



Family Wellbeing Centre Operational Board

Multi-agency Induction Booklet



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Welcome to the Brent Family Wellbeing Centres Operational Board

TO BE CONFIRMED

1. What are Brent Family Wellbeing Centres? Where did they come from?

The All Party Parliamentary Group on children's centres (APPG) led a 2016 inquiry into the future of children's centres. The APPG report focused on the role that children's centres could play as hubs for local services and wider family support. By building on the existing infrastructure of children's centres and extending their offer to include support for parents and all children regardless of age (as well as retaining specific provision for very young children of prospective parents), the APPG concluded that Family Hubs could deliver holistic, early intervention services to families within the wider community. From 2017, this thinking started to guide service development across local authorities in England.

In Brent, an Outcomes Based Review (OBR) recommended moving to greater one-stop support to address the needs of the whole family, further to consultation work undertaken through 2018. The consultation found some parents/carers were frustrated at a lack of all-age support for families with children of different ages. Similarly, some parents/carers of children aged 5+ felt that support was only available when problems affecting their family had escalated. They wanted more preventative and readily accessible parenting advice and guidance. The OBR recommendations aligned with Brent Council's Troubled Families service transformation commitments to the Ministry of Communities, Housing and Local Government and with the Brent Children's Trust *Early Help Framework 2018-2020*. For example, these commitments included aims to embed whole-family working across all service delivery, including children's centres.

Throughout 2018 and 2019, Brent Council considered options for progressing the development of one-stop support for families pre-birth to 19, and up to 25 for young people with special educational needs and disabilities (SEND). This included governance and management options, with the Council agreeing a governance and management model set out at Section 3 (see appendices 5 and 6 for key contacts and staffing structure). Brent Council also agreed a proposal to consolidate and redevelop eight children's centres as FWCs. The proposal aims include delivering budget savings and bringing more services into one place to meet multiple family needs. The Council also reflected the priority of establishing effective FWCs within the *Borough Plan 2019-2023*.

OBR recommendations also fed into aligned budget proposals: recommission public health 0-19 service; and develop family hubs from children's centres. Following public consultation these proposals were agreed by Full Council in February 2019.

Consistent with Brent Council's duties to maintain sufficiency of children's centres and to consult on proposals for significant changes to children's centres (*Childcare Act 2006 s.5D*), the Council undertook a mixed method consultation, working with Barnardo's and the Curzon Crescent and Fawood Partnership which managed the existing portfolio of children's centres.¹. The consultation provided an opportunity to communicate widely with families, staff and partners about how FWCs did not mean the end of children's centres.

Rather FWCs are children's centres which provide additional services for older children and families with older and younger children.

¹ <https://www.brent.gov.uk/media/16414952/brent-childrens-centre-consultation-report-august-2019.pdf>

In October 2019, Brent Council approved plans to develop the eight children's centres into FWCs (pre-birth to 19, and up to 25 for young people with SEND²). See Section 2 for details of the FWCs and their catchment areas.

Each FWC offers an integrated whole family service that comprises some core health services, parenting and family support services, children's centre services and a wide-ranging core offer addressing FWC key aims:

- a. Building resilience and well-being in children, young people and families and so reduce reliance on higher cost public services
- b. Preventing family breakdown resulting in entry to care.
- c. Addressing the growing challenge of serious youth violence.
- d. Building capacity in universal services so that they can support children earlier.
- e. Supporting delivery of the Healthy Child Programme (0-19) and an objective to improve overall health.
- f. Successfully discharging statutory responsibilities with respect to children's centres.

The core offer across all FWCs is offered in three age groups:

- a. 0-5 years (which includes a universally available children's centre offer for families with children aged under 5 years and parents to be)
- b. 6-11 years
- c. 12-18 years

For families with children aged 6+, there is also universal provision. This includes 0-19 health service, parenting support and information and advice about local play, leisure and childcare services for children and young people.

For a flavour of the core offer, see attached. Note that this is a draft core offer, subject to change and will evolve as FWCs develop.



CORE OFFER AS AT
JAN 2021.docx

The core offer involves all partner services working together within each catchment area, with many partners delivering from an individual FWC and/or satellite provision within the area.

FWCs are at the heart of the borough's Early Help offer, with aims to identify families with multiple needs as early as possible, no matter what service they first come into contact with. The aim is to make sure that any contact with a practitioner will lead to the right intervention at the right time, with greater accountability across all agencies for identifying need earlier. This offers the best route to families understanding and making changes that improve their coping skills and life chances. **The model is one of integration, not co-location. This is consistent with the evidence base about what works.** For example, the Early Intervention Foundation (EIF) found that securing objectives of integrated whole family services is not possible simply by co-locating services with all their own approaches to systems, processes and procedures in the hope that more informal models of information-sharing and joint work will develop³.

²

<http://democracy.brent.gov.uk/documents/s89879/18.%20Outcome%20of%20Family%20Hubs%20Consultation%20Report.pdf>

³ See Lewin B, Stanford M and Redmond T., *Planning early childhood services in 2020 Learning from practice and research on children's centres and family hubs* (Nov 2020), Early Intervention Foundation

For example, a midwife may identify, as part of delivering ante-natal support, that mum is experiencing significant financial stress. Rather than complete and forward a referral form, the midwife will arrange for mum to have an appointment with the Citizen's Advice Bureau that works from that FWC. Similarly, a parent may enter the reception with worries about their teenage child's peer associations and sudden mood changes. Trained family support staff (triage workers) will undertake a conversational assessment with the parent and connect them- at that time- to the right support available from within the FWC and/or to other relevant support.

Each FWC will also identify priorities and gaps in provision within their area, based on local assessments of need. This will inform local service development. For example, Granville Plus FWC may identify benefit to offer housing appointments (sourced from Housing Need). Conversely, Alperton FWC may identify benefit to supporting parents who find parenting teenage children challenging (and so source from the Brent Parenting Team delivery of the Teen, Strengthening Families Parenting Programme).

While all FWCs are inclusive for all and have support for children and young people with SEND, the Willow Hub acts as a specialist one-stop shop for families with children with SEND (known as the SEND Centre) and practitioners working with families with children with SEND.

Figure 1 illustrates the diversity of partners involved in FWCs.

Figure 1: Key partners for FWCs



2. Catchment areas

One feature of FWCs that improves accessibility for families is the ability to access any FWC to meet their needs, not just the one they are registered to. For example, the family may live in the Church Lane FWC catchment, but parents might access a parenting programme offered at Granville Plus FWC and ante-natal appointments at Preston Park FWC. The eight FWCs are split managerially between East and West. The East operational manager is Nicky Case and the West operational manager is Simon Topping. See Appendix 5 for the staffing structure. The East and West locality model aligns with Children's Social Care and Family Solutions.

