

Integrated Working Quarterly Update Report Q2 2015-16

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Introduction

This report examines a wide range of data aiming to provide a factual baseline to the implementation and delivery of coordinated, multi-agency working in Richmond and Kingston, as described below:

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1. Overview of Integrated Working (IW) across Achieving for Children

The Integrated Working Quarterly Update Report provides an *overview of contextual cumulative CAF data* and an *in-depth review of the most recent quarterly activity* for Richmond and Kingston.

This is the second quarterly report for 2015-16, looking at July-September 2015

1.1 At a glance in Richmond

The number of new CAFs in Richmond during Q2 2015-16 was levelled to those in Q1.

The number of ongoing CAFs was also comparable to those last quarter, with **163** live cases at 30 September 2015. There were fewer CAFs initiated by partners, which is expected during the summer term. However partnership participation at TAC meetings continued to be strong.

When looking at CAF closures, interventions achieving *all or some outcomes* increased to nearly 60% during this quarter. Most families experienced a *positive distance travelled*.

1.2 At a glance in Kingston

The number of new CAFs in Kingston reduced by 22% during Q2 2015-16 compared to those in Q1, when there was a high number of new cases. However, the figure feels realistic and remains higher than the number of new cases in Richmond.

The number of ongoing CAFs slightly increased again, with **198** live cases at 30 September 2015, which is also higher than ongoing numbers in Richmond. There were no new CAFs initiated by partners in Kingston this quarter, and partnership participation at TAC meetings also decreased during the summer term.

When looking at CAF closures, interventions achieving *all or some outcomes* remained levelled to those last quarter at 55%. Most families experienced a *positive distance travelled*.

1.3 Single Point of Access (SPA)

Richmond SPA had 3624 calls during Q2 2015-16. Of these, 1.13% were abandoned after the caller listening to the recorded message; 35.95% of the calls answered were transferred out to other departments and 19.15% of calls were consulted with other departments / services before further action was taken by the Customer Service Adviser.

On average, calls were answered within 14 seconds, with 96.60% of calls answered inside the 20 second target.

There were 2451 contacts raised on the ICS by SPA for Q2, with 24.93% raised for the 0-4 age group, 31.82% for the 5-10s and 43.29% for the 11-19 age group. For 99.59% of the contacts raised on the ICS a decision was made within the same day, with 0.29% made within the following working day.

When looking at the source of the calls, 23.70% of contacts came from the Police, 11.51% from internal sources, 9.67% from GPs, 9.63% from Schools, and 8.04% from other health services. With regards to the reason for contact 19.79% of contacts were in relation to child mental health, 14.61% were requesting information and guidance and 11.59% were in relation to domestic

violence.

SPA's action resulted on 39.22% of contacts referred for support within PEH, with 0.82% of them linked to an existing referral; 18.55% of cases were provided with advice and information; 7.88% were progressed as a new referral to Social Care, whilst 13.80% had no further action on the contact received in to the SPA.

In Kingston there were 3472 contacts raised on the ICS by SPA for Q2 2015-16 – with 24.45% raised for the 0-4 age group, 35.05% for the 5-10s and 40.5% for the 11-19 age group.

When looking at the source of the calls, 32.69% of contacts came from the Police, 9.97% from Schools, 7.81% from GP's and 7% from internal sources. The reason for contact showed that 44.48% were requests for information and advice, 10.02% related to domestic violence and, 9.19% were in relation to child mental health.

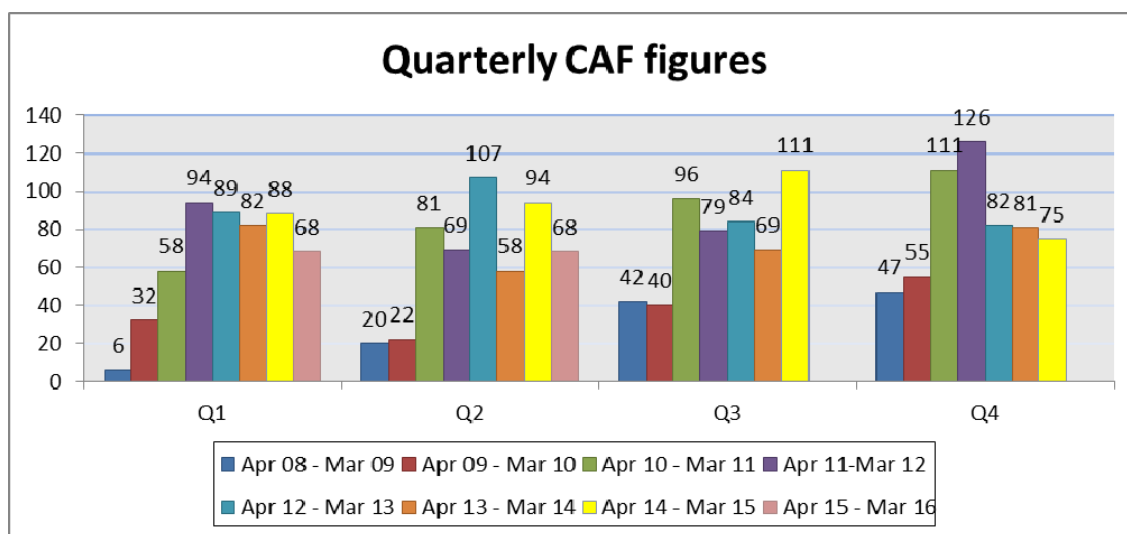
SPA's action resulted on 30.65% of contacts provided with information and advice, 30.27% of contacts referred to other family support agencies, 11.49% of contacts progressed as a referral to Social Care, and 14.17% had no outcome recorded on them, whilst 10.77% had no further action on the contact received in to the SPA.

2. Richmond borough wide CAF data

2.1 Number of recorded CAFs and demographic information

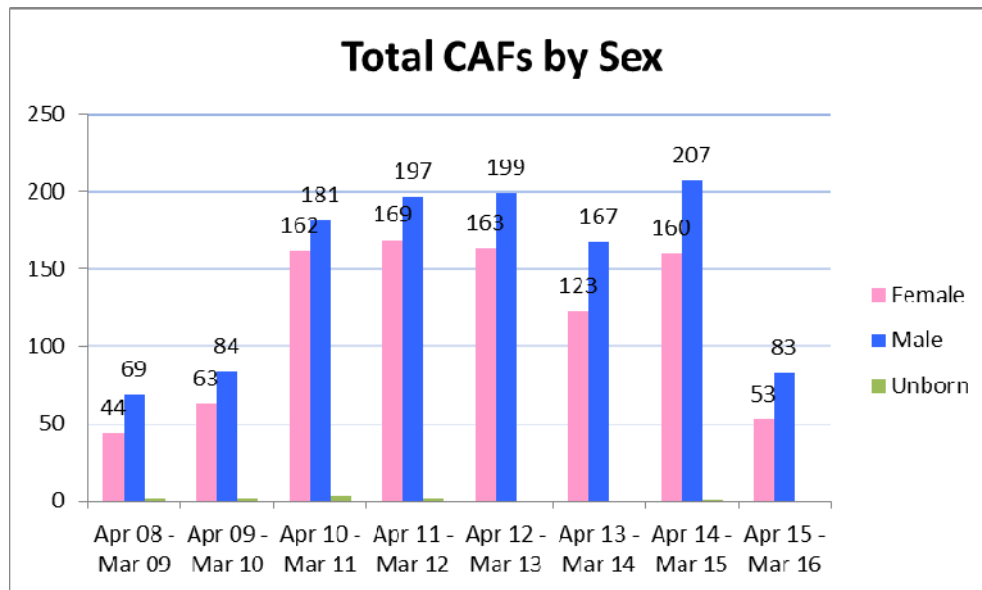
The CAF is the *assessment and planning tool* utilised to deliver preventative *child and family centred* multi-agency interventions, coordinated by a *lead professional* (LP) and supported by the *team around the child / family* (TAC/TAF).

A total of **2134 CAFs** have been undertaken in Richmond between April 2008 and September 2015 – including **68 new cases during Q2 2015-16**. This is levelled with the number of new CAFs last quarter.

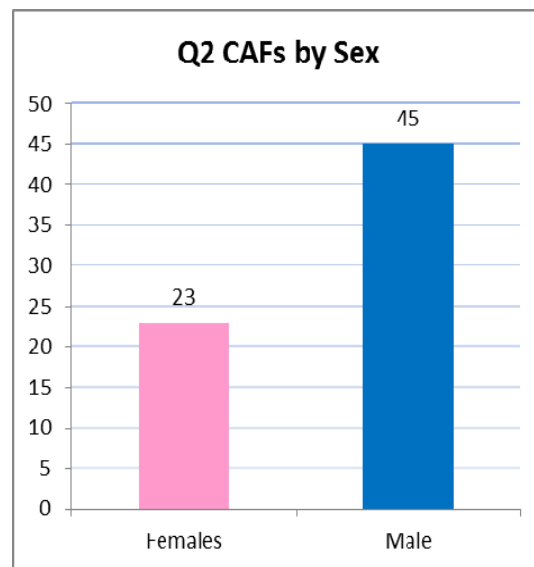
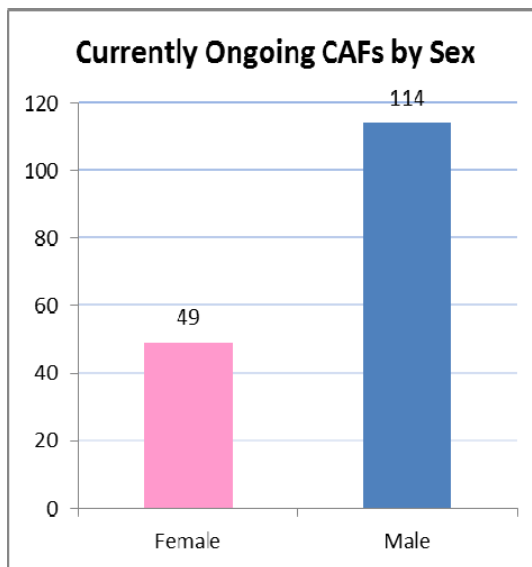


A total of **163 CAFs** were ongoing at 30 September 2015. Additionally to the new cases completed this quarter, further **92 eCAF**s were *in draft*.

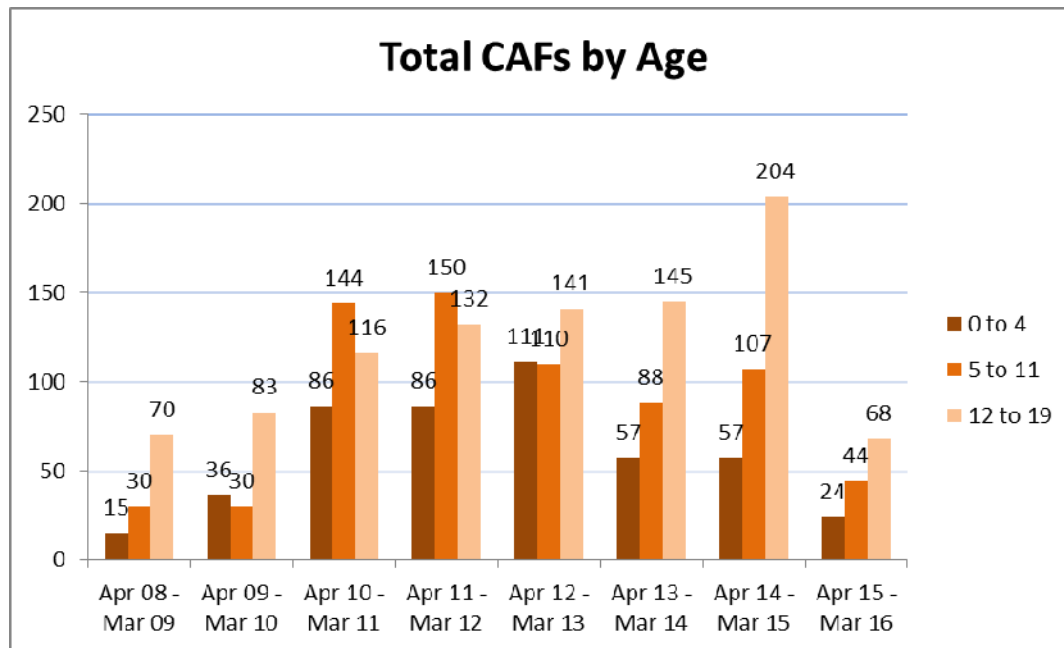
Consistently more males than females have been supported via the CAF process in Richmond.



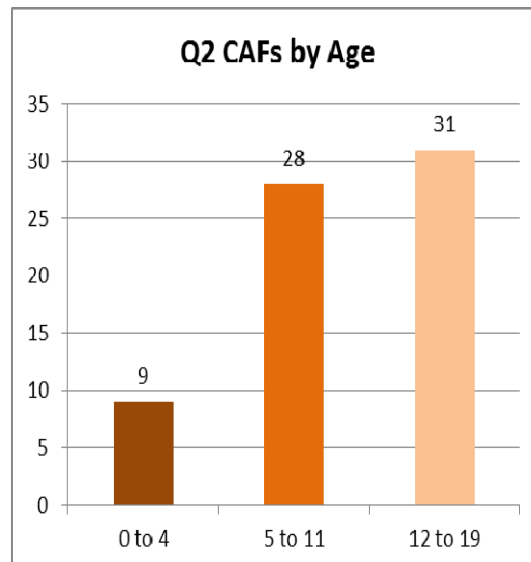
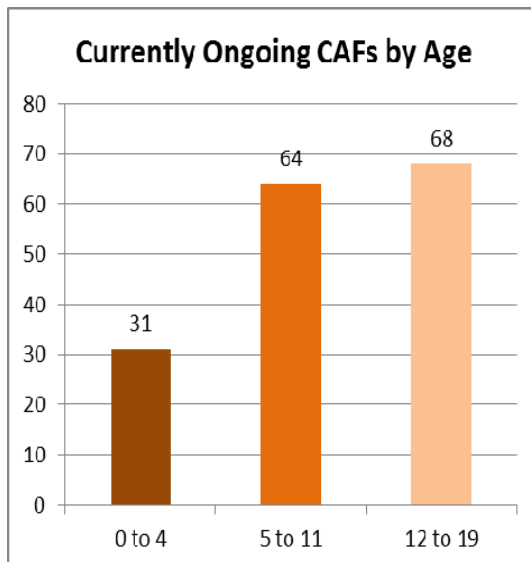
The trend remains when looking at new CAFs initiated during Q2 2015-16, as well as those currently ongoing:



The age group with the higher number of CAFs in Richmond has been the *12-19 years old* with lowest numbers for the 0-4s.

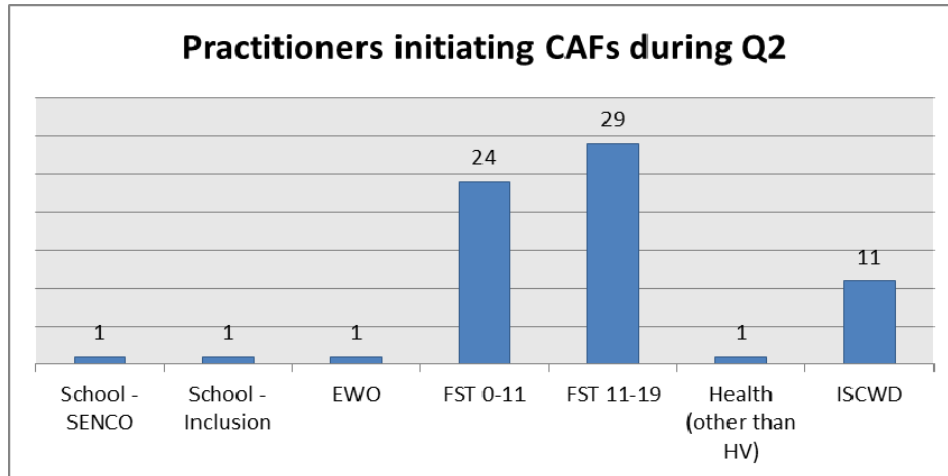


The trend remains when looking at new CAFs initiated during Q2 and for those currently ongoing.

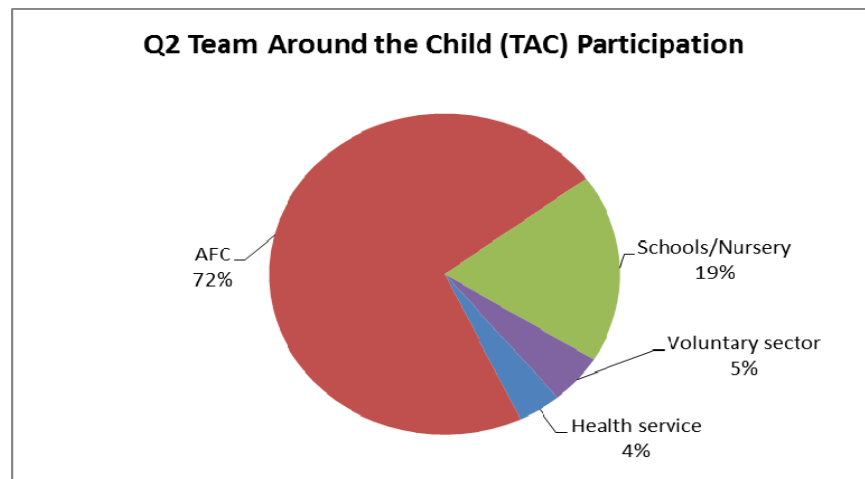


2.2 Practitioners across all agencies are involved in the CAF process

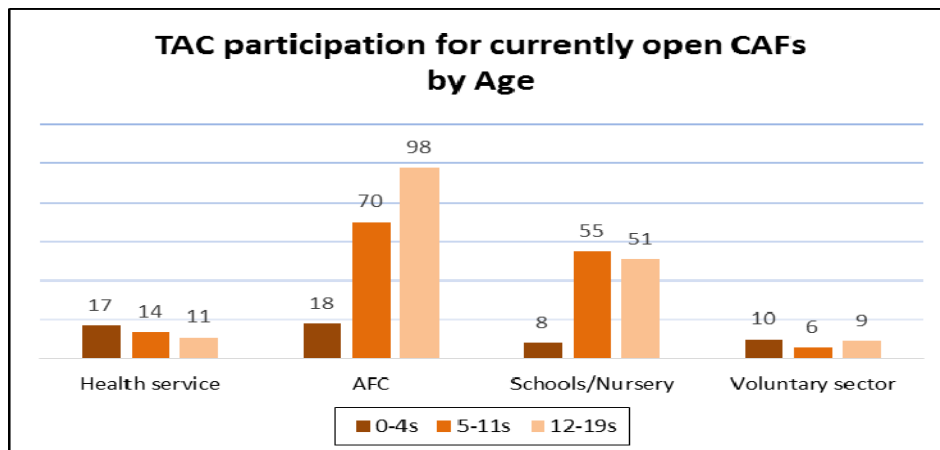
CAF initiations during Q2 2015-16 have been as follows:



Team around the child (TAC) participation for ongoing CAFs during Q2 is shown below:

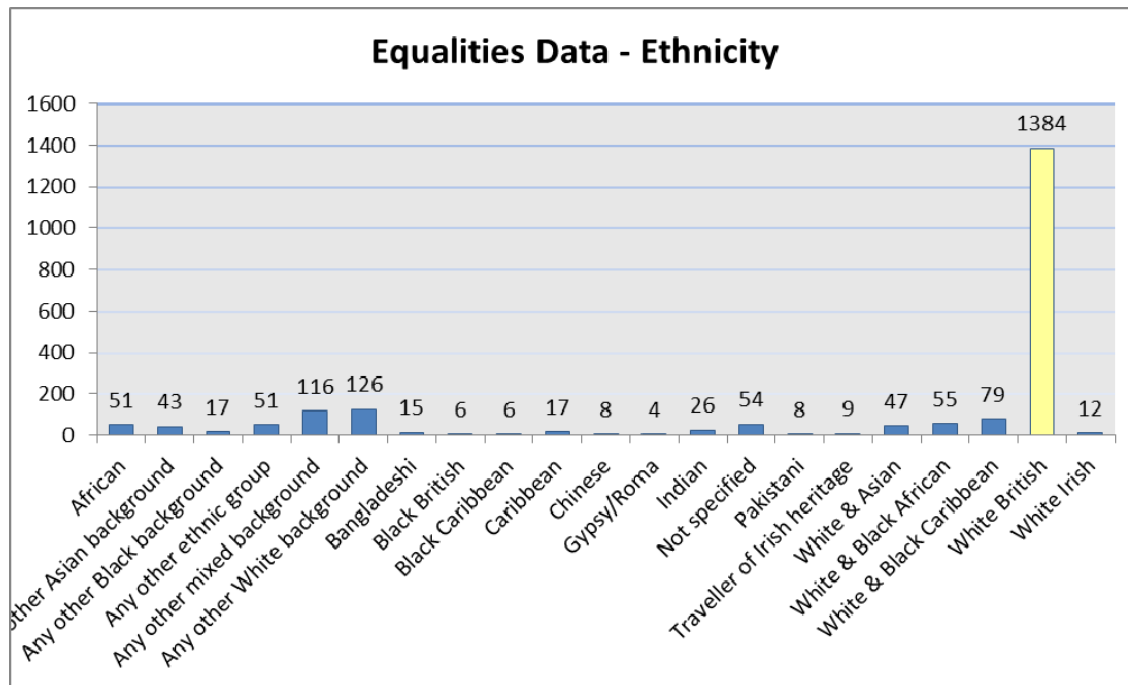


Current TAC multi-agency support in relation to age groups shows the following involvement:

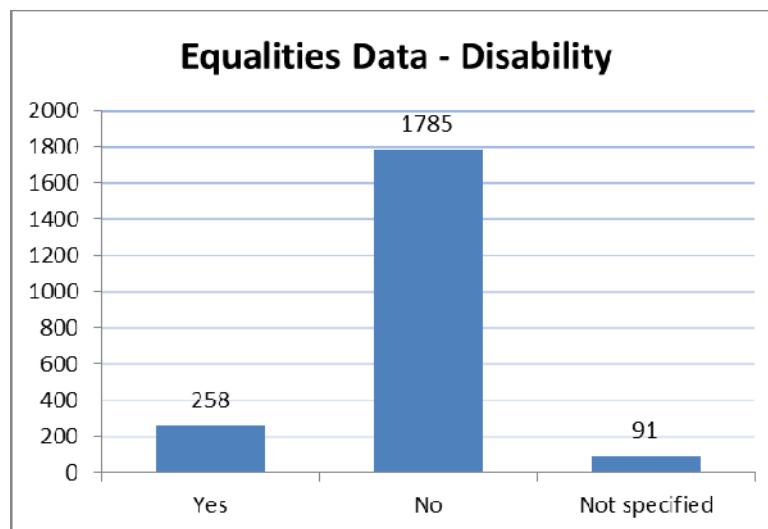


2.3 Equalities data

The CAF is used across various ethnic backgrounds:



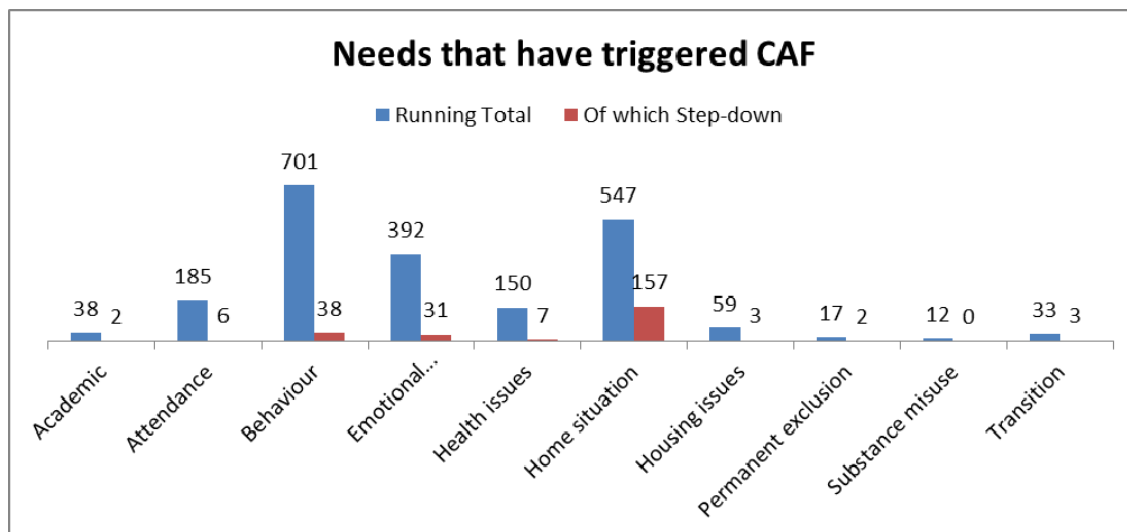
In some cases, it is also relevant to use the CAF process to support children with disabilities:



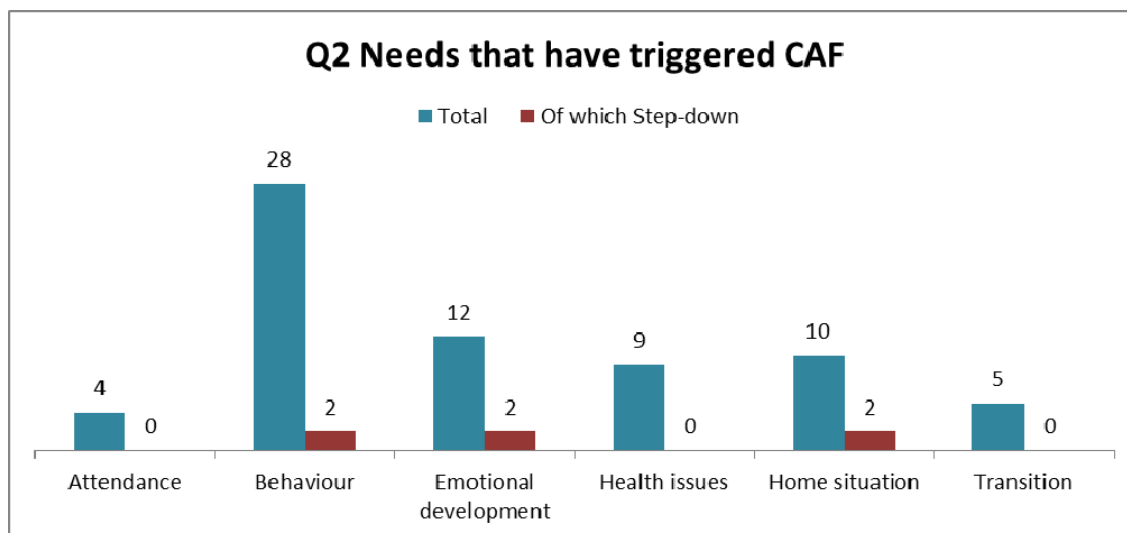
2.4 Needs that have triggered CAF

The three main needs that have triggered CAFs in Richmond are *Behavioural Issues*, the *Home Situation*, and the child / young person's *Emotional Development*. These reasons have remained consistent over time, as shown by the cumulative totals in the chart below.

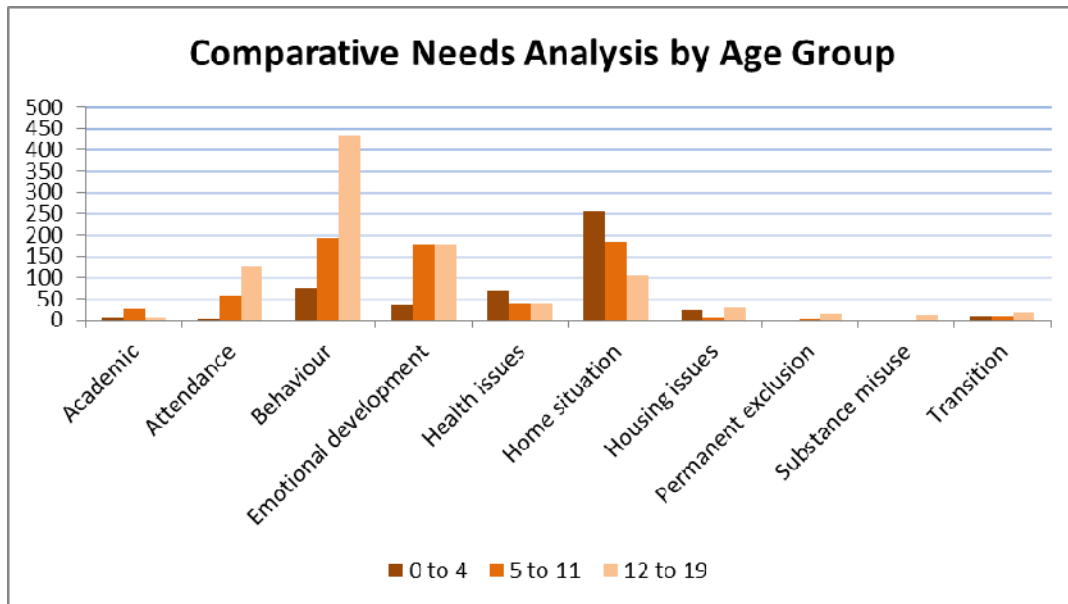
Just under 29% of cases triggered by the *Home Situation* are *step downs*. However, step downs represent 11.6% of CAFs when considered across all trigger needs. This proportion has also been fairly consistent over time.



The trend remains for new CAF initiations during Q2 2015-16. The graph also shows an increase on CAFs initiated due to Health issues.

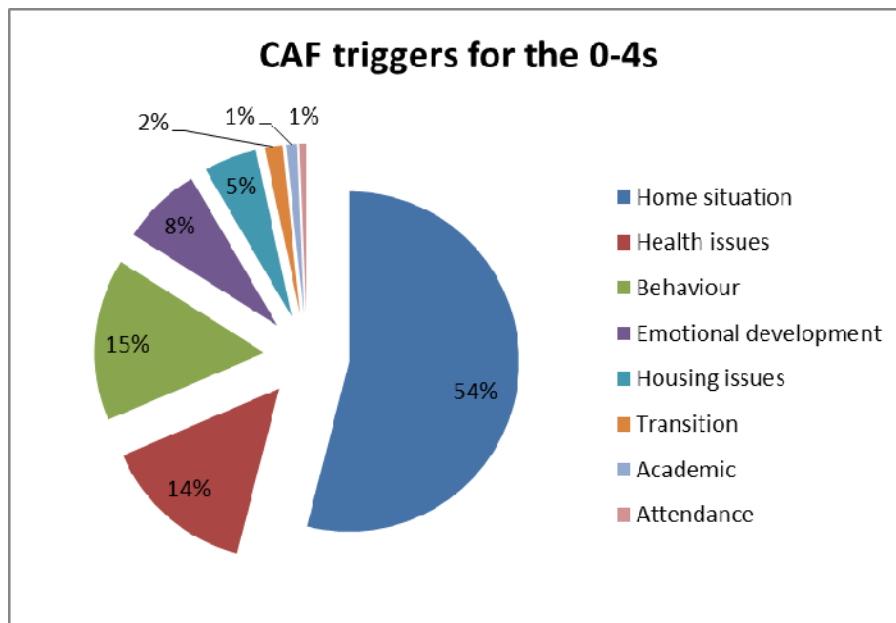


2.5 A Cumulative Comparative Needs Analysis by age group is shown in the graph below:



2.5.1 The aggregated detail analysis within each specific group shows:

0 to 4 age group – *Home situation* has largely been the key CAF trigger for the 0-4s, followed by *Behaviour*, and *Health issues*.

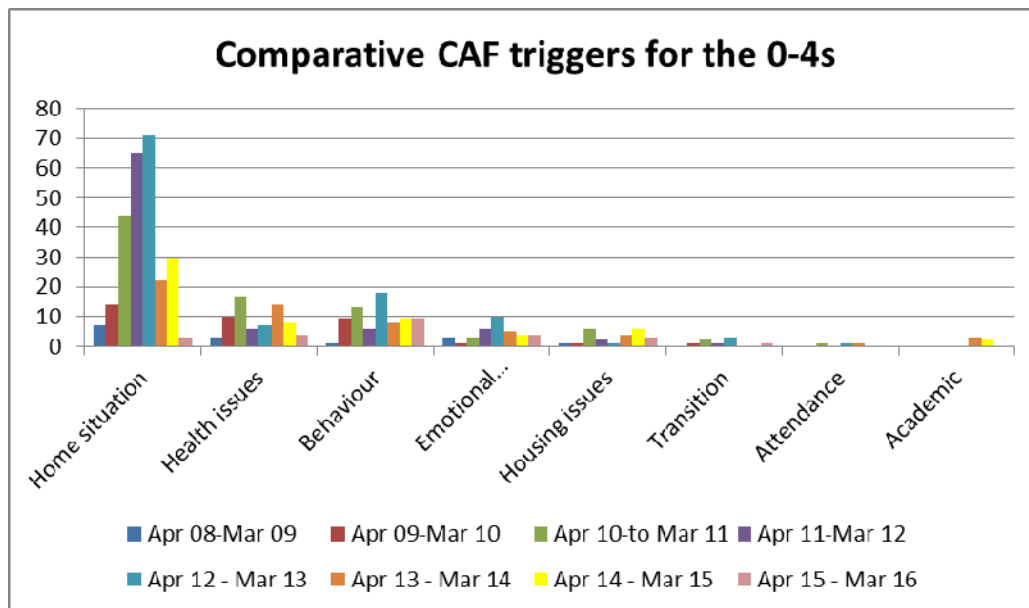


Close to **30% of CAFs triggered by the *Home situation*** in this age group are a *step-down* from statutory services and present added complexities, such as *domestic abuse* (53%), *parental mental health* (37%) and; *financial issues* (28%), with **over 65% of cases** in this category **having 2 or more think family issues**.

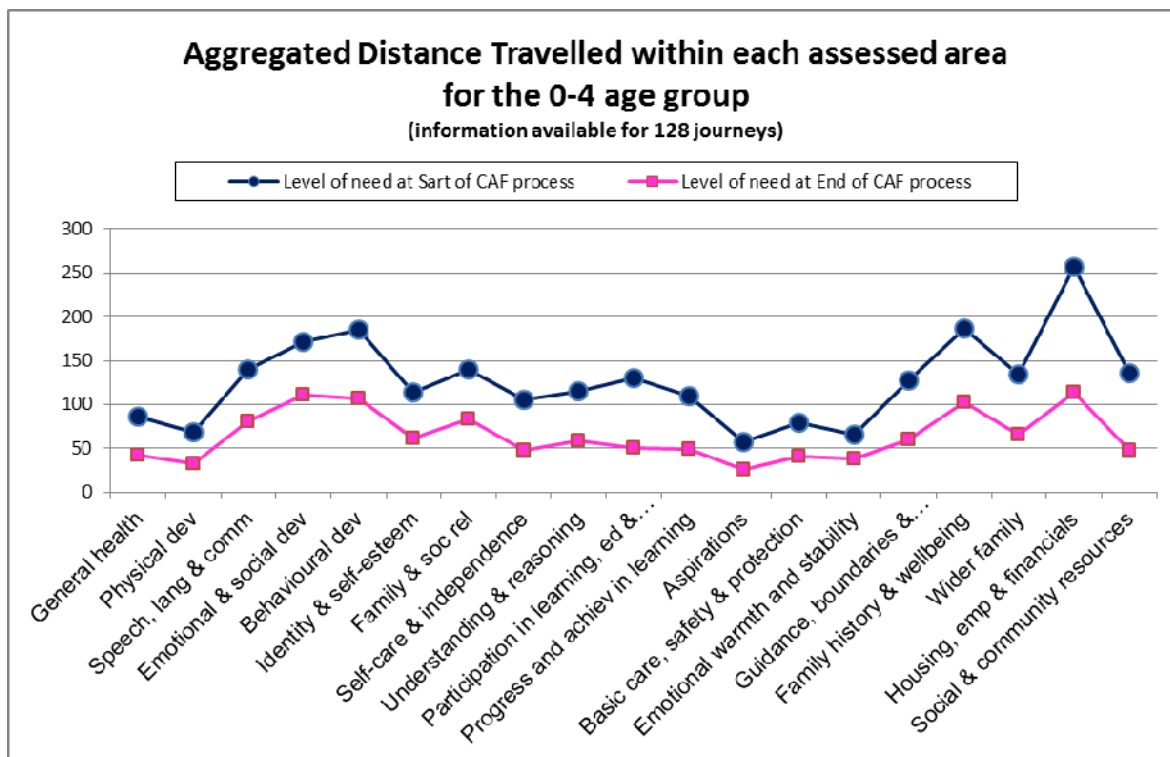
Looking at outcomes, 252 out of 256 interventions triggered by the *Home situation* have now closed:

- 66.6% achieved all or some outcomes; and
- 20.6% stepped up to statutory support – 36.5% of these had been step-downs.

