

THURSDAY, 13 MARCH 2025

## Intensive Family Support Service (IFSS)

### Purpose of report:

This report is to update the Committee on the Intensive Family Support Service including its scope, model of operations, funding, partnerships and impact.

### Executive Summary:

The Intensive Family Support Service (IFSS) supports families across the county when they need intensive support, but do not require the ongoing involvement of statutory services. The teams are based in four main locality offices but primarily work within communities, including homes, schools, and other relevant spaces. Established in October 2023, in response to a recognised gap in existing provision, IFSS aims to provide an early intervention for families with interconnected needs, reducing the need for escalation to statutory interventions.

The IFSS focuses on families struggling to cope where earlier interventions have been insufficient or have not made a lasting impact. The service is depicted in the Continuum of Support, launched in 2024, in the realm of 'Intensive Support – Getting More Help'. The Continuum encourages a responsive approach to family needs, providing consistent and compassionate support.

Consistency in support is crucial, as highlighted in the statutory guidance "Working Together to Safeguard Children 2023." Families should develop meaningful relationships with a trusted practitioner. The close interface between IFSS and statutory Family Safeguarding Teams ensures consistent support and better decision-making at this more intensive level of early intervention. Data shows that IFSS can reduce the demand for statutory interventions by supporting families early. IFSS is funded through baseline and grant funding, with a budget of £1.897 million for 2024/25. £1.465 million is funded through Surrey County Council baseline funding, and the remaining £432,000 is from what was the 'Supporting Families Grant'<sup>1</sup>.

<sup>1</sup> The Supporting Families Grant is discontinued. Instead in 2025/6 this and five other funding streams are consolidated into a single funding stream known as the Children and Families Grant.

Between April and December 2024, 280 children from 121 families were referred to IFSS. The average support period is four to five months, with no re-referrals so far. Family feedback highlights the importance of trust and safety in achieving goals.

Strong partnerships are essential for successful early help, including intensive support. New collaborations, such as with Surrey Heartlands and Surrey and Borders Partnership, enhance support for families with interconnected needs. IFSS is also exploring opportunities to expand access to specialist support, such as Family Group Conferencing and the Children's Crisis Service.

The main challenges include supporting mental health, children with additional needs, school attendance, and family relationships. IFSS is creating new interfaces with specialist services to address these challenges. Ongoing feedback and audits help the service continually improve and strengthen partnerships.

## **Introduction: Service Makeup and Mission**

### **Service Makeup**

1. The Intensive Family Support Service (IFSS) supports families across the whole County. The teams are contractually based to work from the four main locality offices in the County (St. Francis Centre in Guildford, Quadrant Court in Woking, Dakota in Weybridge, and Woodhatch Place in Reigate), to enable them to foster close relationships with colleagues in statutory social care teams based there. These are contractual bases; however, the teams work mainly out in the communities where families are; including their homes, schools and wider community spaces which could include a Family Centre, Health Clinic or anywhere else that is pertinent to the needs of the family and the children.
2. All staff within the Intensive Family Support Service have been recruited on the basis that this is a countywide service; meaning there is an expectation of flexibility as one service to meet family needs, wherever they are needed. Family Intervention Workers travel to ensure that the support is offered to families in their communities; so, families are not travelling to reach support.
3. Four area teams have been set up to pragmatically ensure there is a manageable distribution of support countywide. The areas are aligned to District and Borough boundaries, and this provides good opportunities for partnerships with local housing teams and a wide variety of services that are pertinent to the wider determinants of health for families. The Northwest IFSS team supports families in Woking, Surrey Heath and Runnymede; the Northeast supports Spelthorne, Elmbridge and Epsom & Ewell; the Southeast

Mole Valley, Reigate & Banstead and Tandridge; and the Southwest Waverley and Guildford.

