 <b>Brent</b>	<p style="text-align: center;"><b>Schools Forum</b> 26 February 2014</p> <p style="text-align: center;"><b>Report from the Director of Children &amp; Families</b></p>
For Information	
<b>Review and Challenge of Central Budgets: The Early Intervention Team</b>	

## Consultation and Decision Making Points

**The council has a duty to consult and seek views from the Schools Forum regarding the DSG funded element of the combined budgets covered in this report and this report represents part of the on-going process of consulting and agreeing DSG contributions with the Forum. The outcome of this review would be taken into account in setting the 2014/15 Schools Budget.**

### 1 Summary and Report Structure

1.1 This report is one of a series of reports that allow the forum to review and challenge the spending on services provided by the council and funded through DSG. The report has been deferred on several occasions due to pressures on the Forum meeting agendas. Hence the report has been completely updated, and reviews the work of the School age Early Intervention Practitioners, as part of the working with families Brent wide initiative. This offers Schools in Brent additional support for the most vulnerable or under achieving Children, Young People and their families.

1.2 The report places the work of this team within the context of the fundamentally changed way Brent Council and its Partners identify and deliver services to the most vulnerable families in Brent. This will be of great benefit to schools, combining ease of access and a much wider range of support available to support children and their families. This shift toward the delivery of early help services is a key priority within the Plan for Children and Families in Brent 2012 – 15. Planning and implementation is now taking place through the Working with Families One Council project.

1.3 This report is structured as follows:

- Section 2: provides an introduction and background to the EIT service including the 2013/14 budget funded by DSG.
- Section 3 describes the EIT service, their activities, and outcomes achieved for children and families.
- Section 4 summarises the key objectives and components of the Working with Families Initiative.
- Section 5 considers the future shape of the Early Intervention Team and its relationship with the Working with Families initiative.

- Section 6 analyses the benefits to schools from the Working with Families initiative, including the role of the Early Intervention team.
- Section 7 details recommendations for the forum.
- Appendix A demonstrates the 4 levels of need and intervention in Brent; Appendix B provides the executive summaries from the independent audits undertaken by Cordis Bright in relation to the Ofsted inspection 2011, CAF service user feedback August 2012, and a review of CAF July 2013.
- Appendix C Brent Family Solutions Quarter 2 report

## 2 Introduction and Background

2.1 The Early Intervention Team was initially established to respond to concerns raised by schools about individual vulnerable children and their families. Following budget reductions which became effective in April 2011, the complement of the team was reduced from 14 team members to 8 team members covering all schools across the 5 localities. The current team complement, funded through DSG, is:

- 6.5 Early Intervention Practitioners (EIP's)
- A Team Leader
- A Data and Panel Officer

2.2 The current 2013/14 EIT budget and sources of funding is shown in Table 1 below.

**Table 1: EIT Funding and spending 2013/14**

Funding £000		Spending £000	
DSG	400	Staff and related costs	400
		Non staff costs	
Troubled Families	870	Staff and related costs	870
General Fund	630	Staff and related costs	630
		Non staff costs	
<b>Total</b>	<b>£1,900,000</b>	<b>Total</b>	<b>£1,900,000</b>

The main roles of the Early Intervention Team were as follows:

- Undertaking a CAF for vulnerable children and their families on behalf of Schools (**it is now a requirement that School's complete the CAF**).
- Acting as Lead Professional in devising, organising and reviewing action plans for children and their families.
- Identifying services to meet family needs including commissioning of some services.

- Some direct service delivery, e.g. leading parenting courses; co-leading benefits workshops; direct support to children.
- Working with families transferred from children's social care who no longer need a statutory service but need some continued support; or who are diverted from social care as they do not meet the threshold for service.

2.3 **Changing Context:** In addition to the Working with Families initiative, the team has needed to take account of the following developments:

- The Plan for Children and Young People in Brent 2012-15: As one of its 3 key priorities, the plan states that Brent Children's Partnership is committed to delivering integrated services that focus on families and are designed to identify need early, and provide targeted support and protection.
- Although EIT staff resources were reduced from April 2011, the volume of cases has not diminished, requiring an average caseload per EIP of 16 cases, which range in complexity. In view of the reductions made to the commissioning budget, which had been used to purchase support services for children and their families, EIPs have also needed to increase their input into direct delivery of services. Some practitioners are currently involved in delivering services, including parenting programmes such as Strengthening Families, Strengthening Communities; and benefits advice workshops within school settings, jointly with the Citizens Advice Bureaux (CAB). The work of the EIT has been affected by the high level of demand for children's social care services, and the redirecting of cases that do not meet the Social Care threshold to the EIT.
- In response to the findings of an Ofsted inspection in October 2011, an independent audit was undertaken by Cordis Bright, published February 2012. A CAF: Service User audit was then undertaken by Cordis Bright, published August 2012. A final audit was then undertaken by Cordis Bright to look at improvements to the CAF pathway, published July 2013. The executive summaries of the independent audits can be viewed at Appendix B

2.4 Since 2011, the service has already made large DSG savings (including staff reductions) and continuing all the funding streams set out in paragraph 2.2 is critical to supporting vulnerable children and schools, and the Working with Families initiative.