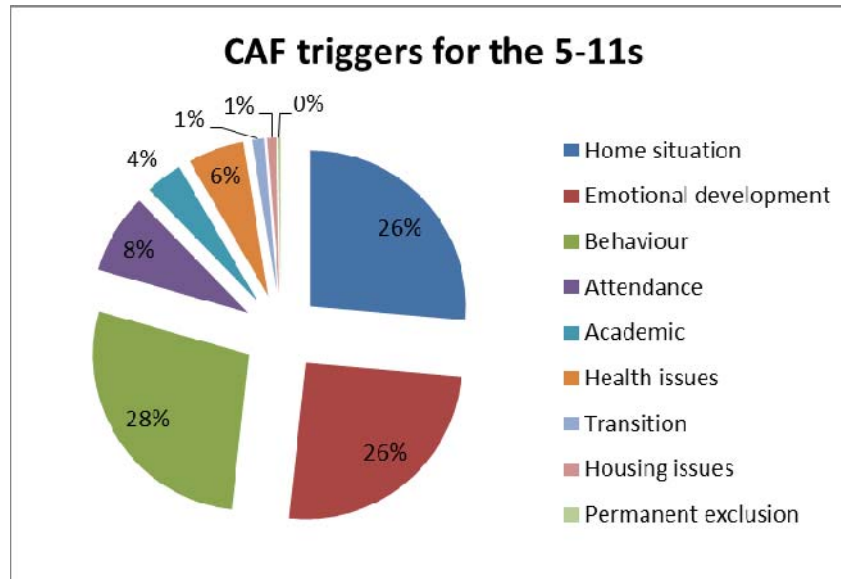
The key CAF triggers for the 0-4s have remained fairly consistent over time, although there has been an increase on new CAFs trigger by Behaviour issues during 2015-16:



Distance Travelled information shows that on average, families have perceived improvements in all areas at the end of their CAF journey:



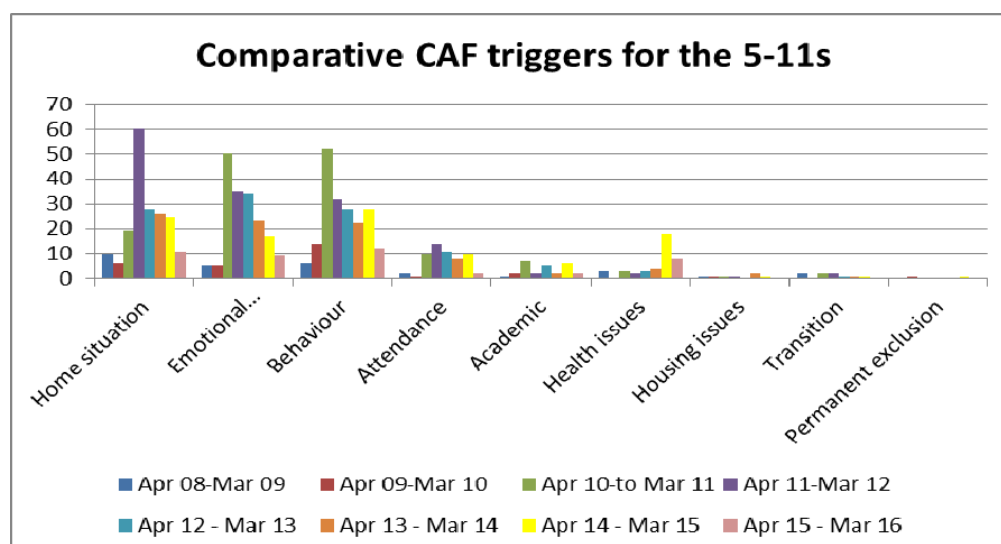
5 to11 age group – *Behaviour, Emotional development and Home situation* are the three key CAF triggers for this age group.



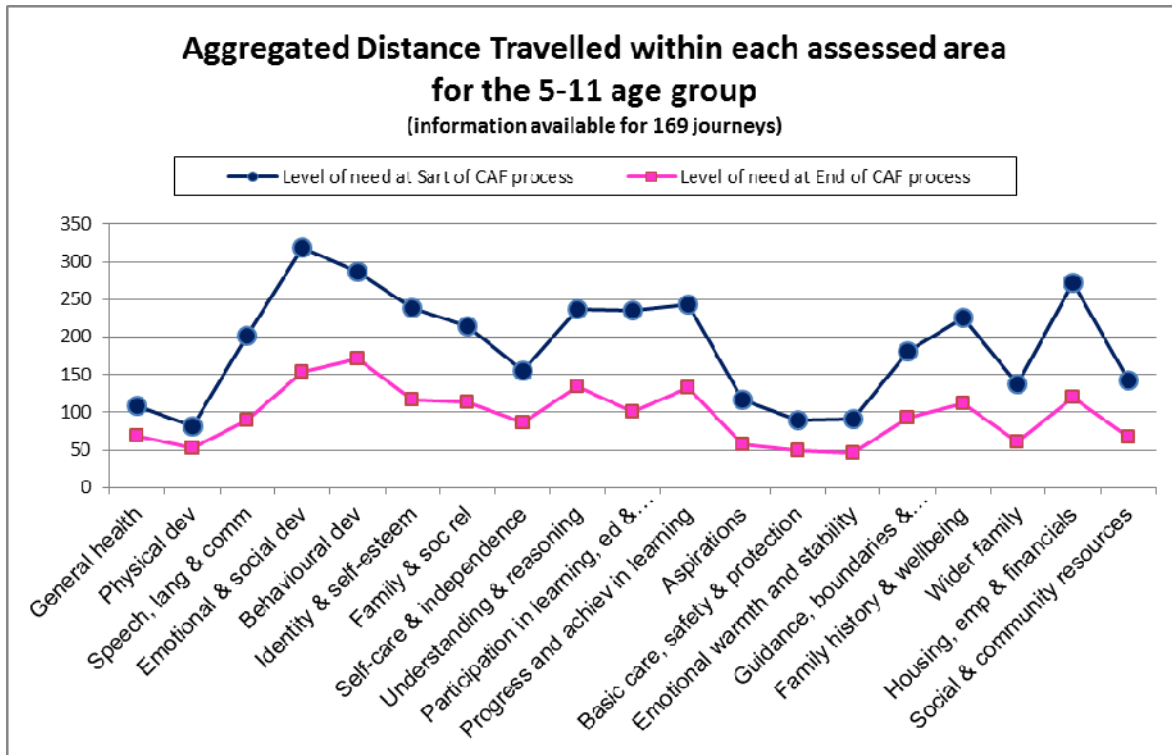
CAFs outcomes at closure for the above key triggers show:

- 170 out 194 interventions triggered by **Behaviour** issues have now closed:
 - 62.9% achieved all or some outcomes; and
 - 17.6% stepped up to statutory support.
- 174 out of 185 interventions triggered by the **Home situation** have now closed:
 - 60.3% achieved all or some outcomes; and
 - 26.4% stepped up to statutory support – of these 52.1% had been step-downs.
- 165 out of 178 interventions triggered by **Emotional development** have now closed:
 - 75.8% achieved all or some outcomes; and
 - 9.7% stepped up to statutory support.

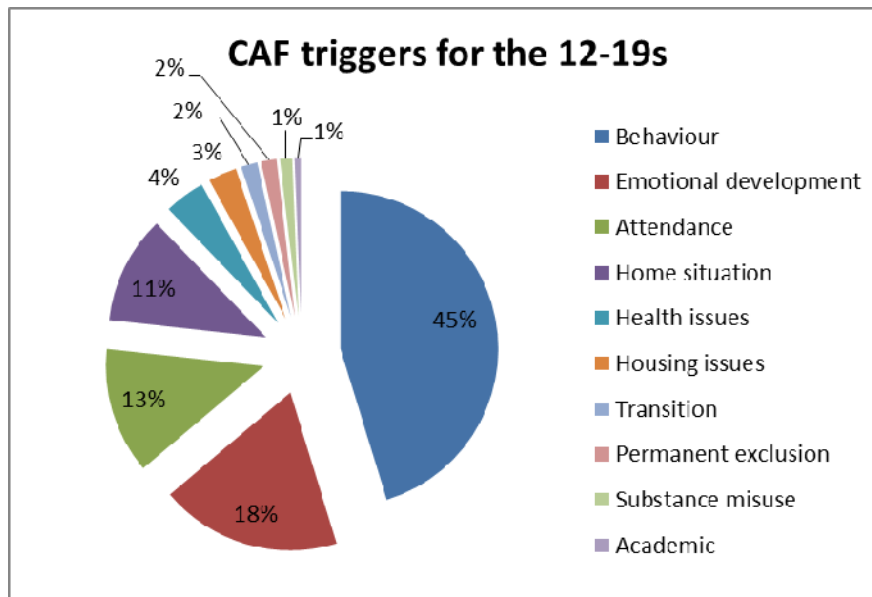
These key triggers have remained fairly consistent over time:



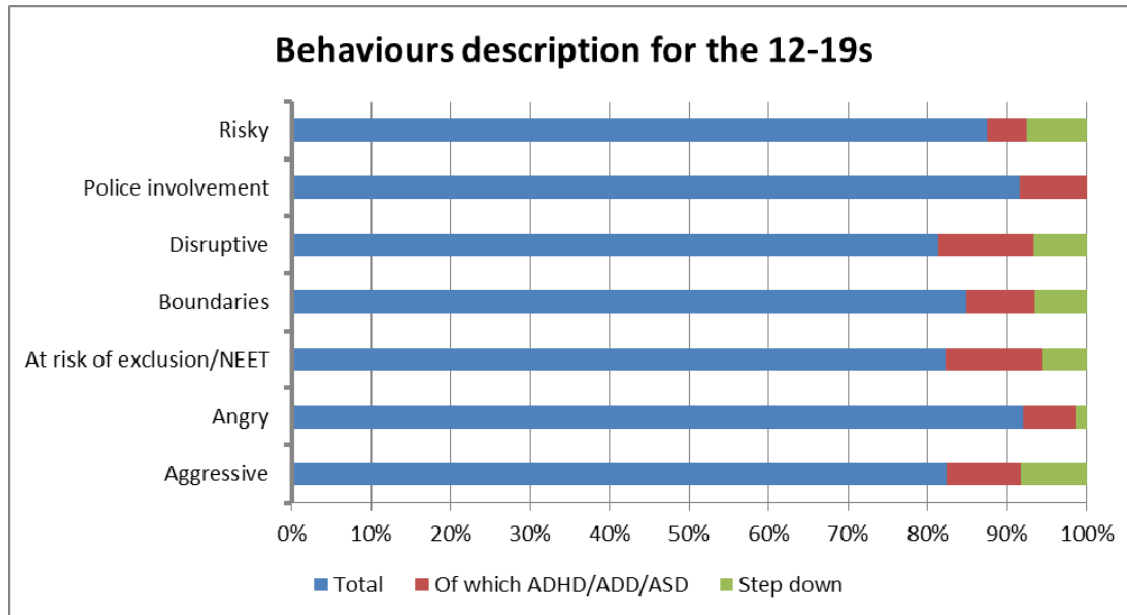
Distance Travelled information shows that on average families have perceived improvements in all areas at the end of their CAF journey.



12 to 19 age group – *Behaviour* is by far the highest CAF trigger for the 12-19s. *Emotional development* and *Attendance* are also in the top three.



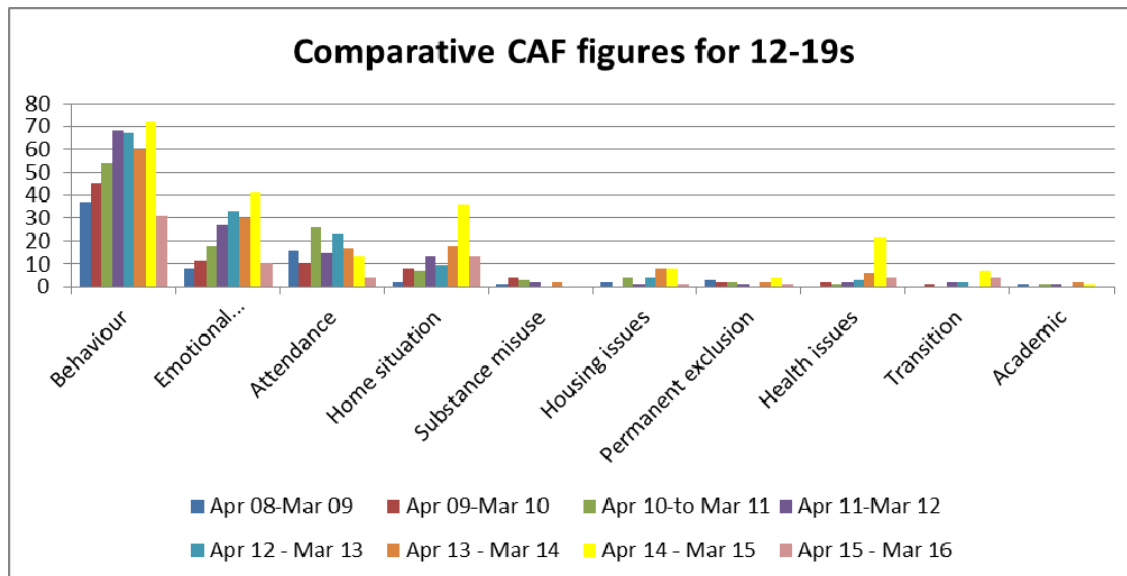
Behaviour has consistently been the key CAF trigger for the 12-19s, representing nearly half of all needed support. The graph below shows how *Behaviours* have been described by practitioners, as well as instances of *ADHD / ADD / ADS*, and those that were *step-downs* from statutory services.



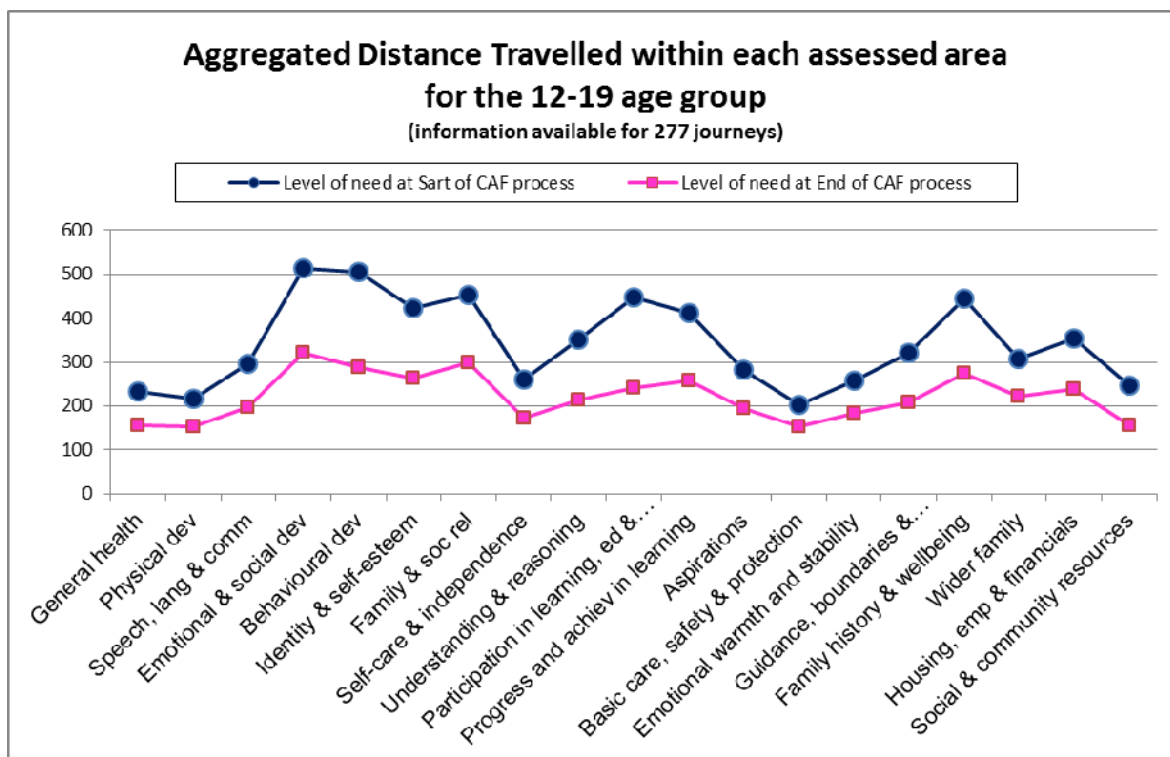
Looking at outcomes, 404 out of 434 interventions triggered by **Behaviour** issues have now closed:

- 57.4% achieved all or some outcomes; and
- 19.5% stepped up to statutory support.
- Further 12.6% did not engage.

The key CAF triggers for the 12-19s have remained fairly consistent over time.



Distance Travelled information shows that on average families have perceived improvements in all areas at the end of their CAF journey.



2.6 Think Family

The top three *Think Family* strands identified via the CAF process in Richmond overtime include *Domestic abuse*, *Parental mental health*, and *Financial issues*.

Chaotic home life has significantly increased during Q2 2015-16.

On average **33.5% of CAFs** have highlighted two or more *Think Family* issues.

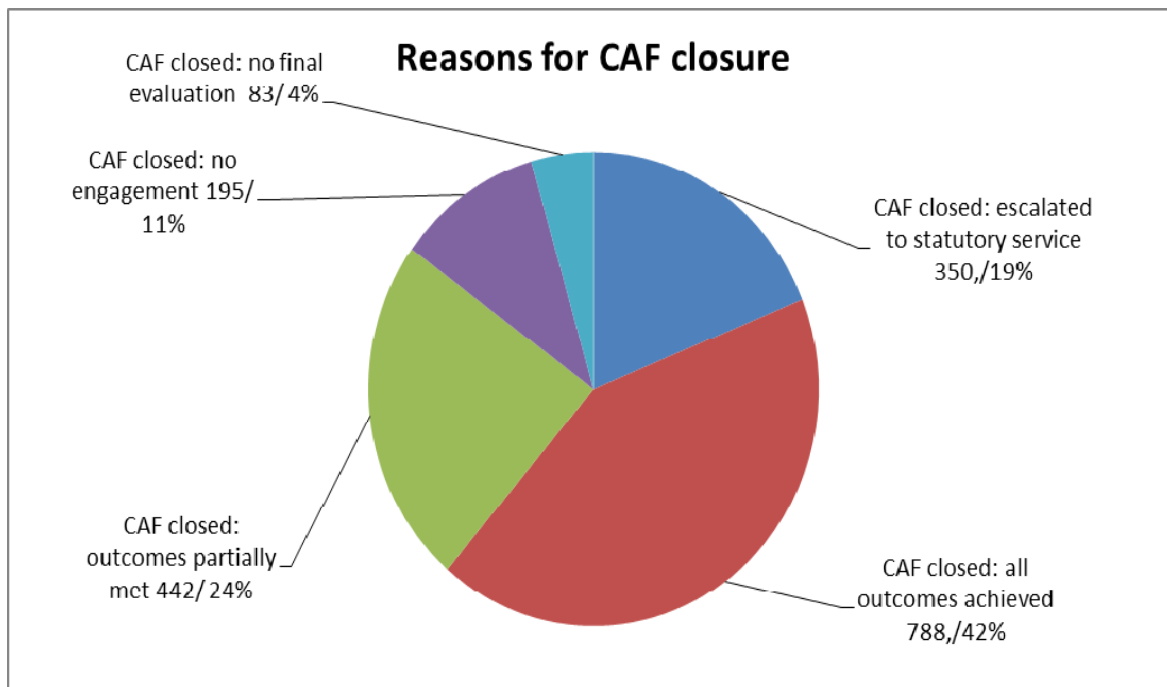
Cumulative Think Family strands identified via the CAF process									
	Apr 08 Mar 09	Apr 09 Mar 10	Apr 10 Mar 11	Apr 11 Mar 12	Apr 12 Mar 13	Apr 13 Mar 14	Apr 14 Mar 15	Apr 15 Mar 16	Running Totals
Domestic Abuse	7	27	73	82	111	64	80	25	472
Bereavement	7	10	29	47	30	31	31	11	196
Chaotic home life	0	4	8	4	3	1	0	29	49
Financial issues	5	14	35	64	69	63	76	29	355
Homelessness	2	2	2	7	5	4	0	2	25
Illness/disability	2	4	12	33	28	48	92	34	253
Parental mental health	13	15	57	76	95	67	76	37	436
Overcrowding	0	4	16	16	24	35	46	14	155
Family Member in prison	1	2	16	10	24	17	13	4	87
Substance misuse	6	23	45	47	63	36	39	6	265
Unemployment	0	2	16	14	26	33	52	10	161
2+ issues	16	44	95	118	151	109	131	52	716

Note: It is worth noting that **some of these may be historical** (notably Domestic abuse) and not necessarily happening at the time of the CAF assessment. However, these may still be having an impact for the family; it is likely that in order to support these cases, LPs may have to engage adult services as part of the TAC.

2.7 CAF Status at closure

163 CAFs were ongoing at 30 September 2015.

Furthermore, **1971 CAFs** had closed – including **69 CAF closures during Q2 2015-16**. The chart below shows the reasons for closure for the cumulative number of closed CAFs:



When looking at **the 69 cases closing during Q2**:

- 41 (59.4%) achieved all or some outcomes, and
- 12 (17.4%) stepped-up to statutory support – 3 of these (25%) had been step downs

Remaining closure reasons include, 10 (14.5%) were due to non engagement, 4 (5.8%) moved out of borough and further 2 (2.9%) had consent withdrawn.

2.8 CAF Journey: Distance Travelled Tool (DTT)

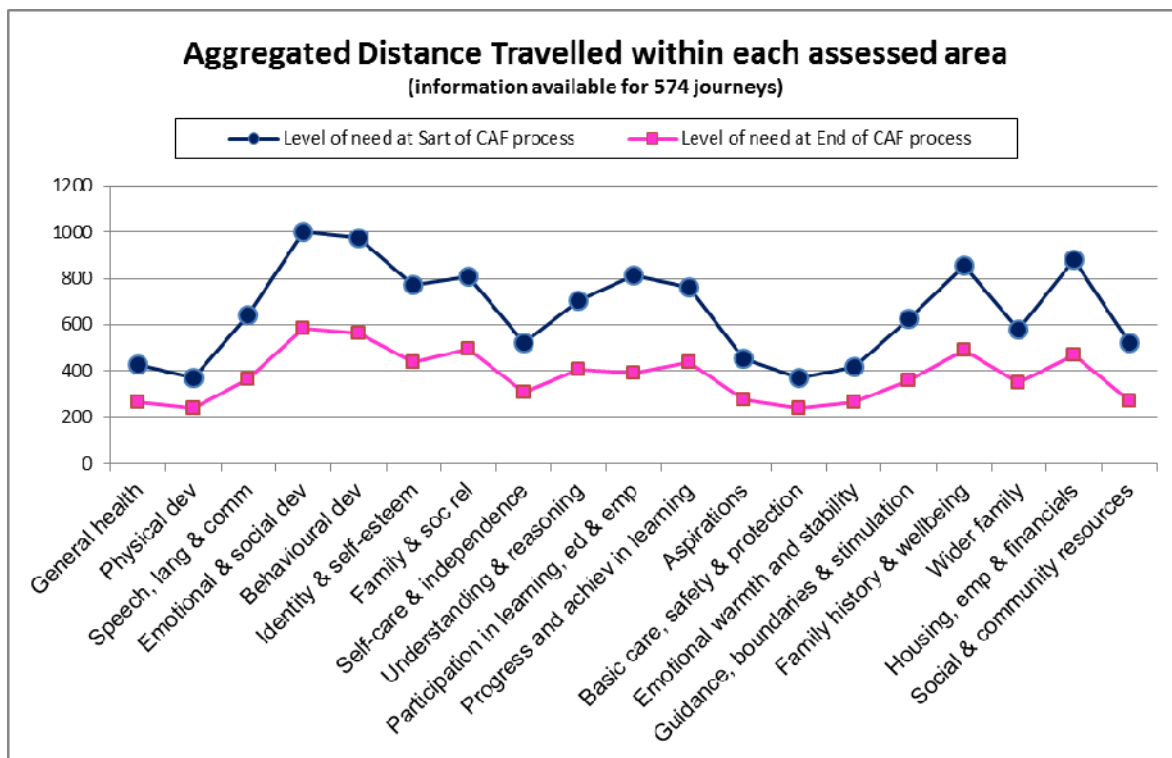
To help evidence how interventions are kept *centred* around children and families, practitioners have been using the DTT. This tool allows children and young people to *scale* their identified needs and *measure how they perceive they are progressing* as they work with the TAC towards achieving their outcomes.

41 out of 69 CAF interventions closing this quarter had DTT information. The current cumulative DTT data in Richmond is for **533 CAF journeys**.

Progress within individual areas of assessment *must be seen in the context of each individual case*. However, as an organisation, it is useful to consider the *aggregated impact* perceived by children and young people in the 19 areas assessed through the CAF process.

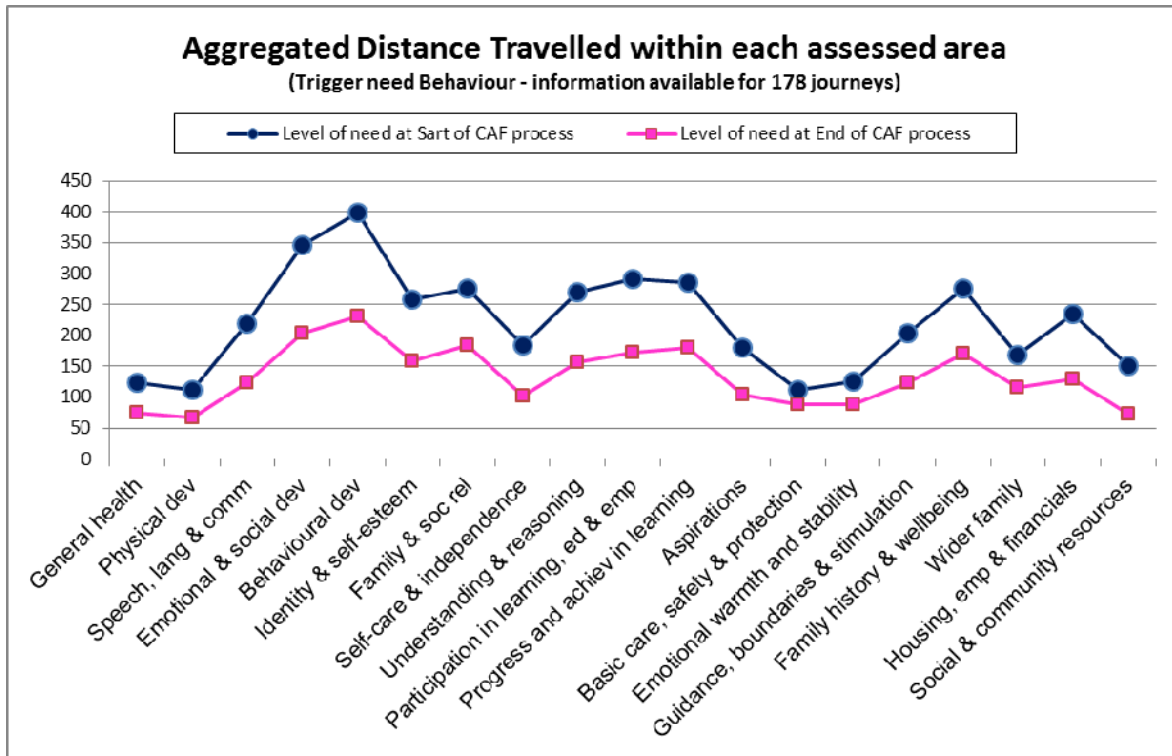
Overtime, this information is helping identify successes and areas for improvement, as well as informing service provision.

A graphical representation of the aggregated **533 CAF journeys** shows that on average, families have experienced a *positive* DTT in *all areas* following their CAF journey.

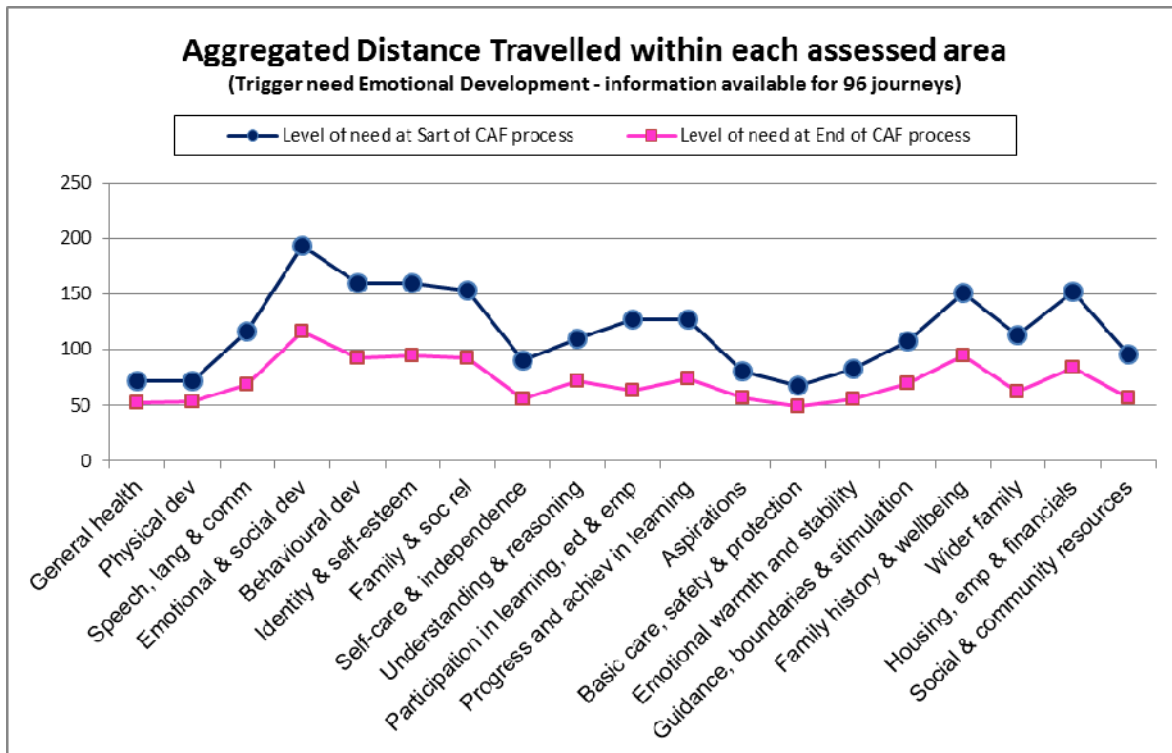


DTT information relating to the three key triggers in Richmond shows:

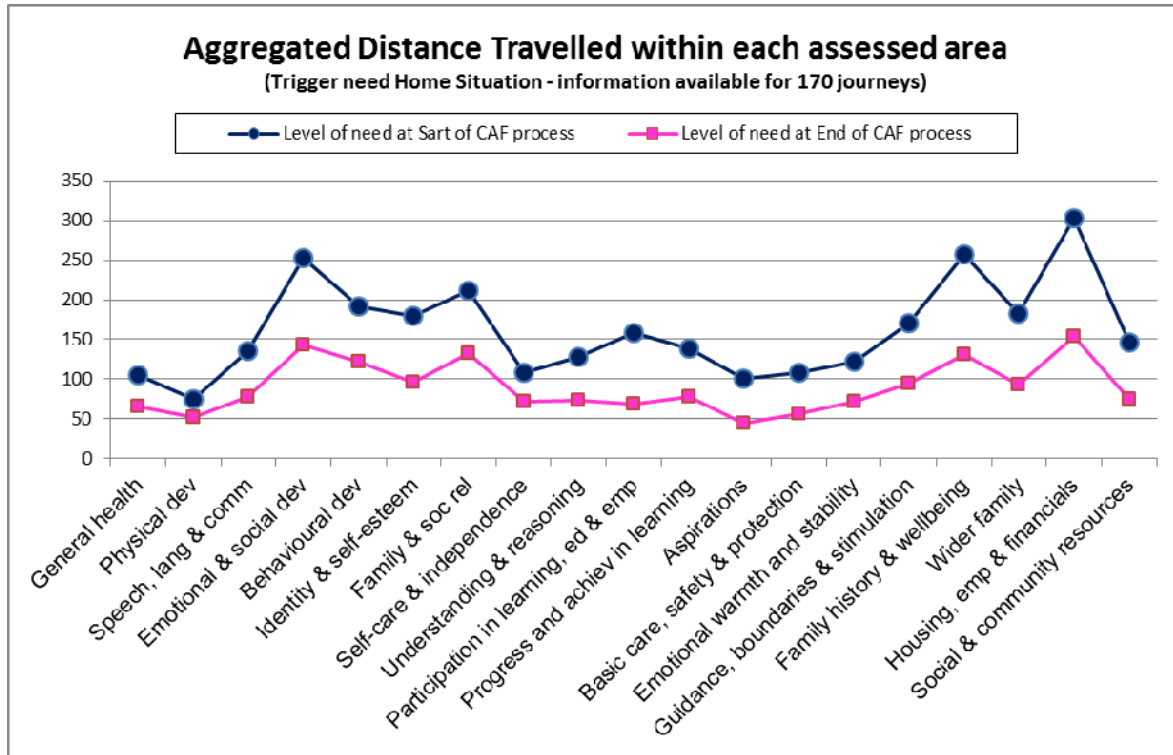
Where **Behaviour** prompted the CAF the overall DTT is *positive*; families have perceived good progress in most areas, including the trigger need itself.



Where **Emotional development** prompted the CAF the overall DTT is *positive*; families have perceived progress in all areas, including the trigger need itself.



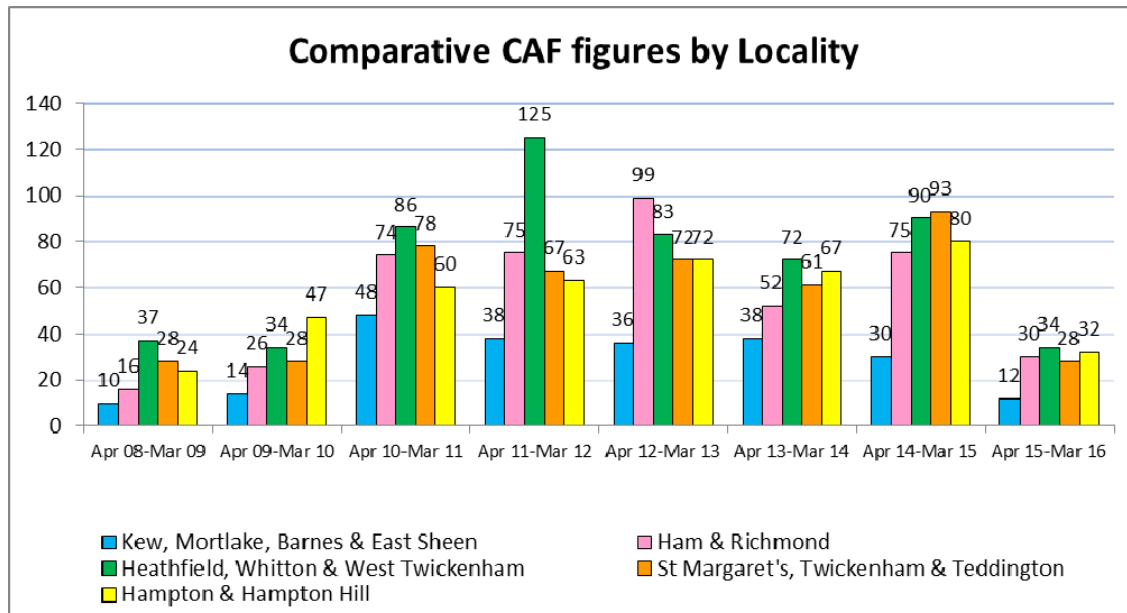
Where the **Home situation** prompted the CAF the overall DTT is *positive*; families have perceived good progress in most areas, including the ones relating to the trigger need itself.