- Each team consists of a Team Manager, two Senior Family Intervention Workers, and six Family Intervention Workers. It should be noted that the Senior Family Intervention Workers have their own allocation of families that they support. There was a previous query from the Select Committee that the teams appeared “management heavy”, however, this is not the case and each team when fully recruited to will have the capacity of seven full time equivalent posts providing hands on support to families as well as sufficient senior experienced oversight to ensure effective decision-making at this important interface between early help and statutory services. Being an intensive support service there is a high demand to forge effective partnerships with wider care and support services, which requires an appropriate level of practitioner experience and confidence. The Team Managers lead on this in their areas and manage all operational aspects of the team, including new referrals and safeguarding escalations should statutory interventions be required. The below image provides a visual representation of an IFSS team:

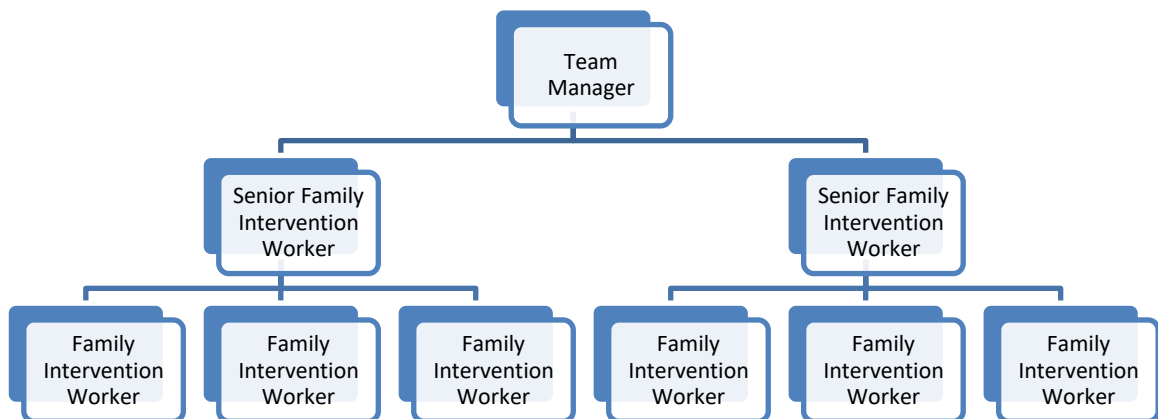


Figure 1 An IFSS team structure (there are four teams)

### Service Mission

- The Intensive Family Support Service was established following approval in October 2023. The identified opportunities in the Business Case included the need for more intensive early intervention for whole families with interconnected needs, reducing the need for escalation from targeted early help services to statutory interventions, with unnecessary and disruptive transfers between practitioners and teams as a result. Feedback from the providers of existing early help services was that they were struggling to meet the needs of families allocated to them where they had this range of needs. This was confirmed in the Joint Targeted Area Inspection 2023.

6. This was also reflected in feedback from the Department for Levelling Up Housing and Communities in May 2023, who recognised that Surrey would at that time struggle to successfully support enough families to meet its annual early help target, associated with the Supporting Families Grant 2022 - 2025. At that time, all targeted early help services in Surrey, apart from what was then the Targeted Youth Support service, were commissioned from external providers that could not operate at this level. There therefore needed to be a service with greater flexibility and responsiveness to meet the needs of families where needs exceeded the capacity and capability of targeted support services. The Intensive Family Support Service can now bridge the gap between targeted support and statutory services. Now in 2024/25 the Council is on track to meet its annual target in this final year of the Supporting Families Programme (2022 – 2025).
7. The scope of the Intensive Family Support Service is best depicted in the [Continuum of Support](#) which launched in 2024 and can be found on the Surrey Safeguarding Children's Partnership website. The definition of the intensive support offer on the website describes children and families who are struggling to cope, where earlier targeted interventions have not sustained change; therefore, longer term, specialist services are required to meet these needs.
8. When families are allocated to the Intensive Family Support Service it is because there are multiple needs across the whole family. Support is required throughout the week, for a sustained period, to help establish meaningful change according to the family goals. The highest needs of families referred to IFSS relate to parenting support, mental health needs of children and parents, school attendance, and domestic abuse.
9. This example of family feedback from the team in Guildford and Waverley boroughs describes the positive impact of intensive support:

*"[IFSS] has provided a consistent, compassionate approach that recognises the needs of our entire family. [IFSS] actively engages with us, listens to our concerns, and follows through on the commitments. The ability to coordinate support from various professionals has been invaluable, and [IFSS] genuinely cares about our well-being. This continuity and personalized support have made a significant difference, helping us feel more secure and hopeful about our situation*

*Overall, I want to emphasise that the service [IFSS] represents has been crucial for our family during this challenging time. The focus on addressing the needs of our entire family has been greatly appreciated, especially as we work toward healing and stability."*

