



NEWPORT INTEGRATED FAMILY SUPPORT SERVICE

ANNUAL REPORT 1.4.12 – 31.3.13

This report is to be read in conjunction with the interim report which covered period until 30.9.12

This report is prepared in accordance with section 62 of the Children's and Families (Wales) measure 2010.

SUMMARY OF REPORT:

This report documents the context, work and development of the IFST in Newport over the period from 30.9.12 - 31.3.13 and outlines the existing plans and preparation relating to the roll out of IFSS across the area known as Gwent which is incorporated into the Roll our Project plan appended to the report. Please read this in conjunction with the interim report prepared for the earlier part of the year http://stellentcons/stellent/groups/public/documents/plans_and_strategies/cont709526.pdf

As in previous reports, we have adopted a results based accountability method of reporting, how much did we do? How well did we do it and what difference has it made?

Incorporated in these sections is an outline of training provided and attended as well as a consideration of challenges and opportunities which may present in the next 6 months.

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1. INTRODUCTION

Change remains a constant feature within Newport, though amidst this is a tenable drive to improve and be more effective in supporting the citizens of the city, none less so than in the Integrated Family Support Service (IFSS), of which the Integrated Family Support team (IFST) is a part. The service has in excess of 80 staff members who contribute to offering early intervention or preventative packages of support to families, in doing so also support front line practitioners to effectively manage their more complex cases. All teams within the service seek to work to common aims which include safely reducing the number of children in care or on the Child protection register, and demonstrating that families receiving services achieve a 25% reduction in assessed risk factors and experience increased resilience through a specific method of strengths based whole family interventions. It was our intention from the beginning of our pioneer experience, that IFST be used as a vehicle to drive this transformational change in the family support services, and this is happening.

Many of the external changes referred to in the last report, have yet to be finalised, with consequences still unknown. Within the field of substance misuse, the planned reorganisation of funding through the regional Area Planning Board (APB) is proving challenging. Locally negotiations and discussions have been on-going as to how the quality and extent of services provided in Newport can be sustained and developed with the other authorities and partners within the Gwent area, as well as rationalised to ensure a more joined up and collaborative approach is achieved.

There have also been changes in key personnel in Wales Probation Trust and Gwent Heddlu police. This has impacted on representation at the Implementation group and at Board level and made progressing some developments more challenging, specifically with the Police, though the willingness to work together has not waived.

Within Children's services, as with many other local authorities, maintaining a stable workforce is still proving challenging. Whilst the high vacancy level in the front line teams has started to abate, having lots of new staff, many of whom are inexperienced brings a different set of challenges at a time when the workload continues to rise.

- Contacts to children's services have increased by 10%
- Though referrals have decreased by 18%
- No. of core assessments undertaken has increased by 12%
- Children coming into care has increased by 17% over the period, though the annual figure (31.3.13) is only 0.02%
- Children on the child protection register (CPR) has increased by 26%

These figures in isolation, would suggest that IFSS is not achieving the targets it set itself, but the wider national context needs to be borne in mind. Newport's trajectory remains very different than that of other local authorities who have experienced significant rises in the Looked After Child (LAC) population, as well as increased numbers on the CPR. The performance of Newport children and family service continues to improve and consistently be above the Wales average and better than our benchmarking groups in many of the statutory performance targets.

The need for local authority action to protect children is not constant, with levels of deprivation being a significant factor in determining that need. Newport, assisted by the pioneer status of both IFST and Families First, has sought to adapt its' service delivery to meet the local need – and invest in evidence based practice and early intervention to help reduce the need for more extensive or statutory services. This was noted in a recent CSSiW safeguarding inspection which reported IFSS as providing:

“An effective range of innovative and evolving preventative and early intervention family support services, involving parents in owning and understanding their responsibilities...using “distance travelled” systems to identify positive change made...”

Similarly, a recent audit comparing LAC populations in different Welsh Local authorities conducted by Cordis Bright (April 13) commented that whilst there is no magic number for the Looked After population - things which influence that can be categorised into areas including:

- Strategy and leadership
- Prevention and Early intervention
- Approach and practice
- Partnership working

These elements are visible in Newport - we have a strategy which focuses on improving outcomes for children: ‘Commissioning strategy for Children in need (2012-2015) which seeks to:

‘develop a continuum of integrated family and carer support services for children and young people in need that is evidenced in protecting them from harm and promotes wellbeing’

The prevention service has expanded is now a multiagency service with a central point of referral (as part of the Families First agenda) and has retained the whole family focus and is spreading that in early intervention work. This service benefits from a significant amount of core funding as well as other sources of funding which is indicative of our commitment to invest in prevention in order to more effectively manage the more acute needs

Against this backdrop, referrals to IFSS as a service continue to increase as it outlined in Figure 1.

Figure 1

Quantitative Data Report on Business Activity					
Indicator	2008/09	2009/10	2010/11	2011/12	2012/13
No. of Contacts	5413	6630	9734	11558	12884
No. of Referrals	2533	2322	3559	4330	3524
Contacts where source is Police	2076	3201	4146	5527	6271
Domestic Abuse Referrals	-	-	-	1692	2256
No. of Initial Assessments	2282	1872	1973	2524	1392
No. of Core Assessments	576	355	299	680	870
No. of Initial Child Protection (CP) Conferences (count of children)	116	234	160	172	173
No. of Review CP Conferences (count of children)	409	476	358	345	309
No. of Looked After Children (LAC) Reviews (count of children)	723	707	717	771	679
No. of children Private Fostering (March 31st)	6	12	13	15	11
No. of children Private Fostering (total in period)	13	29	25	24	14
No. of Young Carers assessed during period	19	39	32	44	29
No. of Unaccompanied Asylum Seeking Children (UASC) (March 31st)	8	7	4	0	1
No. of Children coming into care (number of 1 st placements in period)	129	122	98	79	96
No. of Children in Care as at March 31 st	290	302	295	274	277
No. of children placed on Child Protection Register (CPR) during the period	166	185	147	145	151
No. on CPR as at March 31 st	154	142	119	108	140
No of children active to the Youth Offending Service (YOS) as at March 31 st				111	117
No of children active to Early Intervention and Prevention Service (EIPS)				543	590
No. of children active to Family Support	327	366	354	442	446
No. of children active to the Integrated family Support Team (IFST) (allocated cases)	-	-	53	99	91
No. of children active to the Family Assessment and Support Service (FASS) (allocated cases)	-	-	-	-	69
No. of children receiving Contact Centre services	-	-	136	131	132

The partnership with Barnardo's has continued to develop. The Family Assessment and Support Service (FASS) which became operational on 1.4.12, is now expanding further as a result of permanent core funding having been secured to increase the size of the multiagency service whilst keeping true to the shared principles of the IFSS as stated in the Visions, values and Evaluation Strategy published a few months ago. Partnership is at the heart of IFSS, both through its operation and strategic governance.

Whilst this report focuses on IFST, the performance should not be regarded in isolation from the rest of the IFSS, or indeed from Children's services as a whole. Through visionary leadership, robust management process in the front line, and IFSS striving to promote evidence based practice which puts the whole family at the heart of the service – a positive difference is being noted.

2. THE SERVICE STRUCTURE AND GOVERNANCE

2.1 The IFST

The IFST in Newport has inevitably shrunk in the last months, as secondments have come to an end. Another member of the team has been successful in their application to become the IFSS lead trainer for Wales (though this person has not yet left). Over the year, the team has decreased from a maximum of 13 practitioners to 5 at the end of the period. This has significantly impacted on the team's capacity in recent months, as those workers who have remained in post have needed to pick up cases from departing colleagues. This has resulted in a waiting list for the service, and prompted discussions with colleagues in the front line teams in relation to more effective targeting of the limited resource, and more joint ownership of the decisions about which cases to take.

Whilst the team manager post has been vacant since the beginning of September, a decision was made by the Implementation group and Board, that we would delay recruiting to the post until the latter part of the year in recognition that the new post holder would need to be responsive to Gwent in some form. At that time plans had not been agreed up as to what the structure of the Gwent service would be, but there was appreciation that decisions relating to the post needed to be shared.

We have now successfully recruited a new team manager, though a three month notice period means that they will not start until the end of May. This manager will have responsibility for the Gwent service. Having had three team managers in less number years, has most certainly had a detrimental impact on both the team, several members of which have experienced several different supervisors over their period in post, as well as for the developmental aspects of the service as management capacity to drive this forward has been limited. Whilst team members have, with one exception left to pursue promotional opportunities which were largely consequential to their experiences and knowledge gained in IFST, this will most certainly have played a role in their departure. We now look forward to a period of consolidation and stability when the new manager arrives in May.