3. Richmond Localities CAF data overview

Number of CAFs and demographic information by locality

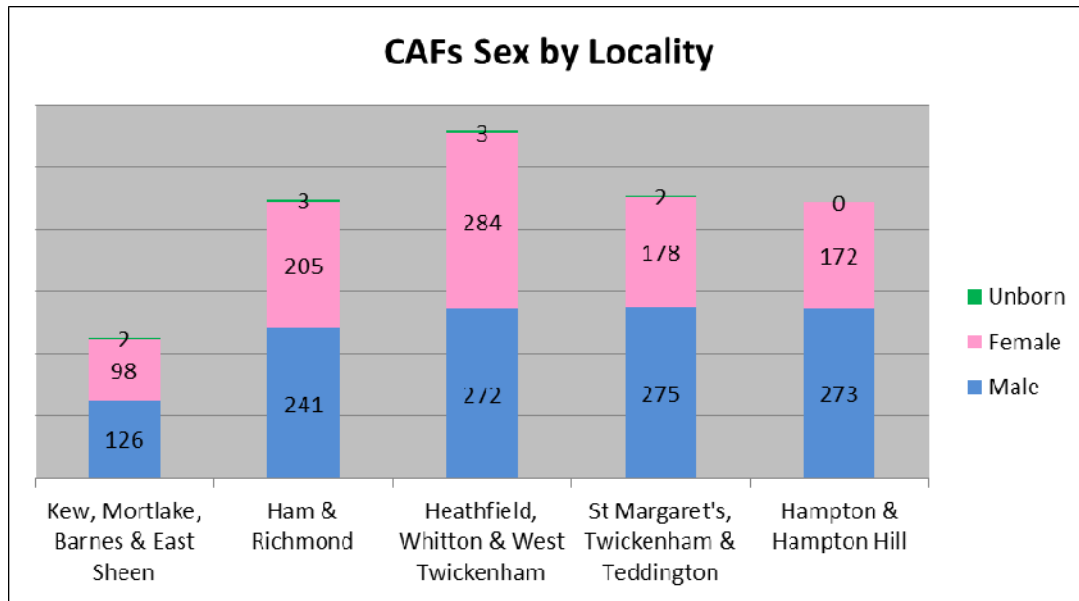
The chart below shows the *cumulative* number of CAFs per locality over time:



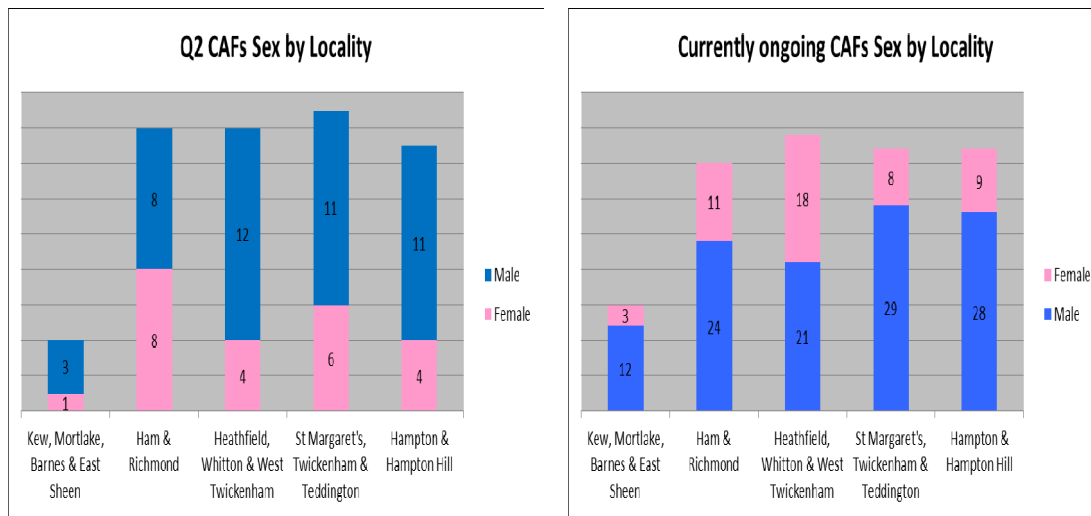
There were **68 new CAFs this quarter**, which match to the localities as follows:

- 4 new CAFs at Kew, Mortlake, Barnes & East Sheen;
- 16 new CAFs at Ham & Richmond;
- 16 new CAFs at Heathfield, Whitton & West Twickenham;
- 17 new CAFs at St. Margaret's, Twickenham & Teddington; and
- 15 new CAFs at Hampton & Hampton Hill.

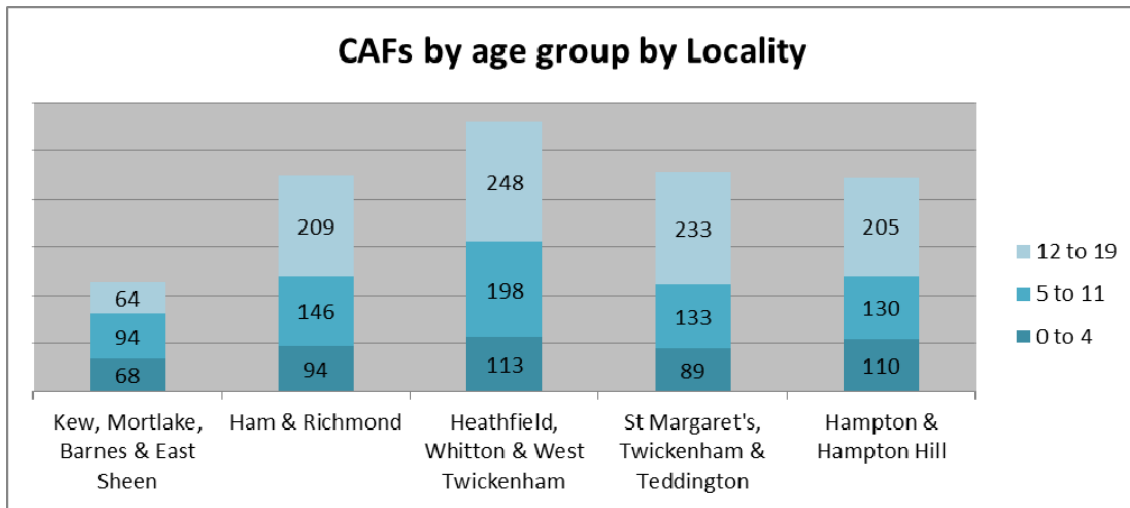
Whilst borough wide more males than females have been through the CAF process, female CAF numbers have historically been higher in *Heathfield, Whitton and West Twickenham*.



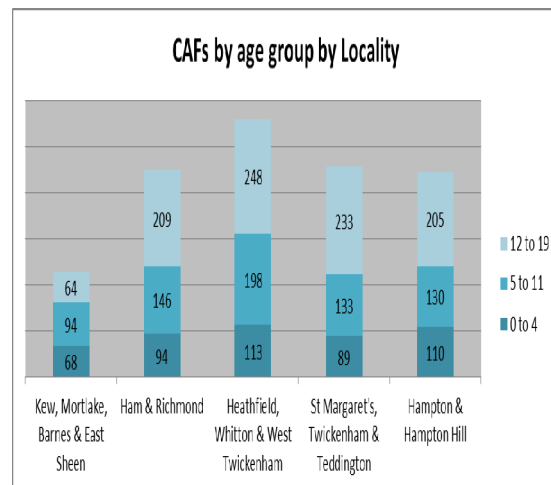
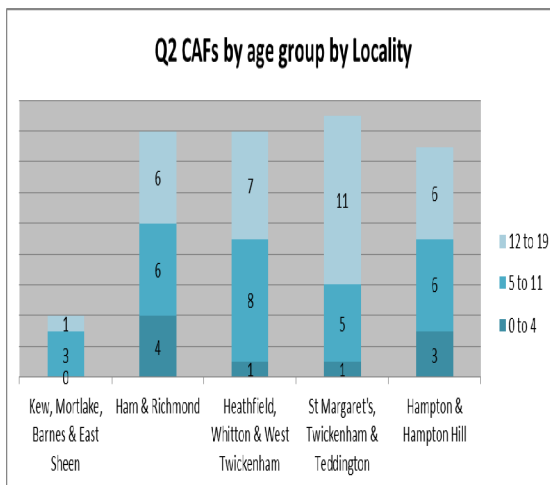
During Q2 2015-16 the trend reverted for *Heathfield, Whitton and West Twickenham* and there were also higher numbers of female CAFs in *Ham & Richmond*. Overall, the majority of currently ongoing CAFs are on males across all localities:



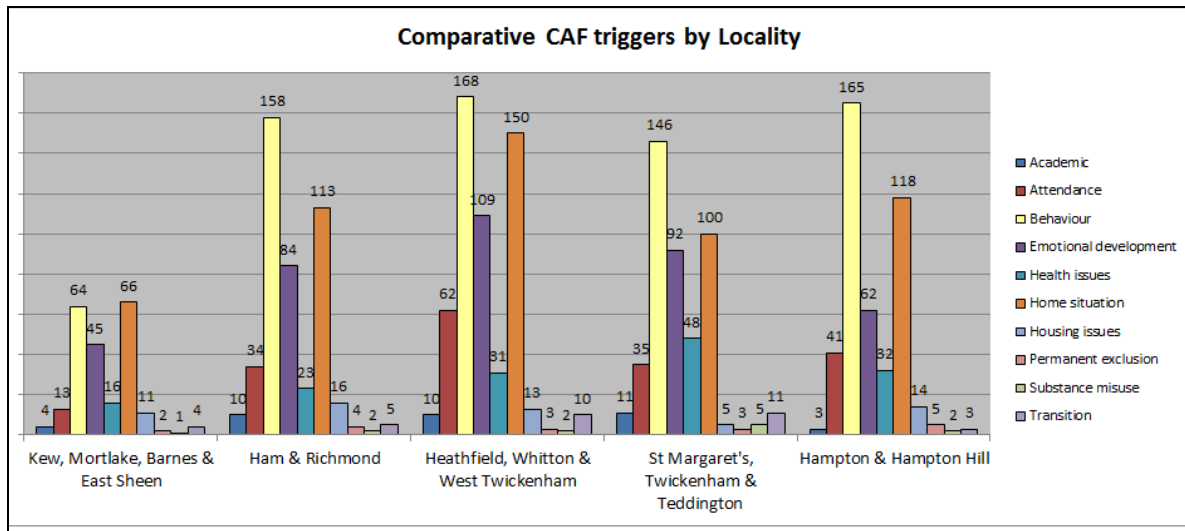
The 12-19 age group have the higher cumulative number of CAFs in four out of five localities. *Kew, Mortlake, Barnes & East Sheen* is the exception, where this age group actually has the lowest CAF numbers:



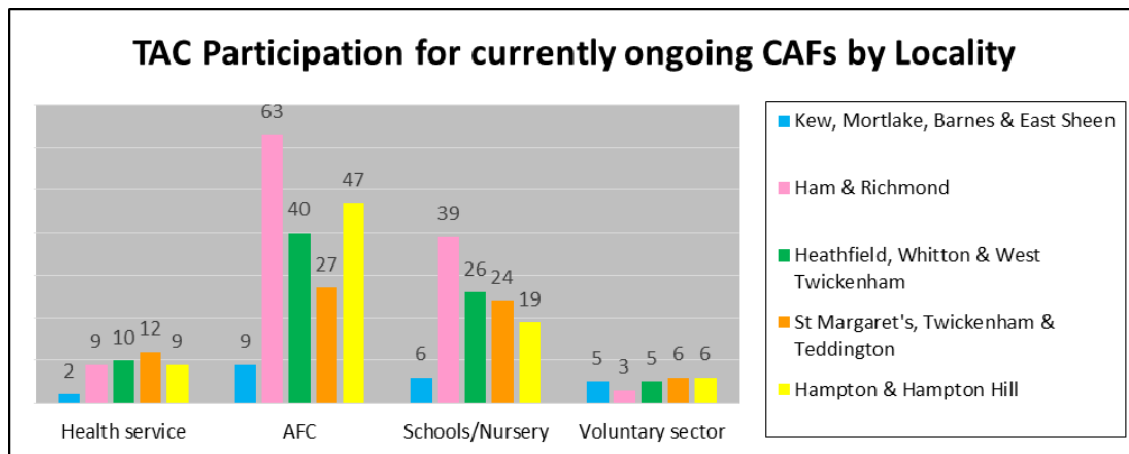
Looking at new CAFs initiated during Q2 and those currently ongoing, the trend is more balanced across the localities.



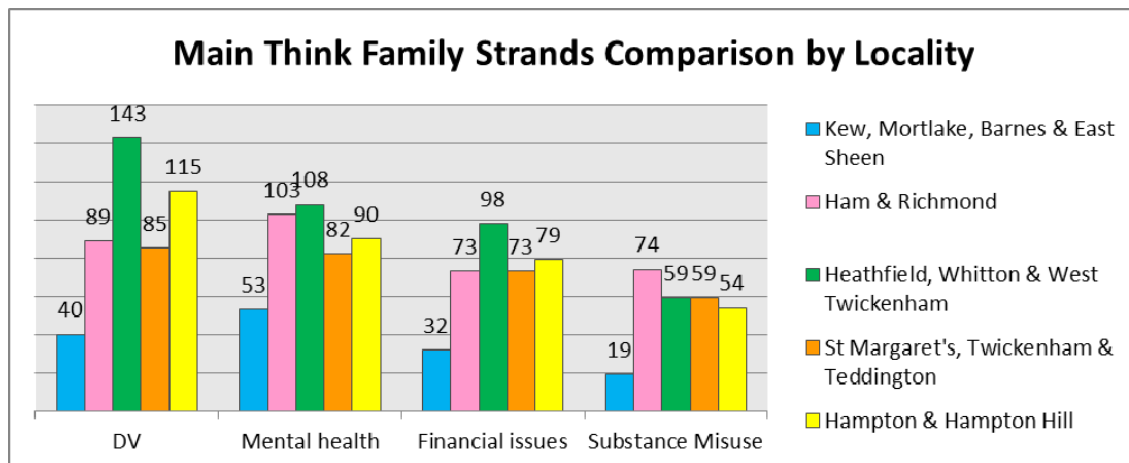
Behaviour has been the main CAF trigger in four out of five localities. The exception is *Kew, Mortlake, Barnes & East Sheen*, where the **Home situation** is the main trigger. This is consistent with the age group prevalence shown above.



Ongoing TAC involvement to support those needs across agencies is as follows:

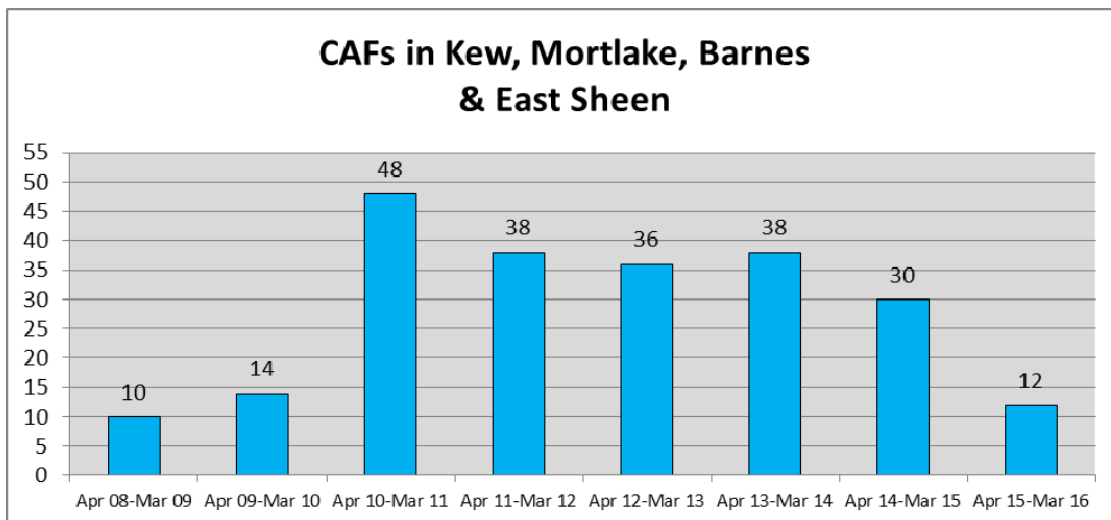


The chart below illustrates aggregated numbers of key **Think Family** strands:

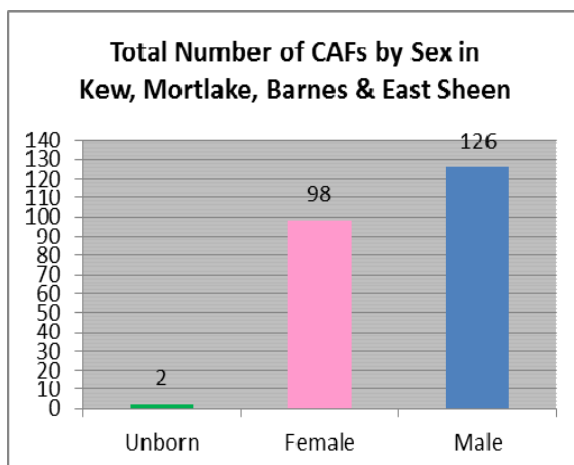


3.1 Kew, Mortlake, Barnes & East Sheen (KMB&ES)

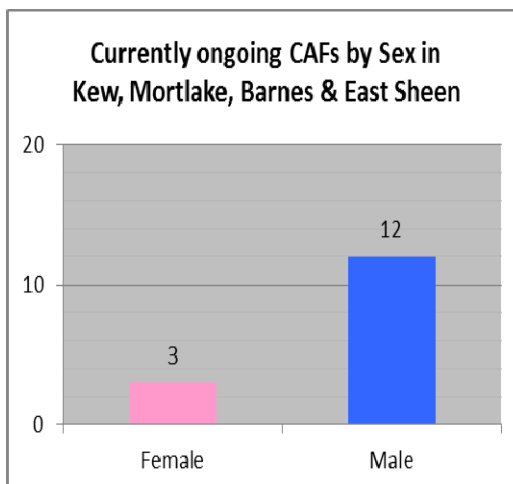
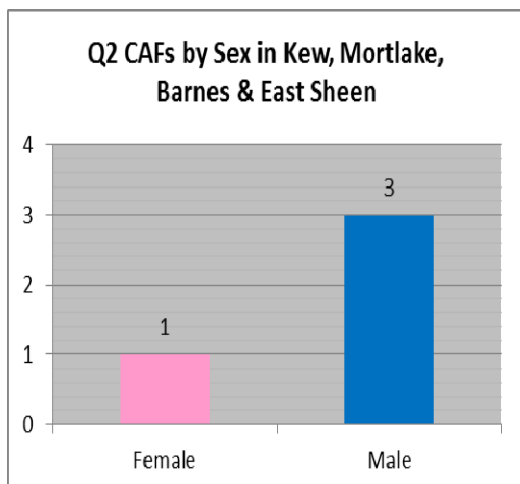
KMB&ES account for a cumulative **10.6 %** of the total CAFs borough wide. This has been historically the locality with the lowest number of CAFs. **226 CAFs** have been undertaken over time, including **4 new cases** during Q2



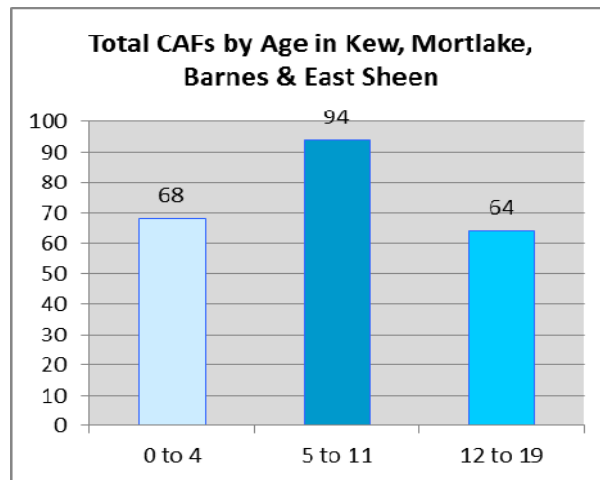
Consistently more males than females have gone through the CAF process in KMB&ES.



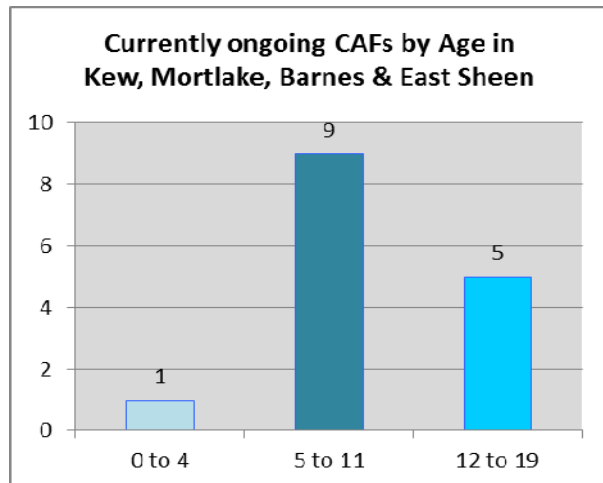
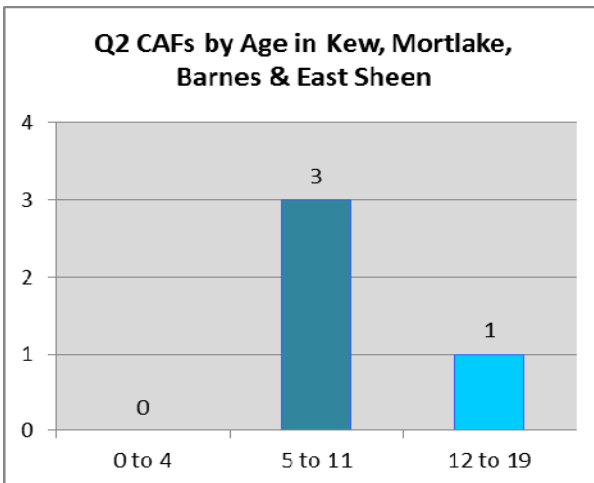
The trend remained during Q2, and for currently ongoing CAFs in this locality:



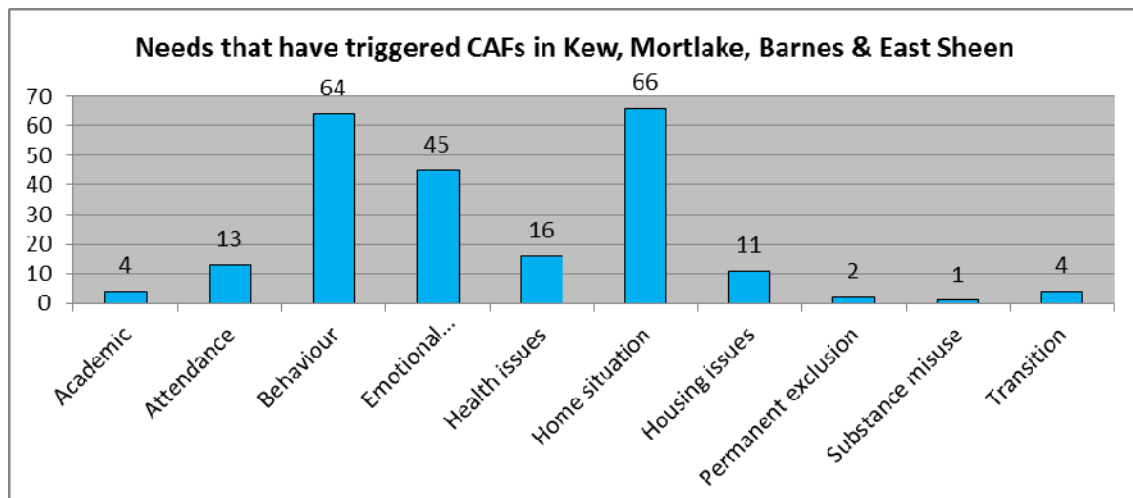
The age group with the higher number of CAF has been the **5-11s**. KMB&ES is the locality with proportionally higher 0-4s CAFs and lowest 12-19s.



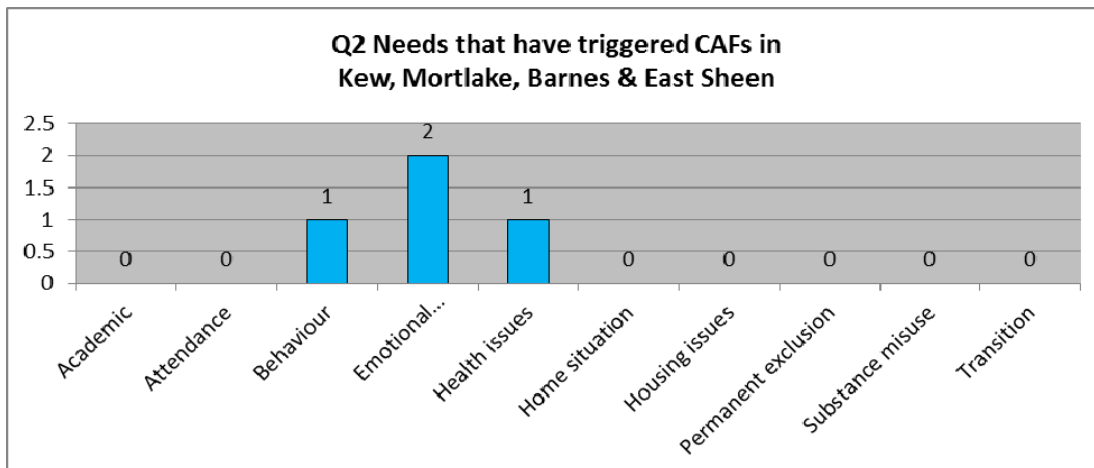
The trend has changed during Q2 CAF initiations, as well as for those currently ongoing:



The three **key triggers** for CAFs in this locality are the *Home situation*, *Behaviour*, and *Emotional development*. These triggers reflect the age trends identified above.



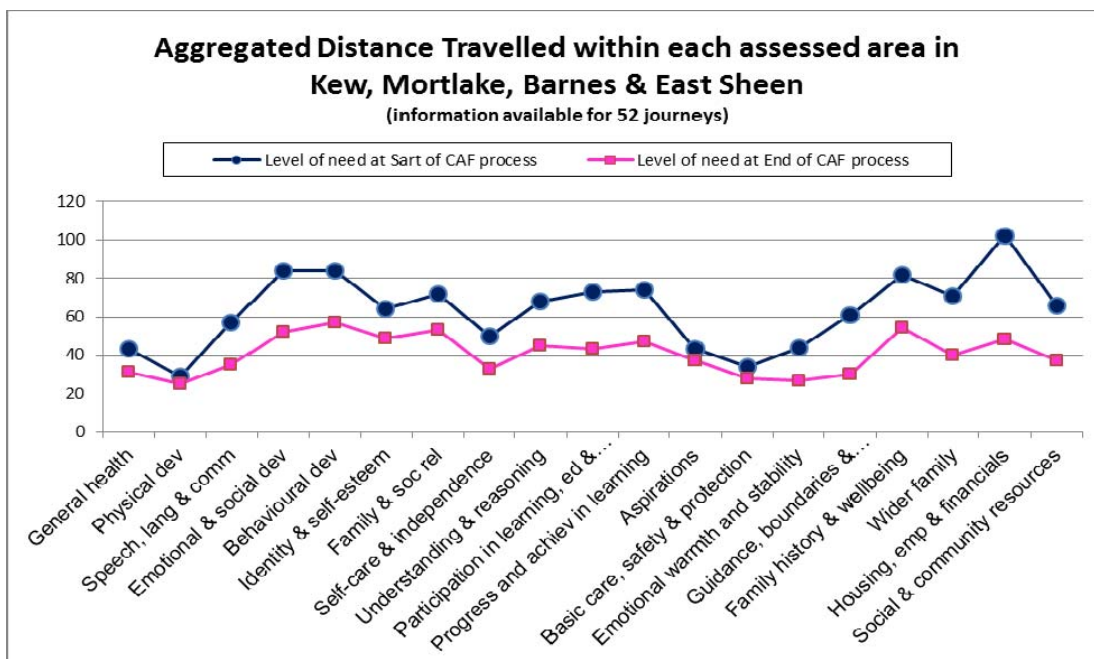
Emotional Development was the main trigger for new CAFs initiated during Q2:



When looking at closed CAFs in relation to the three key triggers:

- 64 out of 66 cases triggered by the **Home situation** have now closed:
 - 73.4% achieved all or some outcomes, and
 - 15.6% stepped up to statutory services – 30% of these had been step downs.
- 59 out of 64 cases triggered by **Behaviour** issues have now closed:
 - 71.2% achieved all or some outcomes, and
 - 16.9% stepped up to statutory services.
- 40 out of 45 cases triggered by **Emotional development** have now closed:
 - 82.5% achieved all or some outcomes, and
 - 7.5% stepped up to statutory services.

Distance Travelled information is available for **52 journeys**, including **4 new journeys** this quarter. A *positive* DTT was experienced in most areas; little progress was perceived around *Physical development, Aspirations, and Basic care, safety and protection* in this local area.



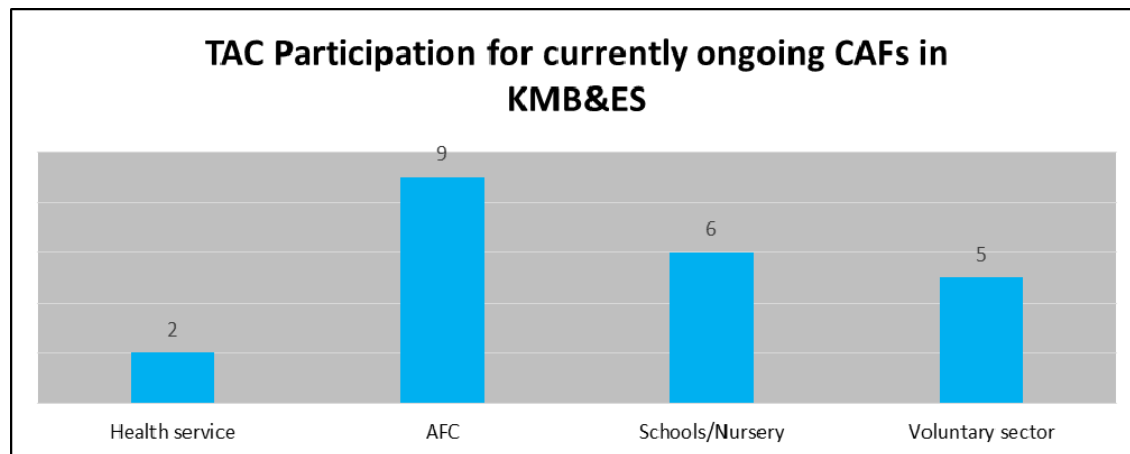
15 cases were ongoing at 30 September 2015, triggered by the following reasons:

- Behaviour x 5
- Emotional development x 5
- Home situation x 2
- Health issues x 2
- Academic x 1

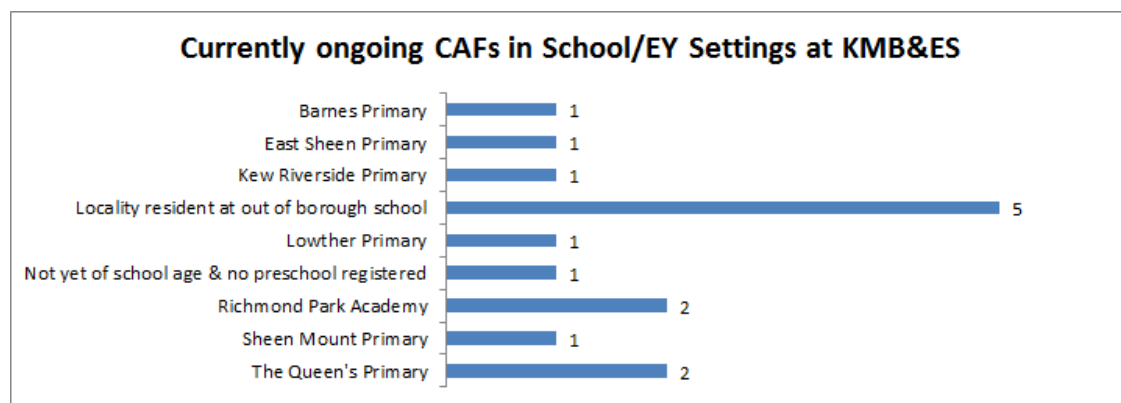
Think family information relating to these ongoing cases shows that:

- Parental mental health was the more prevalent issue, identified in 30% of cases;
- Financial issues and domestic abuse were also identified;
- **Over 26% of ongoing cases present 2 or more think family strands**

TAC participation for currently ongoing cases is as follows:

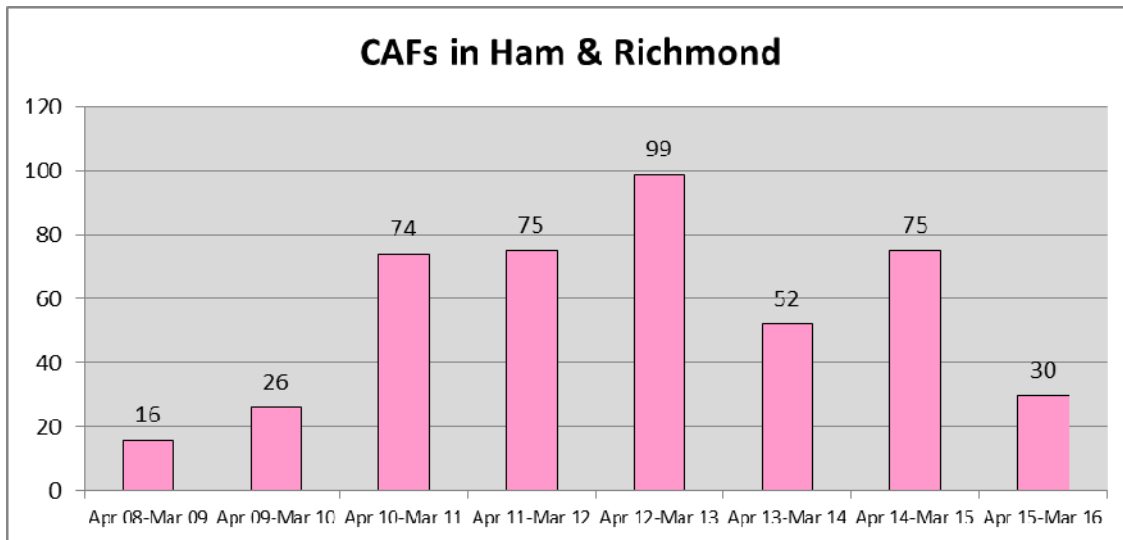


The graph below shows the **school / EY setting distribution of currently ongoing CAFs in KMB&ES**:

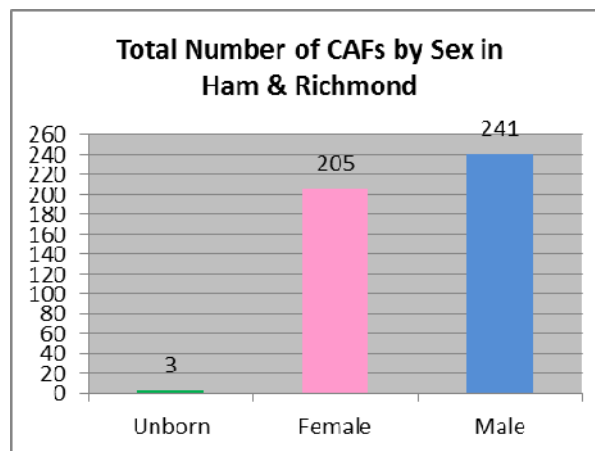


3.2 Ham & Richmond (H&R)

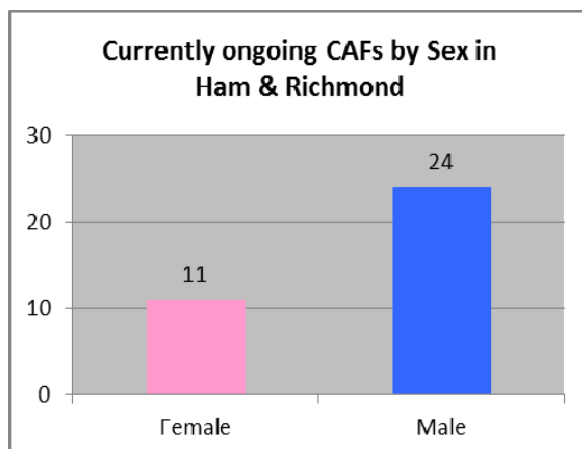
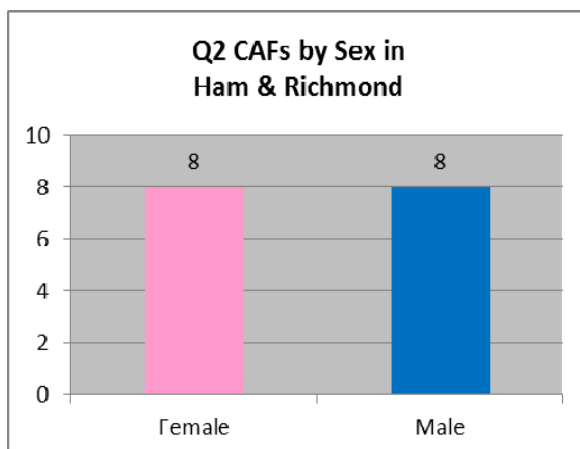
H&R account for a cumulative **20.9 %** of the total CAFs borough wide. **447 CAFs** have been undertaken over time – including **16 new cases** during the last quarter.