### Service Model

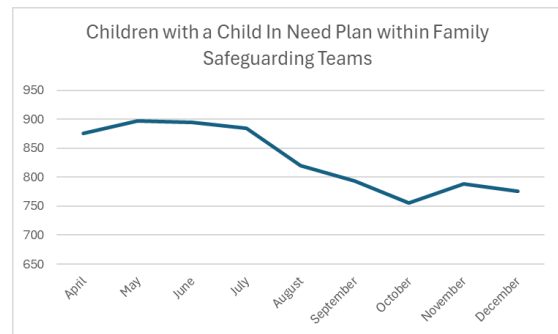
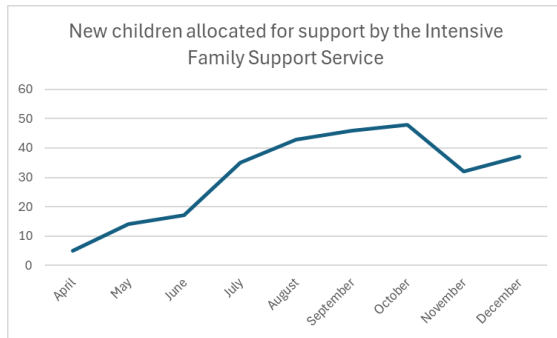
10. The feedback above positively portrays the impact of consistency for the family with a trusted relationship, instead of multiple changes of staff and transfers to other teams. The importance of this is highlighted in the statutory guidance [Working Together to Safeguard Children 2023](#) (p.54) which states that “Local authorities should set out who can act as a lead practitioner in supporting children and their families under Section 17 and reflect that the decision about who will act as lead practitioner will be made in line with practitioner knowledge and skills and resources”. This ultimately means that families should have the opportunity to develop meaningful relationships with a trusted practitioner and that local processes should enable this, rather than hinder or disrupt it.
11. The close interface between the Intensive Family Support Service and statutory Family Safeguarding Teams enables families to receive greater consistency in their supported relationships. In this new model, when the needs of families escalate, the Family Intervention Worker or their Manager will consult with the statutory Family Safeguarding Team prior to any escalation or transfer to a statutory team. This consultation process enables IFSS to have greater confidence in their decisions through peer reflection, and the outcome could be to continue with the current plan with the family, or to jointly work together to complete the statutory Child and Family Assessment if the needs of the family require a Child Protection intervention.
12. Prior to this new interface between early help intensive support and statutory teams, this early discussion between colleagues would not have happened and the family instead would have been transferred to a social worker to complete a statutory assessment which was disruptive to the relationship they had with their support practitioner. The outcome could have been ongoing statutory social work support likely from a different practitioner or a re-referral to an early help service; hence families feeling like they are being passed around a system and from person to person. This new closer integration therefore enables better sharing of knowledge and expertise, working together, and a consistent relationship with a trusted lead practitioner who is capable of undertaking work at a higher level of complexity and need, closer to the interface with statutory services.

### Impact on demand for statutory interventions

13. Prior to the Intensive Support offer there was not a dedicated early help service at the intensive support level, that could hold and support whole families

experiencing crisis and requiring specialist interventions without a Child in Need Plan. The Intensive Family Support Service therefore enables more families to be supported in early help without the need for statutory intervention.

14. The impact of this is demonstrated in data below which arguably shows, even within this early first year of delivery, that allocating families to the Intensive Family Support Service directly reduces the demand on statutory interventions:



15.

Figure 1

Figure 2

16. The graph on the left tracks the numbers of children allocated to the Intensive Family Support Service between April and December 2024, and the graph on the right tracks the numbers of children with a Child in Need plan within Family Safeguarding Teams during the same period. The two graphs show opposite patterns which is significant; one decreases as the other increases. It arguably demonstrates that as allocations to the Intensive Family Support Service increased in quarter one and quarter two this year, the number of children in the Family Safeguarding Teams with a Child in Need plan reduced. Similarly in November 2024 as new allocations to the Intensive Family Support Service reduced slightly due to ongoing recruitment, so the number of statutory Child in Need plans increased.