2.5 The Plan for Children and Young People in Brent 2012-15: as one of its 3 key priorities, the plan states that Brent Children's Partnership is committed to delivering integrated services that focus on families, and are designed to identify need early and provide targeted support and protection.

2.6 Brent Working with Families Initiative: This overarching project aims to refocus the work of the services across Brent to ensure outcomes are improved for vulnerable children and families, covering all levels of need. It incorporates Brent's response to the Government's Troubled Families initiative. The Early Intervention Team will need to ensure that it is well placed to respond to the needs of School-aged children, and their families within this overarching approach.

### 3. Early Intervention Team Activities (to December 2013)

- 3.1 Management information on the numbers, sources and outcomes of requests for support for children and families is provided in the service quarterly reports, Appendix C.
- 3.2 The service has been working to improve the quality of the work it undertakes, and to demonstrate Outcomes achieved, responding positively to the critique within the Ofsted inspection report, and the independent audits. Improvements include using the family-friendly Outcome Star tool to measure the progress a family is making; and obtaining independent feedback (CAF exit interviews) from families about the help they have received and the difference it has made, Appendix C.
- 3.3 The CAF format has been simplified, and is now more clearly set out as a Family CAF, addressing the needs of all members of the family. It also encourages clear objectives to be set with family members as part of a family plan, and progress to be measured as part of the CAF review. The Family CAF was launched in September 2012, and will be used across the partnership.
- 3.4 The LSCB (Local Safeguarding Children's Board) agreed in December 2012 that all referrals for families needing additional support will be made via a CAF, except in a situation requiring an urgent child protection response.
- 3.5 Families have access to a range of services which can be agreed by a multi-agency Panel. The purpose of the panel is to:
- support Lead Professionals and Key Workers to provide preventative early help to children and families;
  - commit resources on behalf of their agency where appropriate;
  - be able to contribute to CAF action plans, within the resources available to the group;
  - Champion the use of the CAF within their own agencies;
  - To raise awareness of services and agencies in the locality.

The Panel can agree a range of support services for families, and the types of services available, including the numbers of referrals made to each of the service providers is detailed in the service quarterly reports, Appendix C.

3.6 The EIT team are also working alongside a range of aligned service providers, in multi-agency integrated teams, and as such have access to DV practitioners, Clinical Psychologists, Drug and Alcohol (DAAT) workers, a Job Centre Plus Advisor, and an Intensive Connections PA.

**3.7 Social Care and Early Intervention Interface:** the work of the EIT has been affected by the high level of demand, and the re-directing of cases that do not meet the Social Care threshold, to the EIT. The number of 'step-downs' received from Social Care is detailed in the service quarterly reports, Appendix C.

- 3.8 The complex needs of the families, requiring a multi-agency response, coordinated by the EIP, can be exemplified through the use of case studies. Samples of these are detailed in the service quarterly reports, Appendix C, and more are available upon request.

#### 4. The Working with Families Initiative

- 4.1 A description of the Working with Families initiative is provided at this point as it incorporates an umbrella service which includes the Early Intervention team, building on aspects of the service provision of the EIT. The Working with Families initiative is an ambitious project which aims to bring together a comprehensive and coordinated range of early help services across the borough to support children and their families, which can be easily accessed by schools and families alike. The vision of the Working with Families initiative is to fundamentally improve the way that Brent Council and its partners identify and deliver services to the borough's most vulnerable families. It will maximise a multi-disciplinary/multi-agency approach to family help and make the concept of a 'team around the family' a reality for those with greatest need.
- 4.2 It will incorporate Brent's response to the government's Troubled Families scheme, which targets work with families with entrenched difficulties, including unemployment, poor school attendance or exclusion, criminal or anti-social behaviour, and other locally-selected criteria. This is a 3-year programme targeting 810 families, working on a payment-by-results basis.
- 4.3 However, the Working with Families initiative will have a much broader approach than the focus on Troubled Families. The service design, which has been influenced by regular consultation with Brent services and partner agencies, has now been agreed by the multi-agency Strategic Board. It involves three components
- 4.4 **A Multi-Agency Brent Family Front Door (BFFD)**, incorporating a MASH (a multi-agency safeguarding hub): This multi-service team will act as a single point of contact for professionals and members of the public who have concerns about a child or young person and their family that require a co-ordinated response. It will simplify pathways into services. It will take a multi-agency/disciplinary view across the whole family to build a fuller picture of family circumstance and levels of need. This will result in better information and quicker decision making about the level of support required and improve the safeguarding of children in Brent.
- 4.5 The MASH is an agreed information-gathering process within a secure environment about all family members where there are concerns about a child's welfare, in order to better analyse and assess risk on a multi-professional basis. Relevant information can then be passed to the most appropriate service for necessary action. A MASH is being established in all London council areas.
- 4.6 **The Brent Family Solutions Support Service** provides a team of keyworkers with a range of different experience who will work with the whole family. Keyworkers will also coordinate input from other professionals known to the family, or with a specialist role as part of a multi-disciplinary 'team around the family' approach. Early Help workers will build relationships in an assertive and persistent key worker style, engaging the child/ren and all family members, and delivering evidence-based solutions to family needs.
- 4.7 Some of the families they engage with will be identified through the Troubled Families initiative. Additionally, they will reduce the workload pressures on social work services by offering alternative ways to support families. There is a targeted approach to

reducing the number of children and young people across all age groups in Brent coming in to the care system, where it is safe to do so.

