

**EARLY YEARS &
FAMILY SUPPORT SERVICE
QUARTERLY REPORTS**

Brent Family Solutions

July – Sept 2013

(Quarter 2)

EXECUTIVE SUMMARY

This is the second quarterly report of the newly formed Brent Family Solutions team, combining practitioners from the Common Assessment Framework (CAF) team, and the previously named Early Help team. This reflects the close relationship between the two teams; as Family Solutions practitioners use the CAF to assess the strengths and needs of families, agree outcomes for the families, plan interventions, and track and monitor progress.

This report provides an overview of the progress of the work across both teams and demonstrates a multi-agency approach to improving outcomes for all of Brent's children, young people, and families. A summary of what has gone well this past quarter, and key areas for improvement are detailed below.

What's gone well:

1. The service is now fully staffed, and systems and processes are being embedded across the teams.
2. The Outcome Star on-line licence has been activated, allowing management oversight over how the Star is being used to measure Outcomes for families.
3. Positive outcomes are being achieved for many families as evidenced by the sample case studies.

What needs to be improved:

1. The consistent use of Outcome Star to measure outcomes for families.
2. The quality of the CAF's need to be improved particularly relating to assessment and action planning.
3. Practitioners need to embed the "short, fat" (brief and intense) support approach to their interventions.

FAMILY SOLUTIONS

The Family Solutions team works with children from 0-18 (up to 19 for young people with disabilities) with years. The teams are based within children's centres, and other community buildings across the 5 localities. The team has been formed by bringing together the Early Intervention Practitioners (for school aged children and under 5's), and by recruiting Key Workers to work with children and young people across the age ranges,

with Troubled and Complex families. A Team Leader manages each team, whilst also managing a case load, and a copy of the service structure, with Staff contact details, is included in Appendix 1.

The practitioners receive all referrals through “Framework-i”, a Social Care database. Referrals can be made in a number of ways including “step downs” from Social Care, or from other sources including Health, or Education. Referrals are triaged by either the CAF or Family Solutions Co-ordinators, before being tasked to a practitioner. Practitioners then assess the families’ needs by undertaking a CAF assessment, plan interventions according to agreed outcomes for the families, and then tracking progress against an agreed SMART action plan which is detailed in the CAF. Progress towards agreed outcomes for families is measured using the Family Outcome Star, further details of the Star are included in the report.

Multi-agency “Team Around the Family” (TAF) meetings are being used following a CAF assessment and when appropriate to plan interventions (SMART action plan), to decide the role of each agency, and agree a “lead professional”. TAF meetings are in general convened when many agencies are required to support a family and to ensure services are co-ordinated and delivered in an effective multi-agency way. A TAF is then reconvened to review the progress against the SMART action plan, and decide on additional interventions if necessary. Family Solution practitioners attend Social Care Child in Need review meetings prior to a case being stepped down, to introduce the new worker to the family, and ensure a seamless handover.

Early Intervention Practitioners work with families at level 2 and level 3 (Brent Levels of Need) and hold case loads of 15-20. Key Workers work with level 3 families, and highly complex families (including Troubled Families), with a case load of approximately 12. This varies according to the complexity of each family and their needs.

The Team also includes a full-time Early Support worker that supports families that have a child (0-5 years old) with a disability. The Early Support worker acts as a Key Worker for the family, coordinating the multi-agency professionals that provide services to the families.

To support the work of the practitioners, Family Solutions Panels have been established in Brent North (Kingsbury and Wembley localities) and Brent South (Harlesden, Willesden and Kilburn localities). The panels are made up of representatives from a range of partner agencies including Health, Education, Social Care, and the Community and Voluntary sector, which bring a range of expertise and resources. Practitioners present cases at panel to enable a multi-agency discussion to take place, and for panel to agree a support package for the family, i.e. offer guidance and advice on the case, agree a Lead Professional if necessary, discuss possible next steps with the Practitioner, and/or allocate a resource such as mentoring support. Each panel meets monthly, and Terms of Reference for the panel have been agreed by the multi-agency partners, and are detailed in Appendix 2.

CASE STUDIES

The case studies detailed in Appendix 3 are examples of how the Family Solutions Team, have supported some of Brent's families to achieve positive outcomes this past Quarter. Case studies have been included for each of the localities, and additional case studies from the Service are available upon request.

FAMILY SOLUTIONS CASE ALLOCATIONS

As of 30 September the total number of case allocations was 702. This is a slight reduction on Q1. There appears to be a significant increase in the numbers of families worked with by Family Support Assistants. Key Workers average case load increased by 3, which was as a result of more Troubled Families who had not previously been worked with being allocated to them.

The breakdown by practitioner is detailed in Table 1 below.

Table 1 Case allocations by role

	Family Support Assistant (Children's Centre)	Family Support Worker (Children's Centre)	Early Intervention (pre-school)	Early Intervention (school aged)	Key Workers (all age inc. Troubled Families)	Early Support	Others *	Total
Q1 total	43	115	125	150	248	31	9	721
Average per team member	7	16	25	23	15	n/a	n/a	
Q2 total	65	104	113	114	260	38	8	702
Average per team member	11.8	15	22.6	22.8	18	12.6	n/a	

Table 1 indicates that families are accessing services very early through the children's centres and receiving support when they require it. This should prevent escalation of concerns that become more complex and entrenched for families. The teams are also working with substantial numbers of

school aged children. At this point 200 of the above case allocations include direct work with Troubled Families. The other allocations include step downs from Social Care, and referrals from the Brent Family Front Door and self-referrals.