17. The actual numbers in the data support this comparison. Between May and October 2024, the number of children with a Child in Need plan in Family Safeguarding Teams reduced by 142, as shown in Figure 2 from the highest point of the graph to the lowest. Over the same period as shown in Figure 1, 203 children were referred to the Intensive Family Support Service and therefore these numbers seem comparable. There will always be a range of factors that impact allocations, so it is necessary to be cautious about overclaiming for the impact of the IFSS; however, these early indications positively show that investing in intensive early help support can directly reduce demand in costly statutory services to some extent. In 2025 as recruitment for the Intensive Family Support Service concludes, we should expect to see an even greater impact in this area.

## Funding

18. IFSS is funded through a combination of baseline funding and grant funding. For 2024/25 the budget for the Intensive Family Support Service is £1.897 million. £1.465 million is funded through Surrey County Council baseline funding, and £432,000 is from the Supporting Families Grant.
19. For 2025/26, it is assumed that all IFSS posts will be recruited to and therefore, the baseline funding is increased to £1.684 million, and the Children and Family Grant (which replaces the Supporting Families Grant) will contribute £432,000.
20. The Early Help Strategic Board has been instrumental in overseeing plans for future investment in early help and is keen to ensure that support services have the resources they need. In December 2024, over 130 practitioners across the partnership completed a survey to capture their thoughts and priorities on strengthening the early help offer in Surrey. A focused multi-agency workshop was then conducted to explore how we can seek to continue to integrate early help support for families and further invest in areas we need to strengthen. The priority needs were child and adult mental health, school attendance, parenting support, and supporting families with children with additional needs.
21. Discussions are underway with Family Centres regarding their increased inflationary costs and seeking to ensure they have the funding they need to deliver flexible and responsive support for families in their communities. This investment will strengthen the local support offer for families and enable the Family Centres to facilitate more local groups and preventative support with partners, focusing on antenatal and baby care, mental health and wellbeing, and supporting children with additional needs. Additionally, the Children's Crisis Service will be expanded to support more families with children with learning difficulties and autism where there is a risk of family breakdown. The early help partnership team is also being remodelled to enable it to work more flexibly with schools and to support the wider workforce where there are gaps or increases in demand for support.
22. The Children and Family Grant is for investment for 12 months in 2025/26 and therefore there was a strong message from the partnership to strengthen what already exists as has been outlined above, rather than create something new. This is in the knowledge of the wider context that there will be a transformation in Children's Social Care in 2025/26 with longer term funding arrangements. Details and guidance on planning for this will be shared from the Department for Education to Local Authorities in April 2025.

## Referral Pathway and Recruitment

23. All families supported by the Intensive Family Support Service are referred either through the Children's Single Point of Access (C-SPA), or Social Workers in the Assessment teams. Prior to its launch and ongoing, there are regular consultations between IFSS Team Managers and the referrers and this is enabling the service to offer families the appropriate level of support according to their needs.
24. At the time of writing there are 10 vacancies (out of 24) for Family Intervention Workers, however, these positions have now all been offered to successful applicants and will all be filled early in 2025/26.
25. The original plan was to recruit to all positions in 2024 and the recruitment campaign commenced as soon as possible following the approval of the funding and the HR due processes. The reason for the delay in these final appointments was due to legal discussions with District and Borough Councils regarding the ending of the Supporting Families Grant 2022 – 2025 which funded the Family Support Programme (a targeted early help service). Time was required to ascertain if TUPE was applicable from the Family Support Programme into IFSS. This is resolved and recruitment continued as a result.
26. These roles are popular and there is no difficulty in recruiting skilled and motivated staff for the Intensive Family Support Service. We typically receive applications from people with a broad range of experience and have recruited staff from neighbouring Councils, Family Centres, Mental Health services, Domestic Abuse support services, Education settings and the Voluntary Sector. The richness and diversity of experience and skills enables IFSS to support the interconnected needs of whole families and reflects the multi-disciplinary nature of this work.

## Performance and Achievements

27. The first family was allocated to the Intensive Family Support Service at the end of April 2024. In total, between quarter one to the end of quarter three in 2024/25 there have been 280 children from 121 families referred to IFSS. 45% of these have been referred from statutory Assessment teams (stepped-down) and 55% from the C-SPA. The average support period to date is four to five months and, so far, there have been no re-referrals. However, it is very early days and at the time of writing in early quarter four of 2024/25, it is now that most families are starting to end their period of intensive support, and therefore this requires further monitoring.