Each catchment area is a basis for registration and for gathering, analysing and reporting on the needs of families and communities and performance outcomes. West FWCs have higher populations due to the area comprising 3 FWCs (as Willow is a SEND hub serving the whole borough). There is also considerable new housing development, which will increase the population. The East has more areas of multiple deprivation with some FWC catchments having only or a majority of lower super output areas (LSOAs) within the 30% most deprived LSOAs in England.

More detailed profile information for each FWC can be read here:



Family Wellbeing Centres Locality and Catcment Areas.pdf

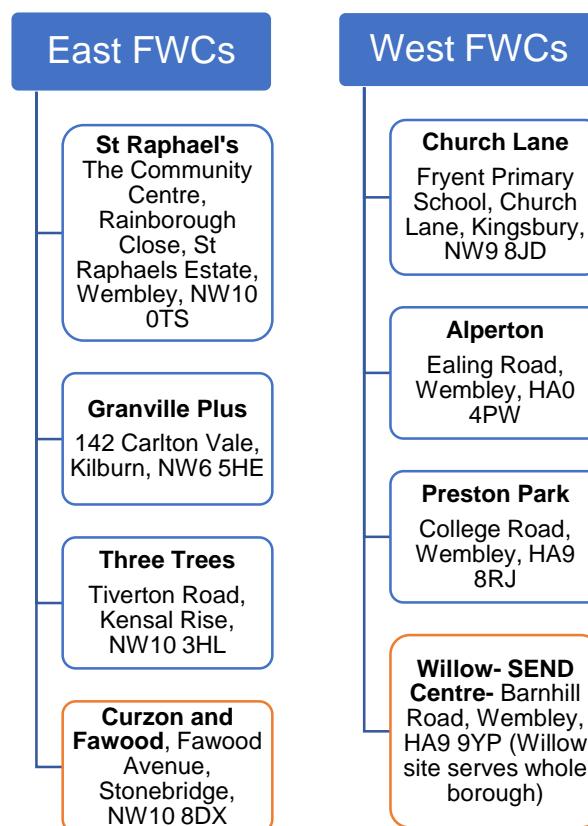
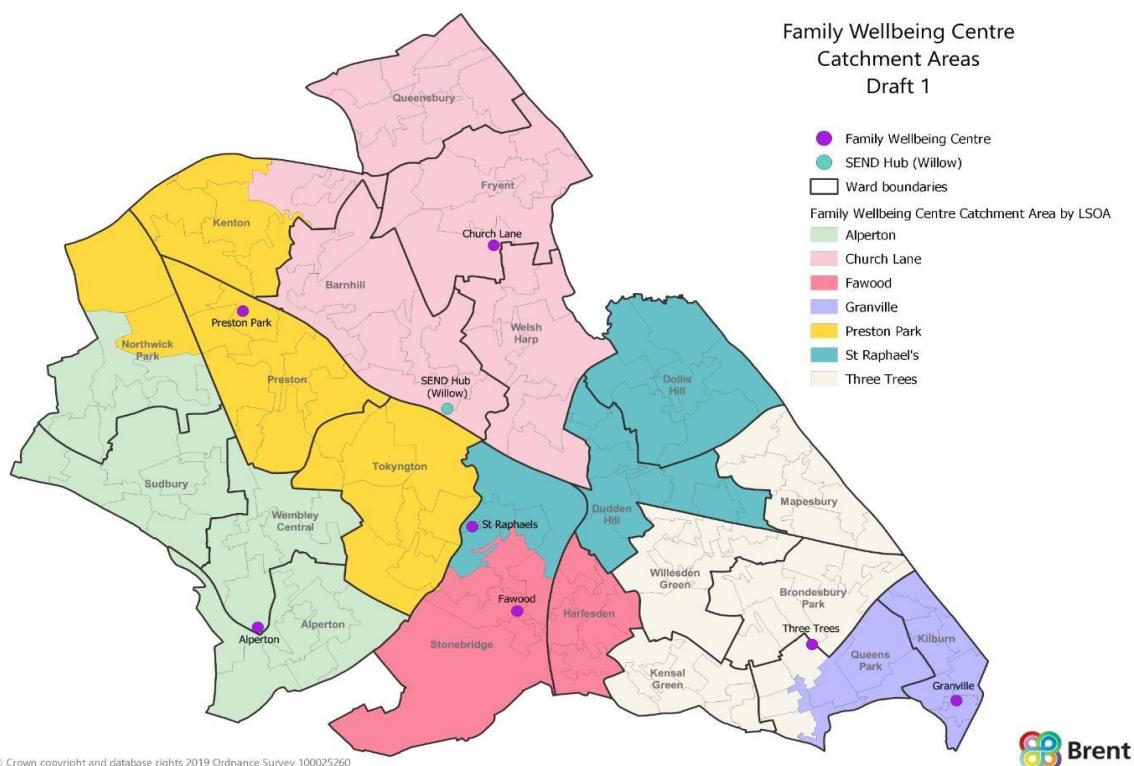
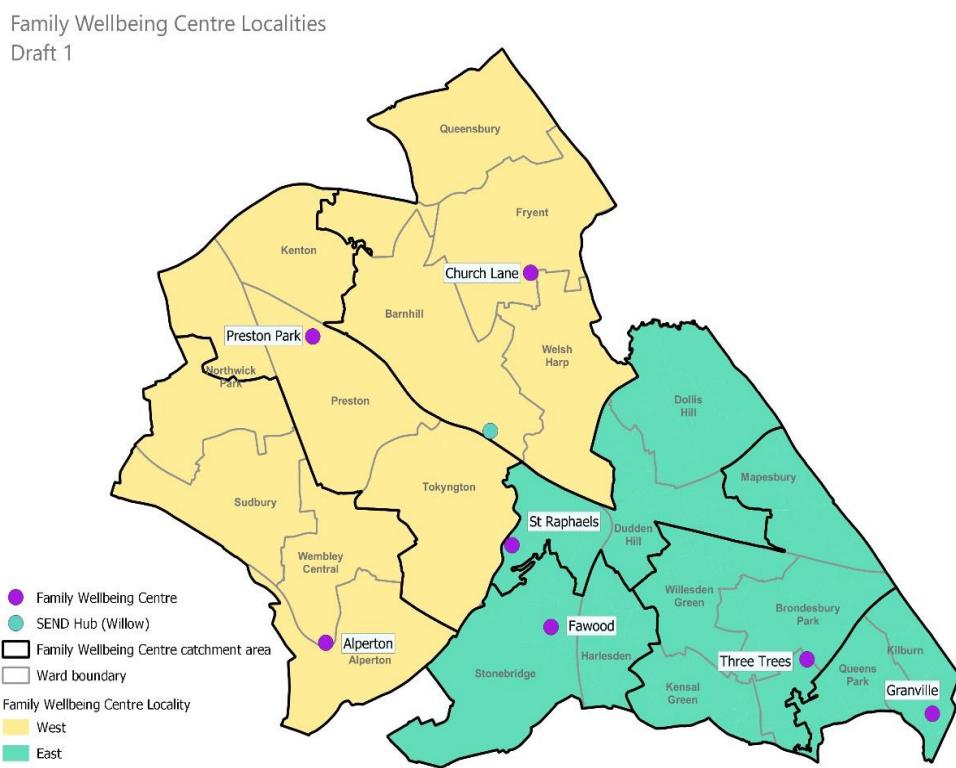


Figure 2: FWC catchment areas



The new catchments largely reflect children's centre catchment areas and ward boundaries. As significant data is available for individual wards, this data helps guide FWCs with service planning to meet the needs of the communities they serve.