Table 2 Case allocations by locality

	Harlesden	Kilburn	Kingsbury	Wembley	Willesden	Central team (1.5 Early Intervention Practitioners)	Total
Q1	92	76	98	122	98	36	522
Q2	102	90	102	86	107	40	527

It is recognised by Senior Management that case loads at all levels are far too high. The impact is that more intensive work cannot take place, with outcomes and case closures slower than expected. We have introduced the following strategies to manage this:-

- 1) Practitioners have been urged by management to close cases when work is complete or the family do not engage (when safe to do so).
- 2) Adopt “short, fat” (brief and intensive) interventions for all families at all levels of need.
- 3) Refuse cases which do not meet the teams threshold, ie. Where the intervention is purely education focussed or a single agency response is required.
- 4) At the end of August the team reached capacity and is no longer taking referrals.
- 5) Recruit additional team members to focus on working with Troubled Families.

As can be seen from the figures above Wembley team has been proactive in closing cases which has alleviated some pressure from the team. This will enable more intensive work with Troubled Families cohort 1 in order to close these and focus on cohort 2. The Kilburn team had manageable case loads and has been supporting other teams by taking on their cases. They have continued to receive referrals both from the Family Front Door and also step downs at Senior Management discretion. Both Harlesden and Willesden teams received many step down and Family Front Door referrals during July and August, which lead to the teams reaching capacity. This informed the decision to halt all referrals to the team. The

Kingsbury team remained steady but at capacity. It is anticipated that by implementing the above strategy that we will accept referrals in Early November, when case loads should be at a more manageable level.

STEP-DOWNS FROM SOCIAL CARE

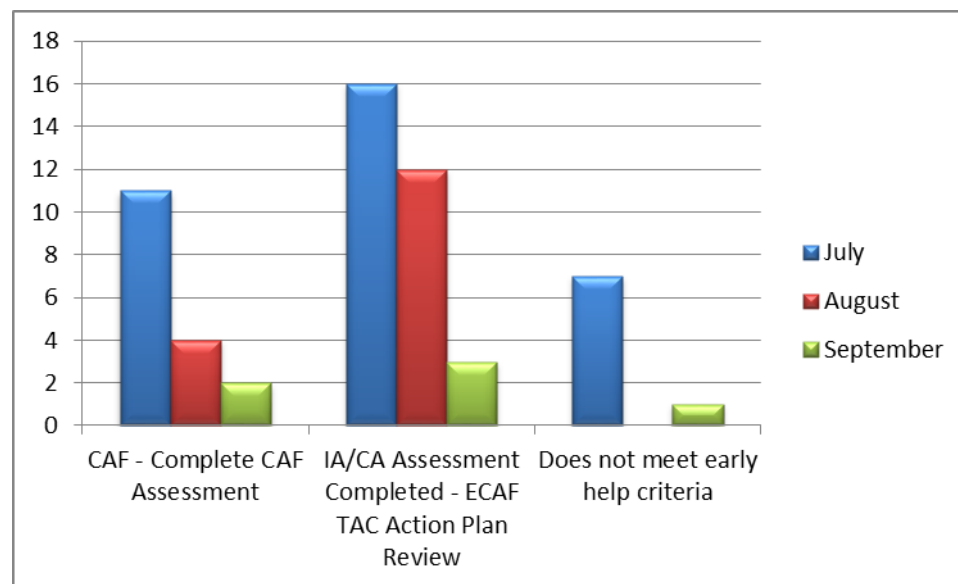
With reference to table 3, for the period July to September 55% (31) Step-downs were processed with a main outcome being a CAF assessment. Over the three month period there has been a steady flow of step downs to the Family Solutions team. There has been a significant increase in the number of step-downs not meeting Early Help criteria, accounting for 30% (17) over Q2. Generally CAF's are completed when the step down follows on from a police report (form 78), which has not met the Social Care threshold, and thus no assessment is in place. CAF / TAF reviews are required following cases that have been worked with by Social Care, following either an initial or a core assessment.

Table 3 Steps down from Social Care

Outcomes	July		August		September		TOTAL for Q2	
	No. of CAFS	% of CAFS	No. of CAFS	% of CAFS	No. of CAFS	% of CAFS	No. of CAFS	% of CAFS
CAF standard form	11	32%	4	25%	2	33%	17	30%
ECAF TAC Review	16	47%	12	75%	3	50%	31	55%
Does not meet EH criteria	7	21%	0	0%	1	17%	8	14%
	34		16		6		56	

In addition to step-downs from Social Care.

Figure 1: Outcomes from Step-Downs



WORKING WITH FAMILIES

Department for Communities & Local Government (DCLG) progress report Quarter 2

The statement below was submitted to the Department for Communities and Local Government to indicate the borough’s progress. We were able to evidence that all families identified in cohort 1 have had engagement with services in Brent, to start to turn their lives around. The figure of 503 indicates the number of families that we believe we have evidence of contact with and have started to work with; this could mean family is working with social care, Family Solutions, Youth Offending, the Education Welfare service. A claim will be submitted for this quarter stating how many families we believe have made progress to enable the Council to make a financial claim under the national “Troubled Families Payment by Results” initiative. We expect to submit a claim for 85 families with a further 85 in October.