4.8 **The Aligned Services** approach is the third component, which takes a whole systems approach to supporting the successful delivery of the Brent Family Solutions Service and the BFFD. It recognises that a range of specialist support will be needed to ensure that vulnerable families get the right help, at the right time, from a range of agencies. It strengthens the focus on prevention through re-commissioning or redesigning services; and improves coordination of activity through the co-location of specialist staff within the Brent Family Solutions Service, or more clearly defined hub and spoke arrangements. For example, specialist workers in domestic violence and in substance misuse are currently providing support to the team.

## 5. The Future Shape of the Early Intervention Team and its relationship with the Working with Families initiative

5.1 Brent Children's Partnership priority of early intervention for families in need of support, encouraged by government policy, provides an opportunity to maximise the benefits provided by the Early Intervention Team in meeting the needs of school-aged children and their families.

5.2 While the Working with Families initiative was under discussion in mid-2012, the Early Years and Integrated Service led the way in reshaping its services to provide targeted support for vulnerable families. A restructure of the service took place in summer 2012, which contributed to the development of the new Early Help and Family Support Service, which is now well established. The EIT will participate in the work of these teams, focusing on families with school-aged children. The EIT will be able to target its work more effectively, as it will no longer be the only team expected to respond to work that does not meet social care criteria.

5.3 While schools will also participate in the early intervention model, the EYIS restructure provide additional support for schools. The posts of a CAF Training Officer, a CAF coordinator, and a BFS Co-ordinator, are funded through the General Fund, and partners will work together to ensure appropriate and broad packages of support are provided to families who need them.

5.4 Current developments including the role of the EIT can be illustrated with reference to the Brent Continuum of Need and Intervention. The continuum of need has been revised and identifies four levels of need instead of the previous three. This will put Brent back in step with other London councils, and will also facilitate a targeted response to families with different levels of need. Discussion between the partners has shown that the partners welcome this development and this was ratified by the Local Safeguarding Children's Board in October 2012. It is included here to aid understanding and to show how Early Intervention workers will be deployed. The full structure is set out in Appendix A and the stages are summarised below:

- Level 1: Children and their families with universal needs: Universal services will identify families requiring additional support. Schools will be asked to identify families requiring additional support, completing CAFs as appropriate.
- Levels 2a and 2b: Children and their families with some additional needs:
  - A team of two EIPs will work closely with schools across Brent, supporting them to carry out an assessment role and completing CAFs as appropriate. A team leader will lead one of the five locality Early Help teams and also provide some direct work

- A locality based pool of five EIPs will offer the services of a lead professional and provide early intervention and support to children and families. They will work closely with Early Help workers and others to meet a continuum of need, linking closely with families and with universal settings. This will enable the team to be more effective in improving outcomes for families.
- Early Years Early Intervention workers will also work with families with young children to identify needs early and ensure appropriate support is provided. This will have the impact of assisting children to be ready for school when they start.
- Level 3: Children and families with complex and/or multiple needs:
  - Appropriate support will be delivered by the EIPs, delivering and coordinating services identified through a Family CAF.
  - They will work alongside Early Help workers, who will be providing support to families with the most complex needs, including families identified through the government's Troubled Families initiative. This initiative provides a flexible intensive support service to families who have complex support needs such as anti-social or criminal behaviour, school exclusion or poor attendance; mental health problems, substance misuse, domestic violence issues or family breakdown. Government statistics indicate the Brent currently has approximately 800 troubled families' resident in the borough.
- Level 4: Vulnerable children and families with acute or highly complex needs: Children will need statutory intervention, and will be families with children whose needs are highly complex, or who are at risk of significant harm or on the edge of care.

## **6. Benefits to schools of the Working with Families Initiative, incorporating the Early Intervention Team**

6.1 The Council has been less successful than other authorities so far in bringing schools into a joined-up approach to meeting the needs of families with complex needs, while schools are often at the front line of understanding and dealing with families' problems and provide many services to address these problems. Now that the Working with Families project is further along and is in the delivery stage, a small consultative group with Head-teacher representation across the different phases has been established to review referral mechanisms, the potential for alignment of services delivered/commissioned by schools with the Early Help and Family Support Service, the potential for data sharing and other opportunities. This Sub-Group could also more specifically review the role that the EIT plays, and how this can best work in future.

6.2 The consultative group could also have the role of reviewing in detail the deployment of the DSG contribution over a prolonged period of a year and provide essential feedback and reports to the Schools Forum.