One feature of health staff feeling unsettled in recent months has been the fixed term nature of their contracts. It has now been agreed that permanent contracts can be issued to staff, and permanent contracts awarded to new starters, as there is an acceptance that the service is a statutory one, with health playing a full and active role. This has assisted in allaying some fears of individual staff members, and will assist in future recruitment.

All the new posts for the Gwent service - with the obvious exception of the Health posts, are being hosted by Newport, and are permanent posts. A written agreement has been drawn up to ensure that financial liability for these posts is shared by the other local authorities beyond this transitional financial year. Recruitment for the Gwent service has begun and four new staff are in place - two Health Visitors (HV) and two Consultant Social workers (CSW). They will be based in Newport until the service goes live in Gwent, and are completing Inductions, shadowing, training and networking in readiness for their move.

Advertisements are out for a number of other posts, and/or business cases submitted to create remaining posts all with the ultimate aim of having as many people in post as possible at the earliest opportunity.

The training function of the team remains depleted. At the current time, we have only three trainers (though one is leaving to become the lead trainer). Whilst new members of the service are and will be expected to take on this role - the train the trainer training needs to be centrally facilitated as well as needing to take place once members of the team have completed their accreditations, hence our current circumstance, whilst challenging, will continue until the lead trainer resource begins.

2.2 The Implementation Group

In recent months the Implementation group has extended to be representative of the Gwent area, and now meets on a monthly basis. To support this group, a subgroup of service managers from across Gwent is taking responsibility for advancing the roll out project plan. This also meets on a monthly basis.

2.3 The IFSS Board

As with the Implementation group, the Board has extended to include representatives from across Gwent. Attendance by some of our partners in IFSS has dropped off in the last year - specifically from Police and Housing, though these agencies have been going through extensive change themselves including changes of key personnel, hence their absence is understandable. Operationally, relationships remain positive and effective, and have not suffered.

Please refer to appendix 2 for a structural chart of the team, together with details of the Implementation group and Board.

2.4 IFSS leads management group – formerly the IFSS Pioneer Management Group

This group has continued to meet on a bi-monthly basis, and benefits from managers from all the IFSS areas sharing learning and experience, and working collaboratively on common issues.

This group will provide the overall governance and scrutiny of the new lead trainer resource funded by the Welsh Government (WG) as well as being the forum to plan, negotiate and progress further national IFSS developments which are informed by practice.

3. SERVICE DELIVERY

3.1 How much did we do?

3.1.1 IFSS Referrals

The new central referral process introduced at the beginning of this financial year which was detailed in the Interim report; continues to strengthen relationships with our front line teams and increasing referrals into the whole IFSS service Year on Year (YOY).

Figure 1

April 12 - March 13					
Type of contact	IFST	FASS	Category	IFST	FASS
Consultation / Advice	19	24	Consultation only	17	20
			No Capacity	1	3
			Change of circumstances	1	1
Consultation / Referral	36	36	Accepted	32	29
			Closed after initial IFSS assessment	3	5
			Family non-engagement	1	2
Consultation / Re-referral	12	5	Accepted	9	4
			Closed after initial IFSS assessment	3	0
			Family non-engagement	0	1
Total	67	65		67	65

The figures recorded above include the additional FASS service which operates in the same model as the IFST but accepts cases where substance misuse is not a key parental risk factor. Seconded's to IFST have worked in both teams, to gain experience and oversight of the whole of the acute tier of service provision and of different approaches and methods needed for different presenting risk; hence it is appropriate to include FASS figures.

Figure 2

April 11 - March 12					
Type of contact	IFST	FASS	Category	IFST	FASS
Consultation / Advice	37	2	Consultation only	29	2
			No Capacity	4	0
			Change of circumstances	4	0
Consultation / Referral	38	4	Accepted	30	4
			Closed after initial IFSS assessment	8	0
			Family non-engagement	0	0
Consultation / Re-referral	15	1	Accepted	14	1
			Closed after initial IFSS assessment	1	0
			Family non-engagement	0	0
Total	90	7		90	7

The above figure 2 represents data from previous financial year 11-12. If you compare the data you will notice that the IFST specific contacts have decreased YOY however the actual number of referrals that have resulted in accepted cases has only decreased by 5 (2012-13 total 48: 36 Consultation / Referrals and 12 Consultation Re-referrals compared with 2011-12 total 53: 38 Consultation / Referrals and 15 Consultation Re-referrals).

Newport developed the FASS team as a result of an identified trend in consultation advice sessions offered by the IFST during 2011-12 which evidenced a growing demand for an intensive family intervention that could be offered to families where substance misuse was not a critical risk factor.

FASS is a sibling service that operates a model similar to that of IFST but accepts cases where factors such as domestic violence, mental health or learning disabilities are the critical risk factor that is impacting on the parental capacity of the families. As FASS and IFST team utilise the same referral process if the total numbers combined are considered the service has seen an increase.

Figure 3

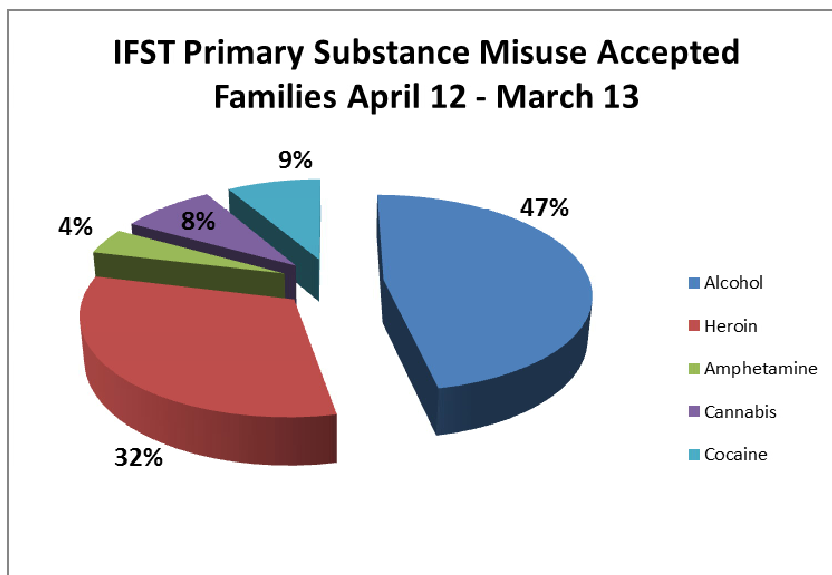
April 12 - March 13		
Type of Intervention completed	IFST Qty	FASS Qty
Initial IFSS assessment	46	37
Phase 1	13	17
1 Month Review	14	14
3 Month Review	14	12
6 Month Review	14	6
12 Month Review	12	0
Boosters	9	
Total	122	86

Figure 3 relates to types of intervention which have been completed within the specified period which are taken directly from the data statistics that are required to be completed at each stage by practitioners. It illustrates an increase in total interventions completed YOY across two teams in the IFSS and breaks the intervention down by team. The overall increase is suggested to be related to the additional team members, improved maturing service model and increases in referrals into service.

The intervention time-scales continues to drift with the average initial assessment (3 days assessment) currently tracking at 11 days whilst the Phase 1 intervention tracking at a current average of 6 weeks. Although timescales of the intensive intervention continue to project over the original guidelines of 4 – 6 weeks for both the 3 day initial IFSS assessment and Phase 1 it is important to consider that the Phase 1 figure has reduced YOY by 1.5 weeks. The timescales will continue to be monitored and reviewed and it is envisaged that as the process is reviewed across Gwent and new systems are put in place this will continue to improve. It is also worthy to note, that there are a few outliers which skew the average significantly. One of the contributing factors to this has been in rehabilitation cases, where we have been involved prior to the child returning home. Often the planned 'return home' date has drifted, and on some occasions not been stipulated, meaning we have had to stay in longer, as the critical intensive period is around the actual move home. This has been a learning experience for us, and is one of the things we seek to tighten up now that the resource has decreased.