Table 4 Troubled Families Breakdown

As of 30th September 2013, how many families	
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had you identified (since the start of the programme) who met the criteria for the Troubled Families Programme as set out in the Financial Framework?	503
As of 30th September 2013, how many of those identified troubled families had you started to work with?	360
How many results for families turned around, do you estimate you will be claiming at the next opportunity in January 2014	30
How many progress to work outcomes, do you estimate you will be claiming at the next opportunity – in January 2014	103

TRoubled Families SCRECARD SEPTEMBER 2013

<i>Troubled Families Scorecard</i>	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Numbers of families identified for cohort 1	303	303	303	303	303	303
Numbers of families identified for cohort 2	405	405	405	405	405	405
Numbers of families identified for cohort 3	105	105	105	105	105	105
Target number of families to be engaged between Apr 2012-Apr2013	101	101	303	303	303	303
Target number of families to be engaged between Apr 2013-Apr 2014	TBA	TBA	TBA	TBA	30	400
Target number of families to be engaged between Apr 2014-Apr 2015	TBA	TBA	TBA	TBA	TBA	TBA
Number of families contacted (<i>Cohort 1 and 2</i>)	101	167	303	303	333	336
Number of cases allocated (overall)	101	118	303	303	303	336
Estimated number of families where successful engagement has been achieved (a CAF/contract is in place)	75	75	72	75	75	75
Number of Families with Claim Submitted (<i>Overall</i>)	N/A	N/A	N/A	72	N/A	93
Number of Families Claimed (<i>Employment</i>)	N/A	N/A	N/A	26	N/A	55
Number of Families Claimed (<i>Progress Towards Work</i>)	N/A	N/A	N/A	39	N/A	15
Number of Families Claimed (<i>Crime and Education</i>)	N/A	N/A	N/A	7	N/A	23
Estimated number of Families to be claimed for in January 2014	N/A	N/A	N/A	N/A	115	200
<i>Breakdown of allocation via service (Social Care Frameworki):</i>	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
0-13 Children with Disabilities Team	1	1	5	4	7	4
Crisis Intervention and Support Team (FAST/FAIR)	5	5	4	3	1	2
Early Years and Family Support (eCAF)	44	73	132	169	192	200
Locality - Harlesden	7	10	40	9	5	6
Locality - Kilburn	3	4	5	4	2	7
Locality - Kingsbury	6	9	11	14	19	19
Locality - Wembley	4	5	6	5	4	5
Locality - Willesden	5	5	5	6	5	17
SPR - ASC Transition	3	3	3	2	3	14
Care Planning Team A	3	2	6	6	9	7

Care Planning Team B	4	2	3	3	3	8
Young People in Care Team C	8	7	10	10	14	14
Young People in Care Team D	8	10	11	13	11	15
To be allocated	202	167	62	55	58	0
<i>Breakdown of Service Engagement</i>	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Addaction	3	3	3	3	3	3
Adult Social Care	2	2	2	2	3	4
Brent Housing Partnerships	36	36	36	36	36	36
Connexions	31	31	31	31	31	31
Early Years and Family Support (eCAF)	44	66	121	168	168	187
Housing Needs Service	39	39	39	39	39	39
Social Care (LAC)	58	58	60	60	60	60
Social Care (Other - CIN)	40	40	40	40	40	40
Youth Offending	85	38	62	57	82	84
Crisis Intervention and Support Team (FAST/FAIR)	3	5	5	5	1	2
Education Welfare	14	14	71	65	65	65
Pre-Exclusions team	85	85	85	85	85	85
<i>Breakdown of Service Engagement</i>	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Families engaging with one service					161	164
Families engaging with two services					61	54
Families engaging with three services					16	23
Family engaging with four services					0	11

The Scorecard Analysis (Table 5) demonstrates the multi-agency nature of the project, with several agencies both within the Council and external agencies taking on the lead role with families, such as Addaction, Youth Offending Service (YOS) and many Social Care teams. The team with the greatest number of active engagement is the Family Solutions team. All practitioners have some “troubled families” within their caseload, irrespective of their role; key workers work with the most complex families intensively. As the work progresses it has become evident that some families are less complex than others and well motivated to engage with services to make changes; whilst others, fail to recognise the seriousness of their situation and the impact of this on the long term outcomes of their children. The Family Solutions team is having some success in engaging with families who have a protracted history of working with Social Care, but who demonstrate an unfortunate distrust of professionals. The Family Solutions team is starting to identify families for cohort 2 in their every day work. The benefit of this is that the families are already engaged with the service which increases the chance of “turning the family” round in a more timely fashion.

The YOS has been very effective in both identifying young people who meet the criteria and also working with many young people to reduce offending. The Education Welfare Service is also gaining results which are reflected in the current claim. The Policy & Performance team worked very closely with EWS to gain information on the school absence and exclusions. Some of this data has been used for the current claim and some of it will be used for the January claim. There was a very pleasing increase in the numbers of families returning to work, which returns £800 per family. With the JP+ Advisor working very closely with local Job Centres, employers and families not in work, this number is set to increase in the coming months.

CAF

CAFs completed by locality by month

The Wembley and Harlesden locality account for the highest number of CAF assessments completed over the three month period with 24% (35). The Kilburn locality accounts for the least number of CAF assessments completed at 13% (19) of the total for Quarter 2.