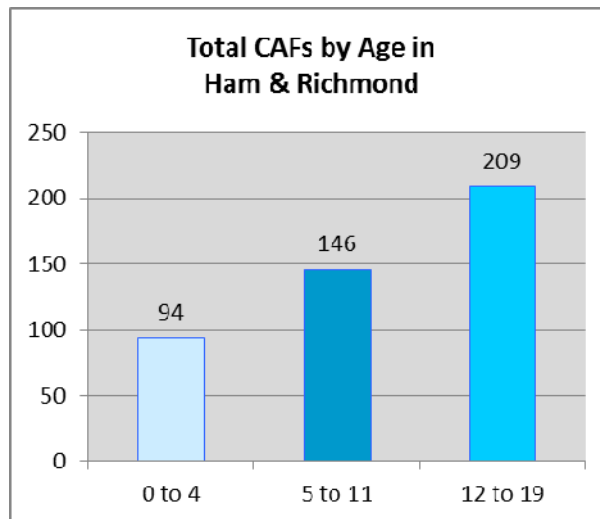
Consistently more males than females have gone through the CAF process in H&R:



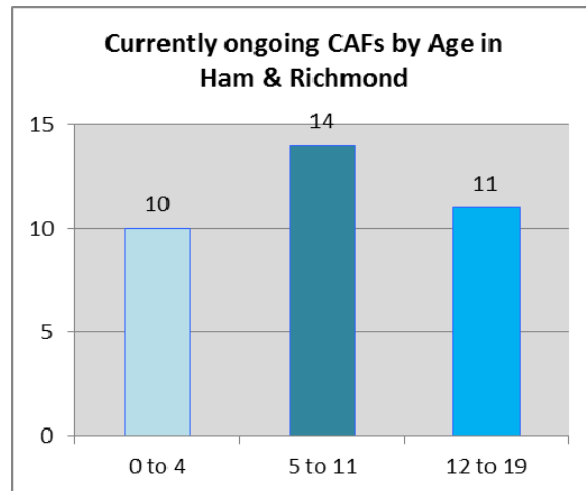
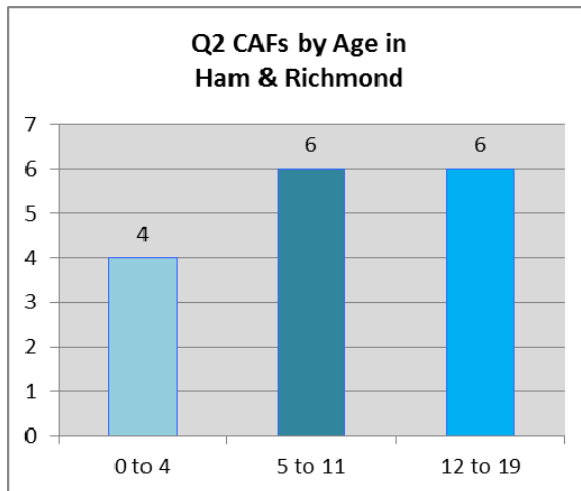
This trend has remained for currently ongoing CAFs, and there were equal male and females new CAFs initiated during Q2:



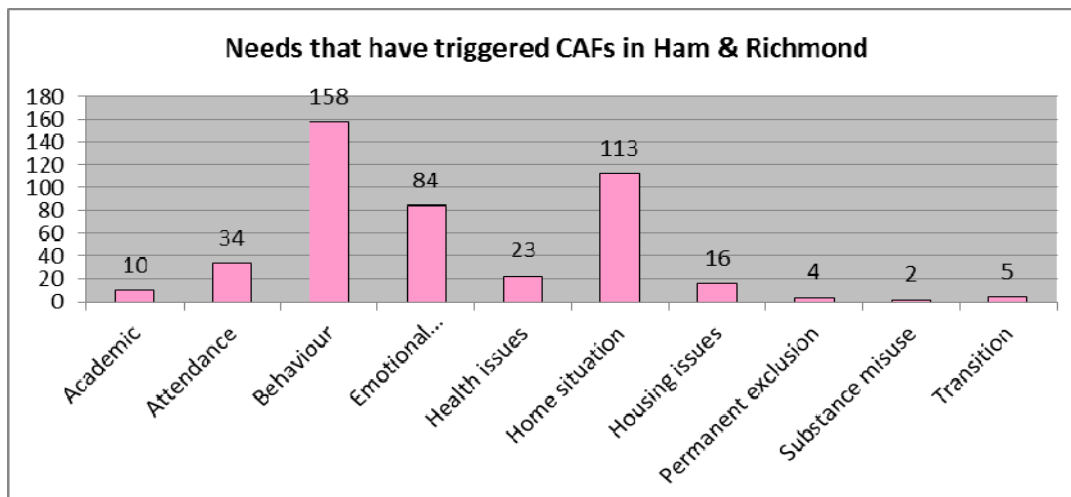
The 12-19s age group have cumulative the higher number of CAFs in this locality.



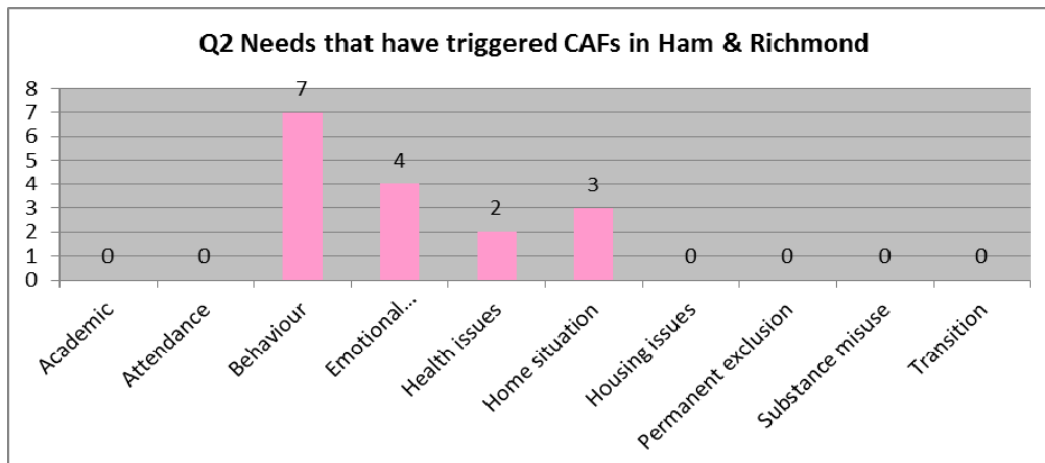
However, the trend reverted during Q2 and for currently ongoing CAFs:



The **three key triggers** for CAFs in H&R are *Behaviour*, *Home situation* and *Emotional development*. triggers are consistent with the age groups identified borough wide for this age group.



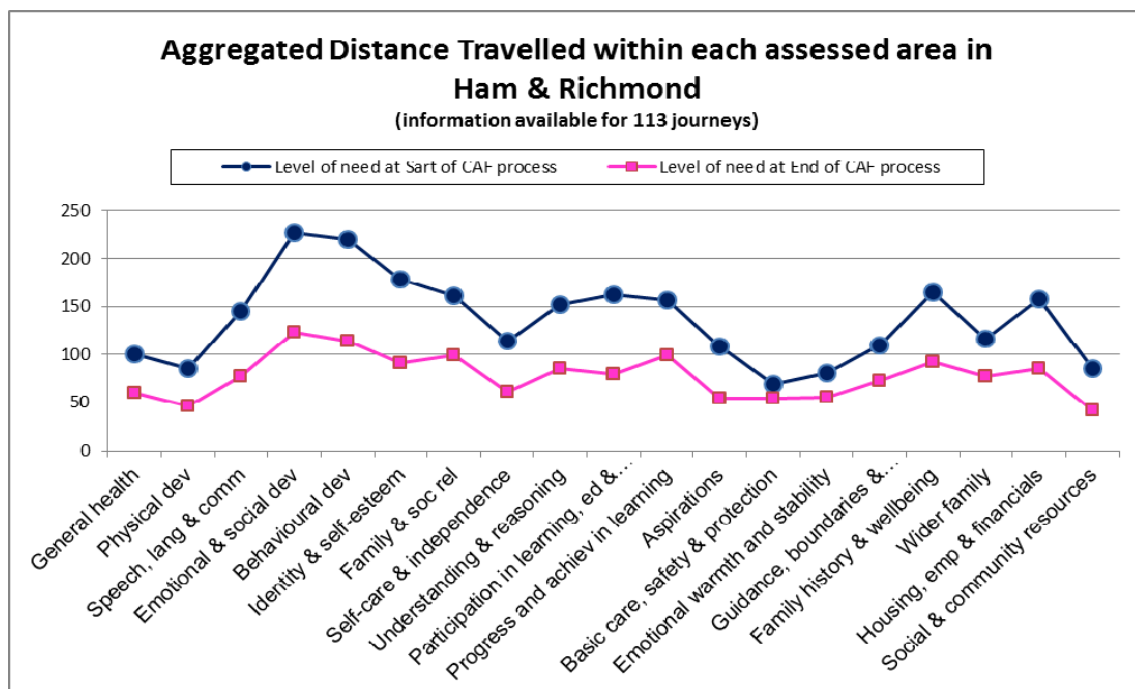
Behaviour was the main trigger for new CAFs initiated during Q2:



When looking at closed CAFs in relation to the three key triggers:

- 135 out of 145 cases triggered by **Behaviour** issues have now closed:
 - 51.8% achieved all or some outcomes, and
 - 20% stepped up to statutory services.
- 108 out of 113 cases triggered by the **Home situation** have now closed:
 - 50.4% achieved all or some outcomes, and
 - 29.2% stepped up to statutory services – 36.4% of these had been step downs.
- 73 out of 84 cases triggered by **Emotional development** have now closed:
 - 46.6% achieved all or some outcomes, and
 - 16.4% stepped up to statutory services.

Distance Travelled information is available for **113 journeys** in this locality, including 10 *new journeys* this quarter. A *positive* DTT was experienced in all areas.



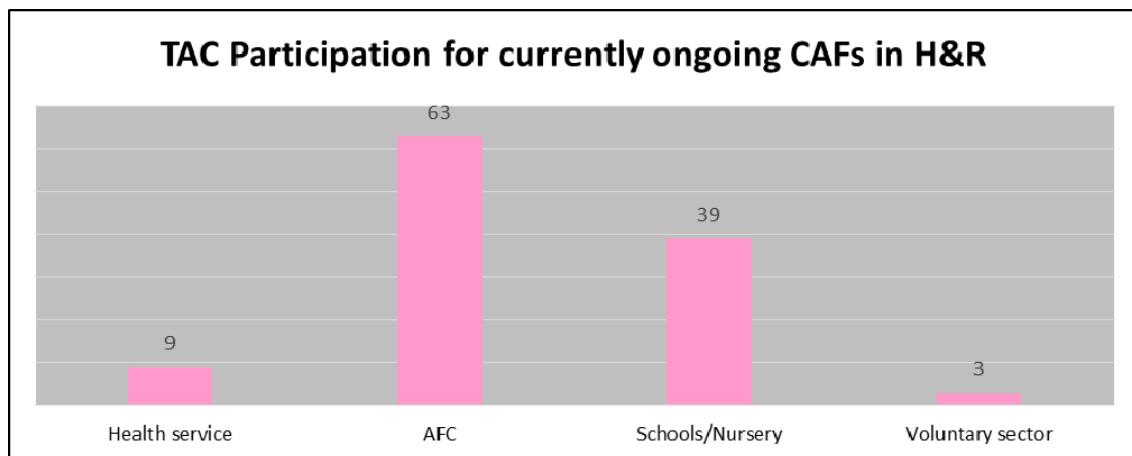
35 cases were ongoing at 30 September 2015, triggered by the following reasons:

- Behaviour x 11
- Emotional development x 11
- Home situation x 5
- Health issues x 6
- Academic x 1
- Housing x 1

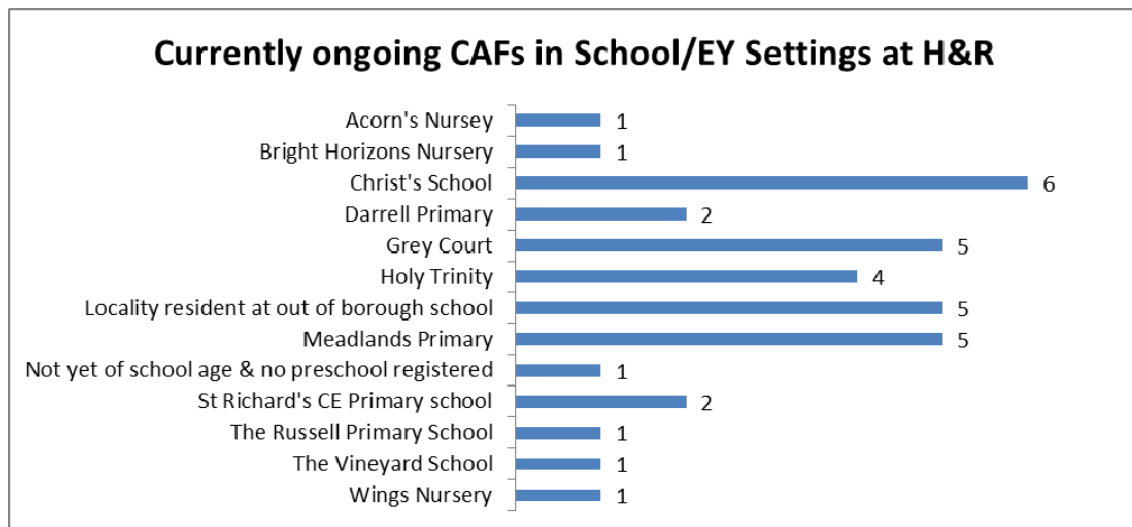
Think family information relating to these ongoing cases shows that:

- Parental mental health was identified in over 36% of cases;
- Domestic abuse in over 30%;
- **30% of ongoing cases present 2 or more think family strands**

TAC participation for currently ongoing CAFs is as follows:

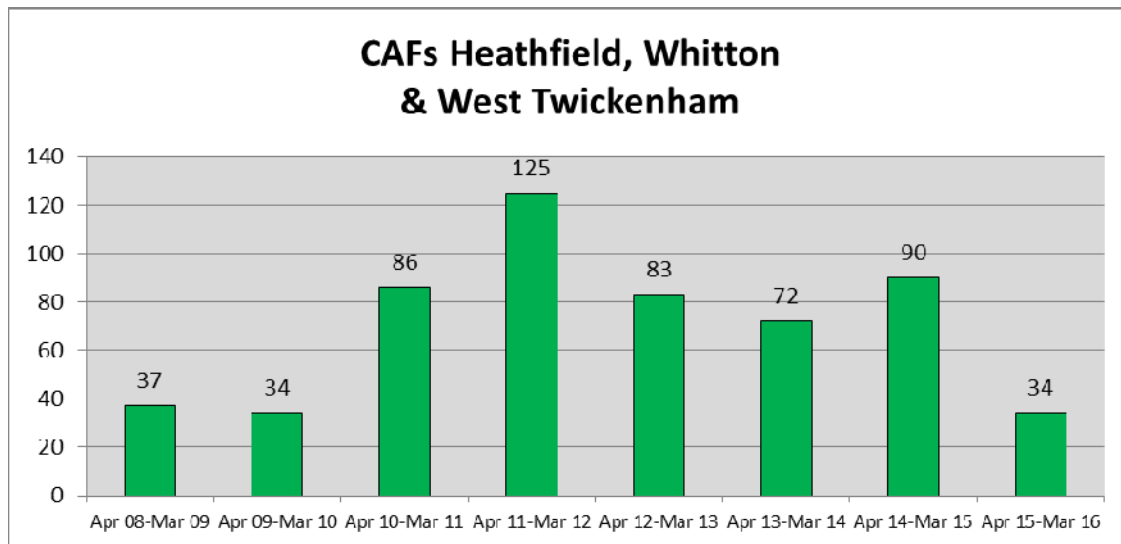


The graph below shows the **school / EY setting distribution of currently ongoing CAFs** in H&R:

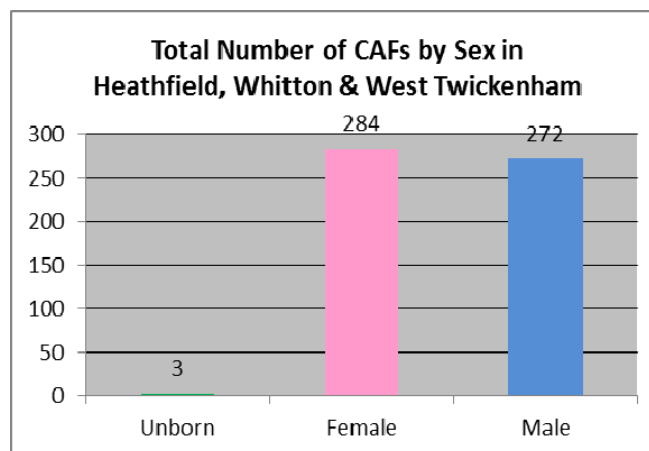


3.3 Heathfield, Whitton & West Twickenham (HW&WT)

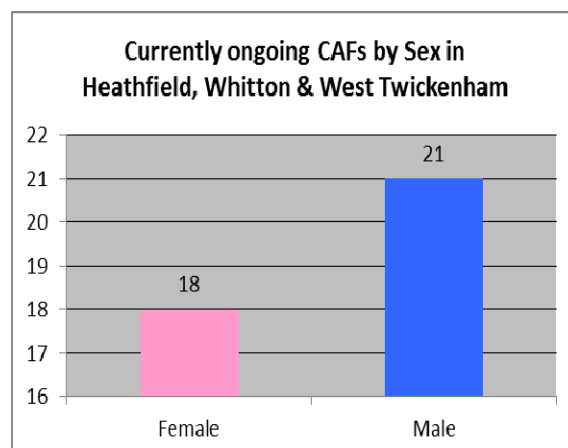
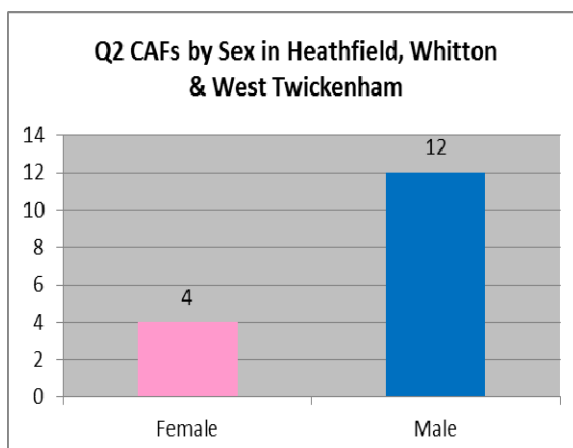
HW&WT account for a cumulative **26.3%** of the total CAFs borough wide. **561 CAFs** have been undertaken over time – including **16 new cases** during the last quarter.



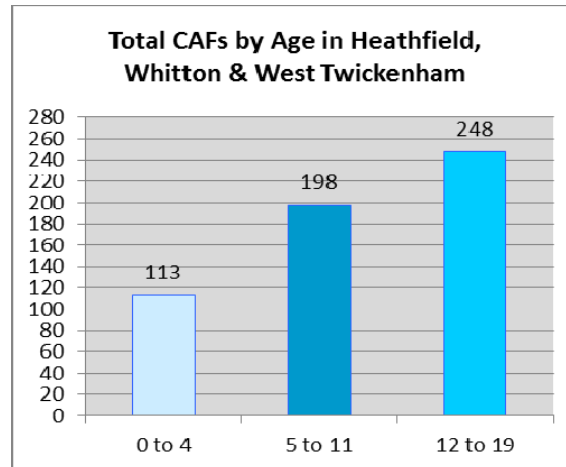
HW&WT is the only locality where slightly more females than males have gone through the CAF process over time.



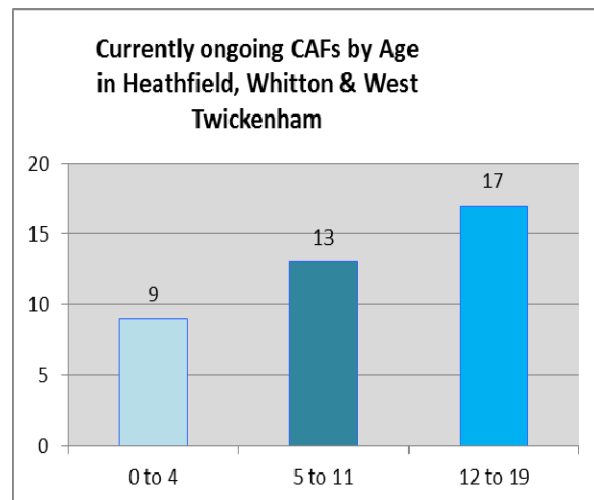
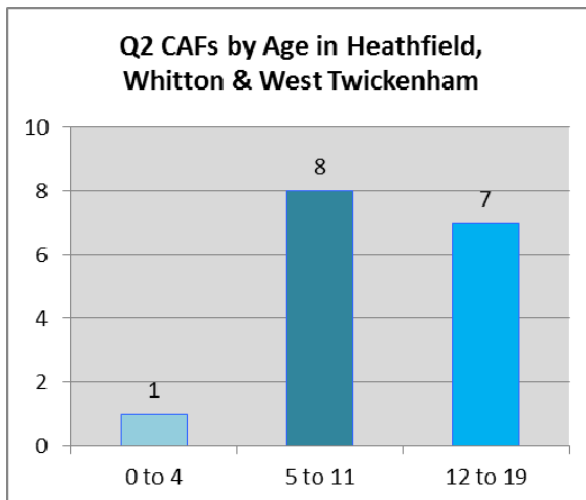
The charts below show new CAF initiations during Q2 and those currently ongoing:



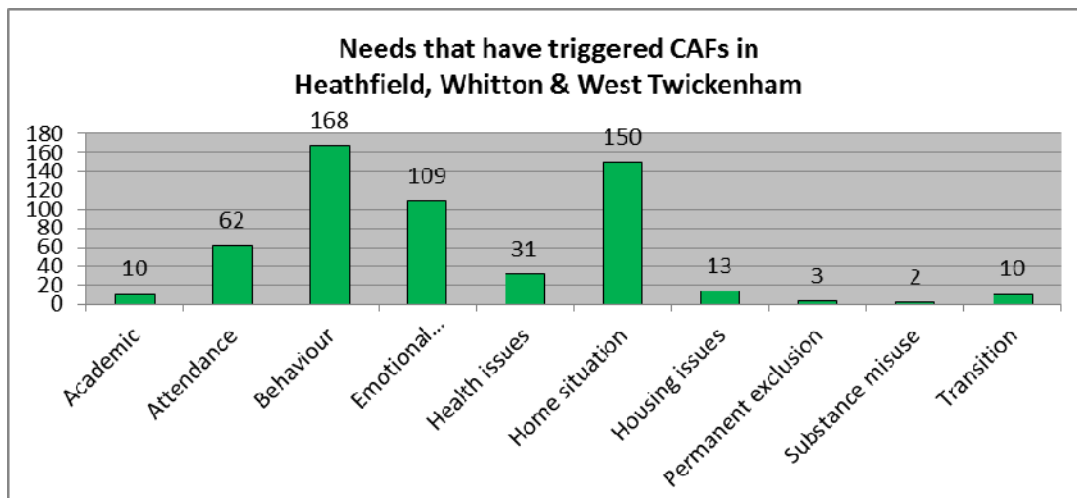
The 12-19s age group clearly account for the higher number of CAFs in this locality.



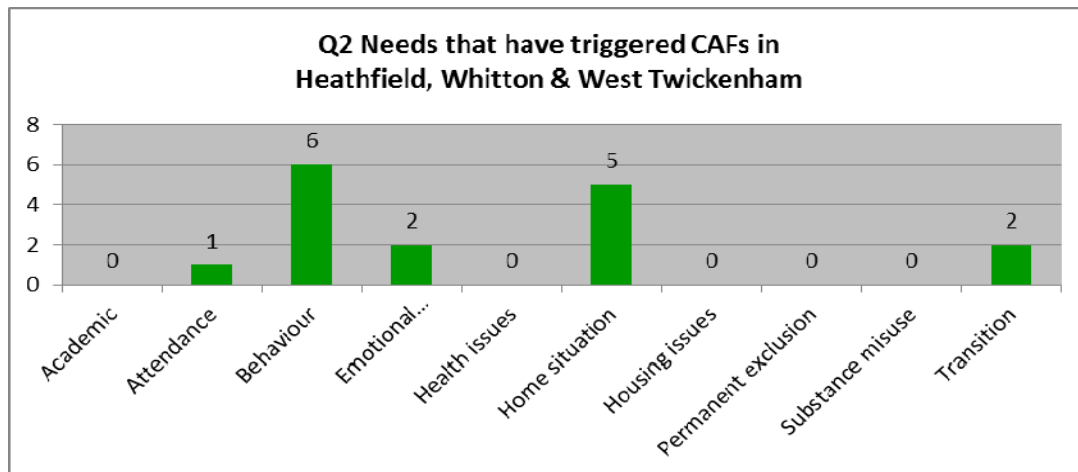
The trend remains for new CAFs initiated during Q2 and for currently ongoing CAFs:



The three key triggers for CAFs in HW&WT are *Behaviour*, *Home situation* and *Emotional development*. With the 12-19s age group having the most occurrences of CAFs, these triggers are consistent with those identified borough wide.



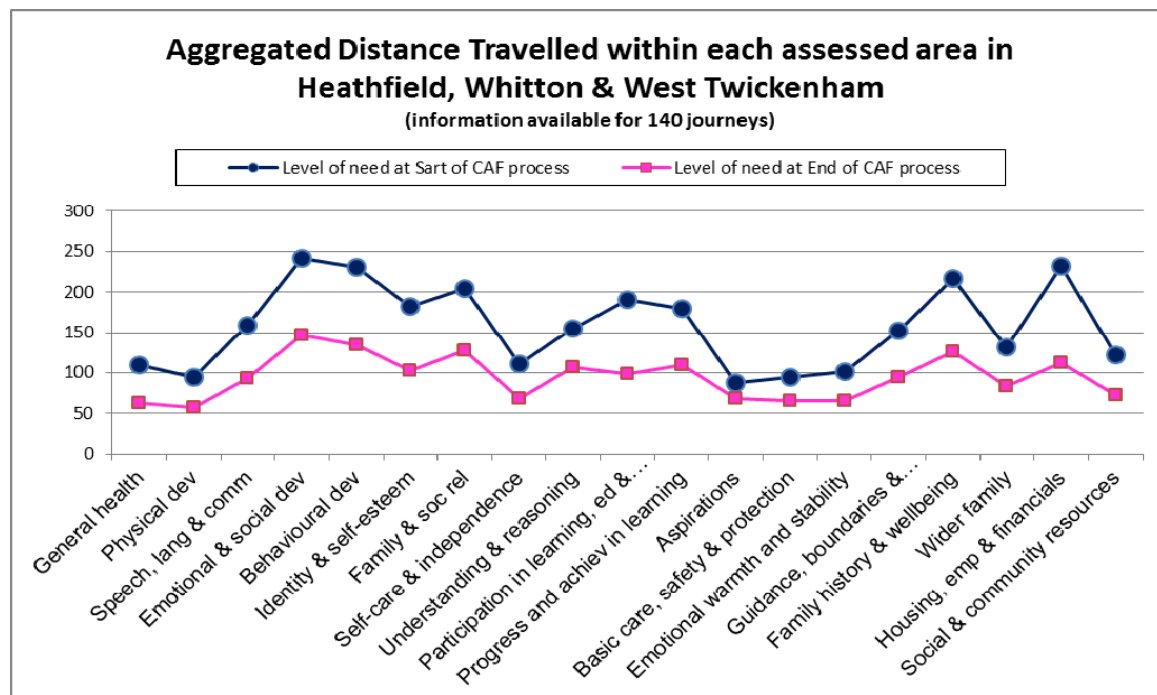
Behaviour has remained the key trigger during Q2:



When looking at closed CAFs in relation to the key triggers:

- 150 out of 168 cases triggered by **Behaviour** issues have now closed:
 - 62.6% achieved all or some outcomes, and
 - 18.6% stepped up to statutory services.
- 143 out of 150 cases triggered by the **Home situation** have now closed:
 - 56.6% achieved all or some outcomes, and
 - 22.4% stepped up to statutory services – 50% of these had been step-downs.
- 107 out of 109 cases triggered by **Emotional development** have now closed:
 - 68.2% achieved all or some outcomes, and
 - 12.1% stepped up to statutory services.

Distance Travelled information is available for **140 journeys** in this locality, including **11 new journeys** this quarter. A **positive DTT** was experienced in most areas.



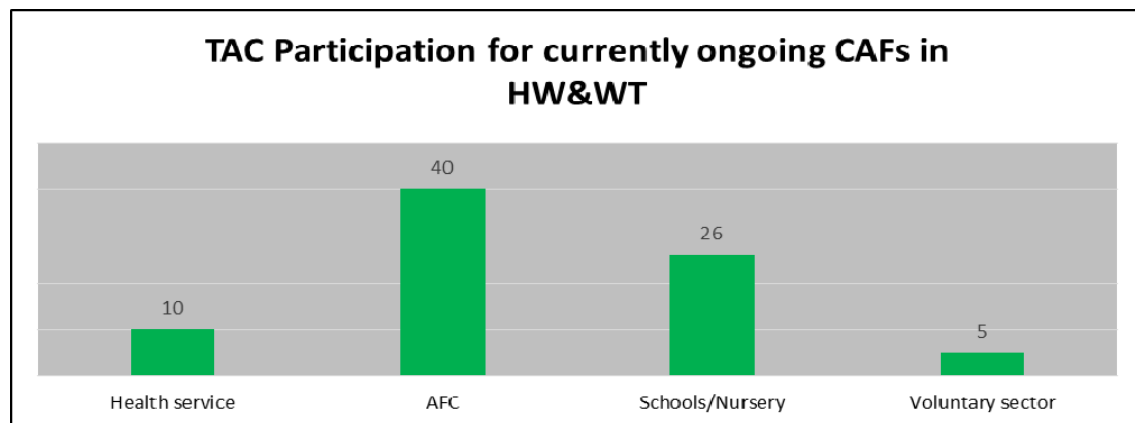
39 cases were ongoing at 30 September 2015, triggered by the following reasons:

- Behaviour x 18
- Home situation x 7
- Emotional development x 2
- Attendance x 4
- Health issues x 4
- Transition x 2
- Academic x 1
- Housing x 1

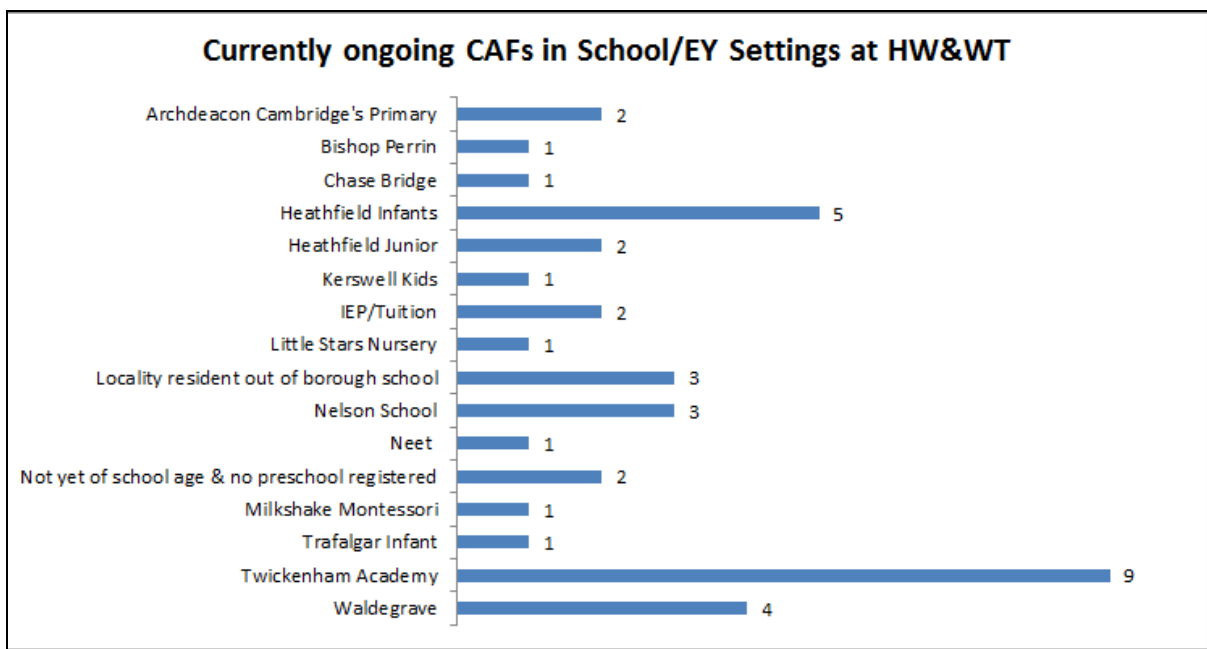
Think family information relating to these ongoing cases shows that:

- Financial issues was identified in 28% of cases;
- Parental mental health and Domestic in over 23%;
- **38.5% of ongoing cases present 2 or more think family strands**

TAC participation for currently ongoing CAFs is as follows:

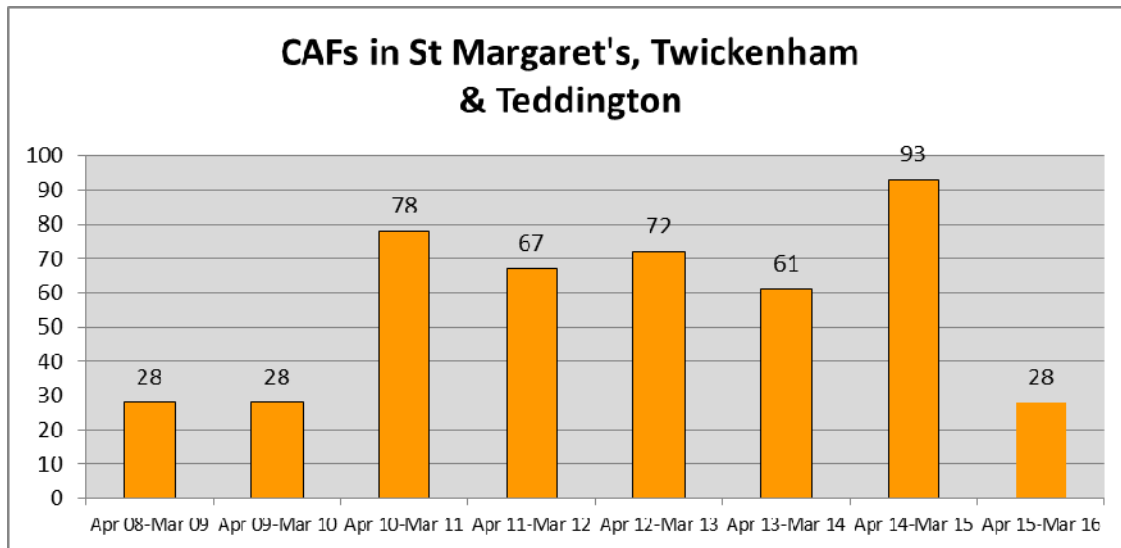


The graph below shows the **school / EY setting distribution of open CAFs** in HW&WT:

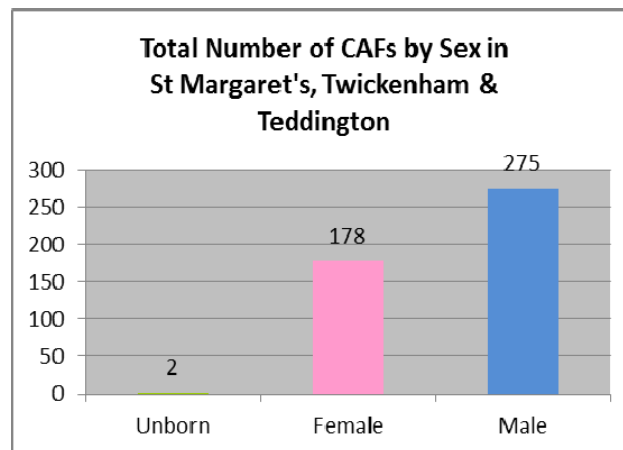


3.4 St. Margaret's, Twickenham & Teddington (SMT&W)

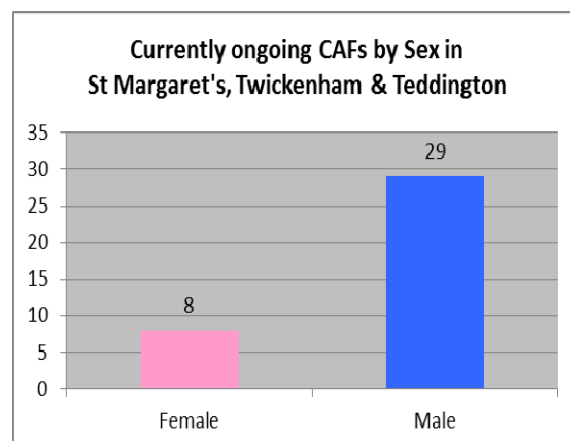
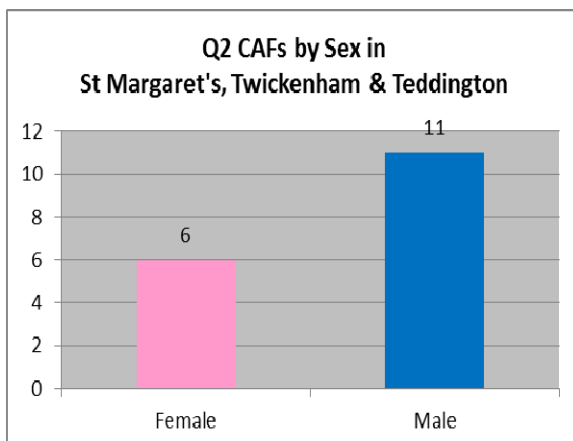
SMT&T account for a cumulative **21.3%** of the total CAFs borough wide. **455 CAFs** have been undertaken over time – including **17 new cases** during the last quarter.