Figure 4 below illustrates the primary substance misuse for all families that have been accepted by IFST this also includes cases that may have closed at the initial assessment stage. Alcohol (47%) continues to be the main substance that is misused in the period which is a change of direction from the previous year's trend where Heroin was the primary substance being reported. This may suggest that the referrers have changed which cases they consider appropriate, and seen the value of the service, as traditionally within core assessments, social workers have not been consistent in identifying any substance as a critical issue impacting on safeguarding.

Figure 4



IFSS closed cases

Whilst the distance travelled statistics continue to evidence positive sustained change by families who progress through the intervention, it is important not to forget those cases that close to IFSS outside of the full 13 month programme. During 12-13 a total of 35 cases have closed to IFST this includes cases that may of opened in the previous financial year as the closed cases figures relate to cases that have closed during the year e.g. cases that closed before the end of 12 month review, please refer to figure 5 below that details total cases closed and the stage that the cases were closed:

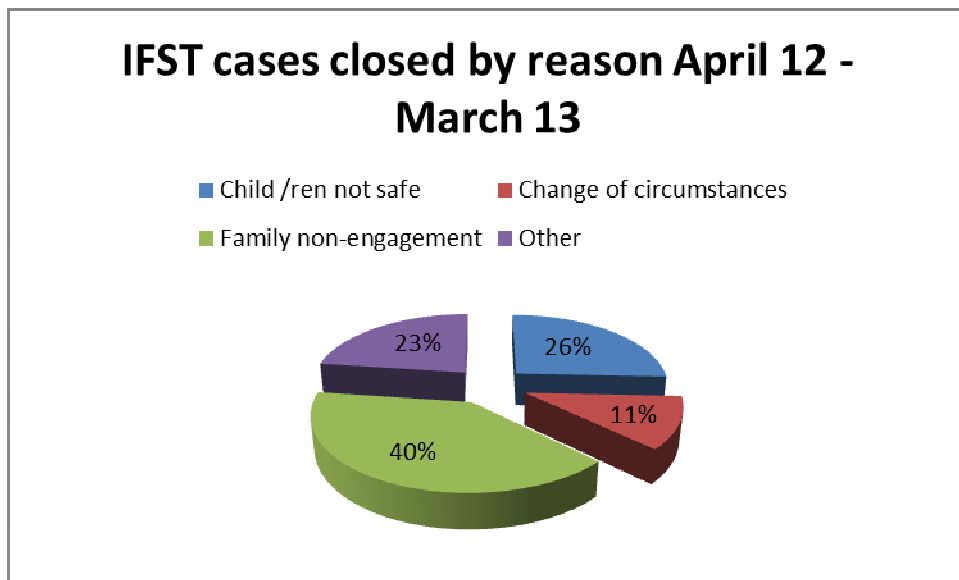
Figure 5

April 12 - March 13		
Stage closed	IFST Qty	FASS Qty
IFSS intial assessment (3 day)	5	4
Before end of Phase 1	20	10
Before end of 1 month review	0	1
Before end of 3 month review	3	1
Before end of 6 month review	3	2
Before end of 12 month review	4	2
Total	35	20

It is important to note however that of the cases closed several families have subsequently been cases that have been referred back into the IFSS after the initial closure. The voluntary nature of the intervention certainly has a role in these early closures, as has been identified by the Independent Reviewing Officer (IRO) in his report.

Figure 6 below illustrates the reason for closure for IFST cases closed this year, over 40% of case closures are due to family non-engagement with 26 % due to the child/ren not being safe:

Figure 6



The above chart (figure 6) also highlights another important element of the IFST work - that of using the intensive intervention, to identify where children are not safe enough, in congruence with the main aim of IFSS interventions being to safeguard the children. In 26% of cases, we have been able to provide information and evidence to support the local authority to take action as children were not being adequately cared for. Increasingly, we are being asked to produce reports for Conference and Courts to support proceedings.

3.2 How well did we do it?

IFSS practitioners have spent over 980 hours working directly with IFST and 1029 hours with FASS families during 2012-13 carrying out initial assessments, phase 1, reviews and booster work. Caution is advised with regards to drawing conclusions from these figures as it is acknowledged that the current system to record hours is not the most accurate due to the hours being recorded at the end of the intervention, however going forward in the latter part of 2013-14 it is planned that the hours will be recorded automatically via the case management systems in the respective local authorities which should facilitate a greater level of accuracy. Similarly, these figures fail to evidence the informal and formal consultations about cases between workers, which take place outside of the normal duty system, or attendance at the variety of meetings which are an intrinsic part of interventions.

Our IFSS evidence based model is measured according to the distance travelled tool using the goal attainment scale (GAS) that continues to be reviewed with fellow professional and the IFSS families at the identified statutory review periods.

Figure 7 below, refers to the latest GAS outcomes for the financial year of 12-13. This table details the overall % of families who have achieved 0 (or Green the

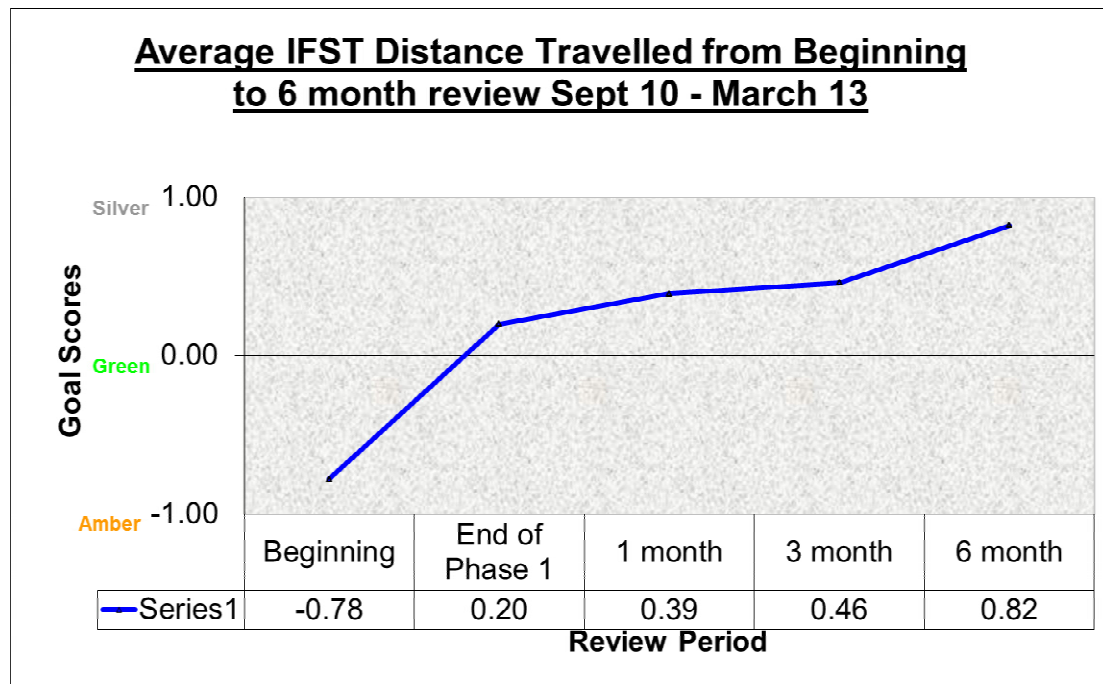
acceptable level) and also the number of goals and families this figure relates to ensuring that a comparative in relation to the volume of families and goals can be achieved.

Figure 7

April 12 - March 13			
Goal Attainment Scaling Period	% achieving Green or above	Total Goals	Total Families
Beginning of intervention	11	96	30
End of Phase 1	69	96	30
1 month review	71	82	28
3 month review	70	78	26
6 month review	77	68	20
12 month review	85	53	12

We have now had a total of 31 families who have reached the 6 month review stage since September 2010, we have calculated the average distance travelled based on an accumulative goal score for the 31 families. Figure 8 demonstrates that the families have sustained positive change.

