Partnership Board 28th March 2012

Presentation by:

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Central Locality

Covering:

- CAF Performance summary
- Outcomes data
- CAF without consent debate





CAF PERFORMANCE

Period	Q4 2010/11	Q1 2011/12	Q2 2011/12	Q3 2012/12	Total
Number of CAFs initiated	152	201	253	300	906

For the 12 months in total this is a **74**% increase on the preceding 12 months.

Quarter 3 represents a 127% increase compared to quarter 3 in the last financial year





Percentage per key agencies

Organisation	Q1	Q2	Q3	Average per quarter	Total for year to date	% of City total
Initiated in the City	201	253	300	251	754	
Children & Families	78	125	148	200	351	46%
School	55	50	93	66	198	26%
Health Services	54	68	44	55	166	22%





Reason for initiation and closure (12 months to 31/12/11)

Closures

- Total of CAFs closed 277
- 62% closed due to 'needs met' or 'support reduced to single agency
- 17% were closed because the assessment identified the need for specialist service involvement.
- 7% Family moved out of the City
- 12% Consent withdrawn or Lack of engagement
- The remaining 2% were closed due to data cleansing

Initiation Reasons

- Behaviour Issues' and 'Parenting Support' remain the main reasons for CAF initiation,
- There has been a fourfold increase in the reason cited as 'Persistence Absence', up from 15 in the preceding year to 78 in the past 12 months.





Audit activity

- Currently carried out twice a year by the CAF team with appropriate colleague or partner agency.
- Covering 10% CAFs initiated between set dates in line with regional minimum standards.
- Thematic; either by agency or reason. Latest audit groups were persistent absence, risk of exclusion, teenage pregnancy, unborn babies & CAF initiated by voluntary agencies.
- At the request of the SOG the last audit had an additional focus on outcomes.
- 26 of the cases were selected for additional scrutiny in relation to outcomes due to the time period they had been open.





Audit outcome findings

Education

- Improved attendance in school and more engaged in school
- Improvement in behaviour
- No further fix term exclusion received

Health

- Wider health needs identified and addressed
- Referral and access to drug and alcohol services
- Adult and children's services working more effectively together

Domestic Abuse

- No repeat incidents of Domestic Abuse
- Sustained non contact with perpetrators

General support

- Better communication / relationships with support services reported by children and parents
- Extended packages of support developed within extended family

Housing

Appropriate housing secured reducing risks





General issues around quality found in audit

- Quality of the assessments weak, particularly conclusions and analysis
- Poor quality action plans; often woolly or broad
- Information form other agencies working with the family missing, reducing the holistic nature of the assessment
- Full four step process not followed, making tracking outcomes in some cases very difficult
- Young persons view often missing, loosing focus of child/young persons views – focus became the adult's
- Failure to keep CAF central records up to date particularly with Lead Professional details or closure.

N.B it is important to note that these types of issues are not exclusive to CAF





CAF consent debate

Is it a consent issue?

OR
Is it an engagement issue?

It is not unique to CAF

We need to understand and recognise the nature of the problem in order to change it





Guidance and Research

National Guidance, legal frameworks and the underlying principals all advocate the CAF should sit within a consensual process.

Research (LARC 2010) stated 'all authorities reported the importance of fully engaging children, young people and families in the CAF process, often indicating that the success of the CAF depended on the family engagement'





Key factors to good CAF engagement

Can be summed up under three areas:

- 1. Workforce considerations
- 2. Preparation by practitioners
- 3. Engagement with children and families

See handout





Risks

- We will be working outside legislation, guidance and best practice principals – including the Nottm Family Support Strategy
- Open ourselves to legal challenge.
- Disengaging / disempowering families further.
- Intervention less effective sustained change is unlikely.
- Negative impact on the perception of CAF.





Conclusion

- Key is early intervention
- Most families do want the best for their children.
- It shouldn't mean that we abandon families who don't consent;
 - Look for solutions
 - Even if they don't consent to CAF we should still be offering them a service
 - Work with the issue
- We already have processes in place to escalate concerns with out consent if safeguarding risks are present





Talking to Children, Young People and Parents about CAF and obtaining consent

Workforce considerations

- Ensure you feel confident and positive about the CAF process as your feelings will have an impact on how you are able to talk about and explain CAF to families.
- Think about what skills and knowledge you need to effectively communicate and engage with children, young people and parents; these are outlined in 'The Common Core Skills and Knowledge' (2010) CWDC.
- Ensure you have a good understanding and are skilled and knowledgeable about information sharing and consent issues, this includes assessing young peoples' capacity to give consent. Please see 'Information Sharing: Guidance for practitioners and managers' (2008) DCSF and 'The Common Core Skills and Knowledge' (2010) CWDC.

Considerations for workers prior to talking to families about CAF

- Think about how you could explain CAF to the family, what will you say? What have the
 family told you about their strengths and needs, these can be used to help explain the
 benefits of CAF. Talking to and practising with team or other colleagues may help. A
 discussion with your line manager, agency CAF champion or using time in supervision can
 also be supportive.
- It may help to consider if there may be problems raising the issue or in gaining consent with the family, and thinking through how these might be addressed.
- Consider who has the best relationship with the young person or family; could they support you in your discussions with the family about CAF?
- Obtain a copy of the CAF leaflet for parents and young people and familiarise yourself with it.

Talking to families about CAF and obtaining consent

- Hold the discussion at the appropriate time and place. Ensure you and the family have the time, space and privacy to discuss CAF.
- If a parent or young person is upset, angry, very stressed or under the influence of substances etc, it may be better to discuss CAF at another time.
- Use clear language to communicate and adapt to meet the needs and abilities of the child, young person or parent.
- Listen to what the family have to say about their strengths and needs, and what solutions
 they think are best to address their issues. They know their family better than anyone else;
 being respectful of this can help to engage them.





- Using the CAF leaflet, the four step CAF process or the assessment triangle diagrams can all be used to help explain CAF be creative!
- Agree what information will be shared and with who; make a note of this on the consent form. Remember to explain that there are times that information has to be shared with others, such as when a child is at risk.
- Before you end your discussions remember to check out what has been agreed with the child, young person or parent.
- The family may wish to have time to consider the CAF, it is ok to agree to come back and discuss the issue at a later date.
- If the family say 'no' stick with them, continue to provide support and revisit CAF at a later date.

Once you have obtained written consent, please remember to log your CAF at CAF Central Records @ 0800 9540476