Table 6: Number of completed CAF assessments by locality by month

Locality	July		August		September		Total no. of CAFS	
	No. of CAFS	% of CAFS	No. of CAFS	% of CAFS	No. of CAFS	% of CAFS	No. of CAFS	% of CAFS
Harlesden	6	13%	18	32%	10	24%	34	24%
Kilburn	4	9%	5	9%	10	24%	19	13%

Kingsbury	9	20%	15	26%	5	12%	29	20%
Wembley	13	28%	8	14%	14	34%	35	24%
Willesden	14	30%	11	19%	2	5%	27	19%
TOTAL	46		57		41		144	

CAFs completed by agency

Table 7 below lists the numbers of CAFs completed by agency over the quarter. The highest number of CAFs completed has been generated by the Family Solutions Team accounting for 27% (39) of the total.

Note we are reconciling the number of CAF’s CC’s produce against our reporting system to confirm the integrity of the reporting system.

Table 7: CAFs completed by agency

Agency	July		August		September		TOTAL	
	No. CAFs	% CAFs	No. CAFs	% CAFs	No. CAFs	% CAFs	No. CAFs	% CAFs
Children's Centre	4	9%	1	2%	3	7%	8	6%
Education - Primary School	3	7%	4	7%	2	5%	9	6%
Education - Secondary School	3	7%	3	5%	4	10%	10	7%
Friend or Family Member	2	4%	0	0%	0	0%	2	1%
Health	0	0%	1	2%	0	0%	1	1%
Health - CAMHS	2	4%	0	0%	0	0%	2	1%
Health - Hospital	0	0%	0	0%	1	2%	1	1%
Health - Other	2	4%	0	0%	2	5%	4	3%
Health - PCT	4	9%	0	0%	2	5%	6	4%
Housing	0	0%	1	2%	0	0%	1	1%
NEG2	2	4%	16	28%	13	32%	31	22%
Nurseries	1	2%	2	4%	0	0%	3	2%

Family Solutions Team	15	33%	16	28%	8	20%	39	27%
Police	2	4%	2	4%	0	0%	4	3%
Social Care	6	13%	11	19%	6	15%	23	16%
TOTAL	46		57		41		144	

CAFs completed by age

Table 8: CAFs completed by age

Age group	July		August		September		TOTAL	
	No. of CAFS	% of CAFS	No. of CAFS	% of CAFS	No. of CAFS	% of CAFS	No. of CAFS	% of CAFS
0-4	25	54%	40	70%	24	59%	89	62%
5-10	12	26%	8	14%	8	20%	28	19%
11-16	9	20%	8	14%	8	20%	25	17%
17-19	0	0%	1	2%	1	2%	2	2%
TOTAL	46		57		41		144	

CAFs completed by gender

Table 9: CAFs completed by gender

Gender	July		August		September		TOTAL	
	No. of CAFS	% of CAFS	No. of CAFS	% of CAFS	No. of CAFS	% of CAFS	No. of CAFS	% of CAFS
Female	18	39%	29	51%	17	41%	64	44%
Male	28	61%	28	49%	24	59%	80	56%
TOTAL	46		57		41		144	

CAFs completed by ethnicity

Table 10 data on ethnicity indicates children and young people from a Black, and Black British ethnic background account for the highest number of CAF assessments completed with 44% (64) of the total. Young people from 'Mixed/Multiple' account for the least number of completed CAF assessments with 4% (6) of the total for Q2.

Table 10: CAFs completed by ethnicity

Ethnicity	July		August		September		TOTAL	
	No. of CAFS	% of CAFS	No. of CAFS	% of CAFS	No. of CAFS	% of CAFS	No. of CAFS	% of CAFS
Asian or Asian British	8	17%	13	23%	5	12%	26	18%
Black or Black British	23	50%	24	42%	17	41%	64	44%
Mixed / Multiple	1	2%	1	2%	4	10%	6	4%
Not Stated / Undeclared	3	7%	3	5%	1	2%	7	5%
Other Ethnic Groups	2	4%	5	9%	2	5%	9	6%
White	9	20%	11	19%	12	29%	32	22%
TOTAL	46		57		41		144	

FAMILY SOLUTION PANELS

Table 11: Numbers of cases presented to Brent North and South panels

Month	Total
July	30
August	32
September	9
Quarter total	71

Following agreement by the panel the resources below were allocated to support members of the families that were presented.

Table 12: Allocation of resources

Commissioned Service	July	August	September	Total
Empowering Families	6	4	0	10
Potential Mentoring	2	4	0	6
SPLASH football / mentoring	5	10	0	15
Father Figure	4	1	2	7
Girls Mentoring / Sexual Health adviser	0	1	0	1
DOR Therapy (counselling)	4	4	2	10
BANG	1	3	1	5
Job Centre Plus Adviser	0	6	0	6
Assistant Clinical Psychologist				
Drug & Alcohol Team (DAAT)				
Domestic Violence Practitioner				
REED				
Parenting Programme (parents that completed an accredited programme)				

All services are required to provide a short report on the outcomes that have been achieved for the recipient of the intervention. However, this has been happening on an add-hoc basis and work continues to ensure a consistent approach across all localities and the practice is embedded by all Practitioners of the Service. Many parents are referred onto accredited parenting programmes that are available through Children's Centres for examples Strengthening Families, Strengthening Communities (SFSC), Incredible Years, or Solihull.

In addition all services have recently undergone a review by the Family Solutions Team to look at which services are valued by Practitioners, Children, Young People and Families, which have been effective in their interventions and support of clients, and to identify any performance issues.

CAF Quality Assurance measures

Quality assurance systems are in place, and managers have been asked to use a CAF auditing tool, to randomly audit completed CAF's, and provide constructive feedback to Practitioners to improve the quality and consistency of CAF's.