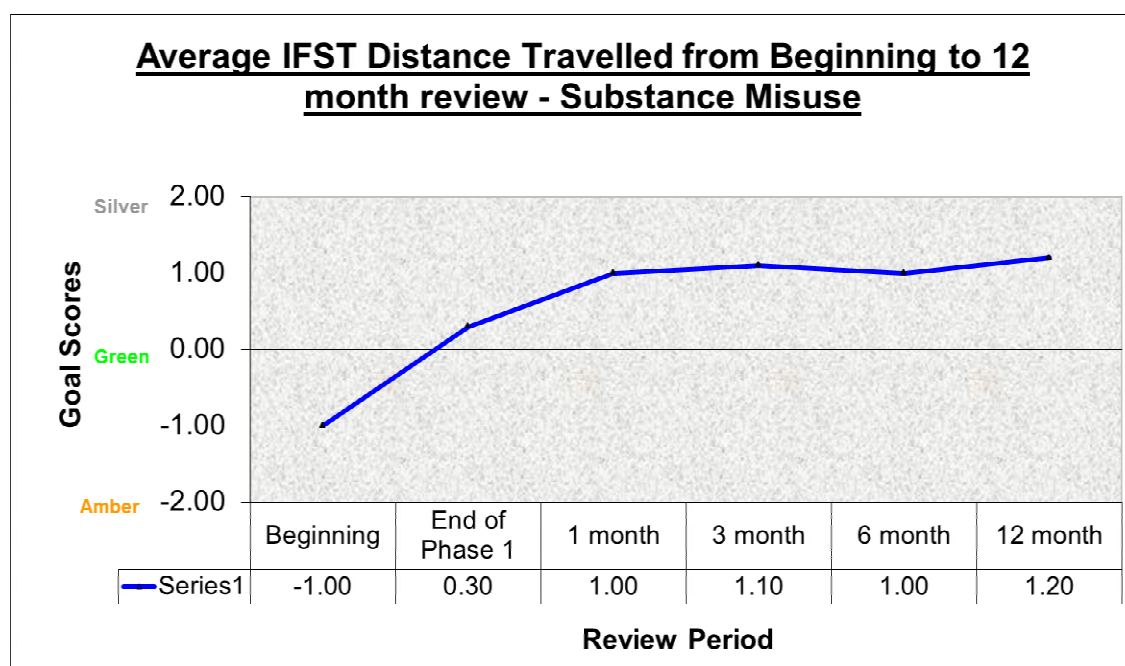
Figure 8



During 2012-13, as mentioned in the interim report, we introduced goal categories which will affords a more detailed analysis of detailed distance travelled of the risk factor areas that the goals have been based upon such as Substance Misuse and Parenting.

Figure 9 illustrates the accumulative goal score at the specific review stages that have been able to be tracked by substance misuse which demonstrates continued goal achievement relating to the parental substance misuse during the full course of the IFST intervention. *(please note this does not contain the full sample of substance misuse goals due to the timing of when the new process was implemented).*

Figure 9



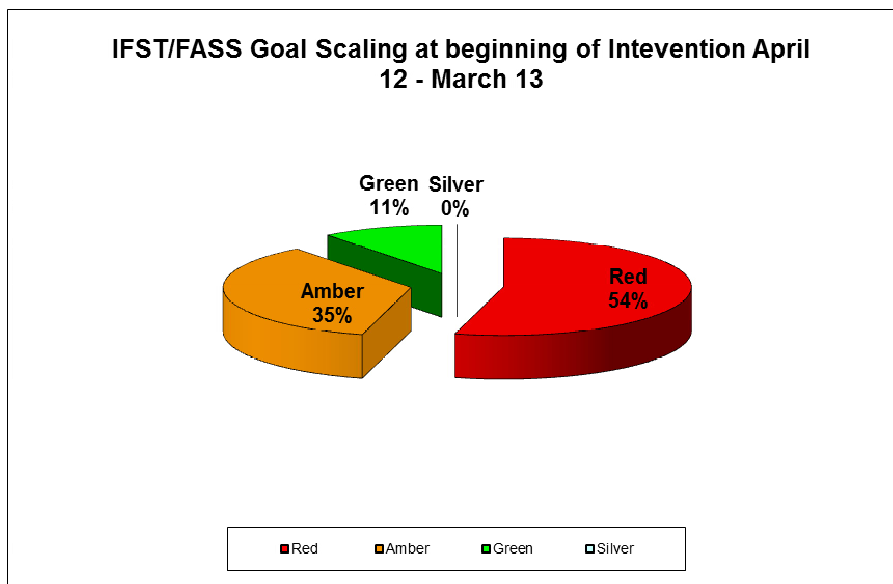
During the last quarter of 2012-13 IFSS was subject of an internal audit review that focused on reviewing the business process from referral to case closure, as well as the financial process. The audit team awarded an overall 'satisfactory' rating against the whole service and advised that they were happy with the results as their experience suggested that generally, new services were not able to demonstrate the level of controls we have developed which evidence a robust process that is being reviewed and strengthened.

3.3 Did we make a difference?

3.3.1 Service users

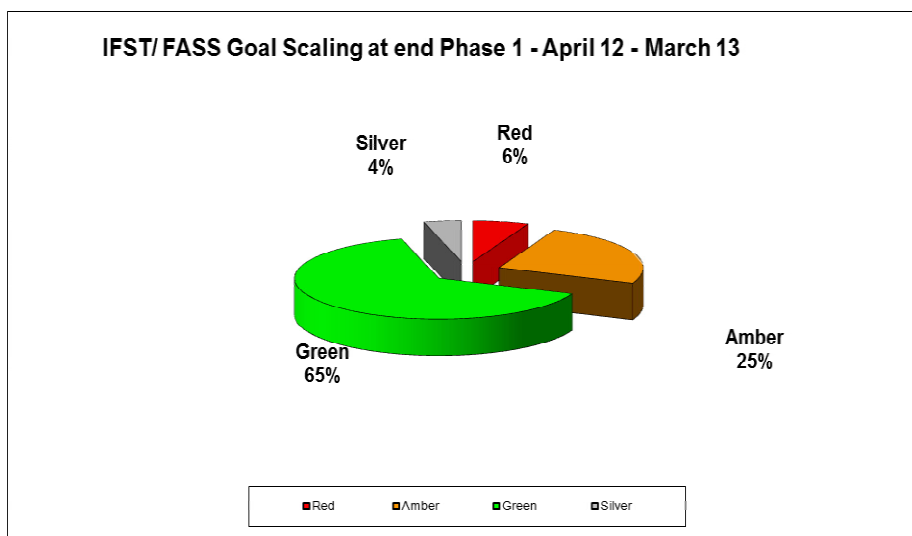
As previously mentioned we continue to monitor our family's progress through the GAS distance travelled tool and these are published at various stakeholder engagements to illustrate outcomes achieved. Please see figure 10 – this chart illustrate the % of goals scores at both the beginning of the intervention and then figure 11 illustrates the % achieved by the end of the intensive phase 1 period.

Figure 10



The results in comparison of fig 10 and 11 show an extremely positive movement from 11% being green or above at the beginning of intervention moving to 69% achieving this level at the end of phase 1.

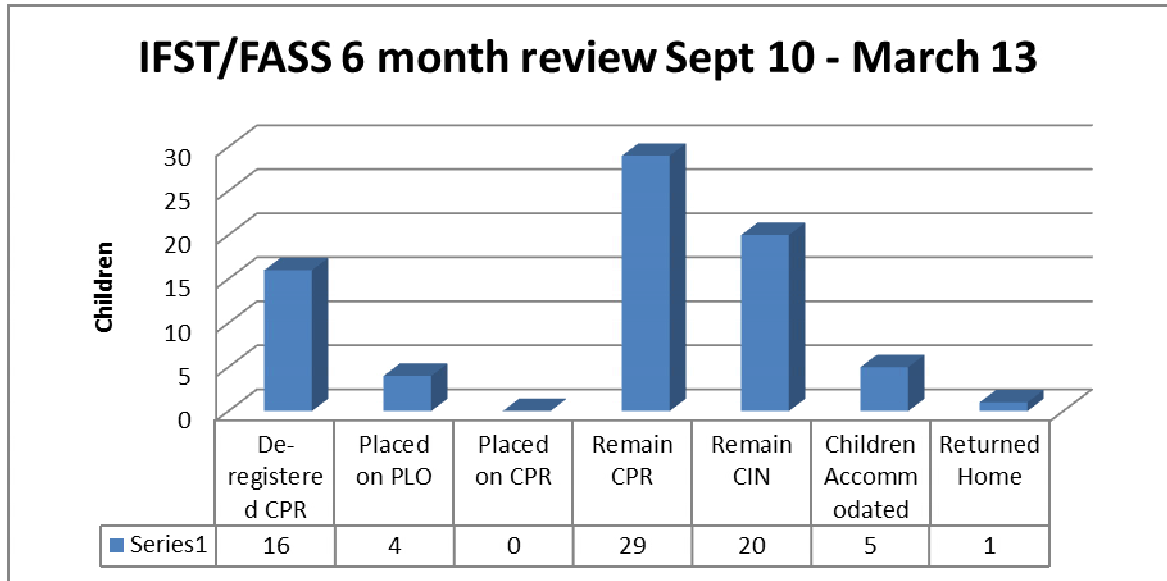
Figure 11



In addition to the specific family goals we also measure other key outcomes such as if the children remain at home and the legal status at various review points.