6.3 The Working with Families initiative will broaden the support available for families and this broader support will in turn benefit schools. Keyworkers will put together a package of support to respond to the individual needs of the family and to help them to build resilience.

6.4 Services will be easier to access. As agreed by Brent LSCB in December 2012, referrals to the BFFD will be made via a CAF, except in a situation requiring an urgent child protection response. When schools have concerns about a child or family, there will no longer be the need to consider whether social care thresholds have been reached, as the Multi-Agency Front Door will direct referrals to the

relevant social care or BFS teams, or signpost families to other services, according to the level of risk and need.

6.5 The new arrangements will also enable EIPs to better balance the need for direct interventions and the coordinating, lead professional role; alongside the requirement to conduct some assessments through the CAF, and support schools to also carry out assessments through the CAF.

6.6 There will be opportunities to develop services further and to further improve partnership working between the Early Help teams and schools. For example, BFS practitioners work in locality clusters, and could network with Parent Support Advisers and other school staff providing support to families, to assist both support packages for individual families, and to provide more general staff support and development.

## **7.0 Recommendations**

7.1 The Forum is asked:

- (i) For it's views regarding the usage of DSG funded budget covered in this report
- (ii) To approve the continued use of a group of Head-teachers to help shape the role of the EIT and provide the necessary detailed information to allow the Forum to make decisions regarding the DSG contribution.

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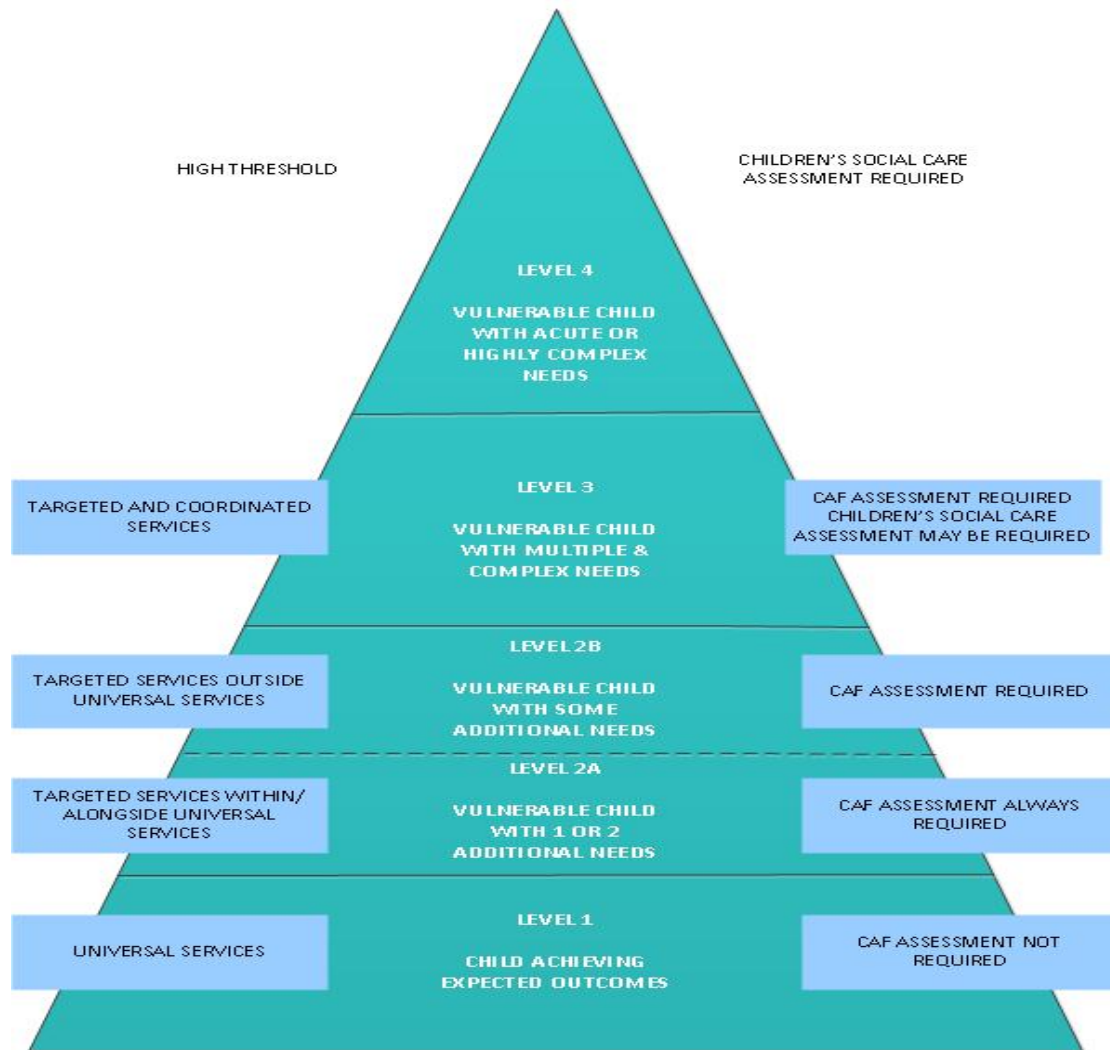
### **Sara Williams**