A total of thirty-six completed CAF audits were analysed. The audits were completed by managers working in Children's Centres and the Family Solutions Teams.

The table below sets out the summary grades given for each of the areas within the CAF audits analysed (not all audits had scores assigned to all areas). The cumulative results of the audits demonstrate that the assessments are generally of a good standard with the majority of areas audited resulting in a 'yes'.

The key areas of strength demonstrated are:

- Information about services already involved with the family are fully recorded;
- The CAF assessment identifies both strengths and needs;
- The CAF assessment is completed in a practitioner manner (non-judgemental; non-discriminatory; evidence-based);
- The overall level of need (Threshold) has been identified accurately.

The key areas for development identified are:

- The CAF assessment to include the views of the children/young people (or at least specify N/A if the child is not of an appropriate age);
- The CAF assessment to include an analysis of what is likely to happen if there is no change;
- The summary of needs is to reflect the key need areas identified within the assessment.

Table 13: Summary review of CAF audits

	Yes %	No %	Partly %
Information gathering			
Has information about the assessor, reason for assessment, family details and services involved been fully recorded?	94	0	6
Has information about each child been fully recorded?	87	0	13
Has information about the parents/carers been fully recorded?	86	3	11
	Yes %	No %	Partly %

Has information about the family and environmental factors been fully recorded?	83	6	11
Quality of CAF assessment (to include the assessment of each child, parents and carers, and family and environmental domains)			
Does the assessment cover all key areas appropriately?	86	0	14
Does it identify both Positive Features and needs?	92	3	5
Is it clear and understandable for the family and for practitioners who may become involved?	92	8	
Does it include the views of the children?	53	33	14
Does it include the views of all parents/carers?	64	21	15
Is it completed in a practitioner manner? (non-judgemental; non-discriminatory; evidence-based)	92		8
Do the completed 'Level of concern from 1-10' indicators accurately reflect the Positive Features and Needs recorded?	70	15	15
Quality of analysis			
Does the Summary reflect the key areas identified in the assessment?	68	5	27
Does it demonstrate that family members have been involved in establishing priorities?	73	5	22
Does it record what is likely to happen if there is no change?	29	47	24
Has the overall level of need (Brent's 4 levels of Need) been identified accurately?	86	3	11

Table 14 below sets out the findings from the CAF audits that were analysed, and highlights the positive features within the assessments, and the areas for development.

Table 14: CAF audit areas for development

	Positive features	Areas for development
Information gathering	<ul style="list-style-type: none"> • Clear information from child and parent perspective. • Comprehensive detail with regards to the reason 	<ul style="list-style-type: none"> • Not all needs/concerns (parent and young person) captured in detail. • Evidence (e.g. observations) not captured to support

	<p>for assessment, family details and services involved.</p> <ul style="list-style-type: none"> • Good insight into family dynamics. • Full family history and context to current situation. • Strengths and needs identified. • Details of family’s support systems. 	<p>concerns</p> <ul style="list-style-type: none"> • Not capturing strengths/ weaknesses with regards to financial, employment and housing (all areas of the assessment criteria). • Fathers details missing. • Not all existing services captured (health visitor being the most common). • Environmental factors not captured. • Reason for CAF lacking. • Source of referral lacking. • Sibling details missing. • Information about family and environmental factors missing/ could be more detailed (e.g. type of domestic violence).
<p>Quality of CAF assessment</p>	<ul style="list-style-type: none"> • Good balance of strengths and needs. • Clear and well presented (plain language). • Clear roles services and actions in most of the plans. • Input from other practitioners evident. • In most cases realistic scoring with regards to levels reflecting areas of concern/ need. • Clear analysis of individual family member needs. 	<ul style="list-style-type: none"> • Practitioner’s observations could be captured to give weight to the assessment. • Explanations lacking where there is a difference in Outcome scoring between the parent and practitioner. • Older children not spoken to as no concerns from mum (child could still have a view/contribution to make). • Auditor questioning whether scores are accurate. • Child’s views not captured at the end of the CAF. • Does not include details of support received. • Family functioning and history not included. • Some actions not supported by evidence/ reasons within the assessment and vice-versa, details of assessment not reflected in the action plan. • A bit more detail in some sections would be useful to rule out the need for other practitioners having to try and find out more information. • Jargon sometimes used. • Parents views not always captured.

Quality of analysis	<ul style="list-style-type: none"> Action plan includes priorities parent and child have identified and wish to address. Summary (when completed) reflects key areas in the assessment. Level of need identified. Level of need in most cases is accurate. 	<ul style="list-style-type: none"> Could include more regarding relevant concerns. Does not include impact if changes don't happen. Benefits (outcomes) of accessing services could be captured better. Summary did not reflect the main reason for CAF involvement. No/not enough actions for parents within the action plan.
Review audit (please note this is only one review)	<ul style="list-style-type: none"> Clarity with regards to who may become involved Neutral language used Evidence of positive outcomes through multi agency work 	<ul style="list-style-type: none"> Gender of the child still not mentioned Environmental factors not described New action plan lacking

Quality issues are being addressed using a number of different methods:

- Feedback on the audits is given to practitioners during supervision with case supervisors, case supervisors then monitor future CAF's to ensure issues have been addressed;
- The summary results from the audits are emailed to practitioners to raise awareness;
- Family Solution Development days are used to address issues relating to the quality of CAF's;
- The CAF / BFS Coordinators raise quality issues via the Children's Centre Network Managers meetings and BFS Senior Leadership Team;
- A 'CAF network' meeting is to be established in the spring term, which will facilitate discussions on the quality of CAF's and other related items;
- Feedback has been given to practitioners on the quality of their CAF's on entry into the FWi system, particularly new members of staff;
- A mentoring scheme has been piloted, with an experienced Family Support Worker (FSW) mentoring a new FSW, which has had a positive outcome.
- The audits have raised Staff Development needs (report writing, use of grammar, SMART action planning, etc) and these are being addressed via CPD.