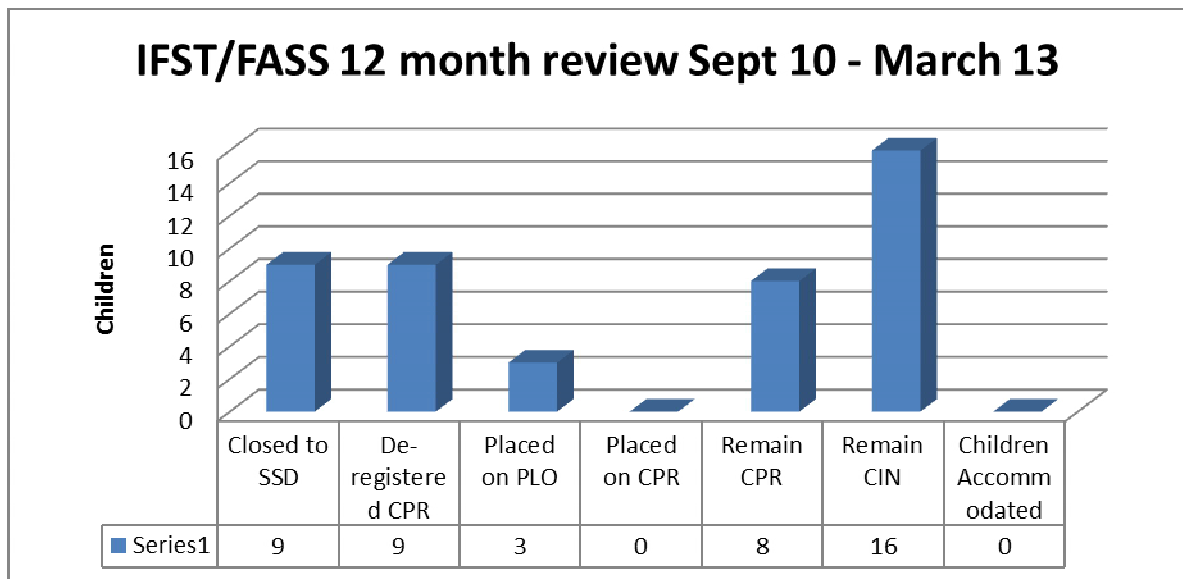
Please see figure 12 for outcomes for all families that have reached the 6 month review point since the launch of service, this represents a total of 31 families with 57 children remaining at home.

Figure 12



Please note figure 13 below which illustrates outcomes for all families that have reached the 12 month review point since the launch of service, this represents a total of 20 families with 39 children remaining at home.

Figure 13



The outcomes illustrated above relate to the families status at the specific point in time of the review. It is important to remember that due to the complexities within these families, many will evidence different outcomes at different points in time. As our information base grows, this highlights the importance of tracking the journey of IFSS families beyond the 12 month period, and testing the longevity of the results, and/or whether the service has any generational impact.

The GAS has been rolled out to other teams within Newport IFSS to capture 'distance travelled' and to facilitate a comparison of outcomes across the service and different level of need.

In addition to our GAS performance monitoring we also ask the families to complete evaluation forms at the end of the Phase 1 intervention please see figure 14 that is the collated response from families to a questionnaire all families who take part in an IFST/FASS intervention.

Figure 14 IFST/ FASS family evaluation questionnaire

IFST/ FASS Family Evaluation End of Phase 1 Feedback April 12 - December 12				
As a family, do you feel you have been ?				
Family Feedback	Yes, a lot	More yes than no	More no, than yes	No, not at all
1. Part of a partnership	8	2	0	0
2. Fully engaged with the process.	9	1	0	0
3. Fully understanding of all that has been asked of you	9	1	0	0
4. Respected	8	2	0	0
5. Fully involved in all aspects of the process	8	2	0	0
6. Fully supported and empowered to determine your own goals	8	2	0	0
7. Encouraged to build on your own strengths and help yourself	7	3	0	0
8. Encouraged to increase your family's ability to manage difficulties	6	4	0	0
9. Listened to and heard	7	3	0	0
10. Able to deliver solutions for yourself	6	4	0	0
11. Offer recommendations on improvements to the service	5	1	0	3
12. Able to reduce the risks that were evident within your family	7	2	0	0

We also ask families and fellow colleagues how they felt about the IFST intervention and what difference it has made to them, please see below some of the feedback has been received from families and other professionals that have been involved with the cases that we have worked with:

Statement from Families

- Helping me to protect H from domestic violence;
- H behaviour improved;
- IFST is a great support;
- Jeff is absolutely great;
- Less drugs;
- More settled;

- Clear of the future;
- Help, support, encouraged to meet goals;
- Working together;
- If you listen and work with it, it will work for your you, you'll be happy;
- Learnt more about child development;
- More communications with others;
- More trust;
- Better thinking about my relationship;
- More confident;
- Recognise my strengths;
- I don't turn to alcohol every time I get a problem like I used to.

Statements from professionals involved with IFST families:

- Involved children in devising and monitoring family rules;
- Be available frequently for intense support;
- Allowed mother to reflect on her relationship with the father of the children;
- Increased self confidence;
- Independence – doesn't feel the need to be in a relationship;
- Recognising the impact of her drug usage on the children and their perception of the situation past and present;
- Useful service with positive outcomes;
- To understand, accept and change their lifestyle in order to provide an appropriate environment for a child;
- IFSS worker was extremely supportive and knowledgeable, excellent interaction and feedback between worker and SW and the worker and family;
- Parents now communicate better as a couple.

3.3.2 Secondments

Sadly, the end of 2012/2013 marks the end of the secondments in Newport, which have included a National Offender Management (NOMs) Officer, a Community Psychiatric Nurse, a Senior Practitioner from a front line children's service team, and a Police Officer. These experiences have been invaluable both for the people seconded in as well as the team itself.

The NOMs Officer in particular has used the experience to inform developments within her own service and as a result of her IFSS secondment has now been seconded to pilot and provide strategic guidance to a new service – 'Community Support for Offenders Families (CSOF) which in partnership with Barnardo's, is being rolled out across a number of local authorities in Wales. This service aims to

recognise and work with all family members of offenders, as the impact and consequence of being an offender affect the whole family. This is a significant departure from the traditional NOMs role, which has been almost exclusively focussed on the offender until now. In feedback to the Management Board, she has been able to vocalise how the IFSS experience has served to challenge her practice, and rethink the strategies used in NOMs – hence her involvement in exciting CSOF project.

The police secondment similarly offered learning opportunities for IFSS (specifically IFST and Preventions as part of FF) as well as for the police as a service. Operationally, having a police officer working as a spearhead worker was an ill-conceived idea, though giving that role a specific project to evaluate how the Police and IFST/Preventions interface worked and how it could be improved, proved insightful. The resultant report collated information which is and will inform further discussion about the way we work together, support each other. <http://stellentcons/stellent/groups/public/documents/presentations/cont711338.pdf>

The senior social worker has undoubtedly assisted the team to appreciate some of the pressures of the front line, and in so doing understand some of the practice, as well as give her the opportunity to reflect on her practice and that of her colleagues and question the validity of their approach in different situations and the importance of whole family intervention and a strengths based approach.

As regards the Gwent service, there has been mixed feelings about offering secondments at the outset of the roll out, which to some extent have been financially driven – smaller areas understandably seek to maximise the number of permanent staff in the team in the first instance to ensure maximum reach of the resource, whilst others seek to offer secondments from the start, though for longer than the six month period we originally offered in Newport, in recognition that this period was insufficient to really embed and consolidate practice.

As we anticipate significant slippage as regards funds in the first year of the Gwent Service, we plan to revisit the option of secondments for the second half of the year.

3.3.3 University of Wales in Newport (UWiN) Local Evaluation

The final piece of research conducted by UWiN has been completed (making it three pieces of work in total.) This focussed on ‘... *the introduction of the IFST and the Early Intervention and Prevention service (now known as the Prevention service) to Newport, and their impact upon working practices and cultures within Children’s services*’. <http://stellentcons/stellent/groups/public/documents/report/cont711341.pdf>

Whilst the sample of people who took part in the research was relatively small, the report fairly concluded:

‘Overall, respondents within and from outside of the service, have reported good levels of awareness of the workings, aims and objectives of IFST and EIPS...’