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Appendix A

BRENT CONTINUUM OF NEED AND INTERVENTION



## Appendix B Cordis Bright executive summaries key recommendations

### Review of the Brent CAF (published February 2012)

#### 1.1 Key recommendations

1. It is welcome that there is an appetite for re-establishing CAF panels or similar multiagency oversight functions to address multiagency coordination needs for families that are most likely to benefit from early intervention and where a practitioner is not able to secure the multiagency participation necessary to meet the needs of a family. These should ideally be located in and support the localities model of working in Brent and include representatives from local statutory and voluntary sector agencies that are able to make resource decisions on the part of their agency. This is crucial in an environment of limited resources.
2. With the new CAF coordinator, undertake a renewed focus on encouraging awareness and understanding of the CAF process amongst multiagency practitioners and build the skills and confidence of multiagency practitioners to work as part of the CAF pathway. This should be undertaken as a matter of priority. This will support improving the number and quality of pre-CAFs and CAFs undertaken.
3. The CAF coordinator should identify and support CAF champions within all statutory and voluntary sector agencies that can act as a core group to promote awareness of the CAF and provide information, advice and guidance to staff within individual agencies.
4. EYIS needs to facilitate with partners the development and implementation of strategies that encourage much greater identification of the needs of families. This could include a pre-CAF that has a whole family focus and a pre-CAF process that encourages practitioners to proactively apply intelligence based approaches to understanding which families are more likely to be at risk of greater disadvantage. The *Think Family* pilot of vulnerable family indicators in Brent points to key risk indicators that could be applied. This would require amending the current pre-CAF checklist and developing practitioner skills in applying risk based approaches to identification and engagement.
5. The very good joint-work that EYIS and health services undertake particularly through children's centres needs to be built on so that health visitors, midwives and school nurses undertaking universal contacts identify families that might benefit from CAF. The family health assessment could be enhanced with additional questions from the CAF so as to mitigate this barrier to health practitioner participation.
6. The revised Framework for Inspection of Safeguarding and Looked After Children has requirements for performance reports about CAF activity over the last 12 months, details of children and young people in respect of whom a common assessment (e.g. CAF) has been completed, or who are otherwise the subject of a multi-agency targeted intervention and copies of any quality

assurance activity, multi-agency and single agency case audits over the last six months and action plans in relation to early help, identification and protection of children.

In order to ensure EYIS is consistent with this requirement, it is essential that practitioners use the same CAF tools (e.g. pre-CAF checklist, CAF assessment etc) and the details are recorded centrally. This can be supported through refresher training for multiagency practitioners.

The challenge about multiagency practitioners not all having access to Framework 1 is being addressed presently through planned work to enable access to online assessment forms and processes. This is an important priority and will address this barrier to centralised recording and reporting of CAF data.

## 1.2 Assessments and action planning- key recommendations

7. The new CAF coordinator provides an opportunity for EYIS to build the skills and confidence of multiagency practitioners to work as part of the CAF pathway. Another key workforce development component should include improving the quality of assessment and action planning processes amongst practitioners and for managers as they support their staff.
8. EYIS may find value in specifically auditing open CAF cases to determine the quality of assessment and action planning processes. This can support improvements to quality in the current engagement with families and aligns with the revised Framework for Inspection requirements.
9. The CAF coordinator also has a very useful quality assurance role in supporting quality CAF assessments and action plans. The CAF coordinator potentially with a small working group could provide this function. This includes reviewing plans and assessments prior to determining whether they require Panel discussion and to offer advice and consultation to practitioners, for example.
10. CAF assessments would benefit from more prioritisation of issues in a more comprehensive way. EYIS could consider implementing 'assessment card' approaches used in other local authorities that assist practitioners working with families to determine the level of family strength or risk in different domains. This could be supported through workforce development initiatives.
11. The establishment of CAF champions offers an opportunity to develop a core workforce group within local agencies that can support quality assessment and action planning processes. These champions could be tasked with a guidance and advice role about the effectiveness of the assessment and action plan in identifying and addressing whole family needs within their agencies. The CAF coordinator can support the effectiveness of this function.

### 1.3 Integrated working - key recommendations

12. To ensure that EYIS can support good quality reporting in relation to Inspection requirements, there is benefit to developing performance reports about which interventions are used the most with children, which interventions are associated with positive outcomes for children and families and/or particular cohorts of families and which cohorts of families are more or less likely to require longer term support. This will provide an evidence based approach to service planning and demonstrate which families and which interventions are current CAF processes supporting most effectively and where improvements are most needed.

This is likely to involve EYIS working with Policy and Performance Children and Families to configure appropriate reporting.

13. As identified, the new CAF coordinator provides an opportunity for EYIS to build the skills and confidence of multiagency practitioners to work as part of the CAF pathway.

