Services.
- 2.2 IFS teams have been operational in three Pioneer areas: Newport, Wrexham and Rhondda Cynon Taff/ Merthyr Tydfil (working on consortia) since September 2010. All three Pioneer areas have been successful in implementing IFS teams and have reported improvement outcomes for children and families and professionals. IFSS is also building workforce capacity and skills through the IFS team's role as trainers of accredited intervention techniques. From spring 2012:
  - 40 IFS staff will have been trained and accredited at levels 3;
  - A pool of 21 accredited trainers will be in place; and
  - Over 120 workers will be accredited at level 2 or in the process of completing their accreditation.
- 2.3 Evaluation of IFSS is ongoing through a three year study. Interim report will be published in spring 2012 and further reports in autumn 2013.

- 2.4 IFSS is being managed through a phased implementation and will continue to be rolled out across Wales. It began with the pioneer areas, who have taken referrals from children in need, (including those looked after) and their family members who misuse alcohol or drugs. The scope of the Commencement Order and Regulations reflect this approach and the next step is now to extend the regulation making powers to the whole of Wales together with the specific IFSS implementation in Cardiff and Vale consortia and Hywel Dda consortia respectively. The options and cost benefits therefore take a national perspective of the final analysis of IFS teams when fully implemented across Wales, and when applied to a wider set of parental issues such as mental health or domestic violence, and will build on early learning from the pioneers and these later areas as they come on stream.
- 2.5 IFSS has required pioneers areas to work in a different way and has been the catalyst to the culture shift needed for a change in the way services to vulnerable children and families are organised, resourced and delivered so that services are truly integrated. There are multiple benefits; to the child, family, professionals working in the service and those professional and agencies in the wider service who will make referrals and participate in supporting IFS teams and at the same time developing new skills and techniques in engaging complex families. There are wider political and social contributions that IFS teams will have in terms of social cohesion and economic mobility of communities.
- 2.6 Over time earlier interventions should improve outcomes for children and families and reduce the need for more intensive expensive services. It should also make a positive contribution to the workforce in terms of recruitment, retention and motivation of social workers and other professionals working with complex families. The new career pathways in *Sustainable Social Services* including the establishment of the new role of a consultant social worker has been developed and trialled as part of IFSS Pioneers.
- 2.7 The wider social and financial costs in relation to welfare outcomes, social capita and economic activity that may result in any dilution of a preventative action offered by targeted IFS teams and broader prevention services available at tiers one and two through programmes such as Flying Start and Families First will result in disproportionate increases in numbers of children becoming looked after by a local authority and children and young people entering the youth justice system.

### **3. Competition Assessment**

- 3.1 There is no market implications associated with these provisions. The IFS scheme places duties on statutory bodies to deliver services in a different way that will maximise support for families as opposed to individual clients where the safeguards and wellbeing of the child and the parents' ability to care for the child may be overlooked. The main burden falls to local authorities and local health boards. As is the case now they will continue

to procure appropriate services from the third sector (voluntary and independent organisations) to support the delivery of services to vulnerable children and families with complex needs. Local authorities have the option to use the new powers to co-opt third sector practitioners to be part of the IFS teams as a core team member or otherwise.

#### **4. Post Implementation Review**

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