And:-

‘... whilst much appears to have been achieved in terms of the introduction of new ways of working that have increased levels of inter-professional working and information sharing, it is apparent that more could be done to increase knowledge of both EIPS and IFST in some quarters, particularly

within organisations that might have less frequent contact with children's services.'

Whilst this last point is accepted, as regards IFST, it has been a challenge to involve those agencies whose contact with the service is infrequent and to keep them engaged - this has been exacerbated through not having a consistent team manager to nurture and develop those relationships over time, so the practice of developing relationships as needed has developed within the team.

Service user participation has not progressed significantly over the last six months with several meetings needing to be cancelled due to low numbers, which has had a knock on effect to the progress of the research project being completed by one of the workers. A further event is planned for May. That said, in recent months, there has been a lot of recruitment activity across the service - specifically in FASS and IFST, and an IFST service user has been invited to be part of the interview panel on five separate occasions. She has found the experience enlightening, enjoyable and useful, and from our perspective, her involvement has been hugely insightful and beneficial.

3.3.4 Barnardo's

The preferred partner 'contract' now exists between Barnardo's and Newport City Council. A significant development within this has been the creation of FASS which replicates the principles of IFST, but is not restrained to the model of working and supports those families whose complex needs are not rooted in substance misuse. The IFST and FASS work closely together. Barnardo's has invested £200K into staff to develop/facilitate this service and work as part of IFSS, and has aligned its own local services into the IFSS family. This is operationalized through joint development days, training, management arrangements and increased intra referrals.

The FASS became fully operational in April 2012, and originally shared direct line management with the IFST (as in the IFST manager managed both the IFST and FASS staff). As highlighted in the interim report, this proved to be a challenge, as there were tensions between the different demands/needs of the two teams which demanded different strategies and approaches, which also contributed to a degree of confusion between both staff and referrers. In recognition that the span of control was too great, we changed supervision arrangements, giving the CSW and CPN day to day supervisory responsibility of the staff team and the manager then managing them. For IFST, this created a structure where there were in effect, 4 people supervising different members of the team. In hindsight this has bred inconsistency of practice and decision making, and most certainly has been a contributing factor in the team not increasing the level of throughput as was hoped and planned. Initial attempts to recruit a team manager to FASS failed, but in the last weeks of the year (March) this has been done, and a new manager starts in June. Having no permanent manager in either of the acute teams, has meant the level of scrutiny of performance in particular, has not been what was ideally needed.

It was originally envisaged that FASS would follow the IFST model of undertaking interventions aimed at adult behaviour change. However, as experience increased and was informed by practice, there was a re-assessment of whether this method of intervention alone, met the needs of all the families requiring intensive support, subsequently FASS is developing knowledge and understanding of other evidenced based interventions to suit the needs of the family. This is an on-going area for development, as we need to ensure that we retain flexibility to respond to the areas/risks of highest need.

In the last period, additional core funding (225k has been secured from NCC to further develop this service and increasingly align it with the Family Support team (FST), whilst still ensuring the IFSS principles are at the heart of service delivery. The single referral process into the service has proved effective.

3.3.5 Roles within the team

Over the last six months, the remaining CSW and CPNs have continued to provide day to day operational line management to the team, and the service manager has supervised them. As previously alluded, what has become clear over the last months, is the variance of decisions made between supervisors, meaning inconsistent levels and approach within supervision, and differing degrees of scrutiny and guidance. We have sought to develop various means to address this and develop consistency, though against the backdrop of change, uncertainty about the future, loss of staff and limited time, the drive for change specifically in relation to process, progress has been slow.

The 'pods' continue to serve to ensure that each intervention offered benefits from a multi-disciplinary approach, as well as sourcing a degree of peer supervision, though at the current time, we are reviewing how these are structured and managed.

Each member of the team has an identified service/team to which they are linked with the purpose of being the point of contact for issues which may need clarity, but also to be the conduit of information exchange and practice/service development.

IFST presence at legal meetings and placement panels continues on at least a weekly basis, together with a daily 'duty' worker at the Information station (reviewed and decreased in April), and attendance at link team meetings.

3.3.6 Referrers and stakeholders

The positive feedback from these sources continues, as is highlighted and evidenced within the recent CSSiW Safeguarding inspection, the Cordis Bright audit and the research completed by the UNiW. This is reiterated in the report by the Independent Reviewing Officer (IRO) who was employed to review IFST cases. <http://stellentcons/stellent/groups/public/documents/report/cont711341.pdf>

The IFSS presence in the Information Station (where the majority of the front line teams are based) continues, though the daily presence for consultations and referrals has now been reduced to three times a week in line with our depleting resources. Recently, in consultation with the front line teams and managers, we have started discussions with front line colleagues, to hold a weekly panel in Newport to discuss and prioritise referrals jointly, to enable and inform a more targeted response from the service. These same discussions and arrangements are being planned across the other four local authorities in Gwent.

3.3.7 Training

At the onset of IFST, we made a decision that with the exception of the CSW's who had training as a core responsibility of their role, other team members could elect as to whether they wished to deliver training (and subsequent accreditation), as it was felt important to recognise that this role is not suited to everyone. This has resulted in us now being operationally challenged, as trainers have left.

Plans are in place to address this - putting more focus on this requirement in future recruitment, training up other members of the team, and the recent funding from the WG to develop a new Central training resource, though the impact of these will be slow to progress.

All the original IFST practitioners are accredited to level 6, and we have 3 members of the team who are trained to train the IFST modules. Two of the new members of the team who will work in the other areas have completed their 4 day core training and are in the process of progressing with their accreditation.

Together with the other IFSS areas, we have completed training manuals for modules 1 - 3 and for the 4 day training course, as we shared frustration that these were not available from the outset of our pioneer period. In the last six months we have had to develop training manuals and programmes for modules 4, 5 and 6, as these had not been done by the Central Resource Team, and as the different areas were all delivering these modules later than us, we needed them prepared first.

Over the last 12 months we have facilitated 12 IFST training events including 2 x 4 day induction courses to a total of 107 participants from various services and agencies. A further single day module had to be cancelled due to lack of numbers.

Type of module	Number delivered in 2012/2013
Module 1	1
Module 2	1
Module 3	3
Module 4	2 (Inc. 1 cancelled)
Module 5	2
Module 6	2
4 day induction	2

Since July 2012 (the Central resource team held the information prior to this) 44 people have registered for accreditation and 7 of these have completed and verified.

Within Newport, the attendance of front line social workers on the training has been minimal - partly resulting from high vacancy levels and high caseloads. A decision has now been made to ensure that at the least the single day IFST modular training is mandatory for new staff and forms part of their planned Induction.

Since the beginning of 2013, through the various Gwent governance structures, we have been able to attract participants from across the region more effectively, meaning courses planned for the rest of the year are heavily over-subscribed.

We have also invested heavily in training to ensure that practitioners are appropriately equipped to meet the challenging issues presented by the families referred into the service.

These include:

- Optimising and Improving Outcomes for Children and young people separated from their families;
- Assessing attachment issues;
- MI training;
- Working clinically with developmental trauma;

- Various on line (e learning) training;
- Domestic violence workshops/conferences;
- Mindfulness training;
- Accreditation;
- Safeguarding;
- Signs of Safety;
- MSc x 2 (CSW and Business Support and development manager);
- PG research (CPN);
- 10 sessions of group supervision/consultation from Consultant Psychotherapist;
- PAMS training;
- Nurturing programme;
- Self-Harm;
- EPEX;
- CRAFT.

Training facilitated (not including the IFST Modules) includes:

- Various presentations and workshops to teams within Newport and across Gwent;
- Presentations at team meetings, development days and conferences;
- Various Inductions;
- Substance misuse training;
- Hepatitis training.