Figure 3: Wards for individual FWC catchment areas highlighting East/ West model



3. Governance of Brent Family Wellbeing Centres

As noted, Brent FWCs are at the heart of the borough's Early Help offer. All staff for all agencies that work with children, young people and families, whether they work from a FWC or are otherwise based within the community, have shared responsibility to keep them safe and provide an effective, efficient and co-ordinated service to support their securing positive life chances and wellbeing. Promoting child and family welfare is most effective when families receive help early and at a level according to their needs. The aim is to provide early interventions for children, young people and their families that require support in order to prevent them from moving towards higher levels of need once these have been identified.

As we know from the EIF, this is more likely successful in more integrated service models. The EIF notes that these are services with:

- a. All key partners *jointly* contributing to governance, management and resourcing to support day-to-day operations/service delivery from each FWC i.e. all partners have a stake in securing positive outcomes for the children, young people and families served through the FWC.
- b. Shared outcomes and a shared operating model across all early help providers, which is underpinned by better data sharing, a single assessment and planning process across all agencies and closer integration between family work and employment support and opportunities. See Appendix 3 for FWC KPIs.

Brent Council supports this approach; overseeing governance arrangements that includes an overarching FWC Operational Board linked to six Local Steering Groups. The focus of governance is to provide appropriate challenge, scrutiny and further progress towards delivery of six priority outcome areas (as approved by Cabinet). See page 5 and Appendix 3.

The FWC Operational Board is a sub-committee of the Early Help and Prevention Board (formerly the Working with Families Strategic Board) chaired by the Director of Children and Young People, Gail Tolley.

The Operational Board key aims include developing and promoting understanding and ownership of a common borough-wide vision for FWCs, developing and agreeing KPIs and performance data and monitoring systems, improving performance, providing direction to the Operational Managers, East and West (particularly in identifying service priorities in response to need), and furthering collaboration and/or integration of services to improve outcomes for children, young people and families that benefit most from early help to build resilience. This ensures the Board contributes to delivery of other key strategic and operational priorities and plans. For example, Brent Borough Plan 2019-2023, Early Help Framework, Poverty Commission recommendations, Black Community Action Plan, Carers Strategy (including young carers), Special Educational Needs and Disability (SEND) Strategy 2018-2021 and Safer Brent, Community Safety Strategy 2018-2021.

Board members will also actively participate in relevant inspections, audits and performance reviews and prepare reports for the Early Help and Prevention Board about progress and priorities, supported by appropriate and agreed reporting. The Chair of the FWB Operational Board will be a member of the Early Help and Prevention Board.

The Operational Board oversees six Local Steering Groups. Local Steering Groups for each FWC will bring together representatives of key partner services, as well as community and

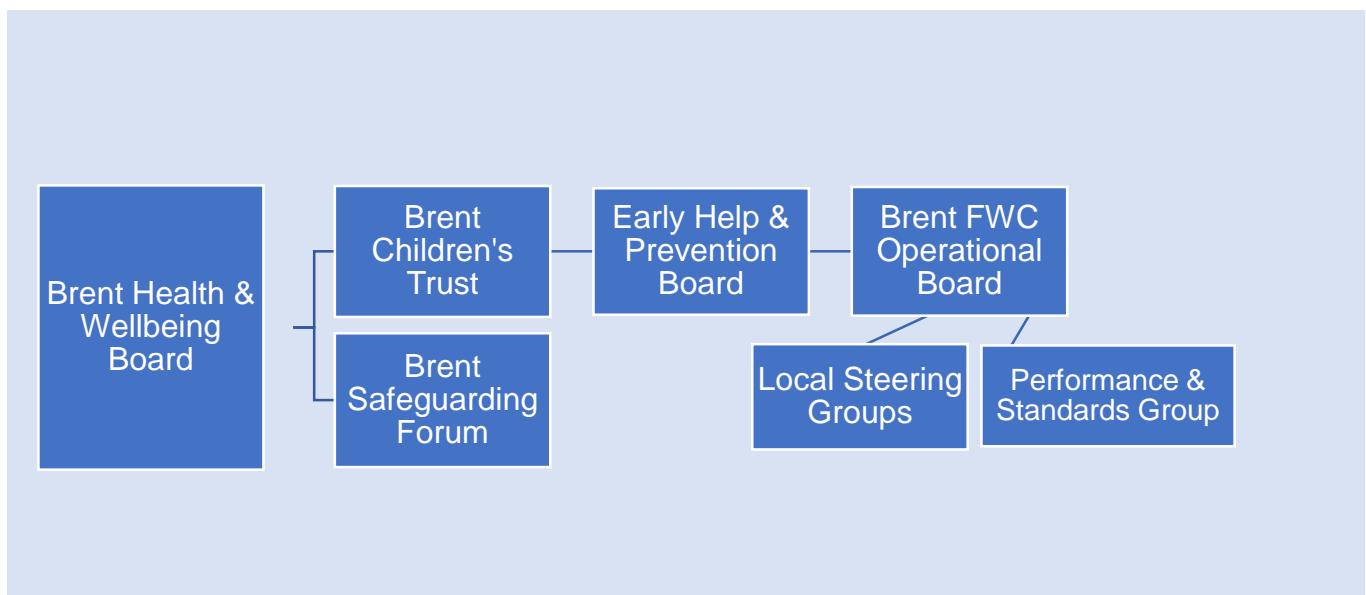
service user representatives. Curzon Crescent and Fawood Children's Centre Partnership will operate governance for the Curzon Crescent and Fawood FWC. The Local Steering Group for Church Lane FWC will also have responsibility for the Willow SEND Centre.

Local Steering Groups are a neighbourhood forum for sharing information, identifying need and support requirements for families and service gaps/pressures, challenging performance and quality of the FWC, acting as local agents for integrating services and drawing in additional resources. For example, through community partners. In this way, Local Steering Groups offer advice, support and challenge to agencies working in individual FWC catchment areas, help promote awareness and engagement with the FWC and ensure that the local community and families contribute to the planning, implementation and review of local FWC services. Local Steering Groups help deliver on Brent Council duties as part of the Childcare Act 2006 to have advisory boards for each children's centre or where it makes sense locally to do so, to have several children's centres cluster together and share an advisory board. The Act defines advisory board's role as "*an advisory board must provide advice and assistance for the purpose of ensuring the effective operation of the children's centre within its remit.*"

The Operational Board has a more strategic borough-wide focus for FWCs, whereas the Local Steering Groups think and act local. To give a flavour of how this is different, the Operational Board is considering Brent CCG priorities to address childhood obesity through clinics across all FWCs. The aim is to address childhood obesity levels that are significantly worse in Brent than all England averages (11.5% of children aged 4.5 years are obese compared with 9.4% for England and 25.4% of children aged 10-11 years are obese compared with 19.8% for England). Similarly, the Operational Board will consider how FWCs contribute to borough wide campaigns to promote take up of childcare entitlements and improve educational attainment for Black Caribbean boys. The Operational Board also acts as a place for Board members to develop and agree strategies for overcoming any challenges to integrating services at the borough-wide level. For example, if individual partners are sliding into more of a co-located service model and so not using agreed processes and/or sharing relevant information and data with families and partners.