28. However, early data shows that out of 26 families who have closed to IFSS following referral, 17 completed with their support needs met, 6 were transferred to a statutory safeguarding team when their needs escalated, and three withdrew consent. All families who withdraw from support are provided advice and guidance and the referrers are informed. This can happen for different reasons and sometimes it is because their needs are already being met.
29. It is often asked if families supported by IFSS could 'step-down' to a Family Centre or other early help service after a period of intensive support. In general families should not be transferred between early help services if the help can be provided by the team already working with them. As an early help system in Surrey, we need to be sharing skills and expertise across teams; not moving families around a system to receive interventions. For example, IFSS could work with a Family Centre to deliver a parenting course, and likewise with the Adolescent Service if there are skills needed that help enhance the Team Around the Family. This should happen seamlessly and enable the family to access the help they need, whilst maintaining the relationship with their lead practitioner.

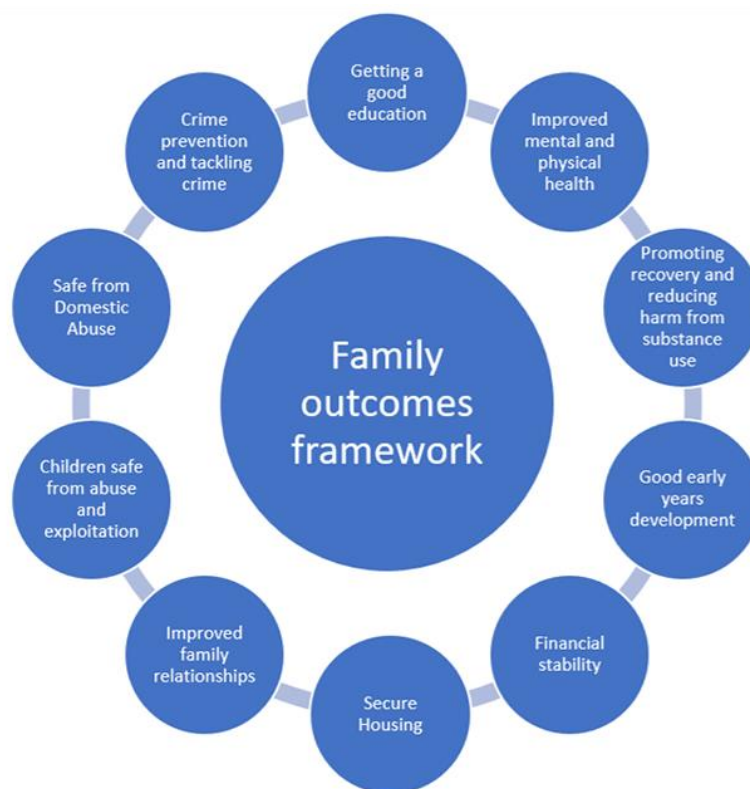
### **Partnerships and New Opportunities**

30. Successful early help is reliant on strong partnerships and opportunities for local integration. There are now more opportunities for working together across the partnership because of the countywide Intensive Family Support Service. One example is a new collaboration with Surrey Heartlands whereby a part-time Family Intervention Worker from IFSS has joined a multi-disciplinary team as part of a pilot clinic from Ashford and St. Peter's Hospital. The service is called [Complications with Excess Weight \(CEW\)](#) and it supports families with children who have health needs due to obesity such as liver disease, insulin retention, sleep disorders and social and emotional concerns. This enables families to receive clinical care, which is complemented by holistic family support, all from one multi-disciplinary team.
31. The mental health of children and parents is one of the highest needs of families referred to IFSS. We are currently in discussion with Surrey and Borders Partnership (SABP) to recruit up to three Family Intervention Workers to join the School Based Needs Teams. If confirmed, this will provide children with clinical support and the Family Intervention Workers will help to engage the whole family and provide wider support, instead of multiple referrals for one family and their interconnected needs.
32. Work is ongoing to enable families receiving intensive support to have access to specialist services that were previously not available outside of statutory interventions. Family Group Conferencing is now available to IFSS which

previously was not available in early help settings. This is a specialist service that supports family networks to formulate support plans to achieve their goals. Expanding this offer now is in line with the Government's new direction of travel (outlined in the paper 'Keeping Children Safe, Helping Families Thrive) which seeks to offer Family Group Conferencing to families at the earliest stages when needs arise.