4. OPERATIONAL AND STRATEGIC CHALLENGES

4.1 Internal

The absence of a team manager since September last year has most certainly impacted on the stability, the performance and development of the team. Whilst it has developed in its' confidence and competence, without a permanent management presence and the consequent need to spread day to day operational responsibility across several team members, capacity has not been optimised, as that scrutiny of purpose of involvement has been lacking or inconsistent, allowing cases to drift and in turn limit capacity. Similarly, the need to scrutinise referrals and determine the most appropriate cases has not been as well developed nor as consistent as needed – partly as capacity was less of an issue in earlier days. The high number of cases closing within an intervention begs closer inspection for any common denominators. Initial superficial investigation evidences that despite IFST interventions not progressing, there has been no consequence to most of these families, suggesting that they were not at a point of crisis, so questionably were not cases we should have taken. This has caused us to look at the whole consultation process and intrinsic questions asked, as well as ensuring that the front line team managers are involved in this decision making, so we can target our resources more effectively.

Uncertainty about the consequences of the roll out and about tenure of posts (for health colleagues) has contributed to this instability, which only now at the end of the year is being to subside. A decision to make the health posts permanent has most certainly been welcome news and served to dampen anxieties from those staff. It is positive to note, that despite this backdrop of negative influence, sickness levels have fallen significantly from last year, which is felt to be indicative of the positivity of purpose which remains. Staff remain committed to way of working and seeking to assist families to turn their lives around.

As members of the Gwent service take up post and work alongside the Newport team until the Gwent service becomes operational, there is increased enthusiasm, renewed vigour and excitement about the work IFST seeks to do and achieve which amplifies the positive comments in Inspection and audit reports.

For Newport, there have been the inevitable concerns with regard to decreased capacity, both from the team and referrers to it - this has been ameliorated to some degree by the extension of FASS- which also has raised opportunities for increased learning, sharing and development, as well as healthy debate and at times confusion, about the different roles of the two teams.

As a result of our on-going consultation process and new service demands please note changes that will be introduced from April 2013:

- New Improved consultation form to assist building increased consistency for desired outcomes;
- Planned new business process implementation during last quarter of 13 - 14 involving fully integrated referral system utilising our current CCM system which is anticipated to facilitate increased service efficiency;

- Reduction from 5 days to 3 days per week in face to face consultation days offered as a result of the decrease in resource of the IFST due to the Gwent roll out.
- Implementation of service manager and team manager allocation meetings to assist with prioritising urgent cases in a consistent collaborative approach with our front line colleagues.

Plans are developing to focus on specific research themes in the coming months – particularly to follow up IFST/FASS families after intervention – those who do not complete interventions as well as those who do, to ascertain the longevity of change, and whether it has a generational impact. This ‘tracking’ is being replicated in the prevention service to determine the longer term impact of early intervention. The CSW who remains in post in Newport, is now in the final stages of her MSc, and it was accepted that this would count towards the research part of her role. She has also taken a lead role in the organisation development and facilitation of the training for the Newport team.

4.2 The roll out across Gwent

A detailed project plan has been developed to drive and record the roll out developments.

http://stellentcons/stellent/groups/public/documents/Plans_and_Strategies/cont711339.pdf

Plans for the structure of the Gwent IFSS have not changed significantly since the last report, though the project plan includes significantly more detail to track our progress towards the Gwent service.

4.3 Information sharing

Whilst the Welsh Accord for Sharing Personal Information (WASPI) is in place, and there have been no difficulties in sharing information across and between agencies, we recognise that this can be improved.

A process has been established with the Wales Probation Trust in relation to lateral checks being completed as a matter of course for every new referral and alerts can be put in place to ensure we are notified of changes in circumstances. A similar process has been established with ABHB. The process of information exchange established with the Police continues, though needs further refinement as is highlighted in the report completed by DC Nicholson (linked earlier in the report).

The next few months prior to the Gwent service going live, will focus on ensuring these existing processes will be extended across the region. Similarly, the WASPI will be reviewed in readiness for the extension, and existing service level agreements reviewed for the same purpose.

4.4 Development of IFSS database

Developments in this area have been slower than anticipated due to a variety of resource challenges and supplier issues. However a fully integrated test database

has been built and delivered within the Newport CCM test area. The IFSS test system will be rigorously tested and developed during a pilot period using existing IFSS Newport case information before implementing the live system across Newport. The anticipated go live date of the new database is planned for the end of January 2014.

4.5 The Inspection and Regulatory Framework

Newport has experienced two safeguarding inspections in the last six months. Neither was without challenge, and as is always the case, initiated a significant amount of additional work with the need to attend focus groups, individual interviews and prepare presentations and reports; the pioneering status of IFST/FF naturally drew specific attention. In the final report, comment was made that Newport has some of the most challenging and complex cases that the Inspectors had experienced, but that there was a strong drive and commitment from all levels of staff to make a positive difference and contribution to people's lives.

IFSS submitted an overview report for this inspection, which gave an outline of the work of the whole service, this was well received and the IFSS approach applauded. <http://stellentcons/stellent/groups/public/documents/report/cont711340.pdf>

4.6 Section 58 agreements

These are in place and will be subject to review in the coming months. To date, we have not had cause to use them as issues have been able to be progressed.

5. EXPENDITURE AGAINST THE IFSS GRANT

IFSS finished the financial year 2012-13 on target with a total spend reaching the full £600,000 as was detailed in the quarterly returns and summarised in table below:

Total funding available in 2012/13	Total expenditure received to date (quarters one, two and three)	Expenditure for quarter four	Confirmed full year expenditure for 2012/13
£600,000.00	£360,487.00	£239,513	£600,000

In addition to our Grant funding provided Newport IFSS also received a refund of £8,647.27 during 12-13 in relation to previous years' business rates that was paid from historic IFST grant monies. In accordance to Grant terms and conditions this was disclosed to the WG and authorisation sought and kindly approved by WG that this money used to purchase ICT equipment in readiness for the Gwent roll out.

6. CONCLUSION

The IFSS in Newport is clearly having a positive impact on service users – the vast majority of families demonstrate achievement and increased resilience; the approach taken is impacting on how services are delivered, both within children’s services and outside of that – though there remains room for improvement.

The additional scrutiny and attention from the other local authorities in Gwent, together with increased vigour, enthusiasm and excitement evident in new members joining the service, and the new experiences which will be driven by different local need and agendas, will make the year to come a very interesting one, as well as one full of challenge from which to learn and progress.

<p>Signature (Chief Executive of Newport City Council)</p> <p>.....</p> <p>Name in Capitals: Mr Will Godfrey</p> <p>Date:.....</p> <p>Signature (Chief Executive of Aneurin Bevan Health Board)</p> <p>.....</p> <p>Name in Capitals: Dr Andrew Goodall</p> <p>Date:.....</p>

LIST OF APPENDICIES

- | | |
|-------------------|--|
| Appendix 1 | Abbreviations and acronyms |
| Appendix 2 | Structural Chart of IFST; Implementation Group and Board membership |

Appendix 1

Acronyms and Abbreviations

ABHB	Aneurin Bevan Health Board
CIN	Child in Need
CSW	Consultant Social Worker
CPR	Child Protection Register
DAT	Duty and Assessment Team
EIPS	Early Intervention Prevention Service
FF	Families First
FST	Family Support Team
FASS	Family Assessment and Support Service
GAS	Goal Attainment System
IRO	Independent Reviewing Officer
IFSS	Integrated Family Support Service
IFST	Integrated Family Support Team
IRO	Independent Reviewing Officer
LSB	Local Service Board
MSc	Masters of Science
NCC	Newport City Council
UWIN	University of Wales, Newport
VVES	Vision Values and Evaluation Strategy
WASPI	Welsh Accord for Sharing Personal Information
WG	Welsh Government
YOY	year on year

Appendix 2: Structural Chart of IFST; Implementation Group and Board membership.