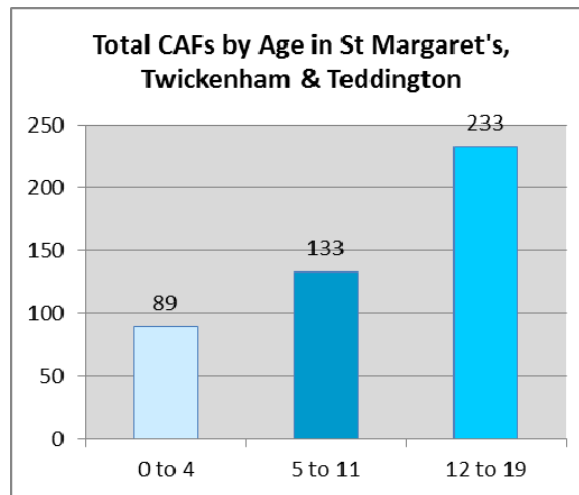
Significantly more males than females have gone through the CAF process:



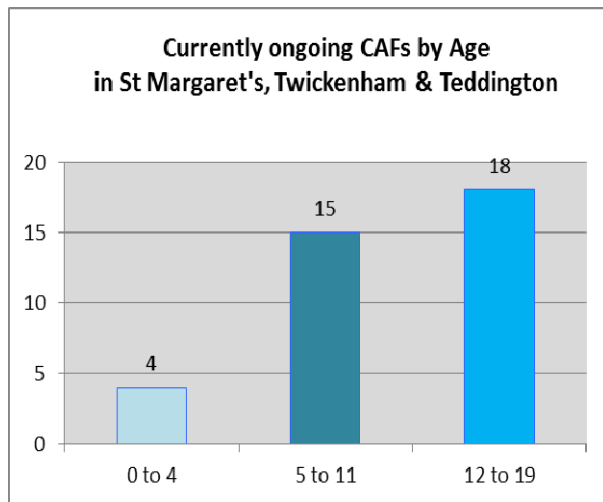
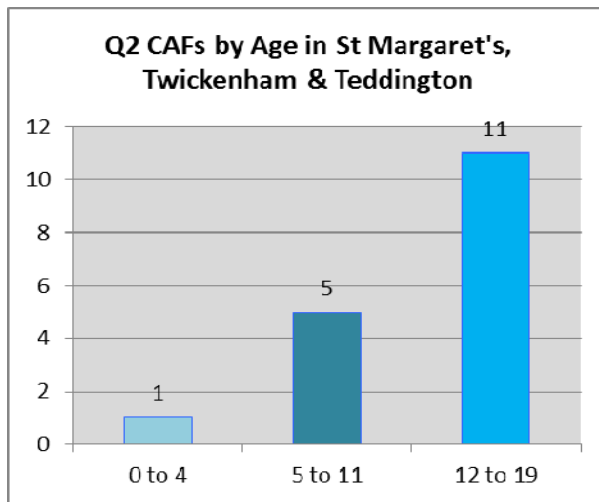
The trend remained over Q2 and for currently ongoing CAFs:



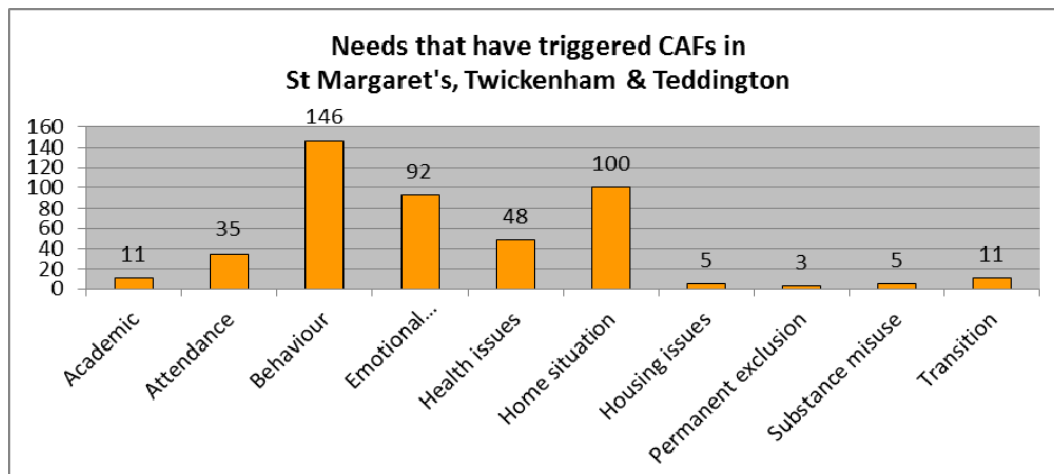
The 12-19s age group have clearly the higher number of CAFs in this locality:



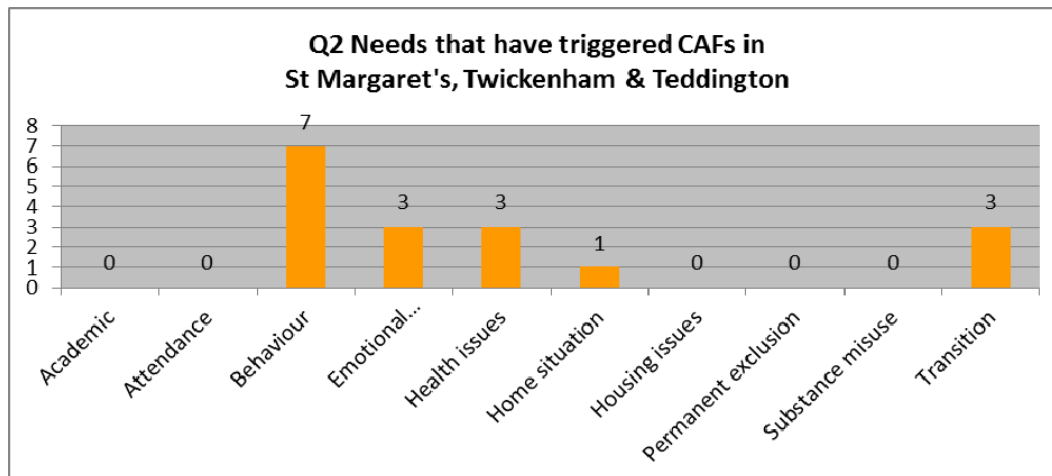
The graphs below show Q2 new CAFs and those currently ongoing:



The **three key triggers** for CAFs in this SMT&T are *Behaviour*, *Home situation* and *Emotional development*. These are consistent with the prevalent age groups.



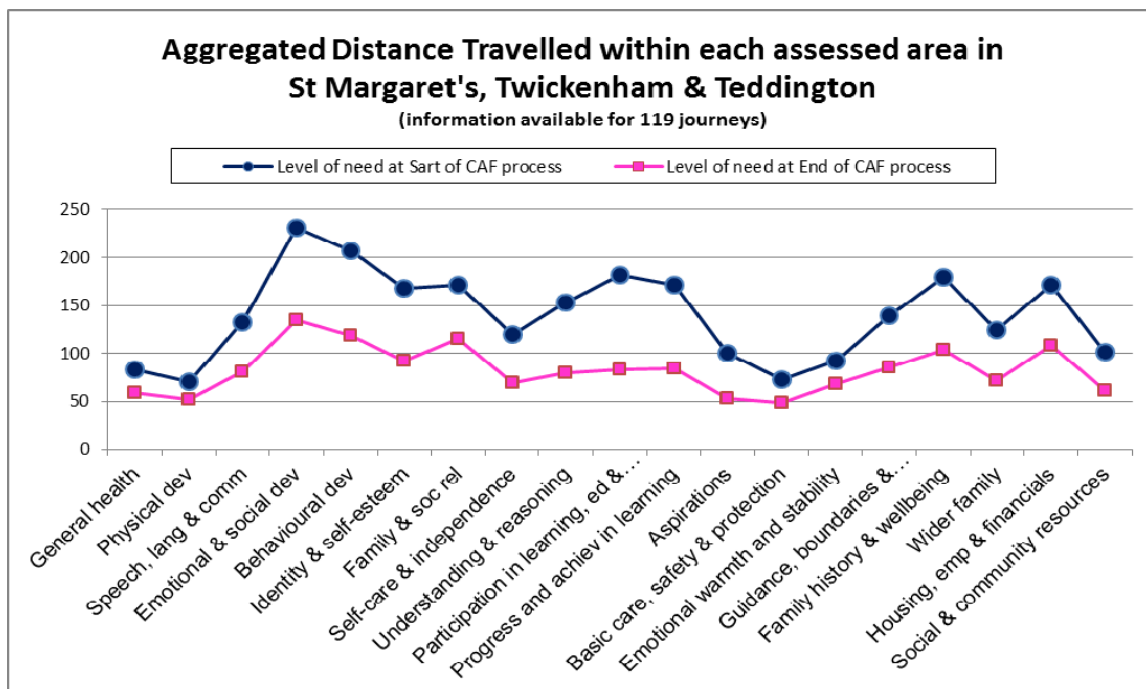
Behaviour has remained the key trigger during Q2:



When looking at closed CAFs in relation to the key triggers:

- 133 out of 146 cases triggered by **Behaviour** issues have now closed:
 - 57.1% achieved all or some outcomes, and
 - 18.8% stepped up to statutory services.
- 96 out of 100 cases triggered by the **Home situation** have now closed:
 - 61.5% achieved all or some outcomes, and
 - 20.8% stepped up to statutory services – 42% of these had been step downs.
- 82 of 92 cases triggered by **Emotional development** have now closed:
 - 65.8% achieved all or some outcomes, and
 - 18.3% stepped up to statutory services.

Distance Travelled information is available for **119 journeys** in this locality, including 7 new journeys this quarter. A positive DTT was experienced in all areas.



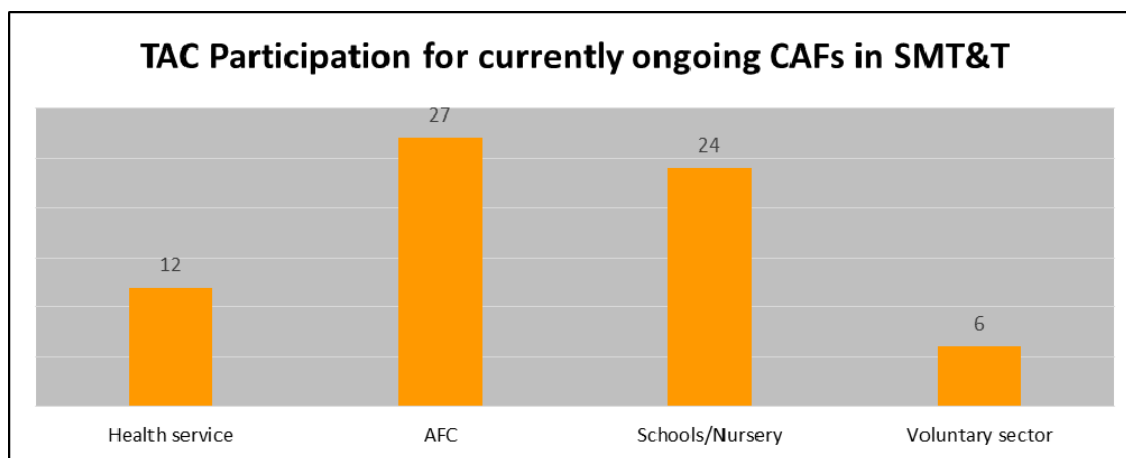
37 cases were ongoing at 30 September 2015, triggered by the following reasons:

- Behaviour x 13
- Emotional development x 10
- Health issues x 5
- Home situation x 4
- Academic x 2
- Transition x 3

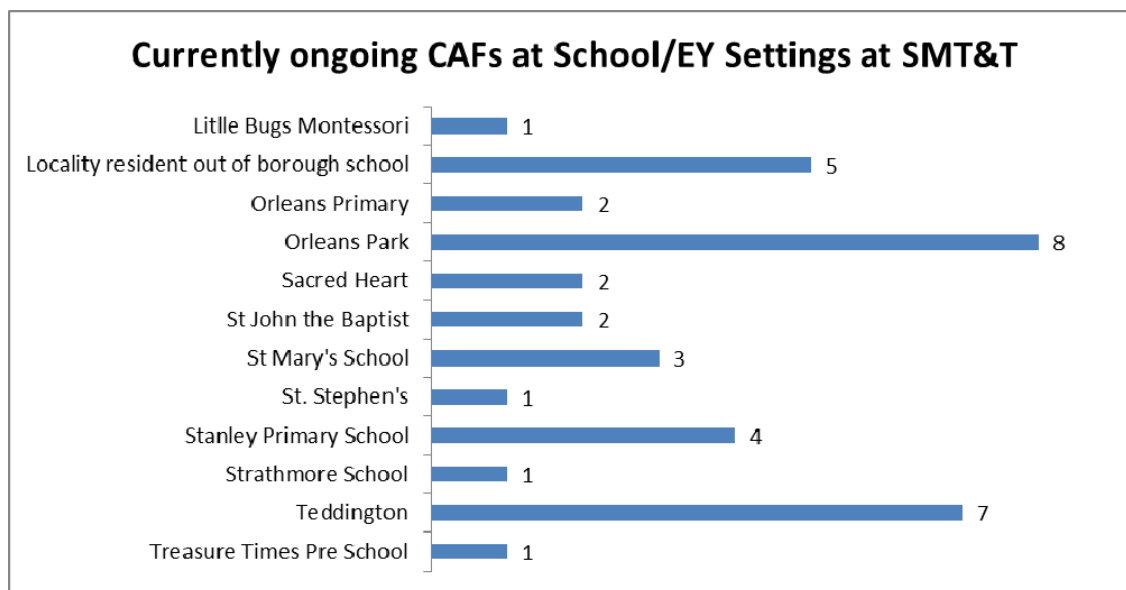
Think family information relating to these ongoing cases shows that:

- Parental mental health was identified in just over 28% of cases;
- Domestic abuse and financial issues in just over 20%; and
- **20% of ongoing cases present 2 or more think family strands.**

TAC participation for currently ongoing CAFs is as follows:

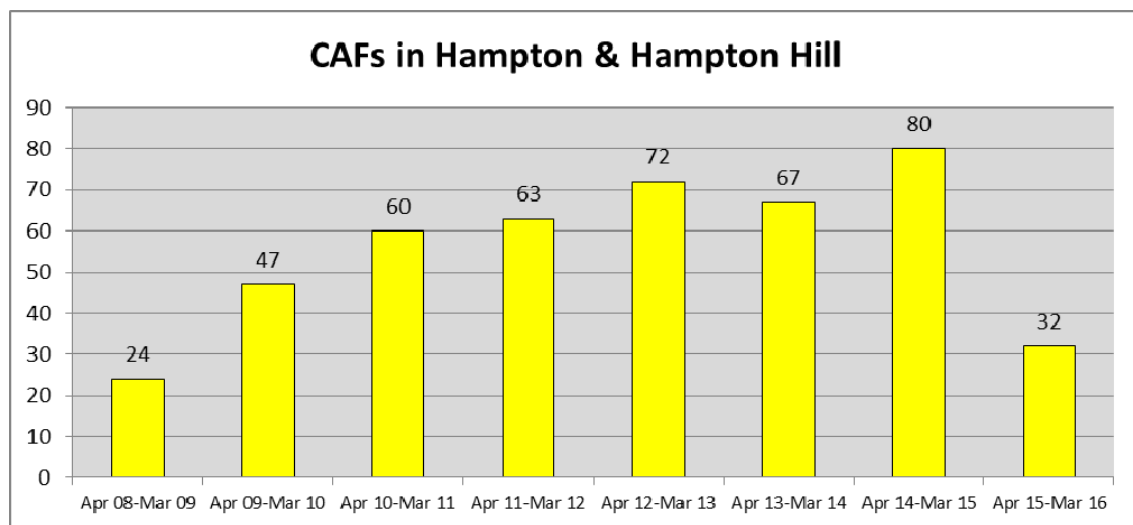


The graph below shows the **school / EY setting distribution of open CAFs** in SMT&T:

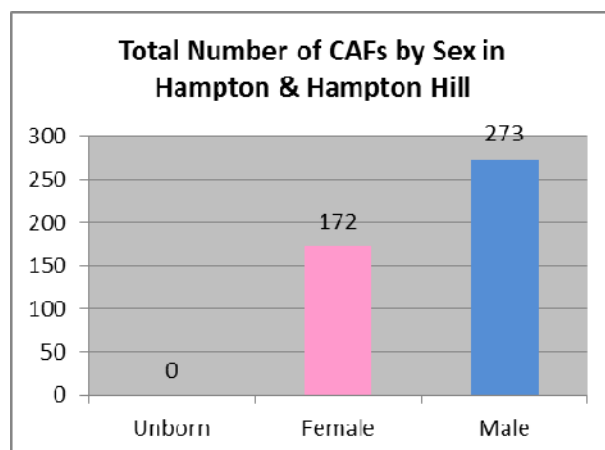


3.5 Hampton & Hampton Hill (H&HH)

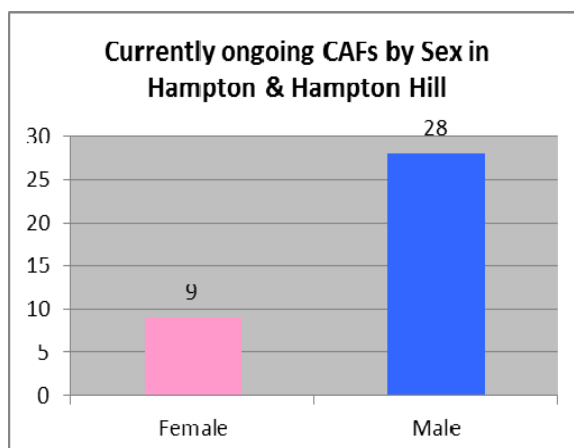
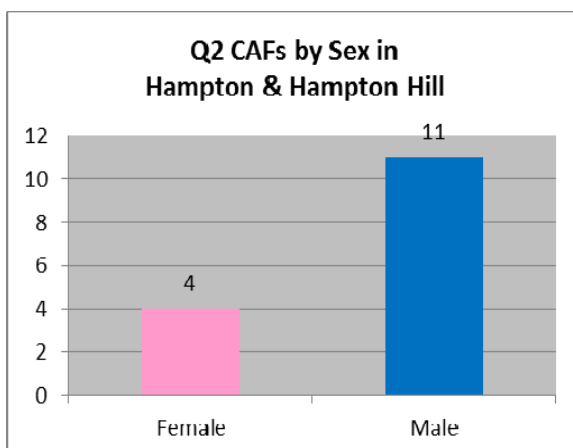
H&HH account for a cumulative **20.9%** of the total CAFs borough wide. **445 CAFs** have been undertaken over time – including **15 new cases** during the last quarter.



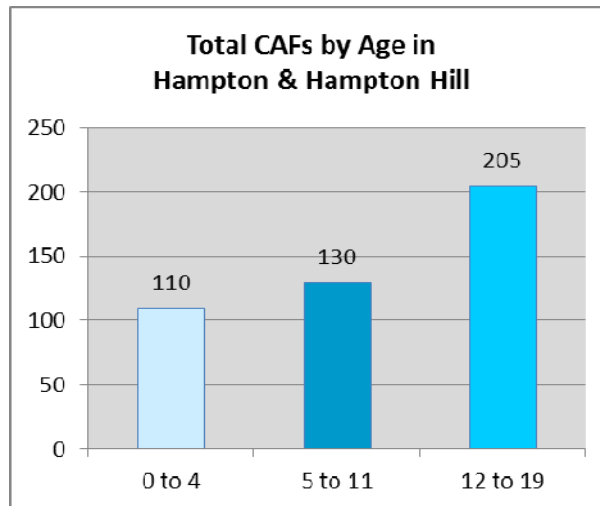
More males than females have gone through the CAF process, as shown below:



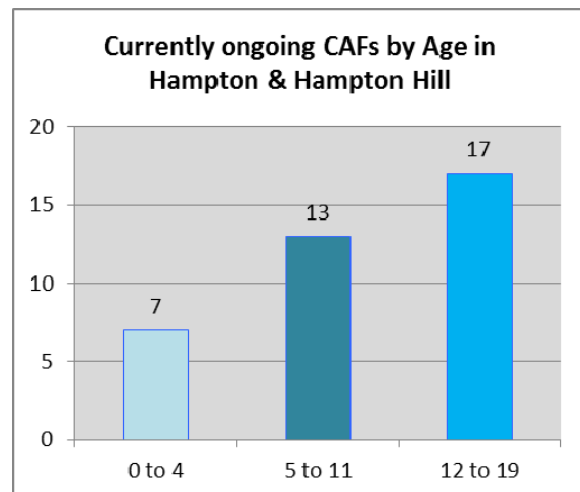
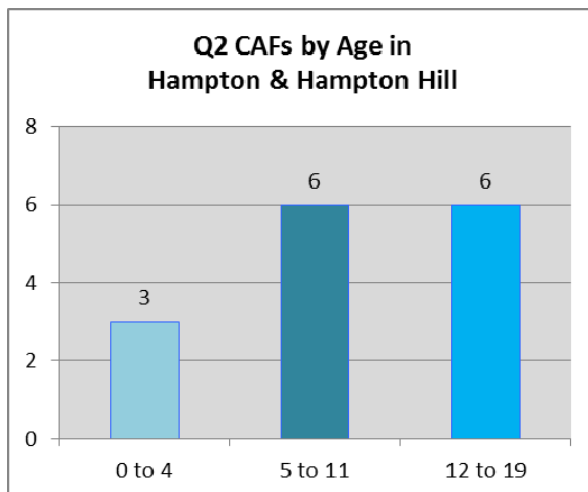
The trend remained during Q2 and for currently ongoing CAFs:



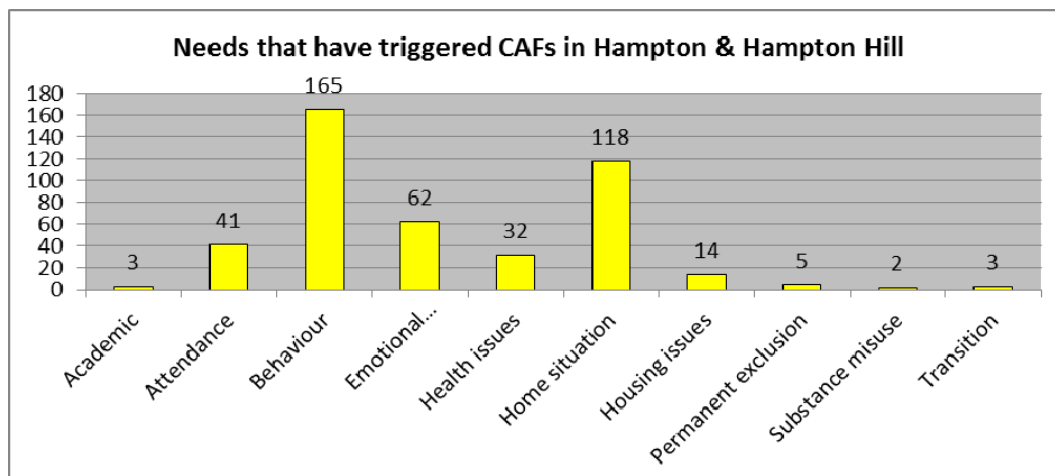
The 12-19s is the age group have clearly the higher number of CAFs in this locality.



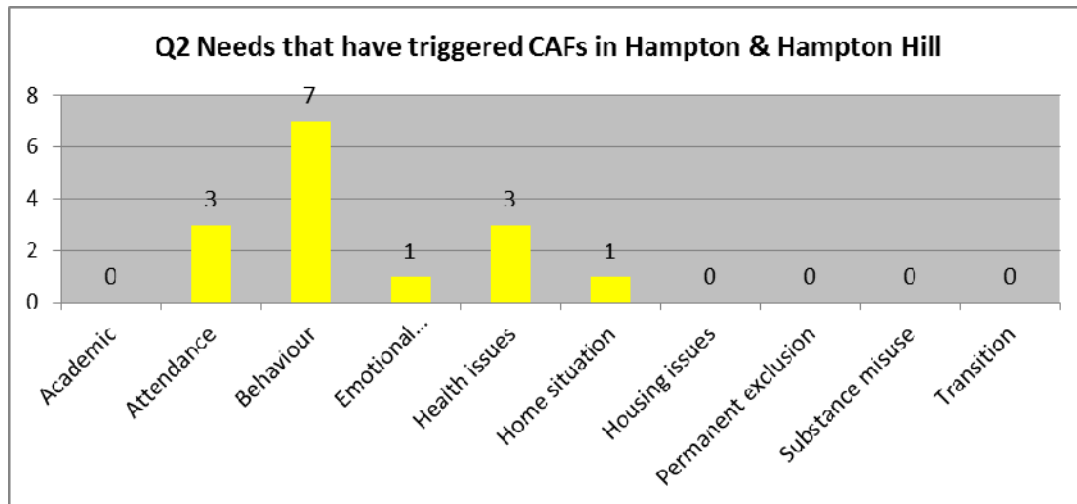
The graphs below show new CAF interventions initiated during Q2 and those currently ongoing:



The **three key triggers** for CAFs in this locality are *Behaviour*, *Home situation* and *Emotional development*. With the 12-19s age group having the most occurrences of CAFs, these triggers are consistent with those identified borough wide.



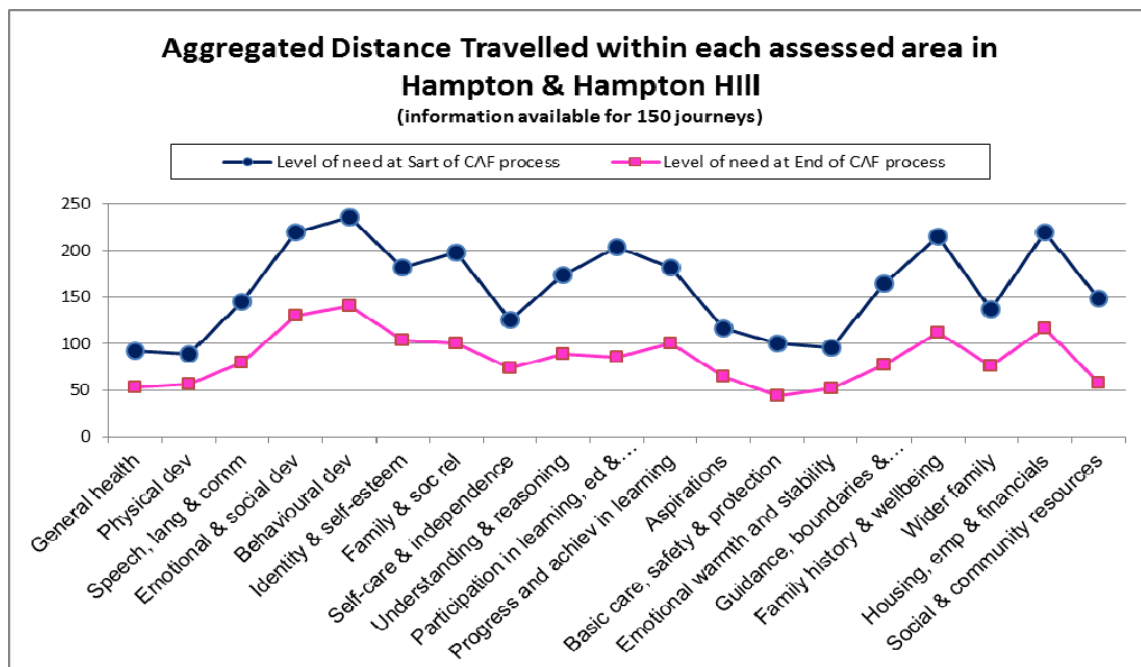
Behaviour has remained the key trigger during Q2:



When looking at closed CAFs in relation to the key triggers:

- 147 out of 165 cases triggered by **Behaviour** issues have now closed:
 - 61.9% achieved all or some outcomes, and
 - 16.3% also stepped up to statutory services.
- 114 out of 118 cases triggered by the **Home situation** have now closed:
 - 59.6% achieved all or some outcomes, and
 - 22.8% stepped up to statutory services – 26.9% of these had been step downs.
- 56 out of 62 cases triggered by **Emotional development** have now closed:
 - 71.4% achieved all or some outcomes, and
 - 7.1% stepped up to statutory services.

Distance Travelled information is available for **150 journeys** in this locality, including **24 new journeys** this quarter. A **positive DTT** was clearly experienced in all aspects in this local area.



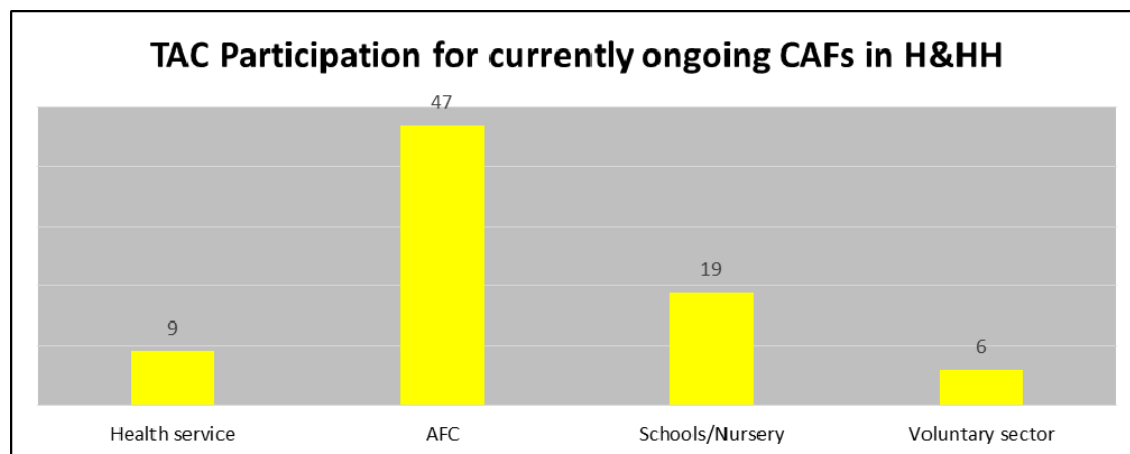
37 cases were ongoing at 30 September 2015, triggered by the following reasons:

- Behaviour x 18
- Emotional development x 6
- Health issues x 6
- Home situation x 4
- Attendance x 2
- Housing x 1

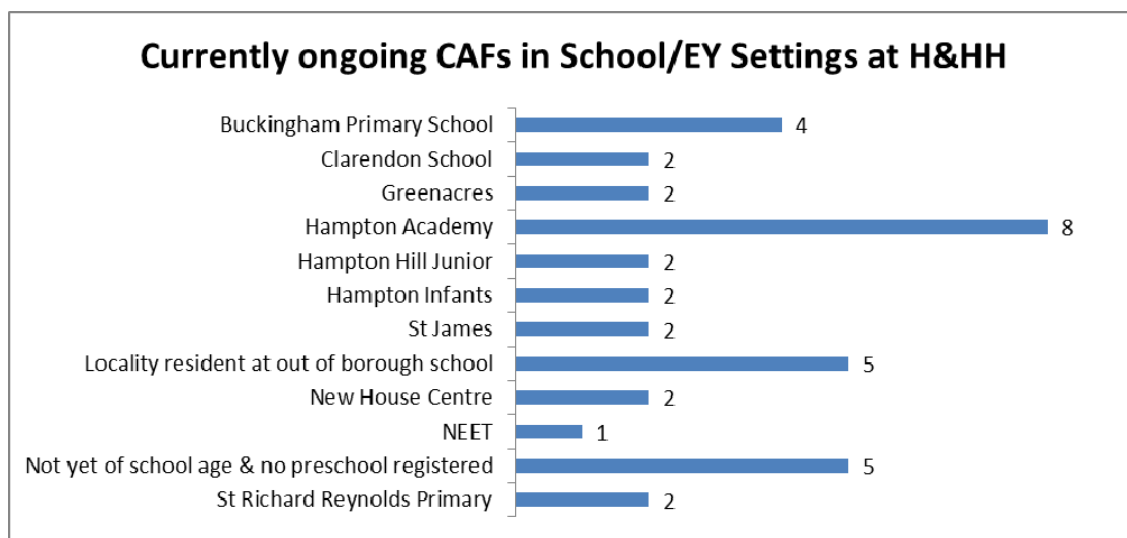
Think family information relating to these ongoing cases shows that:

- Parental mental health was identified in just over 27%;
- Domestic abuse and financial issues in just over 21%; and
- **46% of ongoing cases present 2 or more think family strands.**

TAC participation for currently ongoing CAFs is as follows:



The graph below shows the **school / EY setting distribution of open CAFs** in H&HH:

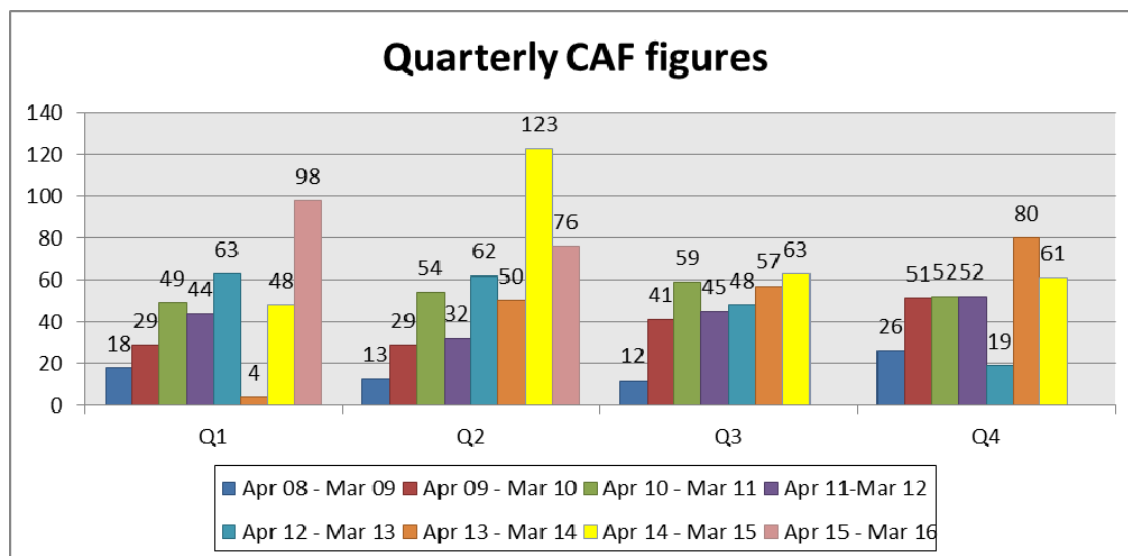


4. Kingston borough wide CAF data

4.1 Number of recorded CAFs and demographic information

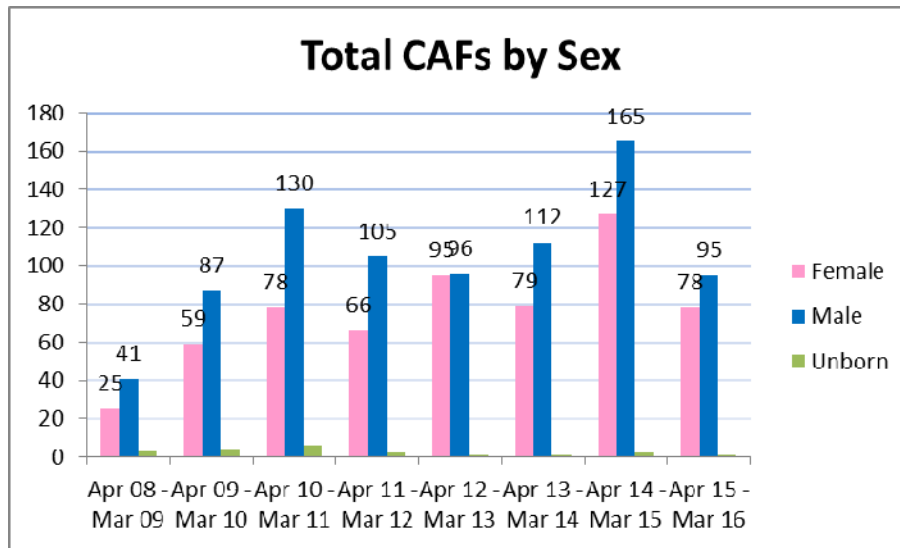
The CAF is being used as the *assessment and planning tool*, to deliver preventative *child / family centred* multi-agency interventions, coordinated by a *lead professional* (LP) and supported by the *team around the child / family* (TAC / TAF).