Families experience of the CAF process

To measure the quality of the CAF from the families perspective, a number of families are contacted each month following case closure, to rate the quality of their experience against a range of criteria. An analysis of the 21 completed service user feedback forms, are shown in the table below:

Table 15: Service user ratings of quality of CAF experience

	Not at	Unsure	A little	Mostly	Completely
Effective in meeting my needs	2		1	5	13
Included needs of whole family	5	2	1	1	12
Made clear why did a CAF assessment	4	1		2	14
I felt the assessment was accurate	2	1		1	17
I was provided a copy of the assessment	3	7		1	10
Made clear what was involved in process	2	2		2	15
Actions expected of me and my family clear	2		2	2	15
Treated with respect throughout the process	2	1		2	16
Found the process supportive	2		1	1	17
Made clear that it was voluntary	4	1		1	15
Felt included in the process at all points	2			3	16
Made clear that all information was confidential	3			1	17
Staff member was easy to talk to and respectful	2			1	18
Flexibility in process to meet my needs (e.g have meetings at suitable venues, times etc)	2		1	2	16
Other agencies involved in working with my family because of the CAF	4	2		3	12
On-going reviews held regularly (at least every 3 months and identified needs change)	9	2	1	1	8

Table 15 validates that on the whole the experience of families of the CAF has been positive with 85% of the families interviewed expressing that the CAF process had benefited their family, 5% expressed it had benefitted them a little, and 10% of families expressed that the CAF process had not benefitted them at all.

Families identify diverse impacts from engagement. These include improved school behaviour and attendance, communication, take-up of services and reduced isolation. Some comments from parents are sampled below:

“In regards to my daughter being in school, her attendance was not up to scratch, and the worker helped her attendance get better.”

“Talking to my son and getting him to school early and finding out if there is a problem at home – which there isn’t. The problem is now resolved and he starts getting to school earlier and he is walking to school. Instead of waiting around for a bus which used to make him late.”

“The support was good. Before I never went out, but now I go out, and my children are happy when I take them out. My children are happier specially going to the Children’s Centre. I was helped a lot.”

“She helped for my baby he was premature and we needed help with damp in the room.”

“She fill application, and education for Samsam and helping with the nursery, she play with children and bring toys for my children, also helped with benefits. Very good. I got very good help.”

“Yes, they gave me options for the summer activities, took me to Brent Mind, and provided right information.”

“Fantastic, I have not been smoking Cannabis or drinking for the last 9 months. My family life is much improved and I am coping better.”

Measuring impact for families through application of the Family Star

The Outcomes Star™ is a unique suite of tools for supporting and measuring change when working with families. Brent Family Solutions team introduced the Family Star, that measures progress towards outcomes in effective parenting that enables children to thrive, for all families where a CAF is in place.

The Outcomes Star™ both measures and supports progress for families towards self-reliance, or other goals. The Stars are designed to be completed collaboratively as an integral part of Key Working. An Outcomes Star™ reading is taken by the worker and family at or near the beginning of their time with the service. Using the ‘ladders’ and scale descriptors, they identify together where on their ladder of change the service user is for

each outcome area. Each step on the ladder is associated with a numerical score so at the end of the process the scores can be plotted onto the service user's Star. The process is then repeated at regular intervals (every three, six or 12 months depending on the service/ project) to track progress. The data can be used to track the progress of an individual service user, to measure the outcomes achieved by a whole project and to benchmark with a national average for similar projects and client groups.

The Family Star covers eight areas (domains) of parenting that are seen as essential to enabling children to thrive:

1. Promoting good health
2. meeting emotional needs
3. keeping your child safe
4. building community
5. supporting learning
6. setting boundaries
7. encouraging work aspirations
8. providing home and money

The scales associated with the journey of change for parents and families underpinning the Family Star is from 'stuck' (score 1-2) through to 'effective parenting' (score 9-10).

A key feature of the Family Star process is that it is designed as an engagement tool in that it involves both the practitioner and the family in its completion. There were 25 completed Family Stars from July to the end of September.

Locality	Numbers
Kingsbury	12
Wembley	3
Harlesden	0
Fawood / Curzon / Challenge	0
Willesden	1
Kilburn	9
Total	25

Managers through case supervision are working with practitioners to increase the use and consistency of Outcome Star, with the aim that every client will have a Star completed. This will provide data to answer the questions below for future quarterly reports.

What does this data show about the service user needs when they join the service?

Does the data show that people are entering the service with an appropriate level of need?

What does the data show about the progress service users make while they are in the project?

Where are the greatest improvements made for families, and where are there any areas of concern?

What changes would we make in light of this data?

Training (CAF/TAF)

An extensive training programme is in place, to train multi-agency practitioners how to use the CAF and TAF. TAF training develops practitioners understanding of the Lead Professional role, and how to convene and Chair a TAF meeting. CAF training takes place weekly and TAF training fortnightly, to support the roll-out of the revised CAF form and process which was re-launched in October 2012.