Another key workforce development component should include improving the quality of engagement and action plan review processes with families. This includes addressing the strongly activity focused approach to addressing specific needs with a more demonstrable focus on having engaged the family in a discussion and review about progress on outcomes.

14. The planned implementation of the Outcomes Star to support outcomes focused engagement with families will benefit from being extended to as many multiagency practitioners and managers as practicable. To maximise the success of the implementation, designated leads within agencies should be identified to support the embedding and prioritisation of Outcomes Star as a mechanism for tracking progress on outcomes within their agency. The report also sets out other potential strategies (p.55) that can be adopted to support embedding.

15. Concerns about the extent of integrated working amongst service providers require address. Team Around the Child meetings need not always occur physically, but it is important to ensure that multidisciplinary practitioners understand each other's contribution to service packages, their perspectives about how a child and/or family are progressing and that multidisciplinary contributions are effectively coordinated.

The reestablishment of CAF panels will provide a useful brokerage role in addressing the needs of families that cannot be met through the work of a lead professional working with local agencies. In turn, this encourages more integrated working.

16. The CAF coordinator has a key role in promoting more integrated working approaches as part of CAF. Introducing review and case audit mechanisms to determine the quality and impact of ongoing engagement with families, as

well as the extent to which there is effective partnership working.

17. It is essential to locate the CAF process within a pathway that includes step up and step down processes with more specialist services. Planned work to do so, supported by the CAF coordinator, should be a key priority in ensuring better outcomes for more vulnerable families and demonstrating that the CAF process contributes to delivering these outcomes.

## 1.4 Impacts for families- key recommendations

1. It is a priority to address the evidencing of impact. This is at the level of individual families and in aggregated performance reports.
2. Efforts to implement and embed the Outcomes Star are to be encouraged. In addition to the training and practice review support being planned, EYIS should develop a strategy for embedding the Outcomes Star as a means of evidencing impact for all families where there are CAF action plans in place. The report sets out a range of potential strategies that could be adopted.
3. EYIS would benefit from establishing key performance priorities in relation to CAF and ensuring that review work with families identifies outcomes in relation to these measures. This could be integrated into Outcomes Star domains. These measures can demonstrate the CAF contribution to key Brent strategic priorities and measures related to broader payment by result initiatives. Agreeing with key partners- potentially through a strategic CAF Board- key performance measures is a key priority.
4. Demonstrating the sustainability of positive change with families is essential to sustaining investment in early intervention services.

A semi-structured telephone interview conducted with families at regular intervals post-engagement (say 3 months, 6 months and 12 months) is a potentially simple and cost effective mechanism for evaluating the sustainability of change with individual families. Supported with a good interview template that encourages data collection about key outcome areas and priorities, there is also scope to produce simple aggregated performance reports about sustainable change.

## CAF Service User Feedback Report (published August 2012)

### Executive summary

*"I'm ill... [my son] was having issues in getting to school. If I'd had a bad night he wouldn't go to school the next day - he'd say he was ill. [The lead practitioner] spoke to [my son] at school and she also asked me why it was happening. I explained about the illness, and [the lead practitioner] thought it might be worry about me which led him to stay at home. She went to his school and spoke to him. She helped him go to school by talking to him and that improved his attendance." (Brent mum, July 2012)*

In February 2012 the Early Years and Integrated Services (EYIS), Children and Families, Brent Council commissioned Cordis Bright to review and recommend improvements to Brent's Common Assessment Framework (CAF) processes. In line with requirements in the Ofsted inspection framework for safeguarding and looked after children, the review identified the systematic evidencing of impact for families as a priority for Brent. Since then, EYIS has committed to examining the impacts and experiences of families accessing CAF related supported on an ongoing basis- with expectations of this occurring at least once every quarter. EYIS has also implemented the use of the Outcomes Star in evidencing the progress that families make in their direct work with practitioners.

This research conducted across July- August 2012 involves structured telephone interviews by Cordis Bright with sixteen families that have been supported through CAF. Overall the families' experiences of the CAF process are extremely positive, with the majority of families stating that it has made a significant impact in addressing their needs. The interviews highlight very supportive and trusting relationships for families developed with their lead practitioner. All families emphasised the consistent, effective support and advice provided by their lead practitioner which enabled a valuable relationship characterised by a high degree of trust and confidence.

- *"If I have any problem I go to [the lead practitioner] and she helps me too much."*
- *"It's nice to know that I've got some support."*
- *"She has helped reduce stress. She is like 'honey'."*

Interviews point to key areas of success in:

- Positively impacting parental well-being, as well as enabling access to support for positive health and wellbeing, adult learning and achievement, economic well being and positive parenting and participation in community activities
- Positively impacting children's health and wellbeing, learning and achievement and participation in community activities.
- All families felt that lead practitioners understood their families' needs
- Addressing a wide variety of needs across families and a capacity to offer a flexible, tailored service that is responsive to individual family needs.
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The interviews highlight information, signposting and referral to services as key elements of service provision. Overall families find these aspects of support very beneficial in tackling specific needs, such as parenting advice, addressing their child's weight problems and access to education, counselling and leisure related services. For issues such as housing and access to mental health service services, these remain areas that take longer to address.