A total of **1458 CAFs** have been recorded in Kingston between April 2008 and September 2015 – including **76 new CAFs** initiated during Q2 2015-16. There was a 22% reduction in the number of new CAFs compared to Q1; however Q1's figure was high and current numbers are likely more realistic.

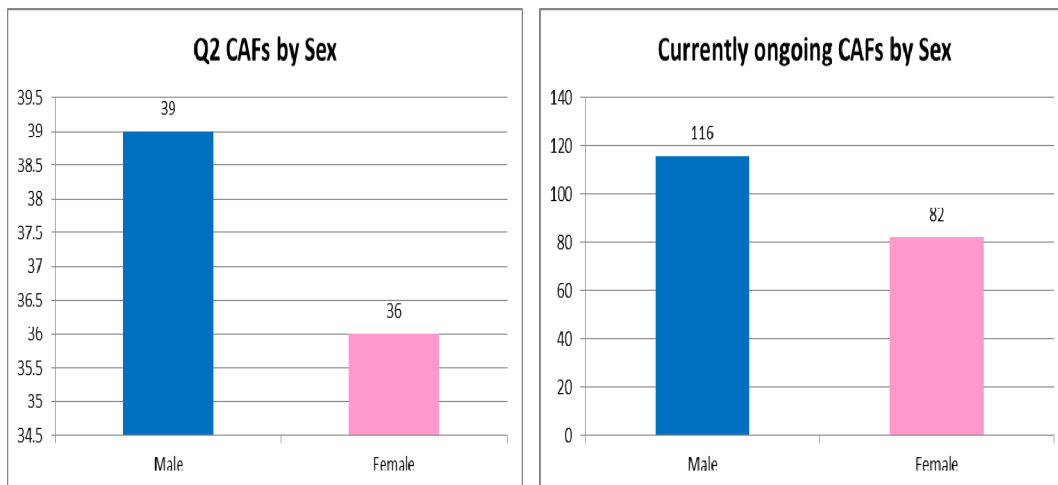


There are currently **198 ongoing CAFs** and further **73 eCAF**s *in draft*.

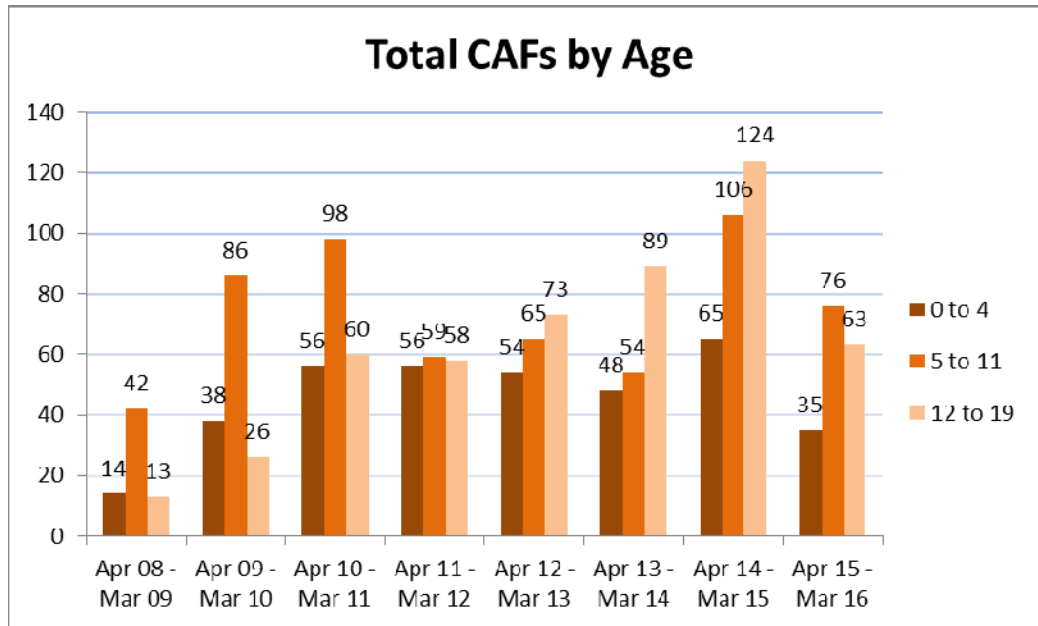
More males than females have been supported via the CAF process in Kingston:



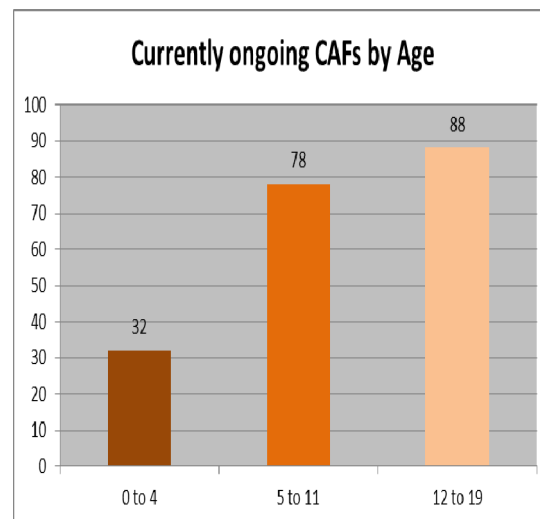
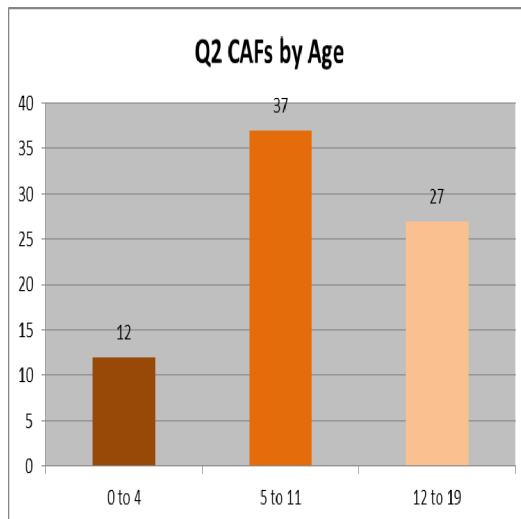
When looking at Q2 and currently ongoing interventions the trend remains:



Overall, the age group with the higher number of CAFs is the 5-11 years old, although over the last few years more CAFs have been initiated for the 12-19s.

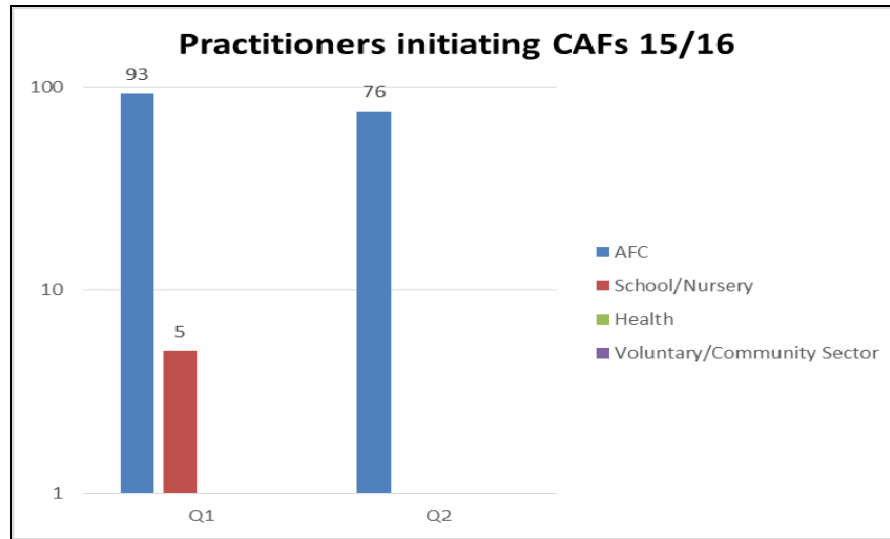


The graphs below show new CAF initiations during Q2 and those currently ongoing:

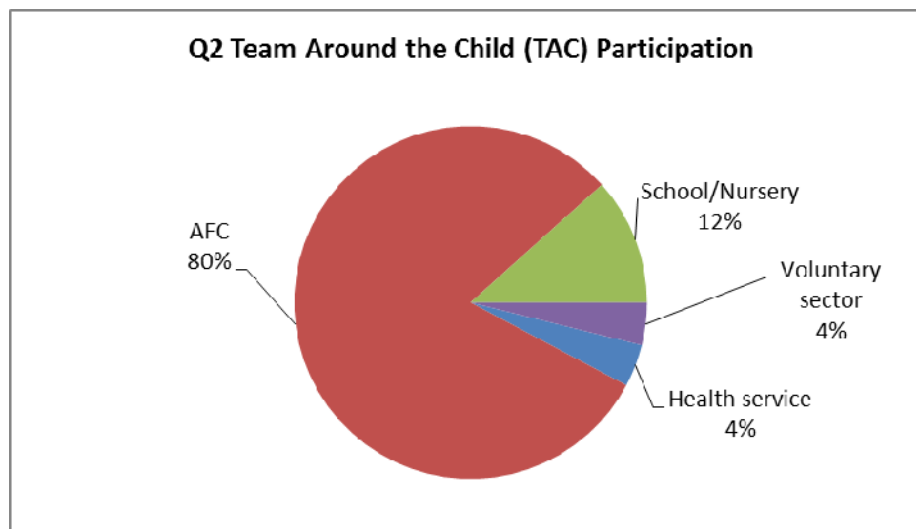


4.2 Practitioners across all agencies are involved in the CAF process

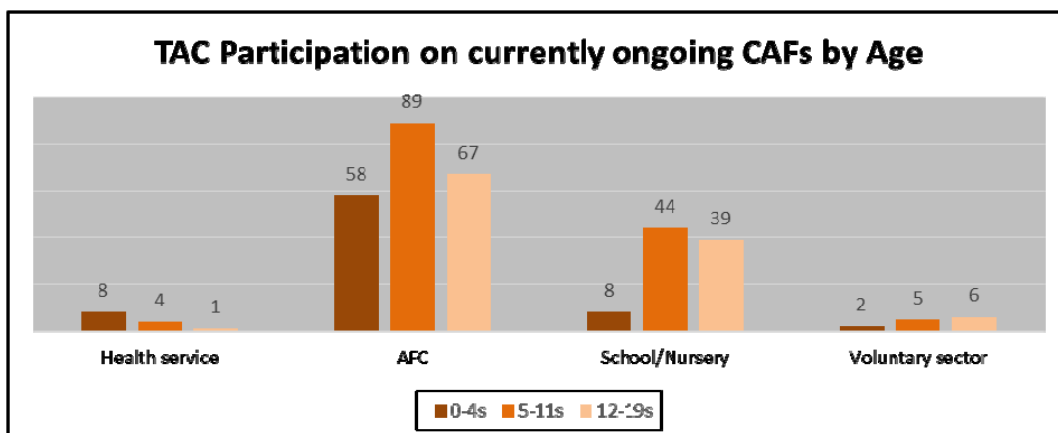
CAF initiations during Q2 2015-16 are shown below; all new CAFs were attributable to AfC services.



The graph below shows TAC participation for ongoing CAFs during Q2:

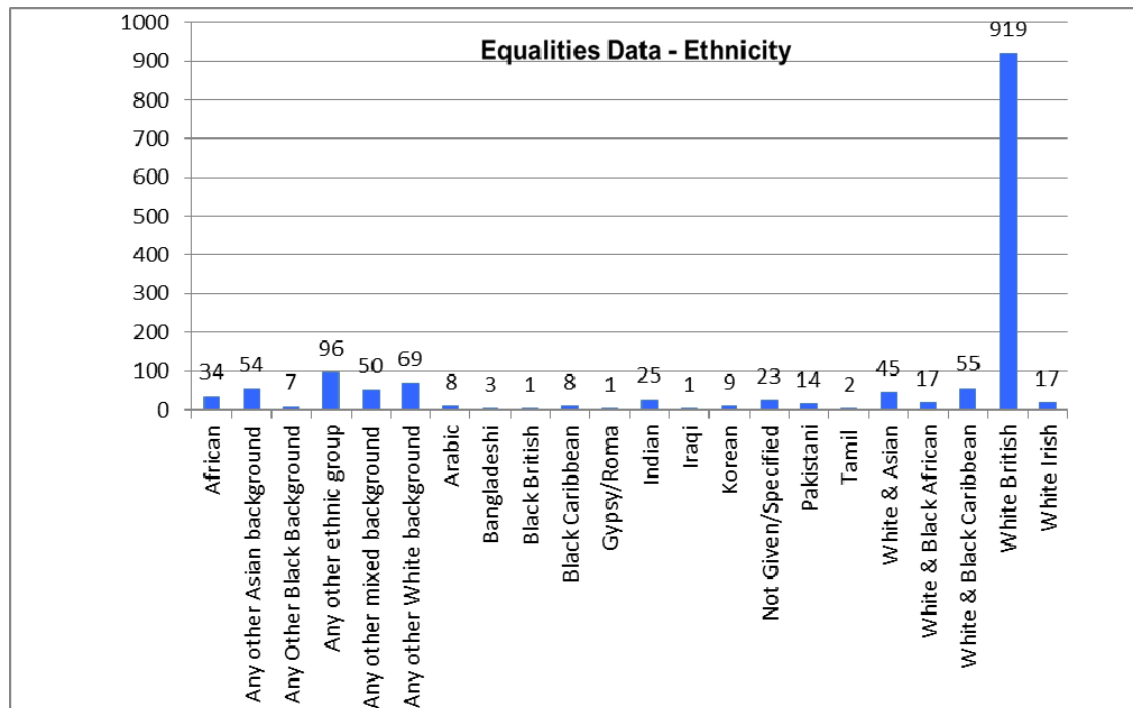


Current TAC multi-agency support in relation to age groups shows the following involvement:

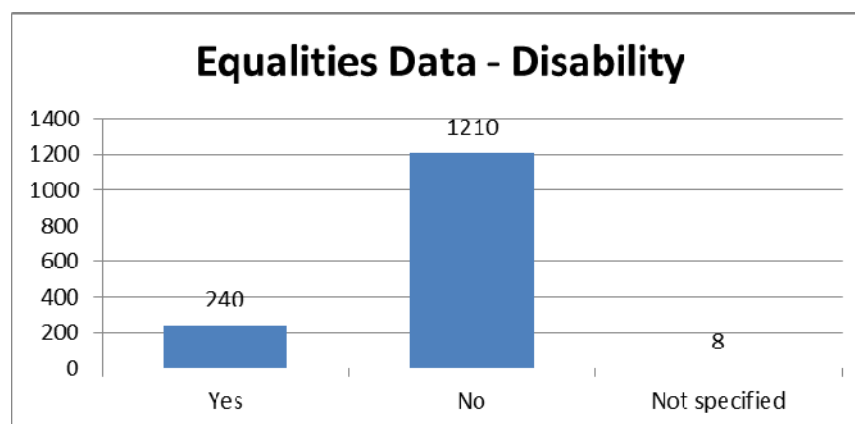


4.3 Equalities data:

The CAF is used across various ethnic backgrounds:



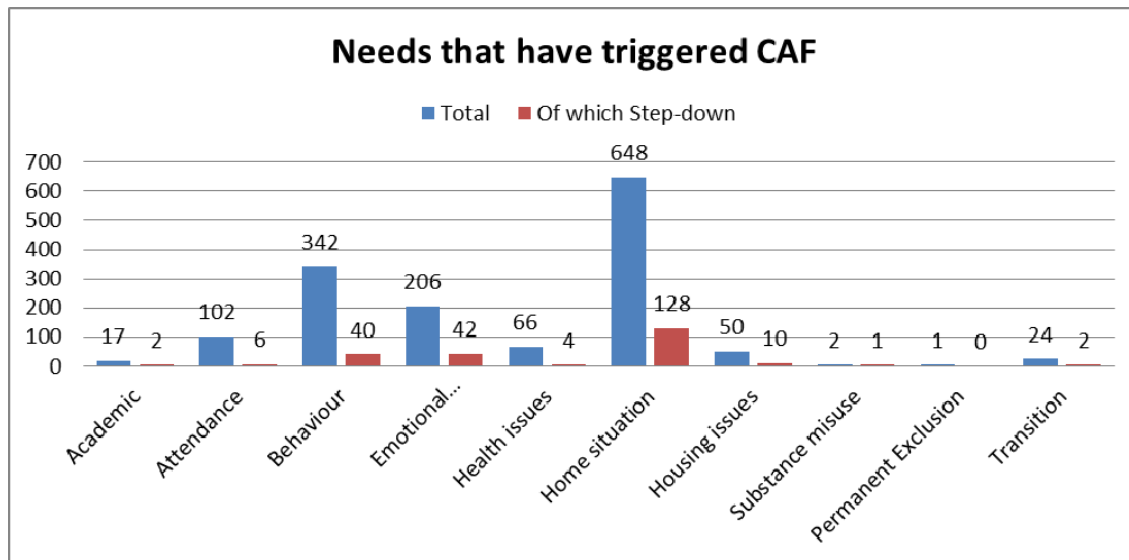
In some cases, it is also relevant to use the CAF process to support children with disabilities:



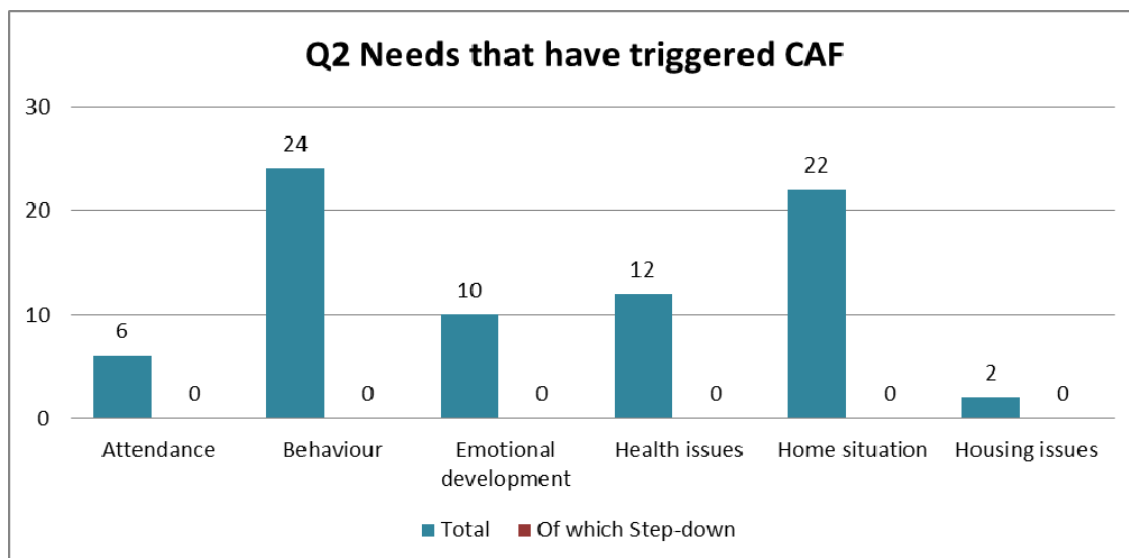
4.4 Needs that have triggered CAF

The main reason that has triggered CAFs in Kingston is undoubtedly the *Home Situation*. *Behavioural Issues* and the child / young person's *Emotional Development* complete the top three, although with much less occurrences.

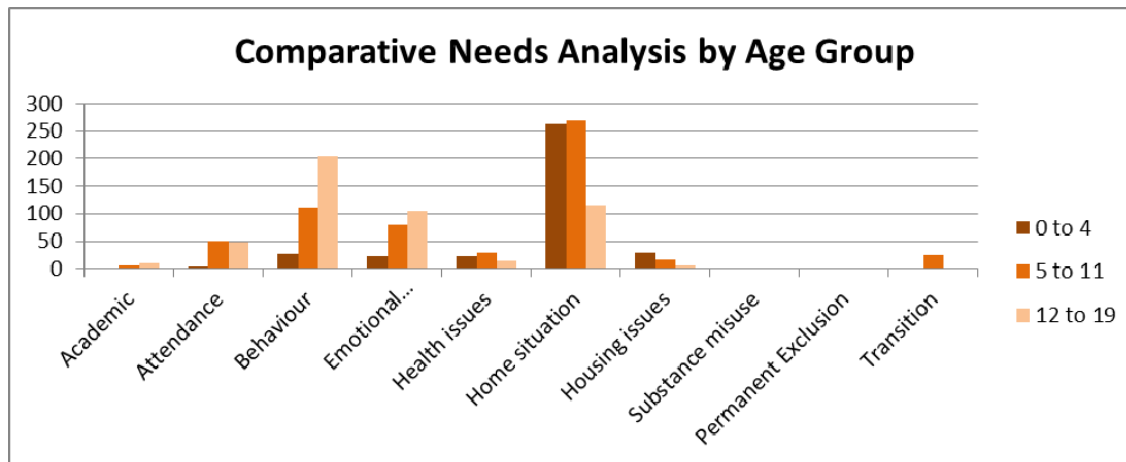
19.7% of cases triggered by the *Home Situation* are the result of a *step-down* from a *statutory intervention*. Overall, step downs represent 16.1% of CAFs when considered across all trigger needs.



The graph below shows last quarter's CAF initiations:

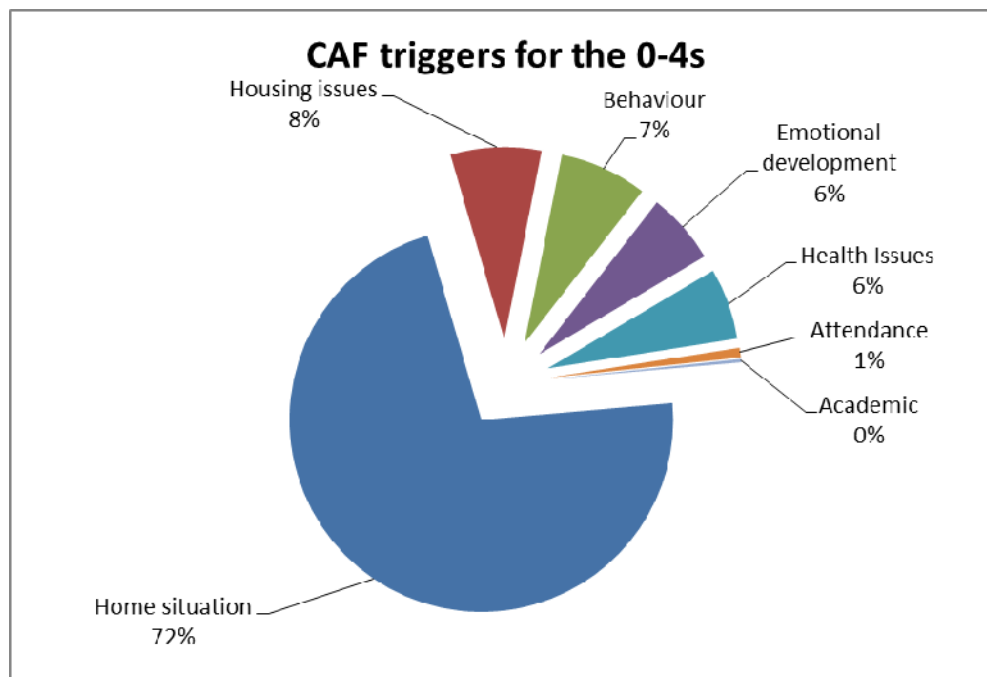


4.5 A Comparative Needs Analysis by age group is shown in the graph below, followed by a comparative detail for each specific group.



4.5.1 A cumulative detailed analysis within each specific group shows:

0 to 4 age group – *Home situation, Housing, and Health issue and Behaviour* are the key triggers for this age group.



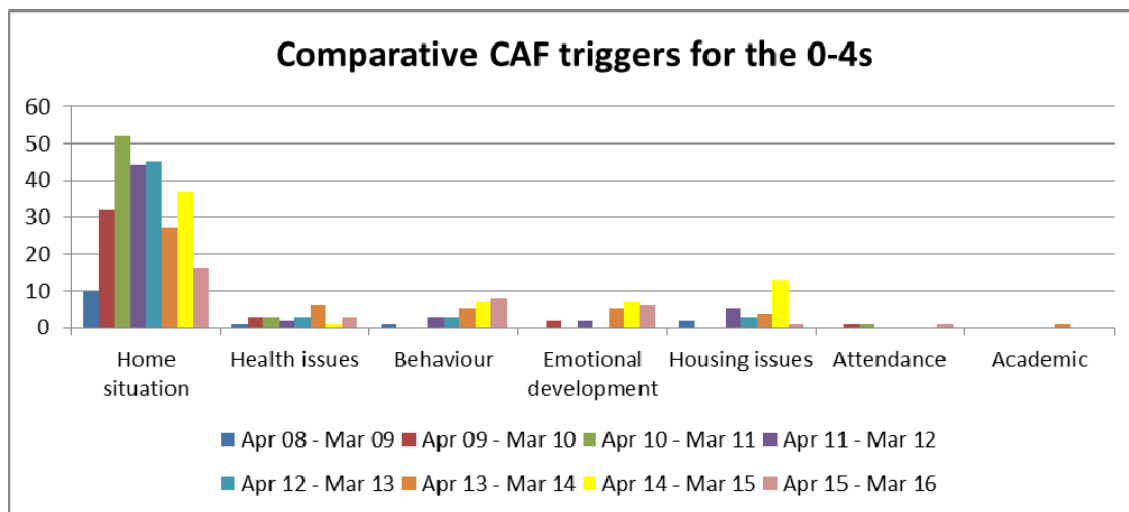
Home situation has been consistently the main reason for CAFs within this age group, representing the majority of needed support. Some of the *wider issues* identified at home for cases within this category include:

- Parental mental health was present in over 25.5% of cases, with domestic abuse and financial issues in just under 20%;
- **Also 23.2% had 2 or more think family issues.**

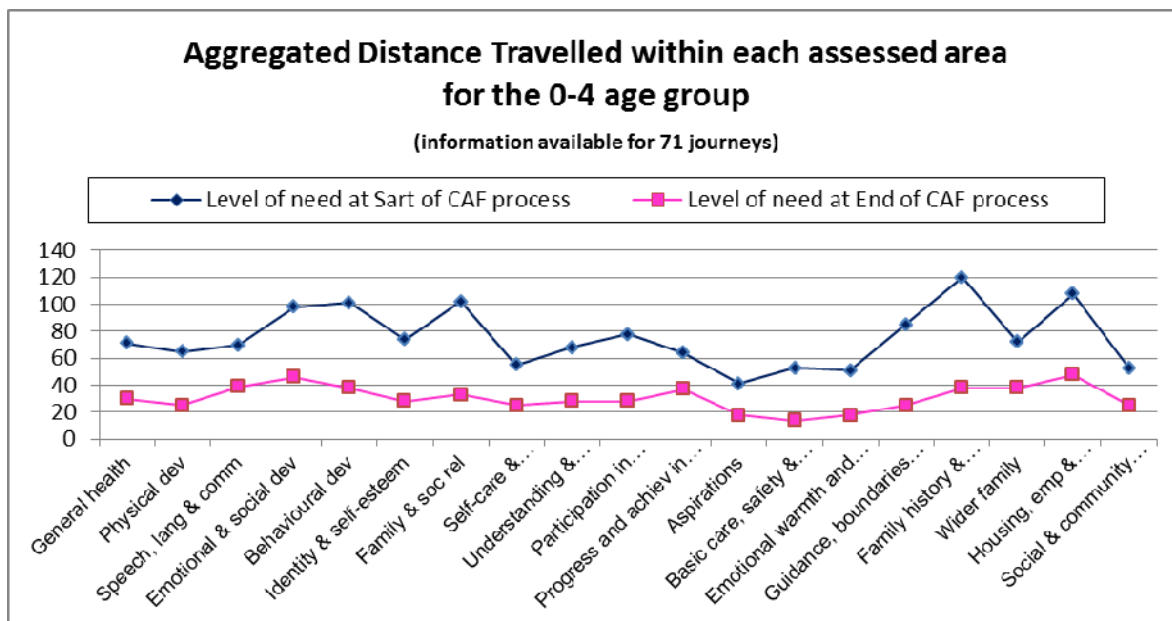
When looking at outcomes, 249 out of 263 interventions triggered by the **Home situation** have now closed:

- 48.9% achieved all or some outcomes; and
- 25.3% stepped up to statutory support – 44.4% of these had been step downs.

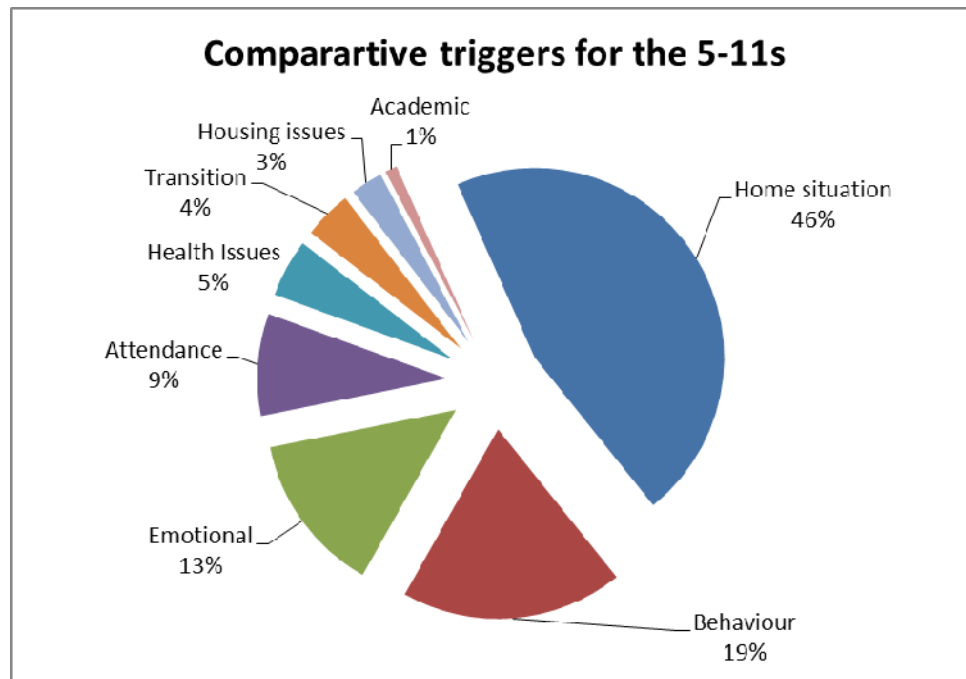
These have remained fairly consistent over time:



Distance Travelled information for the 0-4s shows that families have perceived a positive distance travelled in all areas at the end of their CAF journey:



5 to 11 age group – The *Home situation* is still the key trigger for this age group, representing nearly half of the support needed. *Behaviour* and *Emotional development* are also in the top three.



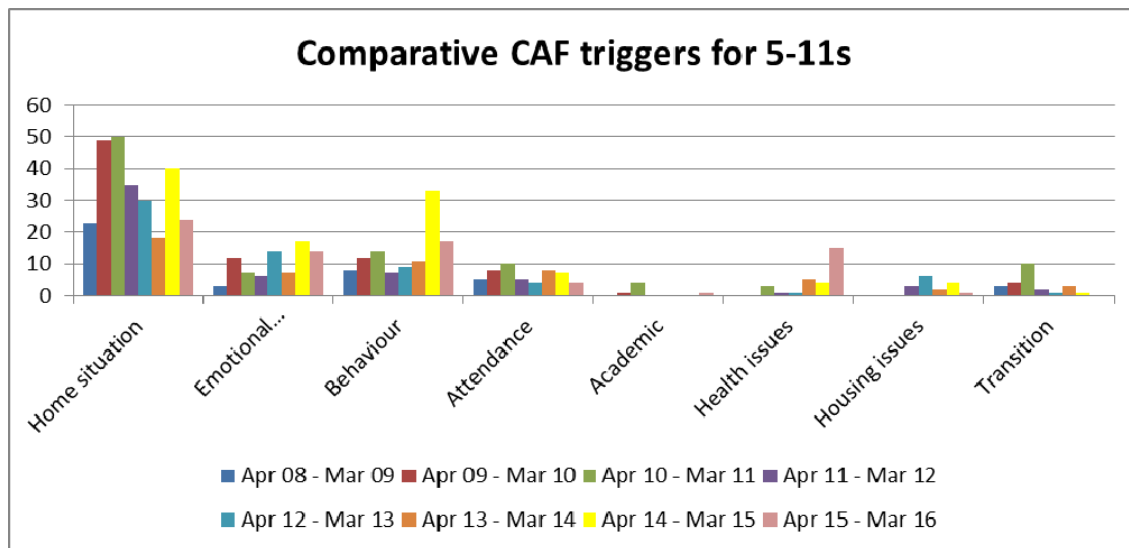
Home situation has been consistently the main reason for CAFs within this age group, representing the majority of needed support. Some of the *wider issues* identified at home for cases within this category include:

- Domestic abuse and parental mental health featured in over 15% of cases, whilst financial issues was present in over 10%
- **19.7% had 2 or more think family issues.**

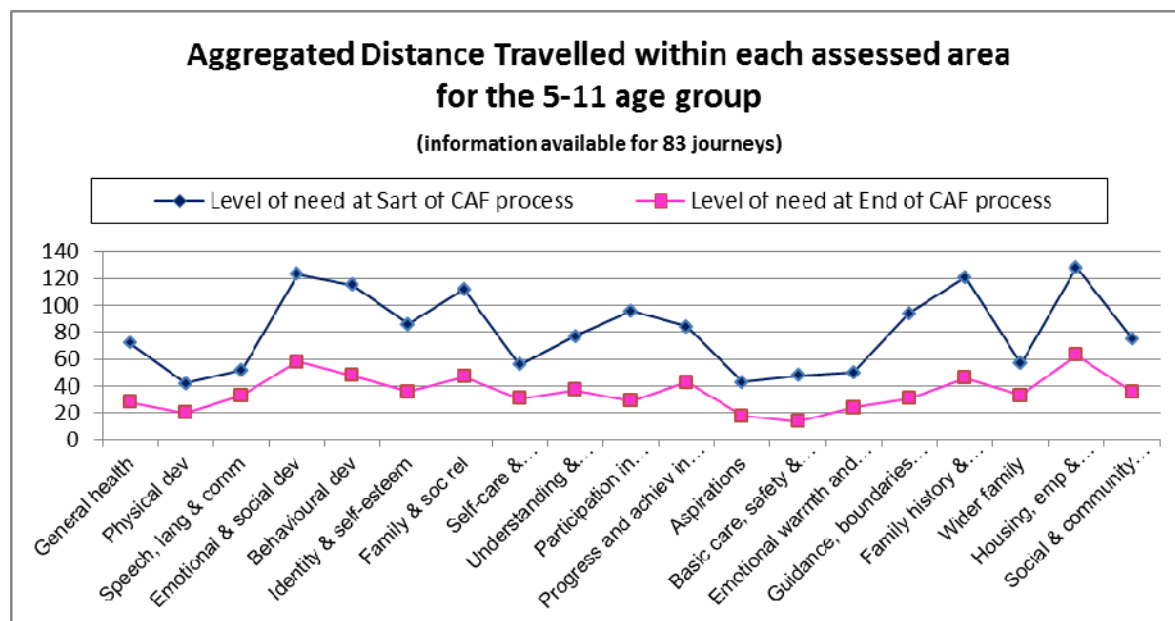
Looking at outcomes, 250 out of 269 interventions triggered by the ***Home situation*** have now closed:

- 51.6% achieved all or some outcomes, and
- 18.4% stepped up to statutory support – 39.2% of these had been step downs.