By contrast, Local Steering Groups might become aware of a new out-of-school setting that offers diversionary activities for young people affected by gangs within the St Raphael's FWC catchment area and want to ensure that multidisciplinary staff working within the catchment area are aware of, and promoting/signposting relevant young people to the setting. They may want to arrange for the out-of-school setting leader to present information about their service to a meeting of the Local Steering Group and/or FWC team meeting. Similarly, local intelligence might point to ongoing neighbourhood disputes between some groups of young people within the Church Lane FWC. The Local Steering Group may recommend that some restorative justice and/or mediation work takes place to help address the disputes. For instance, through support available from partners such as Brent YOS and Community Safety.

Figure 4 illustrates how Brent FWC governance is situated within overarching governance of support for the health and wellbeing of Brent residents. A Performance and Standards Group is a sub-committee of the FWC Operational Board and will report back at each meeting (see Section 4 and KPI at Appendix 3). At different times, the Operational Board will establish time-limited task and finish groups to further Board work.

Figure 4: FWC reporting arrangements

3.1 What this means for FWC Operational Board members

In carrying out the functions set out above, Operational Board members need to:

- Understand the work of the FWC
- Agree resources and plans that support the securing of outcomes for children, young people and families through Brent FWCs
- Hold partner services to account for performance and practice quality
- Represent the interests of their service/agency on the Board and be sufficiently senior to represent their own agency effectively
- Where necessary, take issues/concerns affecting FWC performance back to their own agency for resolution
- Support the Operational Managers in accessing relevant support from partner agencies
- Scrutinise and agree annual plans and progress against any FWC improvement plans following inspection and other quality assurance and evaluation activities.

4. Performance management

Performance monitoring against priority outcome areas is measured through Key Performance Indicators (KPIs). Brent FWCs work on the principle of not gathering or asking partners to provide more than what data is already collected. Rather, the aim is to bring together data from various partners to demonstrate how we are working in an integrated way to achieve agreed outcomes. The only new data collected relates to registrations of families and attendance at established and new activities.

The Early Help and Prevention Board may review and change KPIs for Brent FWCs, as necessary. The Operational Board may also establish additional local performance measures too. The Operational Board will have access to a FWC performance scorecard that provides a visual update on progress towards achieving KPIs. KPIs are at three levels:

- **Level 1 High:** strategic KPIs agreed and monitored by the Early Help and Prevention Board. These are to assess the effectiveness of integrated family working in FWCs.
- **Level 2 Local** KPIs agreed by the Operational Board. Partners share information regarding services delivered at FWC i.e. contacts, outcomes, client feedback, etc. These KPIs demonstrate that local need is being addressed.
- **Level 3 Organisational:** To provide information for levels 1 and 2, partners capture their individual data to meet the organisation's KPIs in the usual way and will not be asked to collect any information in addition to what they usually collect and monitor. This may be what providers are asked to share.

The Brent FWC Performance and Standards Group has operational oversight of the FWC performance management framework. This includes: reviewing key performance measures and progress on delivery of local targets relevant to FWC; providing critical challenge and support to improve performance and raise standards resulting in improved outcomes for families; and contributing to the better integration and alignment of FWC services and the development and monitoring of FWC improvement and delivery plans.

See Appendix 3 for details of FWC KPIs.

5. What we know works in effective multiagency multidisciplinary Boards

There is much best practice research about the common characteristics of effective multiagency, multidisciplinary Boards. For example, HMIP “*Partners in crime*” 2014⁴, Local Government Association “*What a difference a place makes: The growing impact of health and wellbeing boards*” 2019⁵, “*Effective Health and Wellbeing Boards: Findings from 10 Case Studies*” 2016⁶ and OFSTED ‘*Good practice by Local Safeguarding Children Boards*’ 2011⁷. In summary, the most impactful Boards are those which:

- Look at the bigger picture with a clear vision, ambition, goals or targets. There is broad strategic thinking that goes beyond FWC objectives; and so links to other strategic bodies and commissioning groups and encourages a multi-agency problem solving approach.
- Have consistency of Board membership; especially the role of the chair who is a senior leader. The Board drives FWC development rather than operational managers driving the Board.
- Involve Board members who have a clear understanding of their individual and collective role. They are not passive recipients of information or only ever attend meetings to find out information they go away to have someone else make a decision about.

Each service/agency should ideally have one regular Board member, with one alternate only. Both representatives will have sufficient seniority to make decisions on behalf of their service/agency, including making commitments to (re)allocate resources.

- Meet regularly and where Board members have strong, productive and trusted relationships with each other. This includes having a willingness to challenge each other.
- Regularly evaluate partner contributions to key priorities and there is evidence of shared resources.
- Routinely collect the views of service users to inform and improve service development.
- Are well organised and administered.

5.1 What we need in our Board Chair

The key role of the Chair is to ensure that Operational Board meetings are:

- **Run effectively.** This includes operating fairly and consistently and effectively managing any actual or potential conflicts of interest.

⁴ <https://www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2014/04/Partners-in-crime-April-2014.pdf>

⁵ https://www.local.gov.uk/sites/default/files/documents/1%2095_Health_and_wellbeing_boards_V06%20WEB.pdf

⁶ <https://www.local.gov.uk/sites/default/files/documents/effective-health-and-well-b73.pdf>

⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419150/Good_practice_by_Local_Safeguarding_Children_Blocks.pdf

- **Focused on key priorities and make the best use of available time**
- **Furthering objectives of service integration and aligning FWC actions with other strategic partnerships and plans**
- **Equal opportunities for all members** to participate in discussion and decision-making.

The Chair must provide confidence for members, partners and other stakeholders. The Chair will represent the Brent FWC Operational Board at the Early Help and Prevention Board and have close working relationships with FWC Operational Managers and key partners. The Chair will meet with FWC Operational Managers to plan the agenda in time for circulation prior to the meeting. The Chair will also engage Board members in between meetings to ensure that any relevant actions are completed.

5.2 What does this all mean for you as an individual member attending a Board meeting?

Before any Board meeting

- Prepare thoroughly by reading the minutes and papers as well as to contact and discuss any needs or queries you have as an Operational Board member with the Chair or the Operational Managers.
- In the event of unavoidable absence, advise that your designated alternate will attend on your behalf. As noted at p.13, they will have sufficient seniority to make decisions on behalf of your service/agency, including to commit to (re)allocate resources.
- Keep reviewing all policies and procedures within your service/agency to ensure these are fit for purpose in delivering on FWC six priority outcome areas.