33. We are also exploring opportunities to expand the Children's Crisis Service in Surrey which supports families with children requiring specialist support with learning difficulties and autism. Until now, families have needed to be escalated to statutory safeguarding teams to access this support. However, having the IFSS service and creating these new connections means that help can be consistent, targeted and seamless for families and that they retain their relationship with one trusted and consistent practitioner throughout.

**Challenges and Learning**



*Figure 2 - Supporting Families Framework*

34. The Supporting Families Framework above shows the types of challenges faced by families supported by the Intensive Family Support Service. This framework is the mechanism for capturing the impact of the service and although the Supporting Families Programme itself ends in 2025, this framework is likely to remain either in this form or with minor changes as an appropriate framework for evaluating the impact of support to families. An

example of how IFSS supports family needs that are interconnected, such as is shown in this framework, is below in Appendix A.

35. At this early stage in service delivery there have not been enough families who have closed to IFSS support to show definitive impact trends. However, data collected across the early help workforce shows that the main challenges faced are supporting child and adult mental health, supporting families with children with additional needs, improving school attendance, and family relationships through parenting support.
36. To support these challenges IFSS are creating new interfaces with specialist services as has been described above with family group conferencing, mental health and the crisis support team. Regular feedback and learning from audits support the service to continually reflect and improve, and having one countywide service with bases in all parts of the county enables us to strengthen partnerships. One example of this for 2025 is to better connect IFSS with adult mental health services. Joint service days have been organised for March 2025 to bring these teams together and seek ways to better integrate. This is one of many potential areas to develop and there are real opportunities ahead for collaboration and innovation as we work together.

#### **Conclusions:**

37. The Intensive Family Support Service has shown early indications of success in reducing the demand for statutory interventions and providing consistent, compassionate support to families with interconnected needs. Continued collaboration and innovation are essential for future success.

#### **Recommendations:**

38. To note the progress of the Intensive Family Support Service to date and the future opportunities this provides for families in Surrey.

#### **Report contact**

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#### **Contact details**

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#### **Sources/background papers**

IFSS Business Case 2023

## Good Practice on a Page

### What were the concerns?

*(Worries? What needs to be different?)*

- C (Mum) has a number of physical disabilities, health needs, PTSD and is currently undergoing an assessment for ASD. She has recently had multiple operations on her leg, has diabetes, arthritis in her hands, wrists and legs, severe asthma, high blood pressure and alopecia.
- C's mobility issues meant she was unable to take S (5 year old daughter) to school. L (Dad) works full time and is out of the house for long hours. As a result, S's school attendance was very poor as no one was able to take her to school.
- C's poor mobility meant that she struggled to get up and down the stairs and was having to use a commode in the living room.
- C was finding it challenging to keep up with her own personal care and housework. There were large items of broken furniture taking up space in the house which she was unable to move.
- C finds it difficult to read and understand letters, messages, information and advice, both written and verbal.
- The family were struggling financially and were not in receipt of any disability benefits, despite C and both children having additional needs.

### Where were we? (What was happening /not happening? What services were involved? Specific and from child's perspective)

- The family were referred to IFSS, after the school raised concerns around attendance and neglect
- They had received previous support from the Family Centre and had been on a CIN plan.
- The family have no support network; no family or friends who can help and they are not linked in within their local community

### What difference have we made?

*(Outcome? Impact? Use child parents/carers' own words where you can)*

- S's school attendance has improved as she now has an adult who can take her to school
- C will be able to help with bedtime more as it is easier for her to get up/down the stairs. She will also be able to use the bathroom upstairs, rather than a commode in the living room.
- C looks visibly much better, her appearance has improved and the home is in a better condition
- Once PIP and DLA is in receipt, the family will be able to maintain the rental of a mobility scooter
- The family are able to access more health services, such as physiotherapy and the GP.
- C reports herself a real improvement in her mood as well as physical health as a result of the support put in place for her

### What did we do? (Focus on agency of Case Worker/Manager, what they did or enabled to happen, any obstacles and how these were overcome?)

- Application made to Midas Plus to request rental of a mobility scooter. It was agreed they would pay for the fees for 3 months
- Support in getting the hand rail fixed so C can get up and down the stairs easier – coordination between OT and the landlord
- Coordination with the council and a charity to collect the large items of furniture
- Carers now attend 3x per day to support C
- Breaking down all communication to enable C to better understand. Support in reading letters, accessing health appointments, taking time to explain information etc
- Support in applying for PIP and DLA benefits