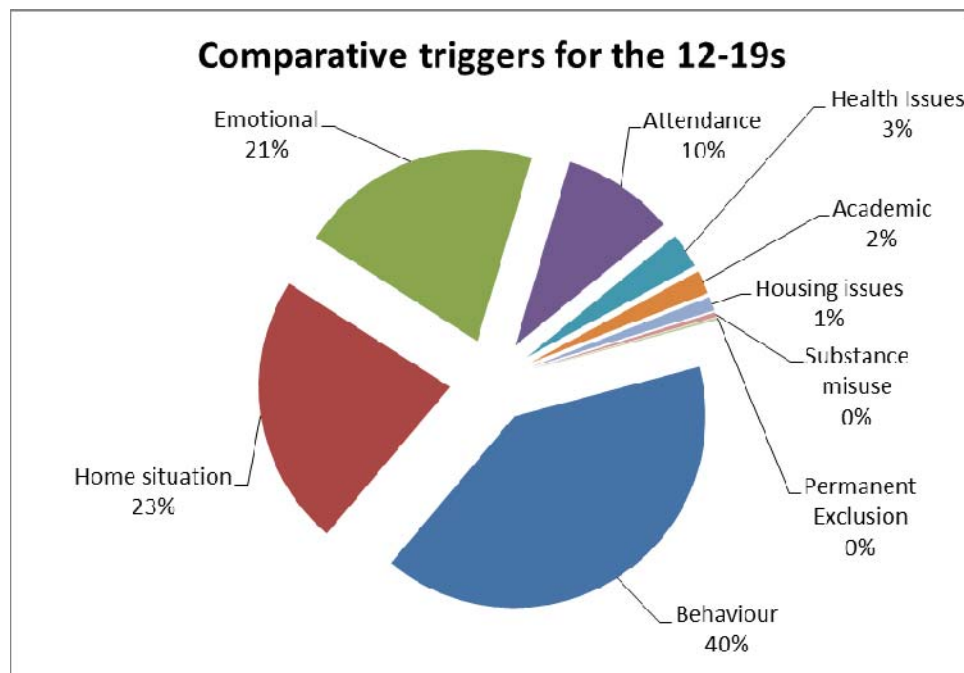
The key triggers for this age group have kept fairly consistent over time.



Distance Travelled information for the 5-11s shows that families perceived a positive distance travelled in all areas at the end of their CAF journey.



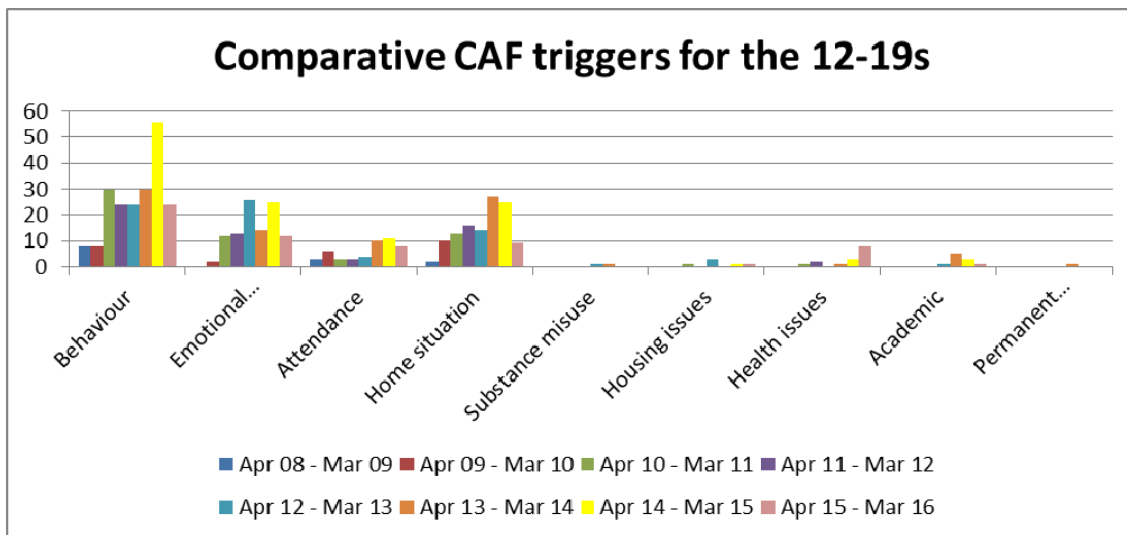
12 to 19 age group – *Behaviour* is largely the highest CAF trigger for the 12-19s. *Home situation* and *Emotional development* are also in the top three.



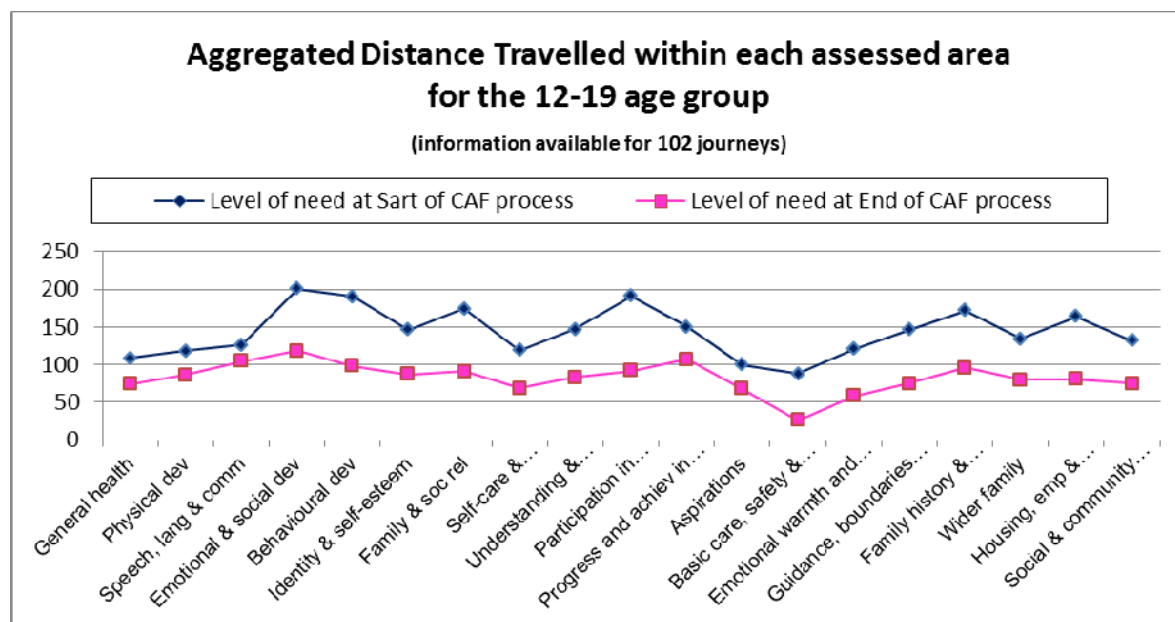
Looking at outcomes at CAF closure for the key triggers in this age group:

- 173 out 204 interventions triggered by ***Behaviour*** issues have now closed:
 - 41.6% achieved all or some outcomes; and
 - 19% stepped up to statutory support.
- 100 out of 116 interventions triggered by the ***Home situation*** have now closed:
 - 46% achieved all or some outcomes; and
 - 16% stepped up to statutory support – of these 18.7% had been step downs.
- 84 out of 104 interventions triggered by ***Emotional development*** have now closed:
 - 52.3% achieved all or some outcomes; and
 - 17.8% stepped up to statutory support.

The key triggers for this age group have kept fairly consistent over time.



Distance Travelled information for the 12-19s shows that a positive distance travelled was experienced in all areas.



4.6 Think Family

The top three *Think Family* strands identified via the CAF process in Kingston overtime include *Longterm Illness / Disability*, *Domestic abuse*, and *Financial issues*.

Over **29.8% of CAFs** have highlighted two or more *Think Family* issues.

Cumulative Think Family strands identified via the CAF process									
	Apr 08 Mar 09	Apr 09 Mar 10	Apr 10 Mar 11	Apr 11 Mar 12	Apr 12 Mar 13	Apr 13 Mar 14	Apr 14 Mar 15	Apr 15 Mar 16	Running Totals
Domestic Abuse	11	18	13	21	30	42	97	42	274
Bereavement	2	7	1	3	7	15	45	13	93
Chaotic homelife	0	0	0	0	0	0	0	26	26
Financial issues	5	6	5	10	36	65	98	40	265
Homelessness	0	0	0	0	1	2	0	2	5
Illness/disability	2	7	13	16	29	41	74	51	233
Mental health	8	14	19	12	31	51	109	37	281
Overcrowding	1	0	1	4	25	29	47	24	131
Family Member in prison	0	1	0	2	13	19	11	3	49
Substance misuse	1	1	4	2	13	39	51	12	123
Unemployment	0	0	1	3	20	42	74	22	162
2+ issues	7	16	9	11	63	81	176	66	435

Note: It is worth noting that **some of these may be historical** (notably Domestic abuse) and not necessarily happening at the time of the CAF assessment. However, these may still be having an impact for the family; it is likely that in order to support these cases, LPs may have to engage adult services as part of the TAC.

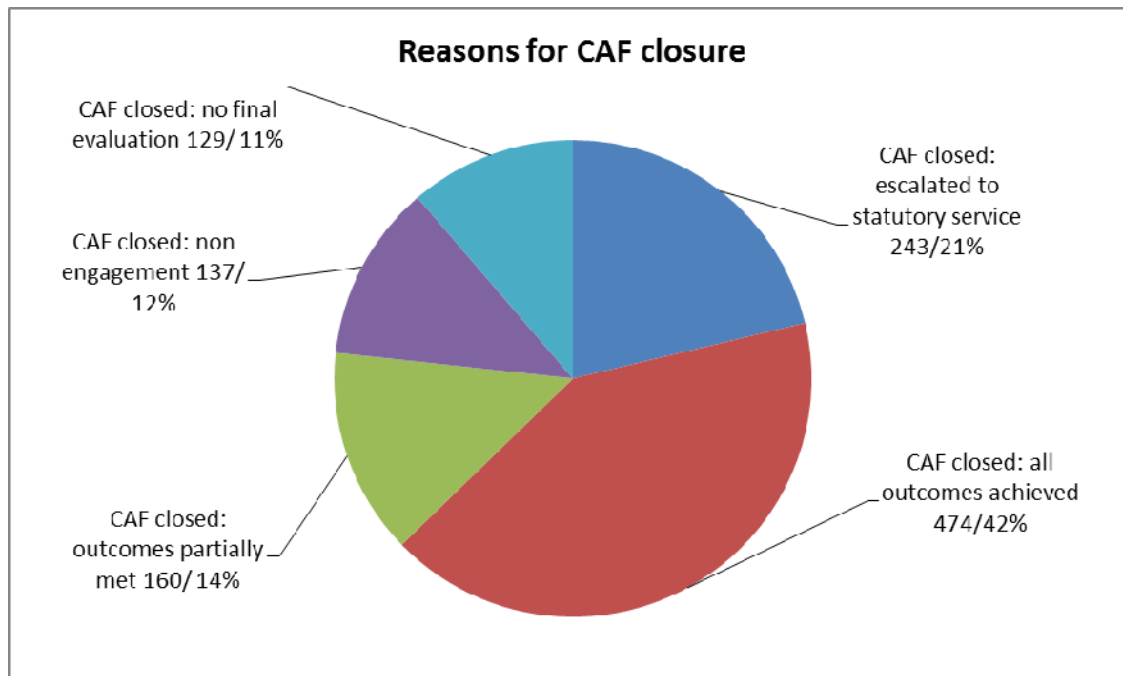
4.7 CAF Status at closure

198 CAFs were ongoing at 30 September 2015.

1260 CAFs had closed at 30 September 2015, including **49** during the last quarter.

The *reason for closing the CAF* and a description of the *outcomes achieved* is stated by the LP in the *Delivery Plan and Review (DPR)* and *Final Summary*.

The chart below shows the reasons for closure for the cumulative number of closed CAFs:



Of the 49 cases closing during Q2:

- 27 (55.1%) achieved all or some outcomes, and
- 9 (18.7%) stepped-up to statutory support

Other closures during Q2 included:

- 4 (8.2%) non engagement
- 4 (8.2%) consent withdrawn
- 3 (6.1%) opened in error
- 1 (2%) moved out of borough
- 1 (2%) child has died

4.8 CAF Journey: Distance Travelled Tool (DTT)

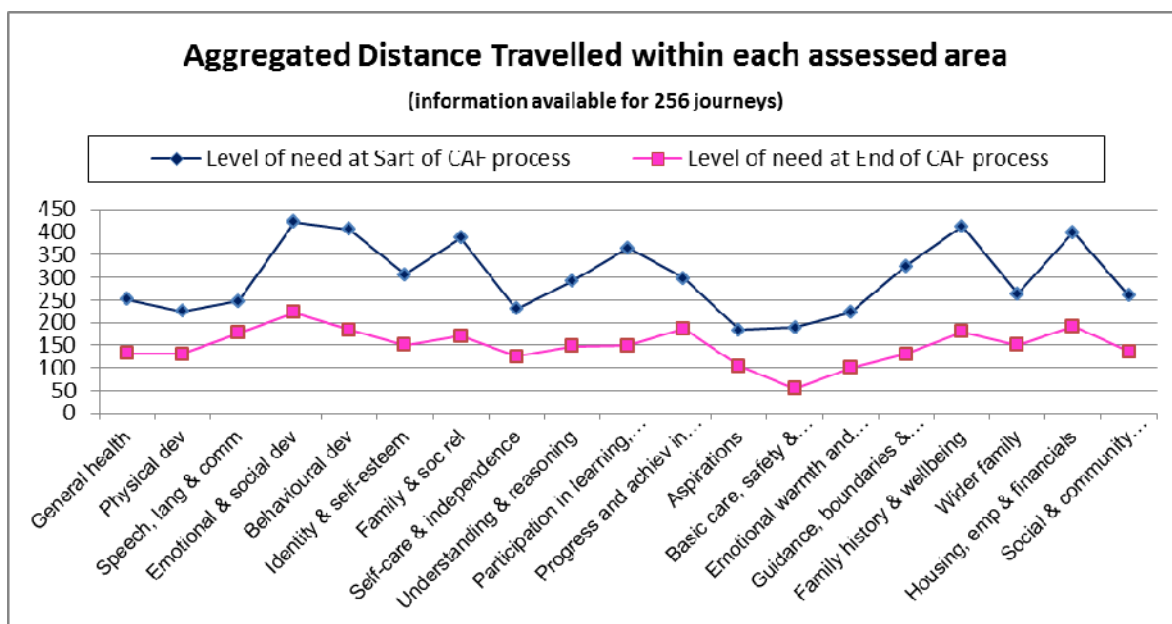
To help evidence how interventions are kept *centred* around children and young people, practitioners have been using the DTT. This tool allows children and young people to *scale* their identified needs, and *measure how they perceive they are progressing* as they work with the TAC towards achieving their outcomes.

30 out of 49 CAF interventions closing this quarter had DTT information. This brings the current cumulative DTT information to **256 CAF journeys**.

Progress within individual areas of assessment *must be seen in the context of each individual case*. However, as an organisation, it is useful to consider the *aggregated impact* perceived by children and young people in the 19 areas assessed through the CAF process.

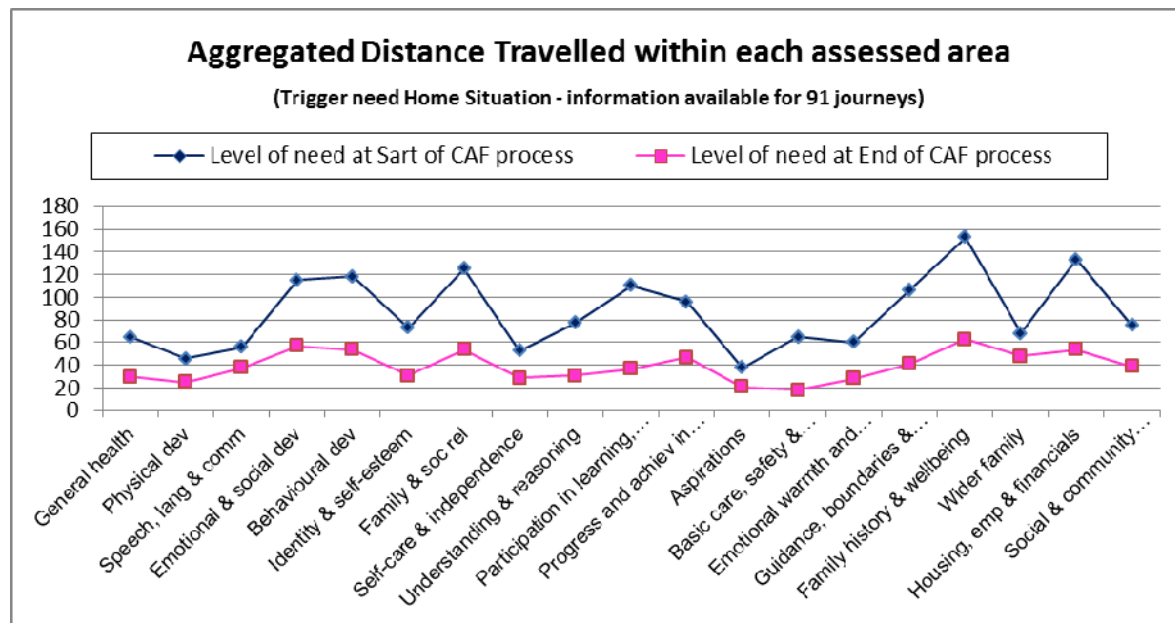
Overtime, this information is helping identify successes and areas for improvement, as well as informing service provision.

A graphical representation of the aggregated **256 CAF journeys** shows that on average, families have experienced a *positive* DTT in *all areas* following their CAF intervention.

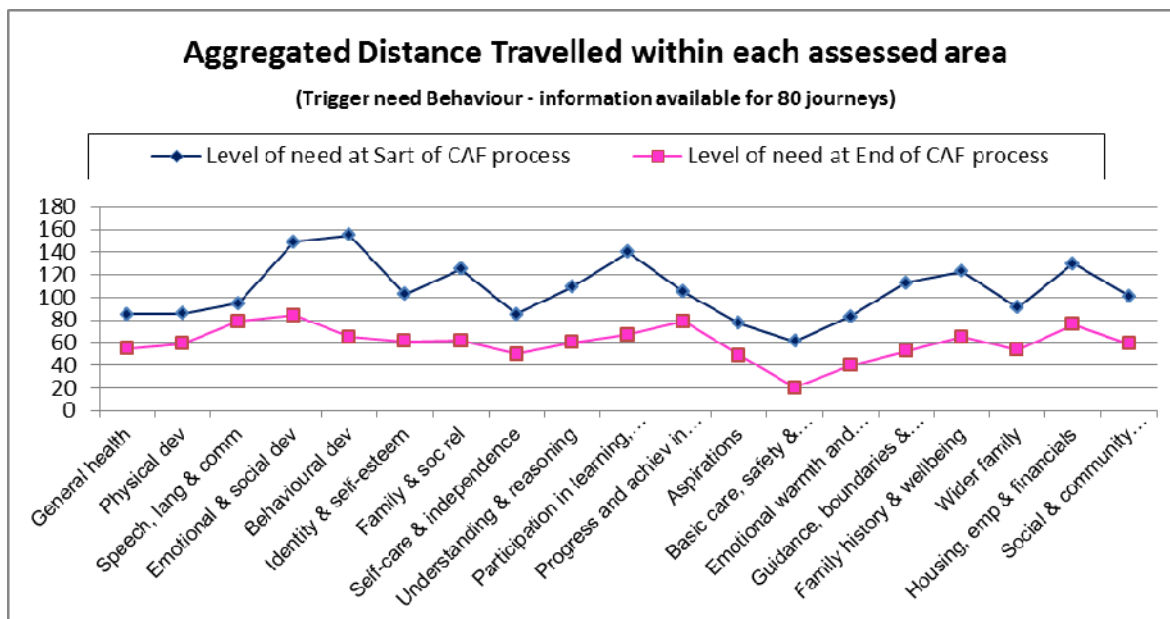


DTT information linked to the three key triggers in Kingston:

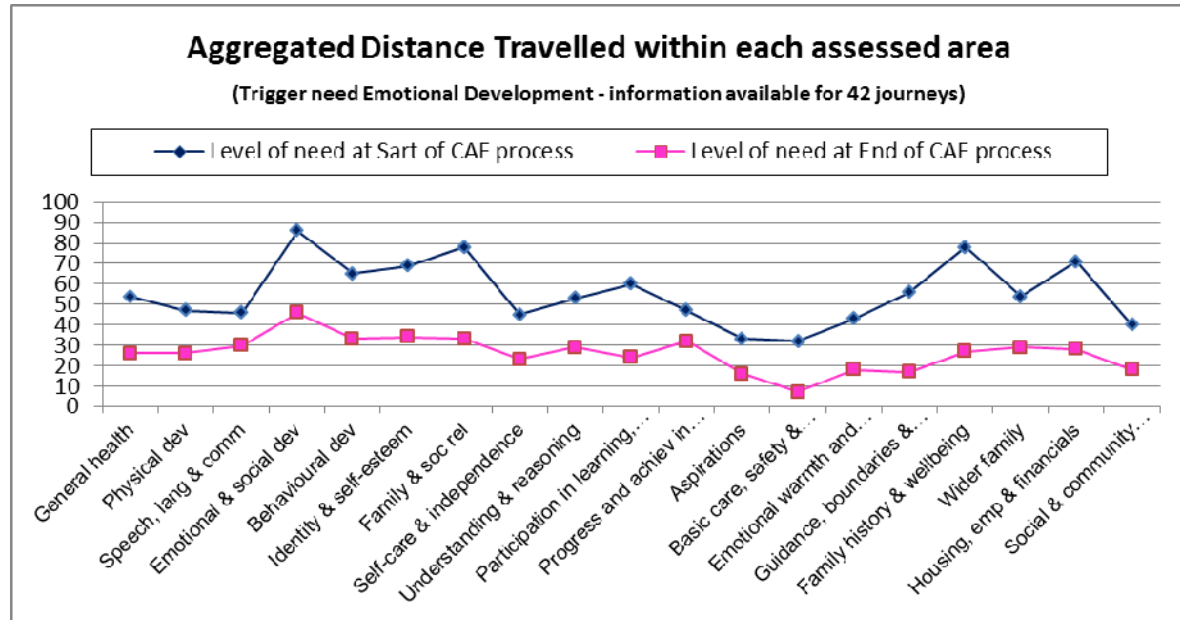
Where the **Home situation** prompted the CAF the overall DTT is *positive*; families have perceived good progress in most areas, including the ones relating to the trigger need itself.



Where **Behaviour** prompted the CAF the overall DTT is *positive*; families have perceived good progress in most areas, including the trigger need itself.



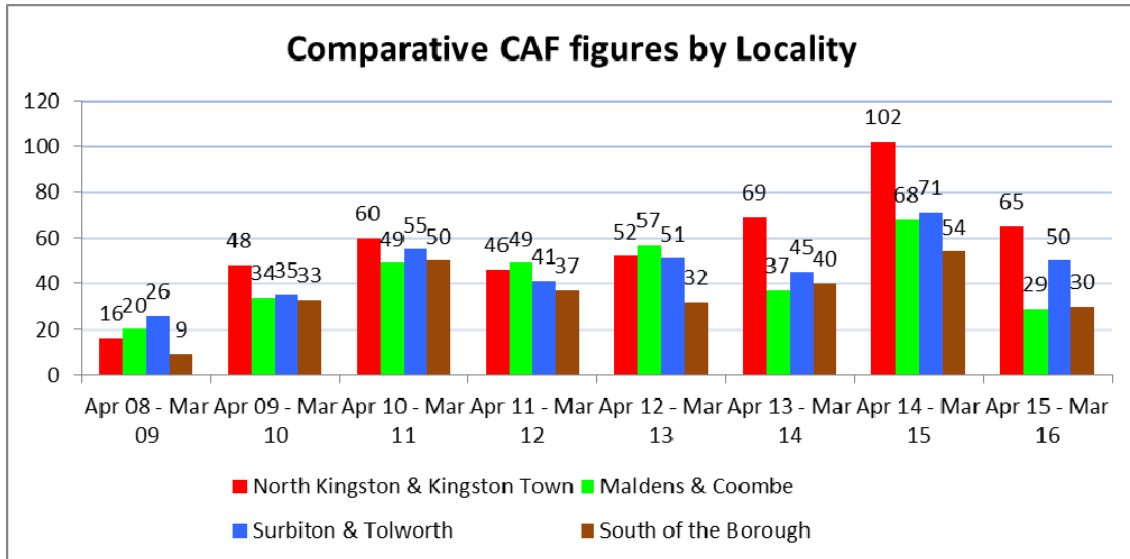
Where **Emotional development** prompted the CAF the overall DTT is *positive*; families have perceived progress in all areas, including the trigger need itself.



5. Kingston Localities CAF data overview

Number of CAFs and demographic information by locality

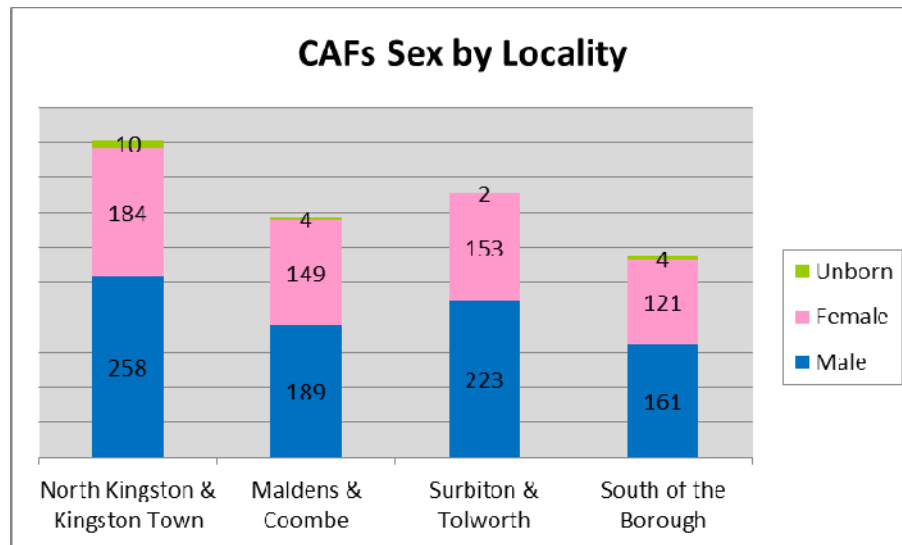
The chart below shows the *cumulative* number of CAFs per locality:



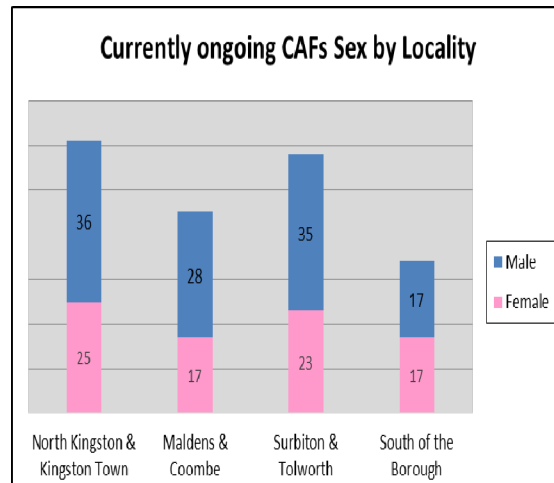
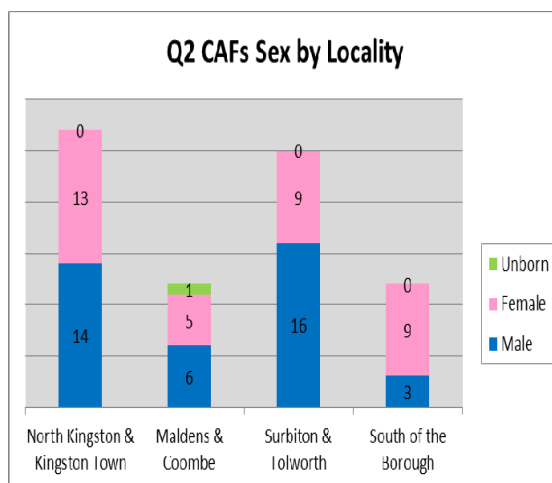
The **76 new CAFs this quarter**, match to the localities as follows:

- 27 new CAFs in North Kingston & Kingston Town;
- 12 new CAFs in Maldens & Coombe;
- 25 new CAFs in Surbiton & Tolworth; and
- 12 new CAFs in South of the Borough.

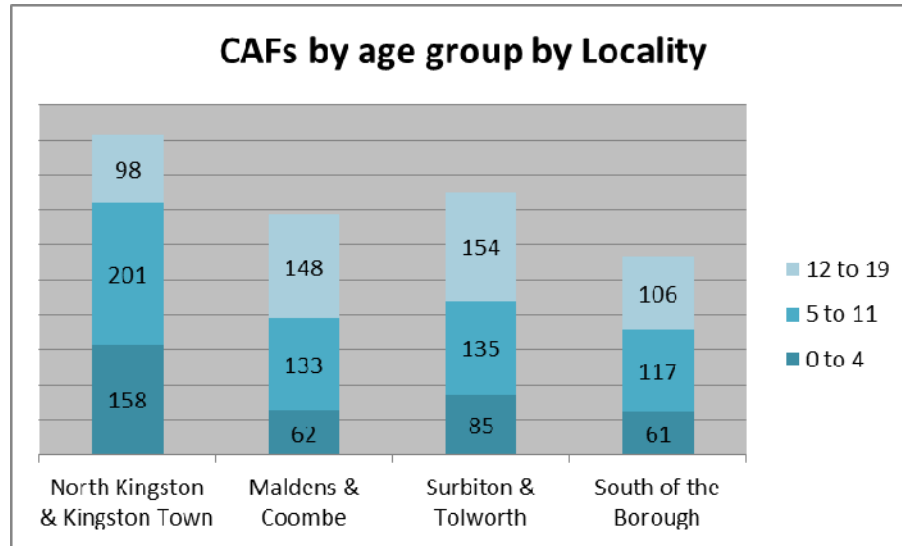
More males than females have been through the CAF process in all localities in Kingston, which is consistent with the borough wide figures:



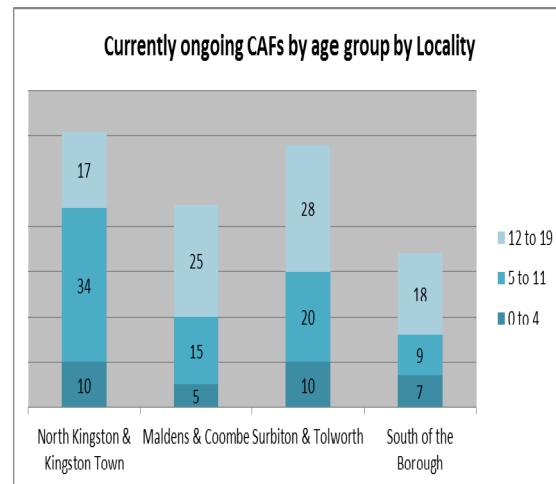
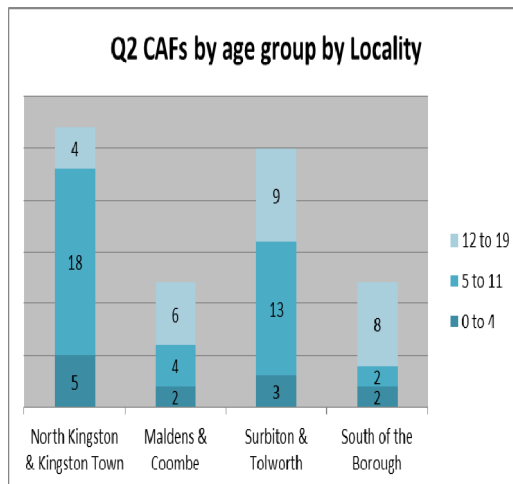
When looking at Q2 more females have gone through the CAF process in *South of the Borough*; however, the borough wide trend remained for currently ongoing CAFs:



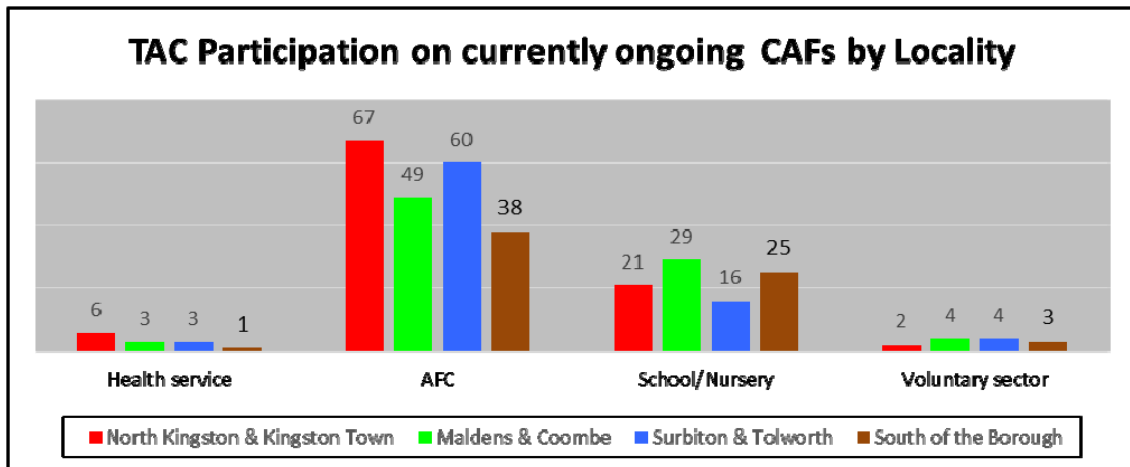
The 12-19s age group have the higher number of CAFs in two out of four localities, with the 5-11s having the higher number in the other two.