At the meeting

- Attend the Operational Board meetings as required and any other relevant meetings and events organised by the Operational Board.
- To cooperate strategically and contribute to meaningful discussions at the Operational Board meetings and to listen and give due consideration to and respect the opinions and views of others.
- To provide a written and/or verbal report to the Operational Board as requested, on activity and/or impact of your service on the needs of children, young people and/or families assisted through Brent FWCs.

After the meeting

- Work with other Board members to achieve and implement FWC priorities and plans.
- Make sure that information from the Operational Board is circulated within your service/agency and that there is good communication between your agency and the Operational Board as necessary.
- To represent the Operational Board effectively on other groups, forums and partnerships as required and to ensure that the views of the Operational Board are conveyed clearly.

Appendix 1: Terms of reference for Brent Family Wellbeing Centres Operational Board

Introduction

1. Brent Family Wellbeing Centres comprise a universal offer for families with children aged 0-19 (25 for young people with an additional education, health or social need) and targeted provision to meet the needs of Brent's children, young people and families that will benefit from early help to build resilience and avoid problem escalation.
2. Brent Family Wellbeing Centres are a key priority in our Borough Plan (2019-23). Created out of former Children's centres, Brent's eight Family Wellbeing Centres offer an integrated whole family service that comprises some core health services, parenting and family support services, children's centre services and a wide ranging core offer addressing the key objectives (listed in point 6). A range of partner services will also be delivered through each Centre. Although the services work in an integrated way as much as possible with delivering services, each partner will continue to hold responsibility for contract monitoring and reaching individual contract outcomes.
3. A generic offer across all Family Wellbeing Centres will be offered in three age groups: 0-5 years (which includes a universally available offer for families with children aged under 5 years and parents to be), 6-11 years and 12-18 years (there will also be some universal provision for these 2 age groups). Then each Family Wellbeing Centres will identify priorities and gaps in provision within their area, based on local assessments of need.
4. While all Family Wellbeing Centres are inclusive for all and have support for children with disabilities and additional needs (SEND), the Willow Hub acts as a specialist one-stop shop for families with children with SEND (known as the SEND Centre) and practitioners working with families with SEND.
5. A borough-wide Brent Family Wellbeing Centres Operational Board will oversee overall delivery and performance of Family Wellbeing Centres. There will also be Local Steering Groups for each Family Wellbeing Centres that bring together representatives of key partner services, as well as community and service user representatives (aims described at 7). The Local Steering Group for Church Lane Family Wellbeing Centre will also have responsibility for the Willow SEND Family Wellbeing Centre.
6. Key objectives of Family Wellbeing Centres include:
 - a. Building resilience and well-being in children, young people and families and so reducing reliance on higher cost public services
 - b. Preventing family breakdown resulting in entry to care.
 - c. Addressing the growing challenge of serious youth violence.
 - d. Building capacity in universal services so that they can support children earlier.
 - e. Supporting the delivery of Healthy Child Programme (0-19) and an objective to improve overall health.
 - f. Successfully discharging statutory responsibilities with respect to children's centres.

Key aims

7. Key aims of the Brent Family Wellbeing Centres Operational Board are to:
 - a. Develop and promote understanding and ownership of a common borough-wide vision for Brent Family Wellbeing Centres.

- b. Develop and agree KPIs and performance data and monitoring systems to review contribution to the key objectives of Family Wellbeing Centres. This relates to the high level KPI's around joint outcomes, in addition each partner continues to monitor their agreed individual KPI's.
- c. Monitor progress through performance management and receiving reports, most particularly from Family Wellbeing Centres Triage and Quality Improvement Manager and the commissioned provider of Brent Family Wellbeing Centres support services.
- d. Provide direction to East and West Family Wellbeing Centres Operational Managers. This includes most particularly in identifying priorities and programming activities at Family Wellbeing Centres, based on key performance and operational data and assessments of need.
- e. To facilitate and encourage the collaboration and/or integration of services to improve outcomes for children, young people and families that will benefit most from early help to build resilience and avoid problem escalation. This includes services required by families with children aged 0-19 (or 25 for SEND) beyond the Family Wellbeing Centres offer.
- f. To actively participate in Ofsted, CQC or other inspections, audits or reviews if required, to ensure that the work of the Family Wellbeing Centres is recognised and valued by the inspectors and that feedback is constructively processed and implemented.
- g. To prepare reports for the Brent Early Help and Prevention Board about progress and priorities, supported by appropriate and agreed reporting. A scorecard for Key Performance Indicators (KPI's) will also be signed off by the Board.

Membership

8. The Brent Family Wellbeing Centres Operational Board will comprise representatives from:

- Head of Early Help Service,
- Employment Programme Lead
- Brent 0-19 Children's Services CBU Manager
- WDP Service manager
- Community Safety
- DWP Partnership Manager for Brent
- Barnardo's
- Inclusion Service
- Settings and School Effectiveness
- SEND Lead
- Headteacher Curzon Crescent and Fawood
- Young Brent Foundation
- CVS
- CCG
- Met Police
- Secondary School Head

In attendance but not members

- East and West Operational Managers
- Project Officer
- Data Manager

- Triage & Quality Improvement Manager
9. Members of the Board will have sufficient seniority and authority to commit resources to Brent Family Wellbeing Centres, therefore any deputy sent would need this authority.
 10. Members of the Board must be able to answer for their service/agency's delivery of commitments in any underpinning actions and priorities and ensure that actions agreed at the Board are undertaken within their service/agency and provide updates to subsequent Board meetings.
 11. It is expected that members of the Board will take an active leadership role during meetings, at any sub groups and in practice.
 12. The Board may delegate a sub-group of members to explore issues or carry-out time-limited activities, between Board meetings. These have the status of task and finish groups. Task and finish groups are required to carry out tasks specifically given to them by the Board and report back to the Board. A sub-group regarding performance and standards will be chaired by the Family Wellbeing Centres Triage and Quality Improvement Manager. This group will meet quarterly.
 13. Other representatives from related organisations or stakeholders will also be invited to attend as appropriate and the Board recognises a duty to encourage and support representation and views from these organisations that have a role in building resilience and well-being amongst children, young people and families, especially at greater risk of problem escalation.

Meetings

14. In the initial implementation period of Family Wellbeing Centres, meetings will be held six weekly. Thereafter, meetings will be held quarterly. An extraordinary meeting of the Board may be called at any time at the discretion of the Chairperson.
15. Meeting dates will be set for a year in advance.
16. Meeting quorum is fixed at four separate member agencies.
17. Meeting minutes and action logs will be prepared and distributed within at least seven working days of a Board meeting having taken place by the Family Wellbeing Centres Service Project Officer / Operational Manager.
18. A consensus decision-making approach is preferred but where there is dissent, a majority decision will be agreed and dissent noted. The Chairperson has a casting vote if required. Decisions will be directly regarding FWC's. Any decisions regarding a partner agency will be taken by the appropriate representative to go through their own agreed procedures.