In terms of identification, the research reflects findings from Cordis Bright's February research, with the majority of families identified as benefiting from CAF support through schools, followed by nurseries and children's centres. Three of the sixteen families were identified and referred to staff in children's centres or the EYIS early intervention team through health services, and there was no identification of families through community or voluntary organisations.



## Review of the CAF (published July 2013)

The Early Years and Family Support Service (EYFSS), Children and Families, Brent Council has commissioned Cordis Bright to undertake a follow-up evaluation of the Common Assessment Framework (CAF) processes<sup>1</sup>. The focus of the evaluation relates to:

- The changes to the CAF documentation and its impact on assessment, service planning and review work with families
- The extent to which the Family Star demonstrates positive impacts for families from engaging with the CAF pathway
- Multiagency manager and practitioner experience of changes in the CAF pathway, particularly in relation to the impact on their confidence and skills in engaging effectively with the CAF pathway
- The family experience of the CAF pathway

### 1.5 Context

In 2012, Cordis Bright undertook a detailed review of the CAF processes within Brent. There is a specific focus on identifying areas to build quality in CAF assessment and planning processes with families; ensuring families' needs are identified and addressed appropriately at the earliest point; greater integration of services for families; and evidencing impact for families from engaging with CAF.

Since the 2012 review, a number of key actions have occurred and include:

- The introduction of team around the family (TAF) arrangements to ensure families have access to multidisciplinary support that addresses family needs in a coordinated way. This includes multiagency panels to support key workers in helping move families forward where they are stuck, where there are gaps in service provision etc.
- Revisions to the CAF documentation (in particular the CAF assessment form and associated action plan) to become substantially more family focussed
- Implementation of the Family Star as a tool for demonstrating the progress that families make through engagement with the CAF pathway
- Improved quality assurance arrangements
- Delivery of training and development opportunities for multiagency practitioners and managers

### 1.6 Managers and practitioners perspectives about how the CAF pathway has changed- key findings

1. All those who contributed their views reported that there have been key improvements in the process.
  - Changes to the CAF documentation is (in particular the CAF assessment) rated a significant positive development and key in making the CAF process more accessible.
  - The role of the CAF Co-ordinator and Early Help (Family Solutions) team are rated positively as a central point of co-ordination, a source of prompt advice and guidance and key in supporting good quality.
  - An enhanced family focus through the revised CAF process, with the revised CAF assessment documentation and introduction of Family Star. There is however

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<sup>1</sup> Initial evaluation took place in March 2012.

concern about the duplication and potential for confusion in the use of two scoring systems (CAF domains and Family Star).

- Partnership working has improved, although schools identified value in having closer relationships with early help staff.
  - CAF panels are seen as being key in brokering solutions to CAF work that is stuck in moving families forward; ensuring early intervention with families at greater risk of escalating problems; and encouraging partnership working. However, these require more consistent attendance by senior staff within partner organisations.
2. Training and guidance has been significant in improving the skills and confidence of practitioners of both the CAF and TAF. There were, however, a number of barriers identified with the logistics and timing of the delivery of training as it can be restrictive for some staff groups (notably education/ school staff).
  3. There are some signs that health staff are becoming more involved in the CAF process, but there continues to be no evidence of the voluntary/ community sector initiating CAFs. There is also very limited take-up by staff outside of the EYFSS in acting as lead professional in CAF work with families.

### **1.7 Assessment and action planning – key findings**

4. Overall, the quality of assessments and action plans has improved (in comparison to the 2012 review) with more evidence of family engagement (although predominantly the mothers' views) and more analysis of the needs of families in relation to key domains.
5. Assessments take a more strengths based approach and there are good examples of assessments incorporating both observations of family functioning as well as discussions with families.
6. Whilst the CAF assessment documentation has been revised to become more family focussed and reflect all individuals (children/ young people and parents) within the family (something that is seen as positive by practitioners) there is a need to:
  - Consider how analysis/ an understanding of the family as a unit is captured
  - Ensure the views of children/ young people are routinely taken into account within assessments and whilst in some cases this is not appropriate due to the child's age, where this is the case this should be noted
  - Set out what would happen if changes identified are not put in place
  - Ensure next steps are set out as a result of assessment (although action plans are completed in the main).
7. Quality, however, is not consistent and there remain omissions within assessments, action plans and action plan reviews of both basic information and key elements of action plans. Feedback from multidisciplinary practitioners, however, is that documentation is now easier to use, more simplistic and quicker to complete.
8. There is evidence contained within all assessments of the practitioners' and parents' scoring against domains. However, the scores can vary from the two perspectives yet the assessment does not capture details of any discussions as to why scores may vary. On average, parents score themselves higher.