Table 16: Numbers of Practitioners trained in CAF/TAF by Agency

Agency	CAF	TAF
Private, Voluntary, Independent (PVI) nurseries	40	3
Schools	2	2
NHS	3	3
Child-minders	2	5
Children's Centres	4	0
Brent Officers	13	4
Other agencies	12	7
TOTAL	76	24

A summary of the training evaluations from participants is detailed in Figures 2, 3 and 4 below:

Figure 2 Training feedback analysis

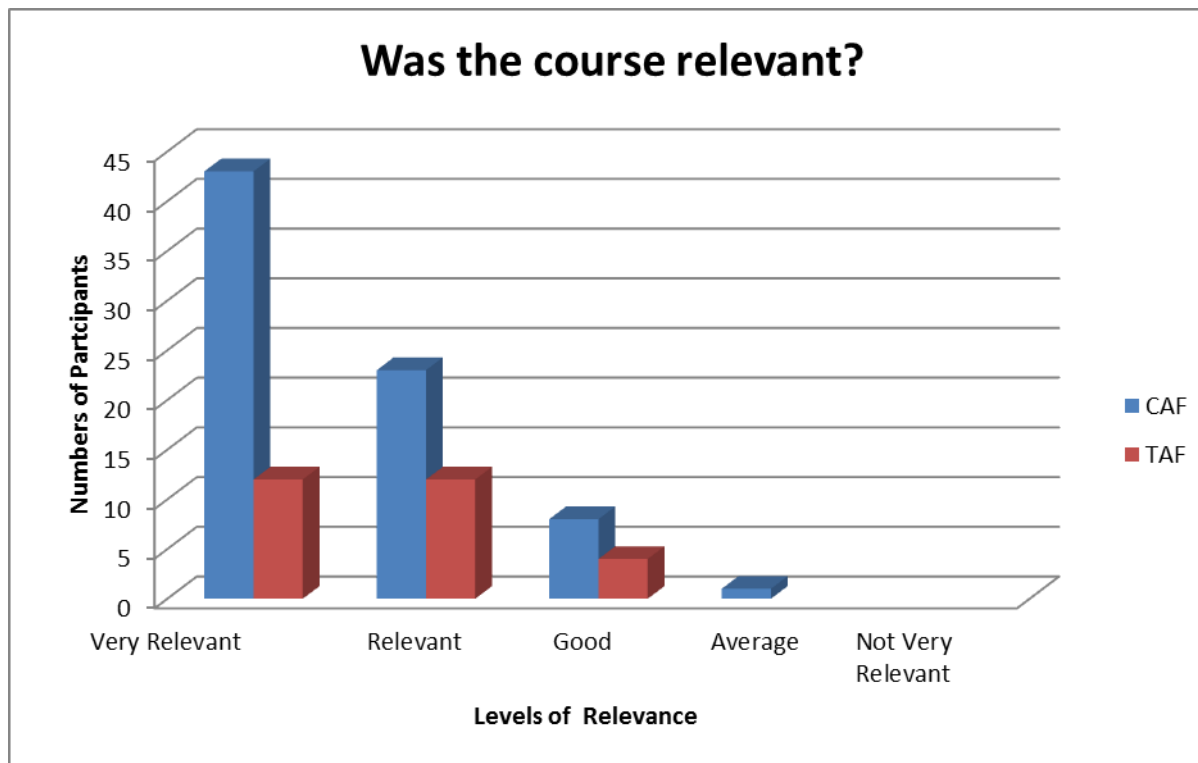


Figure 3 Training feedback analysis

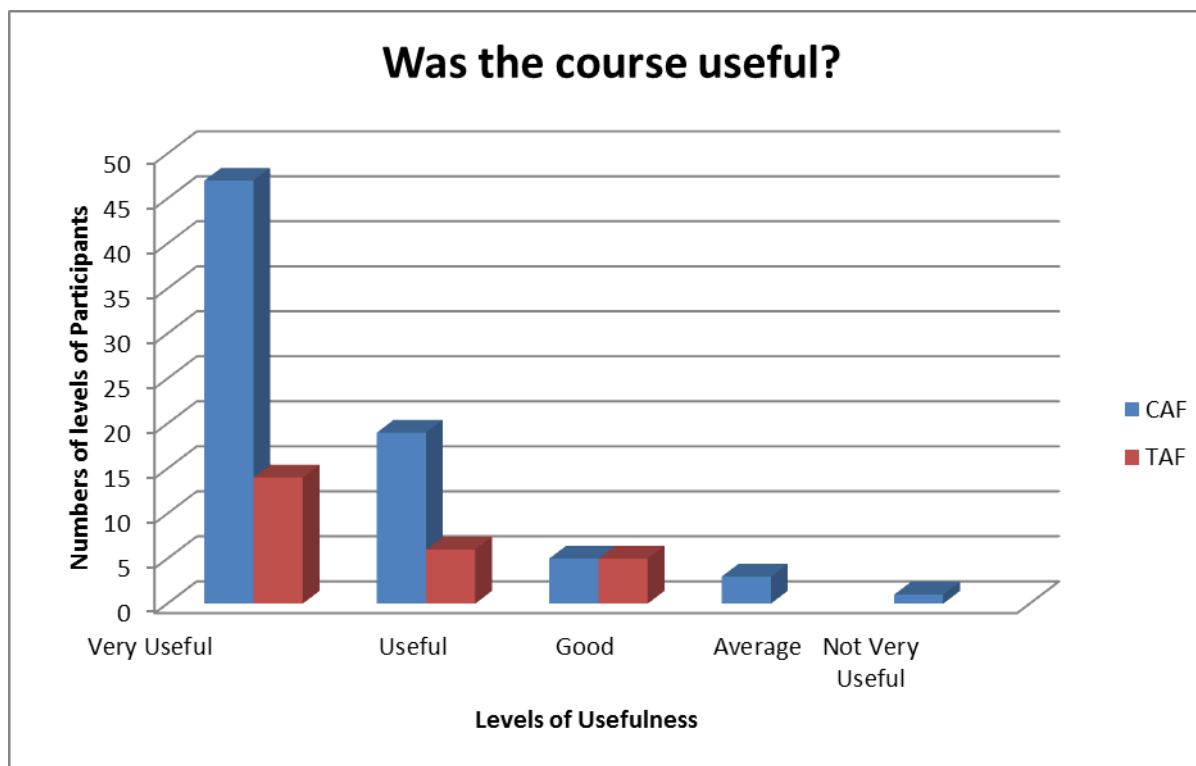
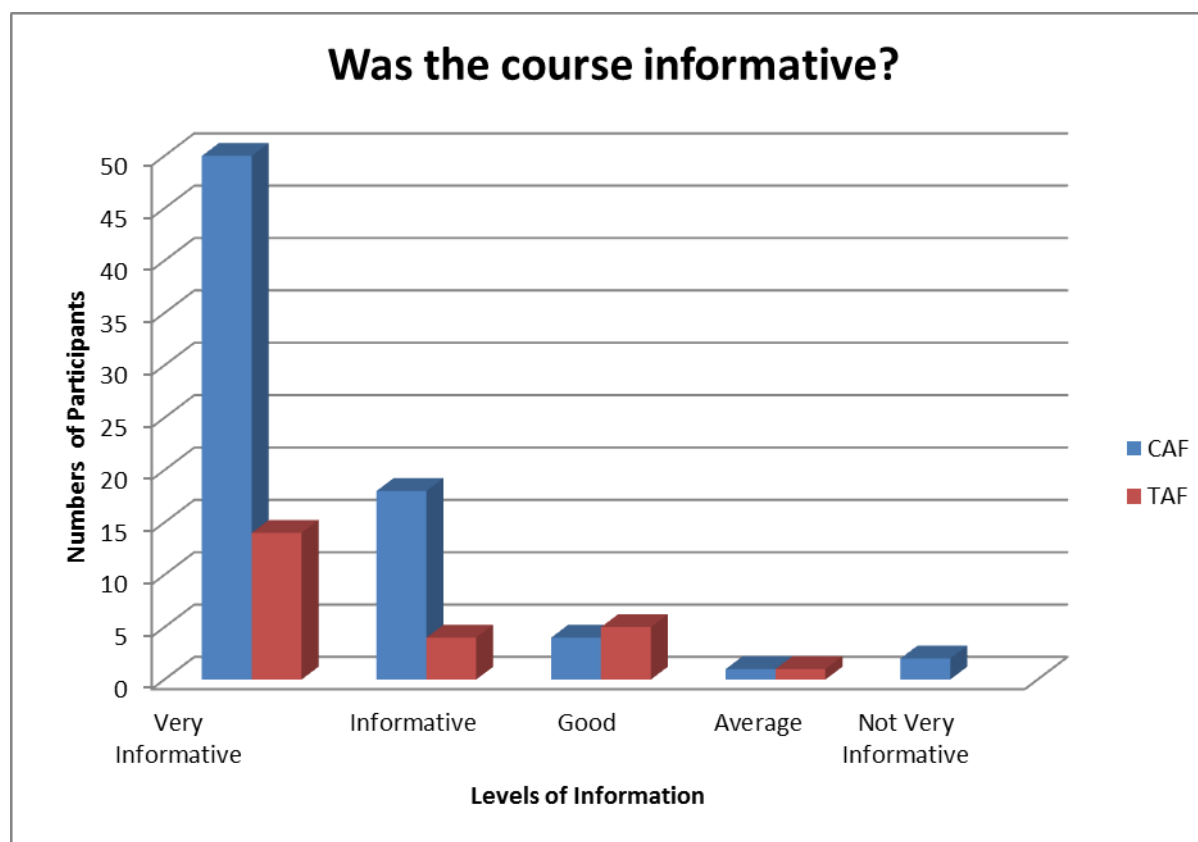


Figure 4 Training feedback analysis





Family Solutions Practitioners also had access to a range of other training opportunities to support them in their roles during this quarter, these included:

- Framework-I;
- Mellow Parenting;
- Strengthening Families, Strengthening Communities;
- Solihull;
- Outcome Star;

- Brief Solution Focused Therapy;
- Relate Counselling;
- Understanding Children's Emotional Development;
- Systemic family therapy;
- Freedom Programme;
- Busy feet and brush your teeth;
- Makaton Foundation Programme;
- Assessment of Disorganised Attachment and Maltreatment (ADAM) project programmes;
- Brent Family Solutions Staff Development days – take place approximately every 2-3 weeks, speakers present on a range of issues, and workshops are delivered to support staff development.
- Social Care Learning and Development Opportunities
- Corporate Learning and Development Opportunities

Appendices

Appendix	Document
1 BFS Service Structure Chart	 CAF EH Structure Chart Sept 2013 with
2 BFS Panel Terms of Reference	 Early Help Panel Terms of Reference.c
3. Case Studies by locality	ST/NC to select and add