Chairperson

19. The Chairperson will be appointed by the Director of Children and Young People's Department
20. The Chairperson will represent the Family Wellbeing Centres Operational Board at the Early Help and Prevention Board, providing written and verbal reports as required.
21. The key role of the Chairperson is to ensure that the Board meetings are run effectively, focusing on the key priorities, making the best use of time available and ensuring that all members have an equal opportunity to participate in discussion and decision-making.

22. If the Chairperson is absent for any meeting, the appointed Vice-Chair will step in to chair that meeting. They will carry out the role as described above when the Chairperson is not available.

Agenda

23. An agenda will be made available to all Board members at least 5 working days prior to a Board meeting.
24. There will be a standing agenda set by the Chairperson in consultation with the Family Wellbeing Centres Operational Managers.
25. The Board will also include a standing agenda item to consider serious incidents or ongoing case reviews and any action plans relevant to improving quality and impact of services within the remit of Family Wellbeing Centres.

Conflicts of interest

26. The Brent Family Wellbeing Centres Operational Board may need to consider an issue or make a decision where a member of the Board and/or the agency they represent has a direct or indirect financial or professional interest in the outcome.
27. All Board members (including the Chairperson and Vice Chair) must declare any such interest(s) in advance of the relevant meeting or immediately upon becoming aware of such interest to the Board.
28. Other members of the Board shall determine if that member should be excluded from any discussions and/or from any meeting. The relevant member will comply with any such determination and shall as instructed abstain from involvement in any discussions, not attend any meeting or part of a meeting and shall not be entitled to vote in relation to the issue. Where the relevant member is the Chairperson, the Vice-Chair shall chair that meeting or part of the meeting.

Appendix 2: Terms of reference for Family Wellbeing Centres Local Steering Groups

Introduction

1. Brent Family Wellbeing Centres comprise a universal offer for families with children aged 0-18 (25 for young people with an additional education, health or social need) and targeted provision to meet the needs of Brent's children, young people and families that will benefit from early help to build resilience and avoid problem escalation.
2. Brent Family Wellbeing Centres are a key priority in our Borough Plan (2019-23). Created out of former Children's centres, Brent's eight Family Wellbeing Centres offer an integrated whole family service that comprises some core health services, parenting and family support services, children's centre services and a wide ranging core offer addressing the key objectives (listed in point 6). A range of partner services will also be delivered through each Centre. Although the services work in an integrated way as much as possible with delivering services, each partner will continue to hold responsibility for contract monitoring and reaching individual contract outcomes.
3. A generic offer across all Family Wellbeing Centres will be offered in three age groups: 0-5 years (which includes a universally available offer for families with children aged under 5 years and parents to be), 6-11 years and 12-18 years. Then each Family Wellbeing Centres will identify priorities and gaps in provision within their area, based on local assessments of need.
4. While all Family Wellbeing Centres are inclusive for all and have support for children with disabilities and additional needs (SEND), the Willow Centre acts as a specialist one-stop shop for families with children with SEND (known as the SEND Centre) and practitioners working with families with SEND.
5. A borough-wide Brent Family Wellbeing Centres Operational Board will oversee overall delivery and performance of Family Wellbeing Centres. There will also be Local Steering Group for each Family Wellbeing Centres that bring together representatives of key partner services, as well as community and service user representatives (aims described at 7). The Local Steering Group for Church Lane Family Wellbeing Centres will also have responsibility for the Willow SEND Family Wellbeing Centre.
6. Key objectives of Family Wellbeing Centres include:
 - a. Building resilience and well-being in children, young people and families and so reduce reliance on higher cost public services
 - b. Preventing family breakdown resulting in entry to care.
 - c. Addressing the growing challenge of serious youth violence.
 - d. Building capacity in universal services so that they can support children earlier.
 - e. Supporting delivery of the Healthy Child Programme (0-19) and an objective to improve overall health.
 - f. Successfully discharging statutory responsibilities with respect to children's centres.

Key aims

7. The Local Steering Group provides a neighbourhood forum for sharing information, identifying need and support requirements for families and service gaps/pressures, challenging performance and quality of the Family Wellbeing Centres, acting as local agents for integrating services and drawing in additional resources (e.g. through voluntary sector partners). In this way, Local Steering Groups:
- a. Offer advice, support and challenge to provider agencies working in the Family Wellbeing Centres. This includes fulfilling the statutory responsibility to provide advice and assistance for the purpose of ensuring the effective operation of the children's centre within the Family Wellbeing Centres (i.e. the services for families with children aged under 5 years and parents to be)
 - b. Ensure that the local community and families are engaged in the planning, implementation and review of local Family Wellbeing Centres services. This includes contributing quantitative and qualitative data to inform assessments of local need, priorities and programming at the Family Wellbeing Centres.
 - c. Facilitate and encourage the collaboration and/or integration of local services to improve outcomes for children, young people and families that will benefit most from early help to build resilience and avoid problem escalation. This includes services required by families with children aged 0-18 (25 for SEND) beyond the Family Wellbeing Centres offer.
 - d. Promote awareness and engagement with Family Wellbeing Centres services by all members of the local community and relevant partner agencies/organisations.
 - e. Encourage consistent, accessible and up-to-date information, advice and guidance for parents and multiagency practitioners about all relevant support.
 - f. Actively participate in Ofsted, CQC or other inspections, audits or reviews if required, to ensure that the work of the Family Wellbeing Centres is recognised and valued by the inspectors and that feedback is constructively processed and implemented.

Membership

8. The Local Steering Group membership will include the local health visiting manager, a representative from Brent Early Help Service, representatives from a local private, voluntary and independent sector early years setting, primary school, secondary school, parents and the local voluntary sector. The local Centre manager will also attend each meeting.
9. For Church Lane/Willow Local Steering Group, there will be additional representation by multiagency partners that provide support to families with SEND and families with SEND.
10. All members of the Local Steering Group will represent their organisation or peer group and will seek input prior to meetings and will feed back following meetings.
11. It is expected that members of the Local Steering Group will take an active leadership role during meetings, at any sub groups and in practice.
12. The Local Steering Group may delegate a sub-group of members to explore issues or carry-out time-limited activities, between meetings. These have the status of task

and finish groups. Task and finish groups are required to carry out tasks specifically given to them by the Local Steering Group and report back to the next meeting of the Local Steering Group.

13. Other representatives from related organisations or stakeholders will also be invited to attend as appropriate and the Local Steering Group recognises a duty to encourage and support representation and views from these organisations that have a role in building resilience and well-being amongst children, young people and families, especially at greater risk of problem escalation.