9. There is evidence of a SMART approach in action planning (facilitated by the layout within the assessment documentation) with some good examples of outcome focussed action planning.
10. ECAF action plan reviews are very sparse in their detail with large omissions of information and in particular do not relate back to the CAF assessment making it difficult to ascertain progress and distance travelled.
11. It is welcome that quality auditing has been introduced by the EYFSS to support quality assessments, action plans and review work with families, although this is not yet consistently applied or been extended to multiagency partners.

### **1.8 Measuring distance travelled through application of the Family Star- key findings**

12. The Family Star provides a basis for measuring the distance travelled by families through engagement with the CAF pathway. There is strong evidence of a joint approach being employed in the completion of Family Stars with discussions about scores (and the rationale/evidence) taking place between parent/s and practitioners.
  - Where there are differences in practitioner and parent/s scores a discussion occurs- although in all cases where there is evidence of the scoring being discussed, it is the practitioners' score that is captured. It is not clear why this is the case.
  - The voice of the parents is clear (it is not solely the practitioner's judgement) but in some domains, there is scope to explore both the child's and the parent/s strengths and needs e.g. supporting learning and meeting emotional needs.
13. There is evidence of a strengths based approach being employed with a lot of positive encouragement and praise captured and SMART solutions being identified within action plans. There is, however, a leaning toward actions being referrals to services rather than affecting changes in behaviour, skills and experiences of the families.
14. Where reviews of Family Stars have taken place, there is evidence of action plans being put into place and improvements being made as a response (both in terms of the scoring but also the experiences captured and reflected within the star notes).
15. What is not clear, however, is how well embedded the Family Star is in practice as a tool for demonstrating progress with families. There are far fewer Family Stars completed than there are CAFs and there is limited use of the Family Star as a tool for reviewing progress.
16. Given the mismatch between the number of CAFs initiated and the number of Family Stars completed it is not clear that the role of designated leads/ mentors is embedded in partner agencies. It is also not the case that agencies outside of the Early Years and Family Support Service are applying the Family Star in their work alongside families as part of the CAF pathway.

### **1.9 Family experience – key findings**

17. Families involved in the CAF pathway are largely positive:
  - Almost all families being clear about the main purpose of CAF and associated processes.

- Most families (90%) report that the CAF pathway has benefited them with the benefits varied according to the circumstances in which families have become involved in the CAF pathway and ranging from accessing services to improvements in behaviour.
  - Families report that their CAF included the needs of the whole family and that the actions expected of them were made clear.
  - Families' value having a supportive and strong relationship with their key worker/ lead practitioner.
18. Just over half of families were provided with a copy of their assessment and about half are confident that the assessment took account of the needs of the whole family.
19. Education, followed by health, appears to be the primary source for identifying families who would benefit from CAF.
20. Almost no families felt they could suggest improvements to the CAF process and experience. One suggestion for improvement that was that more reviews occur to monitor progress.

### 1.10 Key recommendations

1. Increasing family engagement with the CAF pathway so as to avoid problem escalation for families with greater levels of need requires multiagency senior commitment to the CAF to translate into:
  - Consistent and regular attendances at CAF panel meetings
  - Multiagency practitioners acting as the lead professional
  - CAF champions within agencies acting as sources of advice and guidance for practitioners about effective identification and outcomes based engagement of families that will benefit from early help
  - Implementation of CAF quality assurance processes within their own agencies.
2. To assist multiagency partners improve their engagement with the CAF pathway ensuring that:
  - When the IT interface enables multiagency practitioners to input directly into Framework I, that practitioners have access to training and support to assist them.
  - Comprehensive information and advice about the support available for children, young people and families in Brent is easily accessible and kept up to date. This may be a role for the Children and Families Information Service.
  - Training programmes about the CAF and the TAF are flexibly delivered to cater for staff that cannot attend during regular work hours and incorporate information about the roles and responsibilities of the Family Solutions work.
  - Family Star guidance, advice and support is made available to multiagency practitioners.
3. Identify appropriate training for staff to equip them with the skills for engaging children and young people in the CAF assessment, planning and review process.
4. Review the format of the ECAF action plan as there is currently no record of scoring against domains and so difficult to ascertain distance travelled (as no review of CAF assessment).

5. Identify the most appropriate scoring system to be used in the CAF process (given the potential for duplication and confusion in using the CAF scoring system and the Family Star scoring (for both practitioners and families)). While the scoring systems are aligned, at present only the Family Star is capable of being applied at review points so it makes most sense to use this.
6. In relation to the Family Star:
  - Parent and practitioners scores to be captured on the same Family Star in order to clearly see the differences and ensure the process is an equally engaging experience
  - Integrate Family Star into all key worker engagement with families as part of agreeing a CAF action plan and undertaking follow up reviews.
  - Encourage managers to review Family Star evidence as part of supervision with practitioners
  - Use the online tool for recording Family Stars to permit regular Outcomes Star performance reporting.
7. Quality assurance arrangements to be strengthened to ensure a specific focus is placed on monitoring that families are provided with a copy of their assessment.
8. Informal telephone interviews at regular intervals need to be encouraged in between formal plan reviews so that families have opportunities to share views on an on-going basis.