IFSS Board Members

Executive Members:

Corporate Director Care & Customers Newport City Council - Stewart Greenwell

General Manager – Women & Children's Division Aneurin Bevan Health Board – Sian Millar

Superintendent of Gwent of Police – Dave Johnson

Members:

Assistant Chief Executive Wales Probation Trust – Nic Davies

Detective Superintendent, Gwent Police – Ian Roberts

Head of Youth Offending Service Newport City Council – Liz Banaszak

Gwent Association of Voluntary Organisations (GAVO) – Jane Shafford

Executive Director of Operations Linc-Cymru Housing Association – Trevor Saunders

Chair of Newport Local Safeguarding Children's Board – Stewart Greenwell

Clinical Psychologist Children & Family Health Services – Dr Jacqui Boyle

Primary Head Teacher St Andrews Infants NCC – Deborah Lambert

Head of Children & Families Services Newport City Council – Mike Nicholson

Assistant Head of Education (Inclusion), Newport City Council – Kate Evan - Hughes

Service Manager Integrated Family Support Services Newport City Council – Vicky Self

Substance Misuse Lead Officer Newport City Council – Ian Price-Jones

Assistant director at Barnardo's Cymru – Sally Jenkins

Gwent Service Manager- Kaleidoscope – Sian Chicken

Head of Children and Family Services, Torfaen County Borough Council - Ruth Derrick

Assistant Director Social Services, Blaenau Gwent – Tanya Evans

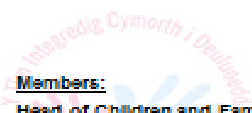
Head of Children Services, Monmouthshire Council -Vanessa Glenn

Divisional Director, Aneurin Bevan Health Board Mental Health – Chris O'Connor

Head of Partnerships and Networks, Aneurin Bevan Health Board Mental Health – Sam Crane

IFSS Board Membership and Attendance								
Position and Board Member Details	Board Joining Date	Board Meeting Dates					21st March 2013	Board Leaving Date
		18th April 2012	20th June 2012	7th August 2012	10th October 2012	12th December 2012		
Corporate Director Care & Customers NCC :Stewart Greenwell	24 March 2010	✓	✓	✓	Apologies	Apologies	✓	
General Manager – Women & Children’s Division ABHB – Sian Millar	24 March 2010	✓	Apologies	✓	Apologies	✓	Apologies	
General Manager – Mental Health & Learning Disabilities ABHB – Gary Hicks	24 March 2010	Absent	Absent	Absent	Absent			
Head of Youth Offending Service NCC – Liz Banaszak	24 March 2010	Apologies	Apologies	✓	Apologies	Apologies	Apologies	
Assistant Director of Gwent Association of Voluntary Organisations (GAVO) – Karen Vowles	24 March 2010	Apologies	Apologies	Apologies	Apologies	Apologies		
Executive Director of Operations Linc-Cymru Housing Association – Trevor Saunders	24 March 2010	Apologies	✓	Apologies	Apologies	Apologies		
Clinical Psychologist Children & Family Health Services – Dr Jacqui Boyle	24 March 2010	Apologies	Apologies	Apologies	Apologies	Apologies	Apologies	
Primary Head Teacher St Andrews Infants NCC – Deborah Lambert	25 May 2010	Apologies	✓	Apologies	✓	✓		
Head of Children & Families Services NCC – Mike Nicholson	24 March 2010	✓	✓	✓	✓	✓		
Head of Inclusion NCC – Kate Evan-Hughes	24 March 2010	✓	✓	✓	✓	Apologies		
Service Manager Community Care and Adult Services NCC – Helen Lloyd	24 March 2010	✓						
Service Manager Integrated Family Support Services NCC – Vicky Self	24 March 2010	✓	✓	✓	✓	✓		
Substance Misuse Lead Officer NCC – Ian Price-Jones		✓	Apologies	✓	✓	Apologies		
Partnerships Manager, Newport City Council - Rhys Cornwall		Apologies	✓	Apologies	✓	Apologies	Apologies	
Business Support & Development Manager (IFSS Newport) - Georgina Marasco		✓	✓	✓	✓	✓		
Preventative Services Group Manager - Sue O'Brien		✓	Apologies	Apologies	✓			

Early Intervention Preventions Manager - Nicola Hemmings		✓	Apol ogies	Apol ogies	✓			
Assistant Chief Probation Officer, National Probation Service - Nic Davies		✓	Apol ogies	Apol ogies	Apolog ies	Apol ogies	Apologies	
Team Manager, National Probation Service - Nigel Spacey (represented Nic Davies)			✓	✓	Apolog ies	✓		
Head of Serious Sexual and Violent Crime PPU – DCI – Stephen Mogg	28 June 2011	Apol ogies	✓	Apol ogies			moved to another area	
Inspector Partnerships Gwent Police - David Jenkins (represented police Superintendant)				✓	Apolog ies		Moved to another post	
Detective Superintendent, Gwent Police - Ian Roberts				✓		Apol ogies	Apologies	
Assistant Director at Barnardo's Cymru – Sally Jenkins		Apol ogies	Apol ogies	✓	Apolog ies	✓	Apologies	
Barnardo's Development Children's Services Manager, Barnardo's Cymru - Elizabeth Baker (represented Sally Jenkins)				✓		✓		
Service Manager, Kaleidoscope - Sian Chicken						✓	Apologies	



IFSS Implementation Group Members

Members:

Head of Children and Families Newport City Council - Mike Nicholson (Chair)
Service Manager Integrated Family Support Team, Newport City Council - Vicky Self
Gwent Team Manager Integrated Family Support Team, Newport City Council - Mike Waite
Substance Misuse Lead Officer Newport City Council - Ian Price-Jones
Programme Manager Sure Start Newport City Council & Aneurin Bevan Health Board - Catherine Richards
Senior Community Nurse Aneurin Bevan Health Board - Andrew Hopkins
Business Support and Development Manager IFSS Newport City Council - Georgina Marasco
Children Services Development Manager, Barnardo's Cymru - Elizabeth Baker
Service Manager- Newport Kaleidoscope - Lesame Small
Team Manager, Wales Probation Services - Nigel Spacey
Aneurin Bevan Health Board - Janine Jones
Partnerships Inspector Newport LPU - Stefan Williams
Head of Children and Family Services, Torfaen County Borough Council - Ruth Derrick
Assistant Director Social Services, Blaenau Gwent and Caerphilly County Council - Nigel Brown
Head of Children Services, Monmouthshire Council - Vanessa Glenn
Youth Offending Service Manager, Torfaen County and Monmouthshire Council - Jason O'Brien
Youth Offending Service Manager, Blaenau Gwent and Caerphilly County Council - Michaela Rogers
Group Manager, Torfaen County Council - Susan Goddard
South East Wales Emergency Duty Team Manager - Dave Thomas

IFSS Implementation Group
Membership and
Attendance

Position and Implementation Member Details	27th April 2012	25th June 2012	17th September 2012	29th November 2012	11th January 2013	21st February 2013
Head of Children and Families NCC - Mike Nicholson (<i>Chair</i>)						
Service Manager Integrated Family Support Team, NCC Vicky Self						
Team Manager Integrated Family Support Team, NCC – Charlotte Waite						
Substance Misuse Lead Officer NCC. Ian Price-Jones						Apologies
Programme Manager Newport Sure Start NCC & ABHB - Catherine Richards	Apologies		Apologies	Apologies		
Senior Community Nurse ABHB – Andrew Hopkins					Apologies	
Head of Youth Offending Service NCC - Liz Banaszak		Apologies		Apologies		Apologies
Housing Needs Manager - Environment and the Economy, NCC – Simon Rose	Apologies	Apologies	Apologies			
Business Support and Development Manager Integrated Family Support Team NCC – Georgina Marasco						
Assistant director at Barnardo's Cymru – Sally Jenkins	Apologies					
Training Manager, Resource and Strategy NCC – Claire Broome	Apologies	Apologies	Apologies			
Primary Mental Health Coordinator - Primary Mental Health Team ABHB & NCC – Veronica Board	Apologies		Apologies			
Contracts Officer Resource & Strategy NCC – Rachel Collier		Apologies	Apologies			
Service Manager- Newport Kaleidoscope – Leeanne Small	Apologies	Apologies	Apologies		Apologies	Apologies
Senior Educational Psychologist NCC – Moira Thomson	Apologies	Apologies	Apologies			
Team Manager, Wales Probation Services - Debbie Atkins	Apologies					
Partnerships Inspector Newport LPU – David Jenkins	Apologies		Apologies		Apologies	Apologies
Newport University - Jo Brayford						
Barnardo's Development Children Services Manager Liz Baker						

NCC Teacher Advisor - Andrew Powles	Apologies	Apologies	Apologies			
Integrated Principal Officer Adullt Mental Health and Social Care - Andrea Gray						
Public Protection Unit Gwent Police - Louisa Wilson		Apologies	Apologies			
Team Manager Wales Probation Service - Nigel Spacey	Apologies	?	Apologies	Apologies		
ABHB - Janine Jones (JJ)					Apologies	Apologies
Head of Children & Family Services (TCBC) - Ruth Derrick (RD)						
Assistant Director Social Services Caerphilly CBC - Nigel Brown (NB)						Apologies
Assistant Director Social Services Blaenau Gwent - Tania Evans						

IFSS Gwent Organisation Chart