Meetings

14. In the initial implementation period of Family Wellbeing Centres, meetings will be held once per month. Thereafter, meetings will be held every two months. An extraordinary meeting of the group may be called at any time at the discretion of the Chairperson. Meetings will be scheduled for a year in advance and set to happen the month before the Operational Board scheduled meetings.
15. Meeting quorum is at least five representatives, with at least three different stakeholder groups represented. Stakeholder groups are defined as 'parents/parents to be', 'schools (primary and secondary)', 'early years settings', 'health', 'early help service' and 'voluntary sector'.
16. Meeting minutes and action logs will be prepared and distributed within 7 working days of a group meeting having taken place by the Family Wellbeing Centre manager / Centre support officer.
17. A consensus decision making approach is preferred but where there is dissent, a majority decision will be agreed and dissent noted. The Chairperson has a casting vote if required.

Chairperson

18. The Chairperson will be appointed by the Brent Family Wellbeing Centres Operational Board for a term of 12/24 months, following a nomination and election process conducted by the lead provider of Family Wellbeing Centres.
19. The key role of the Chairperson is to ensure that the Local Steering Group meetings are run effectively, focusing on the key priorities, making the best use of time available and ensuring that all members have an equal opportunity to participate in discussion and decision-making.
20. If the Chairperson is absent for any meeting, a Vice-Chair shall be selected by other members and chair that meeting. They will carry out the role as described above when the Chairperson is not available.
21. The Chairperson or a representative from the group will be required to attend the quarterly Family Wellbeing Centres quarterly Performance and Standards group meeting to review the progress for the centre.

Agenda

22. The Centre manager will make an agenda available to all Local Steering Group members at least 5 working days prior to a meeting.
23. There will be a standing agenda set by the Chairperson in consultation with the Centre Manager.

24. The Local Steering Group meeting will include standing agenda items to consider a report by the Centre Manager and on any serious incidents or ongoing case reviews and any action plans relevant to improving quality and impact of services within the remit of the Family Wellbeing Centres.

Appendix 3: FWC Key performance indicators

The key priorities for the Family Wellbeing Centres identified to demonstrate each agreed outcome is being achieved are:

P1 - A reduction in referrals to higher-level interventions.

Action	Measure	Target	Partners responsible for measurement:
a) Delivery of approved parenting programmes Follow up at 6-12 month intervals with parents' post-programme about sustained impact.	No and % of parents completing programmes Sustained impact of completing accredited parenting programme	70% of parents completing programmes 85% sustained impact following completion of programmes Early Help	Early Help and agencies delivering parenting programmes
b) Key worker support for families with an EHA Exit interview on case closure, with a follow up at 6 monthly later to identify sustained impact.	Repeat referrals within 12 months of case closure Sustained impact of early help support	Reduction to 2.5%, currently 3.8%	Early Help/FWC provider
c) Children's disabilities or learning difficulties are diagnosed early and services are provided to prevent escalation of need.	Children are accessing the multi-agency services required and signposted to wider resources for support.	75% of these children under are referred to the Under 5's panel	FWC/Early Years Inclusion Support Team Manager/Head of Willow
d) Support at FWC for young carers	No. and % of young carers identified and supported increased.	10% increase from the previous year (601) in the number of YC identified and supported.	Early Help/ Carers Service Gateway Provider

P2 - Prevention of family breakdown resulting in entry to care (Cross references with P1 a) and b)

	Action	Measure	Target	Partners responsible for measurement:
a)	Support at FWC for children and families subject to a statutory plan for reasons of child abuse or neglect.	% repeat referrals for 12 months after case closure. (12 months is national benchmark)	13% - a decrease of 2% from 2018/19	Brent Family Solutions Potential for multiple services
b)	Support at FWC for children and families subject to a statutory plan for reasons of child abuse or neglect.	De-escalation in need of cases that remain open to Children and Young People's Department Need to match e-start and Mosaic	5% cases where need has de-escalated i.e. step down from CP to CIN, CIN to EHA etc.	Brent Family Solutions Potential for multiple services
c)	Support for families where a child has been reported 'missing' to the Police	Reduction in incidents of going missing as compared with previous 6-month period.	Reduction of 10% in numbers of young people going missing in 6 month period Reduction of 10% in episodes of young people reported missing (based on current data).	FWC/YOS, Children's Social Care teams

P3 - Addressing the growing challenge of serious youth violence.

Action	Measure	Target	Partners responsible for measurement:
YOS programmes delivered at FWC, for those young people who have committed an offence.	Youth reoffending rate	50% re-offending rate Maximum of 99 young people per year Maximum of 16 young people per year. <i>All align to corporate target</i>	FWC/YOS/multiple providers of programmes
Family support to reduce future offending	Reduction in the number of siblings of young offenders engage in antisocial behaviour or crime, and do not enter the youth justice system.	Reduction in current rate by 3% (baseline -24% YOS)	FWC/Family Solutions/YOS/ multiple providers of programmes
Annual YP attitude survey	Ensuring young people who use FWCs feel safe and secure	Increase of 15% in the number of young people feel safe and secure in their area (base line Attitude Survey 2019 Family Solutions and YOS)	FWC/Family Solutions/YOS/ multiple providers of programmes
16/17 year olds not in education, employment or training (NEET) MOVE -	Young people move into employment, education or training post year 11	This year's target yet to be agreed currently 1.6% (1.4% destinations unknown)	FWC/multiple provider
Serious youth violence offences (robberies, possession with intent to supply drugs and serious violent offences).	Reduction in the number of serious youth violence offences.	Reduction by 5% of SYV – baseline 2.5% reduction in 2018/19	FWC/YOS/ multiple providers of programmes

P4 - Building capacity in universal service so that they can support children earlier.

Action	Measure	Target	Partners responsible for measurement:
FWC programmes to support boys of Black Caribbean heritage.	Key Stage results for boys of Black Caribbean heritage No. of registered FWC clients families Black Caribbean heritage	Increase No. of clients from Black Caribbean heritage accessing FWCs/ activities - annually	FWC/Family Solutions/YOS/ multiple providers of programmes
FWC programmes to support looked-after children and care leavers	Number of programmes for looked after children and care leavers delivered in the FWCs Number of looked after children, care leavers and foster carers registered at FWCs	80% completion of programmes Increased number of foster carers, children in care, and care leavers registered at FWC's (annually) <i>(Satisfaction surveys indicate feeling more connected/integrated with the community??)</i>	Care planning and leaving care teams/FWC/programme providers
Support to mainstream schools to effectively educate pupils with SEND	Key Stage result for Pupils with SEND No. of FWC clients of CYP with SEND	Increase No. of clients of CYP with SEND accessing FWCs/ activities - annually	FWC/multiple providers of programmes
FWC programmes to support young carers	No. of YC activities being delivered. No. of YC attending activities/ FWC	All FWC are hosting or clustering to provide YC activities	FWC / Carers Service Gateway Provider

	Family have reduced debt or risk of financial exclusion, e.g. reduced council tax or rental arrears and/or are accessing eligible benefits	Financial outcomes this quarter from Citizens Advice Brent	On average family household income is increased	FWC/Advice and guidance providers
	Support for family where a parent and/or young person is in receipt of out of work benefits, including Universal Credit	% that have either come off benefits or accessed education or training, as progress toward employment	5% into employment 20% into education or training (based on TF outcomes over 5 years)	FWC/multiple providers of programmes

P5 - Successful delivery of the Healthy Child Programme (0-19). TBC

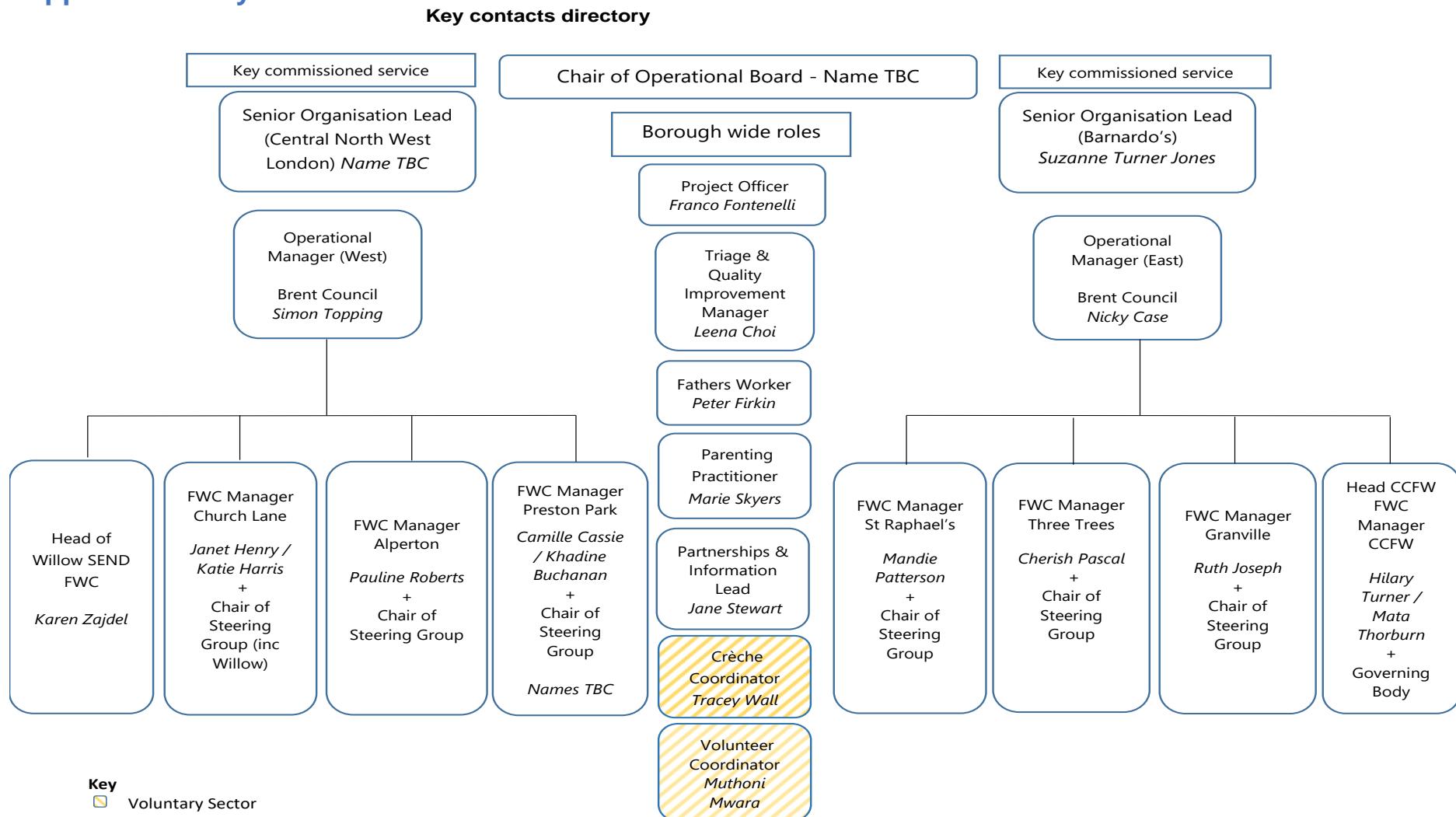
Action	Measure	Target	Partners responsible for measurement:
Delivery of ante-natal and new birth visits	Number of mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above. New Birth Visits (NBVs) completed within 14 days. NBVs completed after 14 days. % of 6 to 8 week reviews completed.	TBC 95% TBC	Health providers/FWC/FWC provider
Delivery of 1 year reviews	12-month reviews completed by the time the child turned 12m	50% 85%	Health providers/FWC/FWC provider

		12 month reviews completed by the time the child turned 15m		
	Delivery of 2 year reviews	Children aged 2.5 years have had an ages and stages health Assessment	100% of children aged 2.5 years have had an ages and stages health assessment	Health providers/FWC/FWC provider
	Delivery of immunisations	Children have received age appropriate health immunisations / vaccinations (82.7% for MMR one dose, 90.3% for Dtap/IPV/ Hib 2018/19)	Up to 85.3% from 67.1%, which can be used as a barometer	Health providers/FWC
	Weight Management activities including the promotion and provision of activities that promote physical activity	Children in Reception (aged 4-5 years) classified as overweight or obese in the academic year. (12.5% obese 2018/19) Prevalence of obesity and overweight children in year 6 pupils (26% obese 2018/19)	TBC % TBC	Health providers/FWC/multiple programme providers
	Children in receipt of additional support via their Health Visitor, ie. MECSH, Universal Plus or Universal partnership Plus	Reduction in referrals to family support or children's social care.	TBC	Health providers/FWC

P6 – Improved school readiness

Action	Measure	Target	Partners responsible for measurement:
Raising uptake of free entitlements	NEG2 take up rate NEG 3 and 4 take up rate	Target 60% Target 80%	FWC/FWC provider
Delivery of: - Early years stay and play groups - REAL programme	Children achieving a good level of development at the end of reception year (71.8% 2018/19)	Increase of community stay and play sessions by 20% 75% programme completion rate	FWC/FWC provider/School Effectiveness Service
Delivery of targeted early language support.	Children achieving a good level of C&L at the end of reception year	71% (NB. only in relation to children that have been assisted with early language support)	FWC/FWC provider/commissioned SLT provider
Number of children with reported EHCP plans	Rise in children under 5 with a registered EHCP plan, this measure is currently 4.6% for children under five years of age.	1% higher for children with reported EHCP plans.	
Dental decay under 5's	Families with under 5's attending Oral Hygiene workshops in the FWCs	Reduction in the percentage of under 5's attending A&E due to dental caries. Increased number of children attending dentists when they cut their first teeth.	FWC/FWC provider/ oral health team

Appendix 4: Key contacts



Appendix 5: Staffing Structure