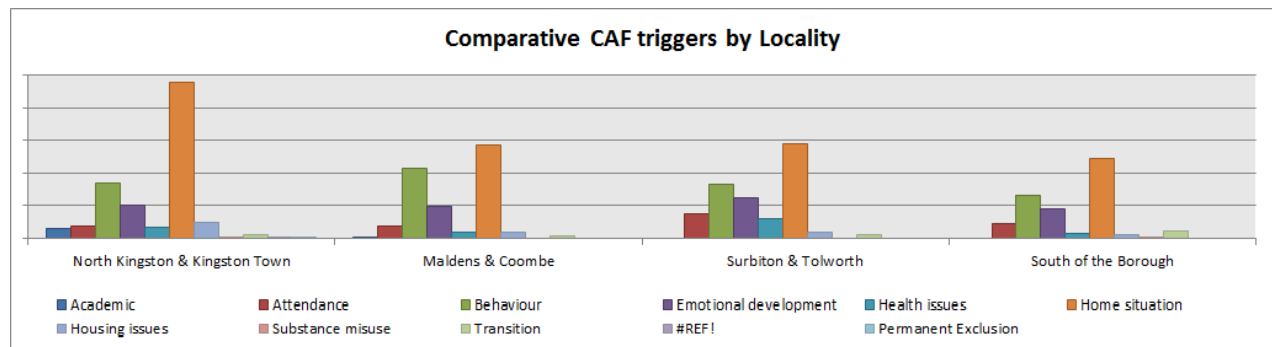
The graphs below show new CAF initiations during Q2 and currently ongoing CAFs:



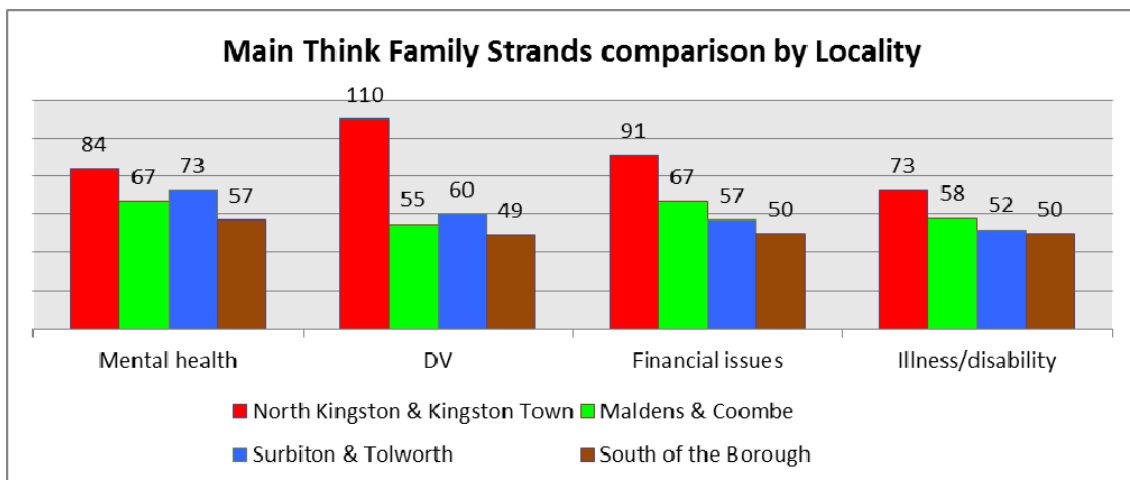
TAC participation to support ongoing CAF interventions in the localities is as follows:



In terms of needs triggering CAFs, the **Home situation** has been by far the main trigger in all four localities.

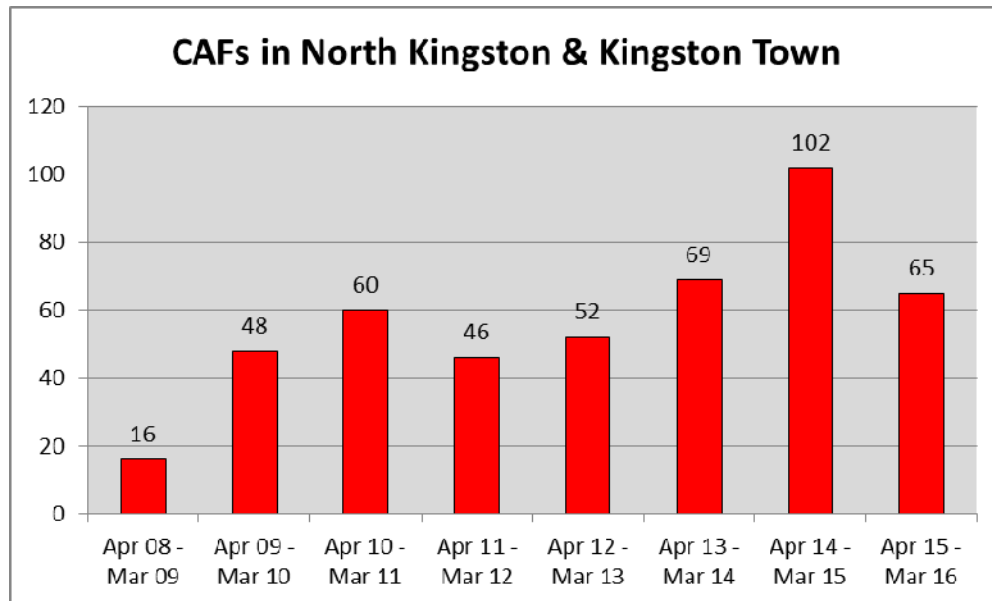


The chart below shows the aggregated numbers of key **Think Family** strands identified via the CAF process:

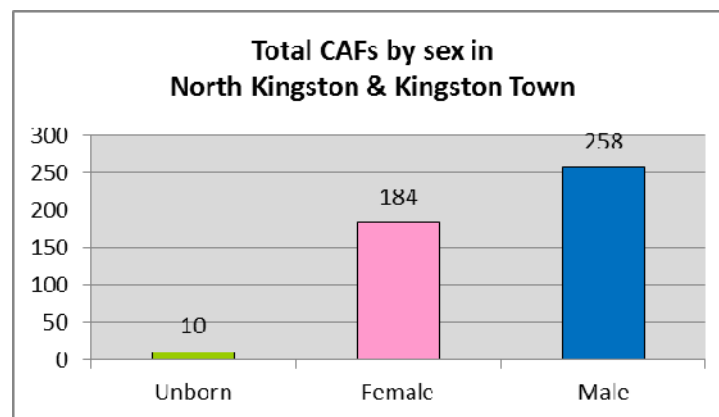


5.1 North Kingston & Kingston Town (NK&KT)

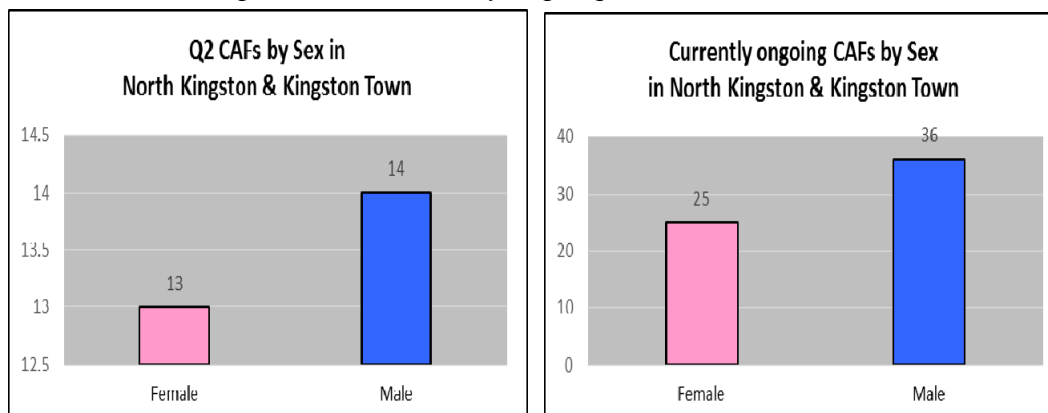
NK&KT account for a cumulative **31.3%** of the total CAFs borough wide, comparatively the local area with the higher number of CAFs in Kingston. **456 CAFs** have been undertaken over time, including **28 new cases** during the last quarter.



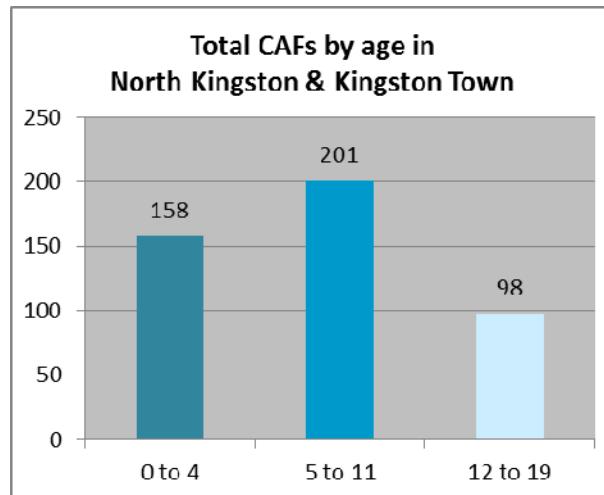
More males than females have gone through the CAF process in NK&KT:



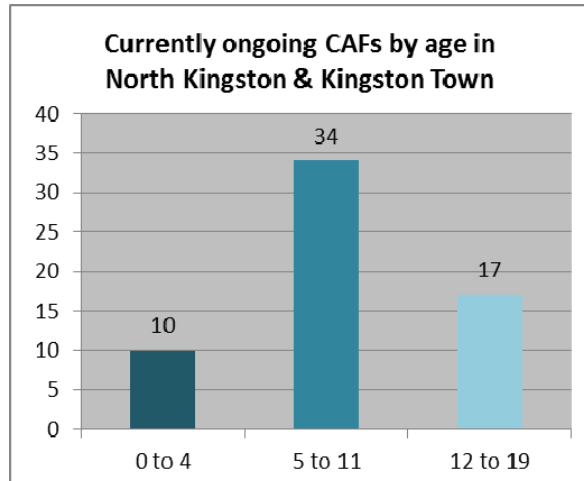
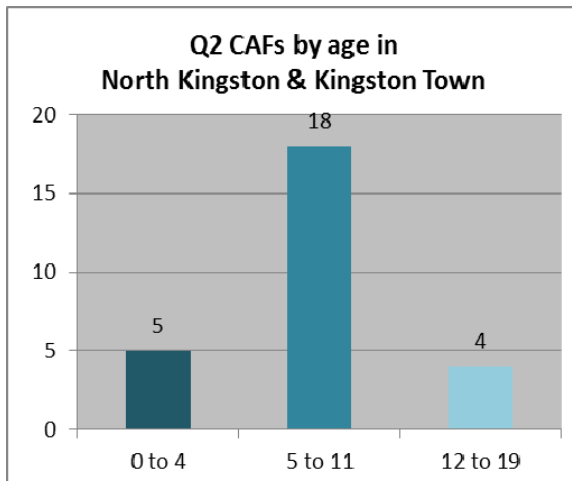
The trend remained during Q2 and for currently ongoing CAFs:



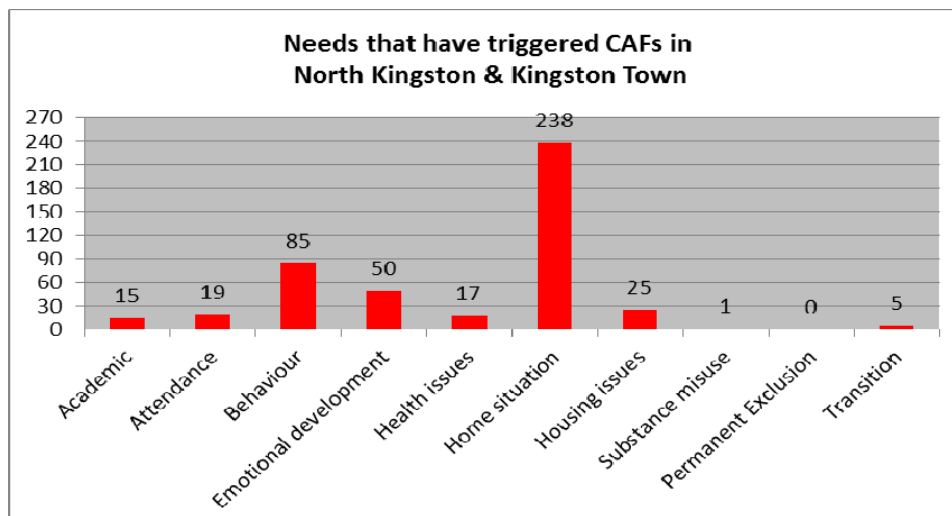
When looking at age groups, higher numbers occur in the **5-11s** and **0-4s** age groups in this locality:



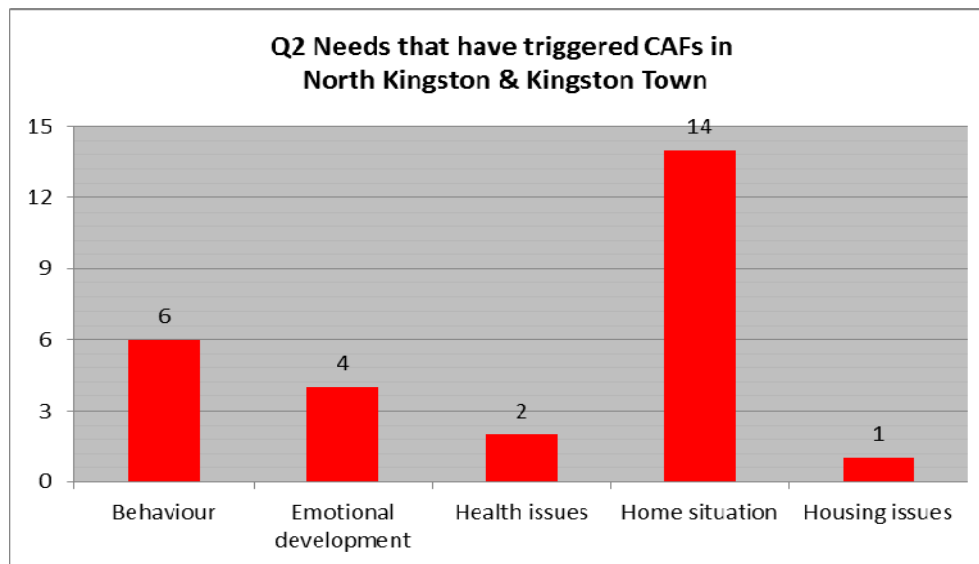
There were more CAFs for the 5-11s, with the 5-11s having the higher number of ongoing CAFs:



The **key trigger** for CAFs in this locality is the *Home situation*, which is consistent with those identified for the prevalent age group borough wide.



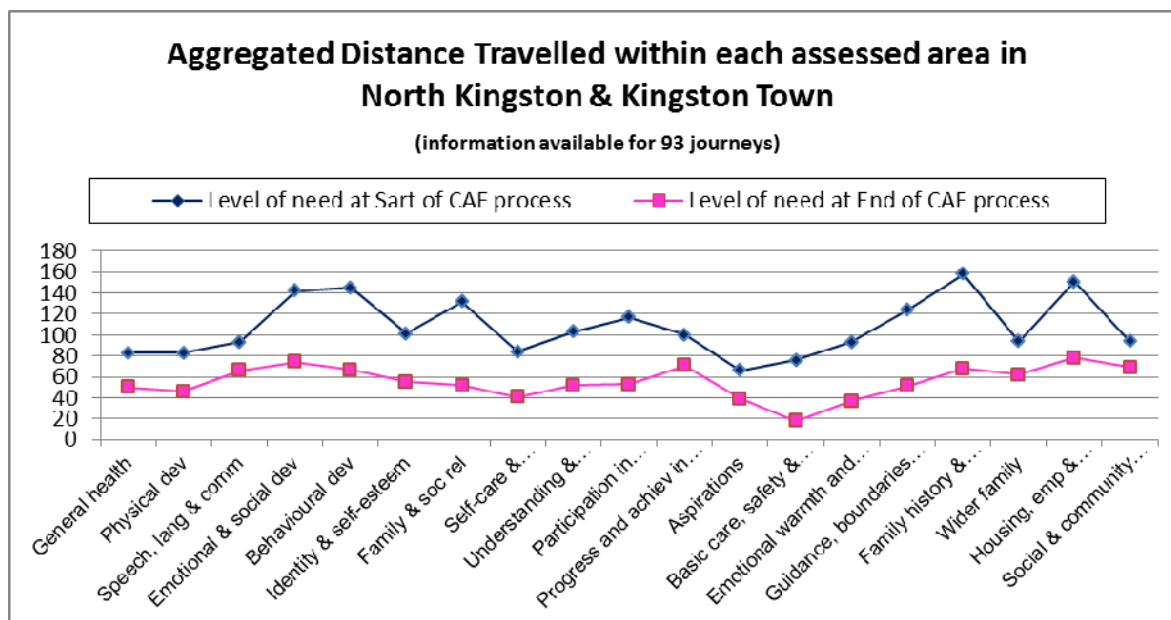
Home situation has been the key trigger during Q2:



When looking at closed CAFs in relation to the key trigger:

- 221 out of 239 cases triggered by the **Home situation** have now closed:
 - 54.3% achieved all or some outcomes, and
 - 20.8% stepped up to statutory services – 53.9% of these had been step downs.

Distance Travelled information is available for **93 journeys**, including **9 new journeys** this quarter. A **positive** DTT was clearly experienced in all aspects in this local area.



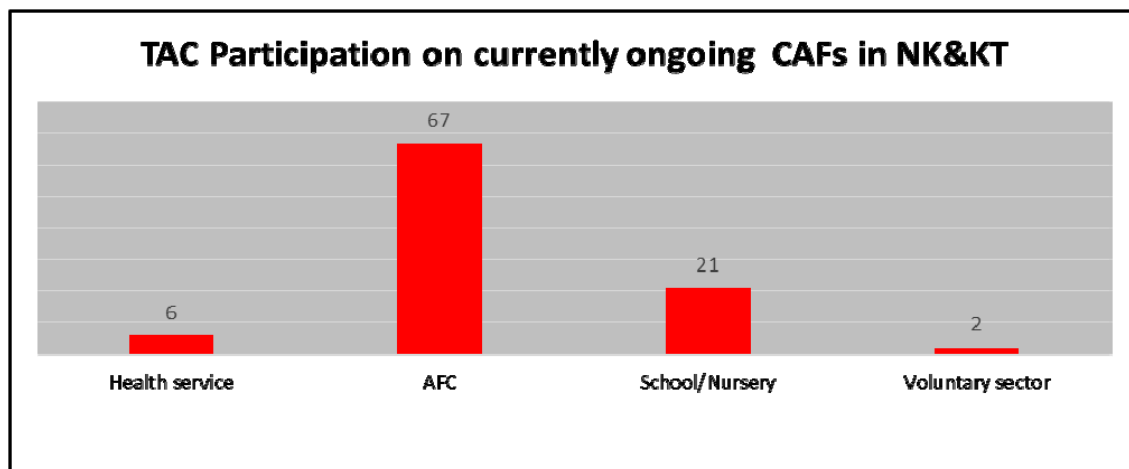
61 cases were ongoing at 30 September 2015, triggered by the following reasons:

- Behaviour x 19
- Home situation x 18
- Emotional development x 14
- Health issues x 4
- Academic x 3
- Housing x 2
- Attendance x 1

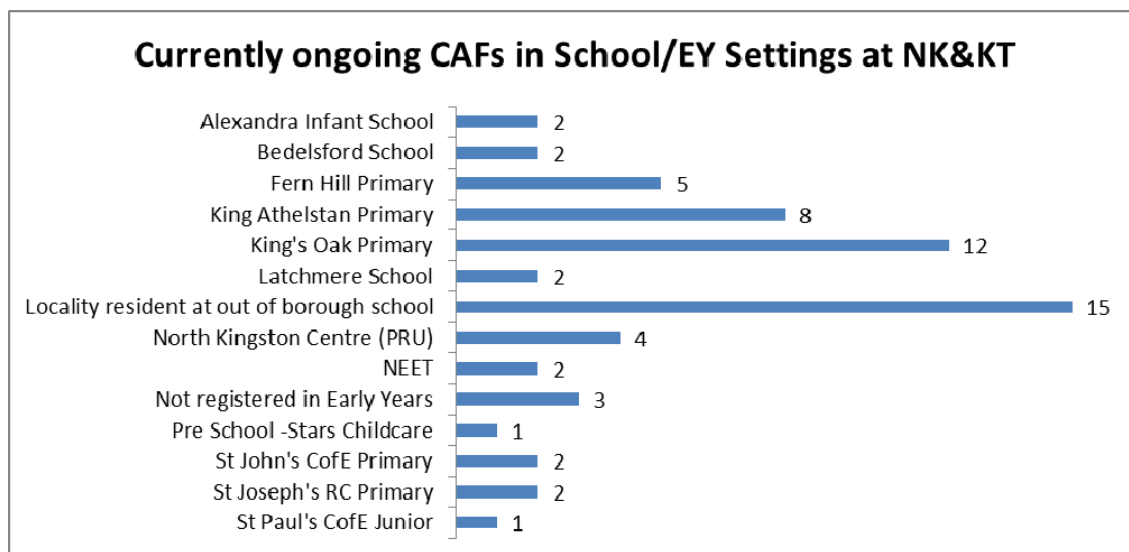
Think family information relating to these ongoing cases shows that:

- Domestic abuse was identified in over 30% of cases, long term illness in 21% of cases, whilst parental mental health and financial issues featured in over 18%;
- **26.2% of ongoing cases present 2 or more think family strands.**

TAC participation for currently ongoing CAFs is as follows:

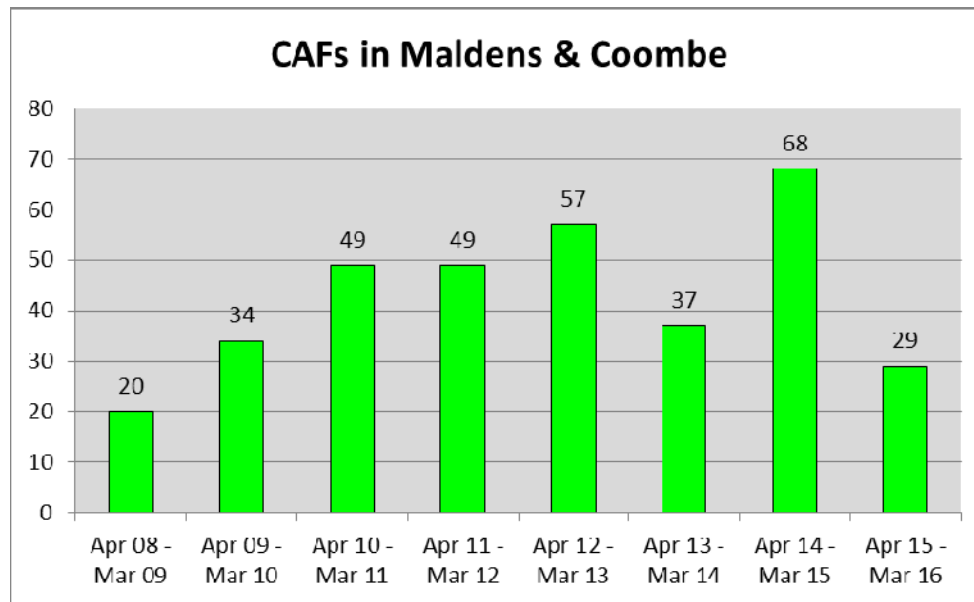


The graph below shows the **school / EY setting** distribution of open CAFs in NK&KT:

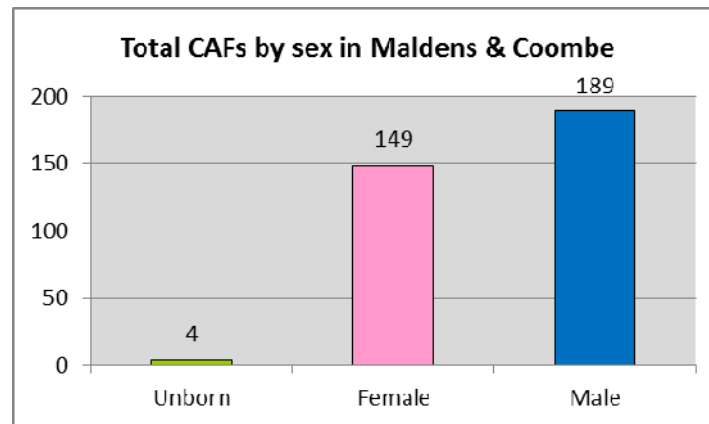


5.2 Maldens & Coombe (M&C)

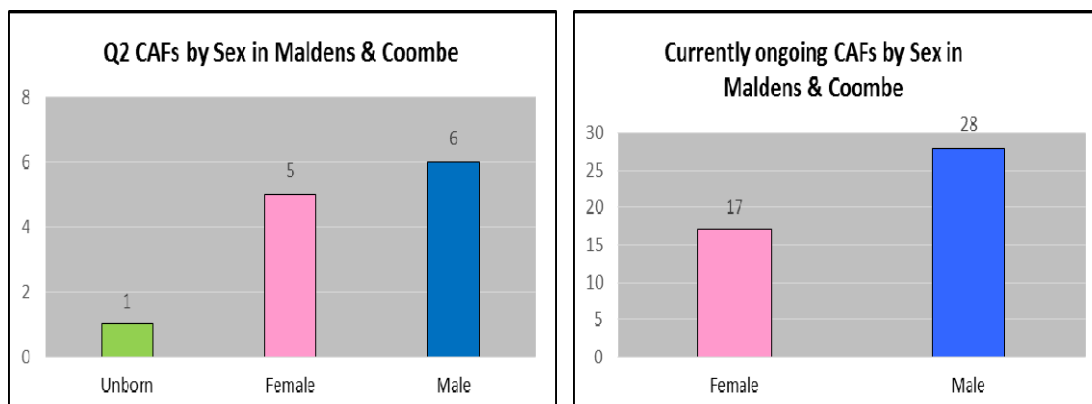
M&C account for a cumulative **23.5%** of the total CAFs borough wide. **343 CAFs** have been undertaken over time – including **13 new cases** during the last quarter.



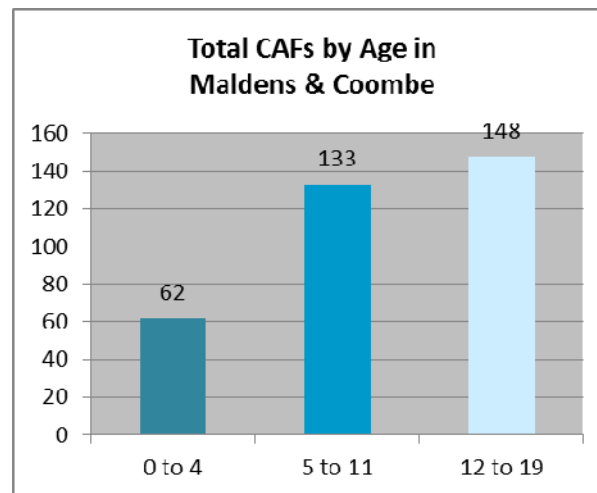
More males than females have gone through the CAF process in M&C:



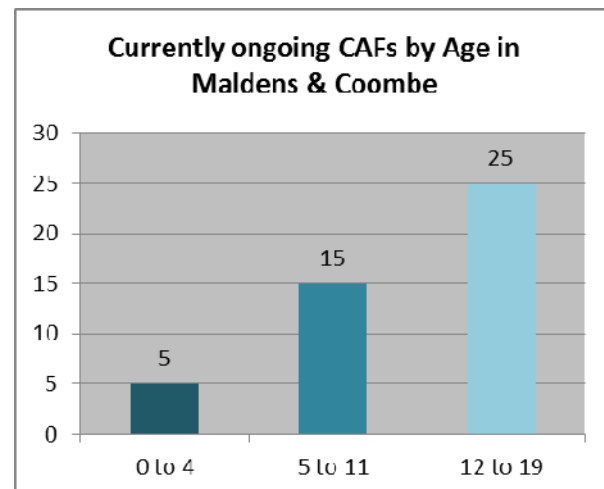
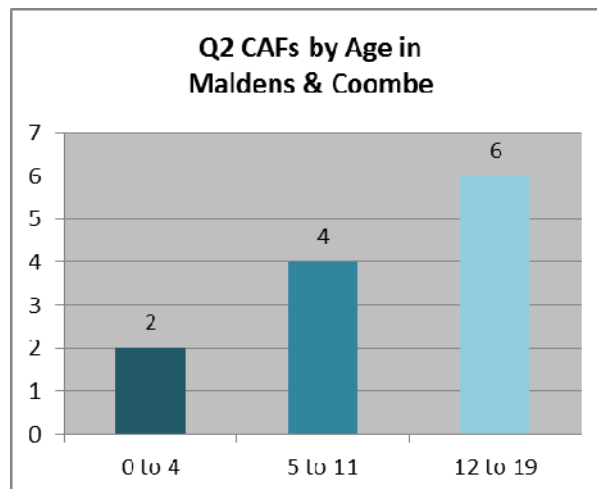
The trend remained over Q2 new CAF initiations and for currently ongoing CAFs:



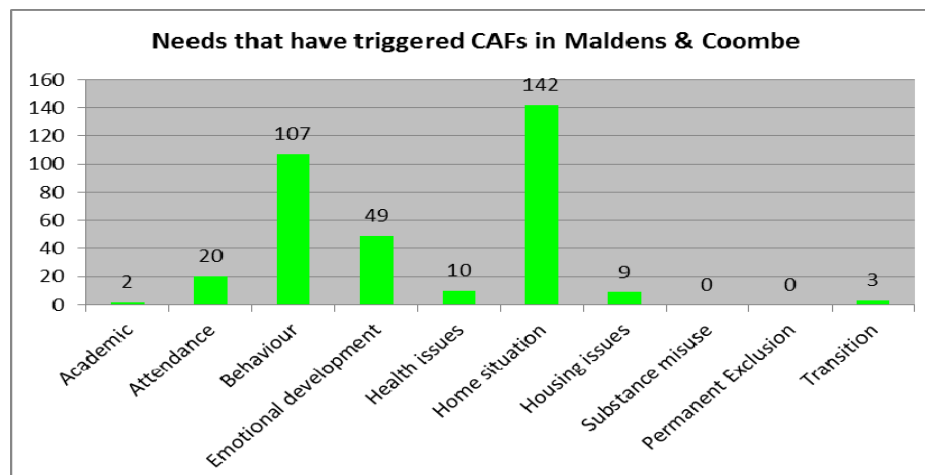
The 12-19s and 5-11s age groups have the higher number of CAFs in this locality:



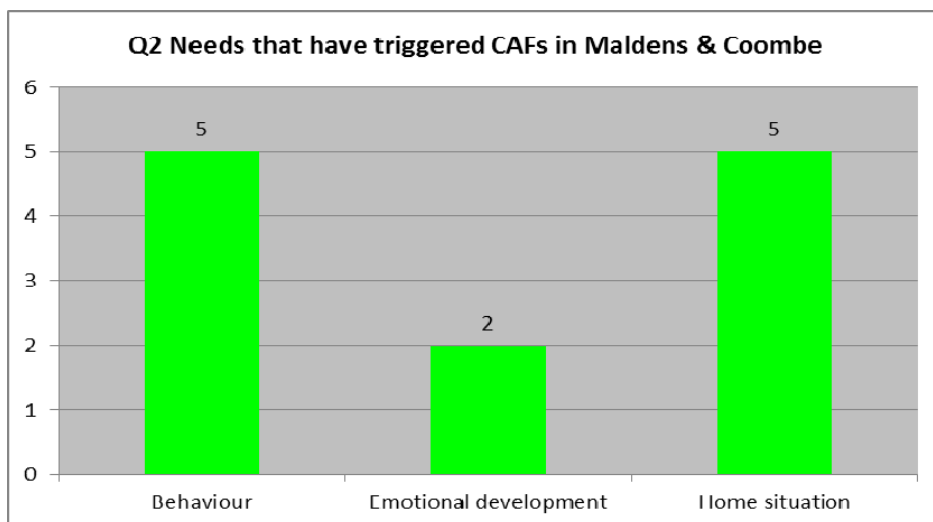
The trend remained for new CAFs initiated during Q2 and for currently ongoing CAFs:



The **key triggers** for CAFs in M&C are *Home situation*, *Behaviour* and *Emotional development*. These are consistent with the age group prevalence, as identified borough wide.



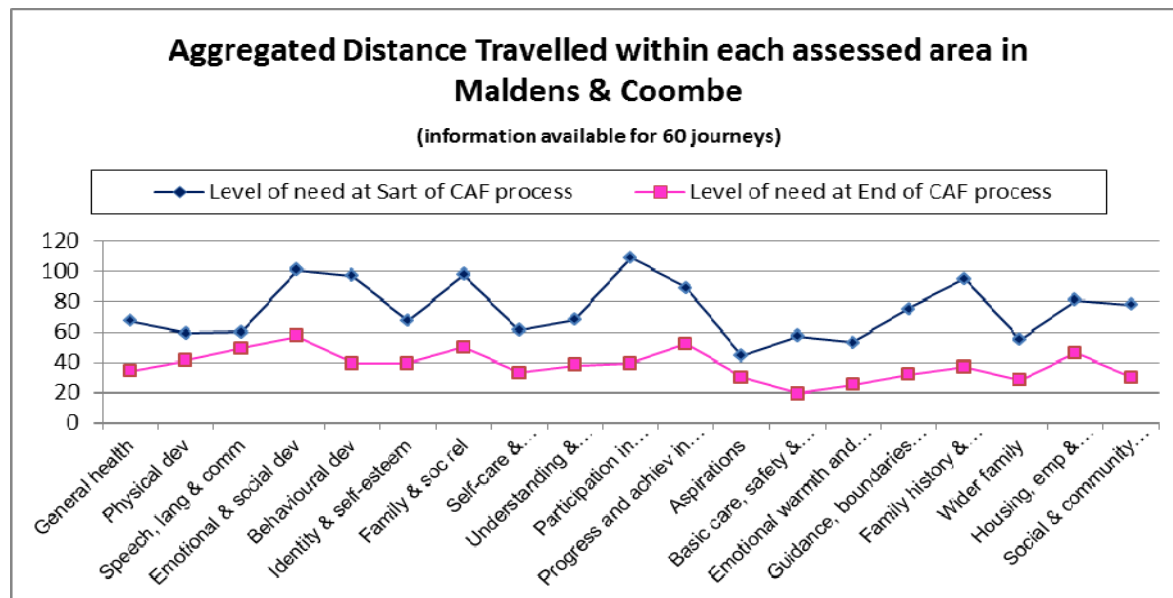
Behaviour and **Home situation** have been the key trigger during Q2:



When looking at closed CAFs in relation to the three key triggers:

- 132 out of 143 cases triggered by the **Home situation** have now closed:
 - 43.2% achieved all or some outcomes, and
 - 24.2% stepped up to statutory services – of these 18.7% had been step downs.
- 88 out of 107 cases triggered by **Behaviour** issues have now closed:
 - 45.4% achieved all or some outcomes, and
 - 22.7% stepped up to statutory services.
- 41 out of 49 cases triggered by **Emotional development** have now closed:
 - 56% achieved all or some outcomes, and
 - 9.7% stepped up to statutory services

Distance Travelled information is available for **60 journeys** in this locality, including 3 *new journeys* this quarter. A *positive* DTT was experienced in all aspects in this local area.



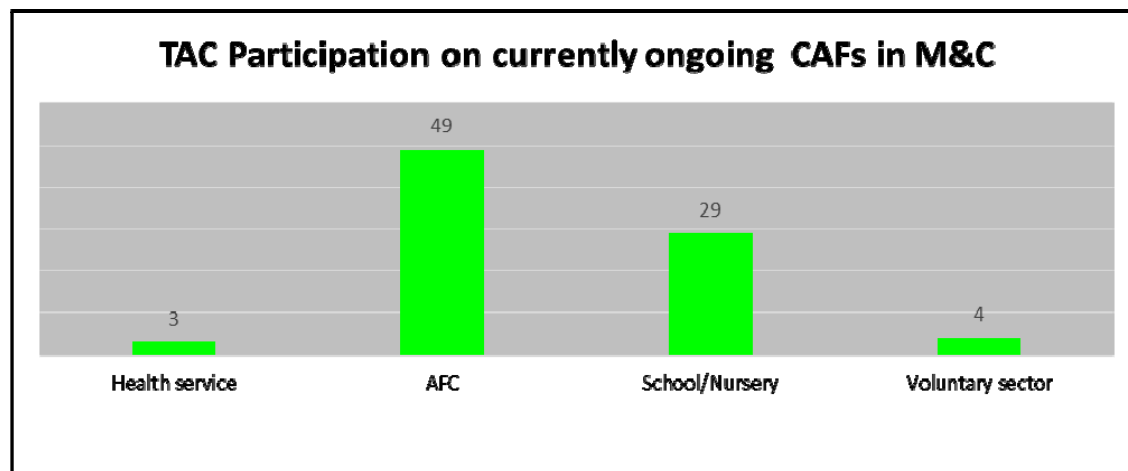
45 cases were ongoing at 30 September 2015, triggered by the following reasons:

- Behaviour x 19
- Home situation x 11
- Emotional development x 8
- Attendance x 3
- Health issues x 3
- Housing issues x 1

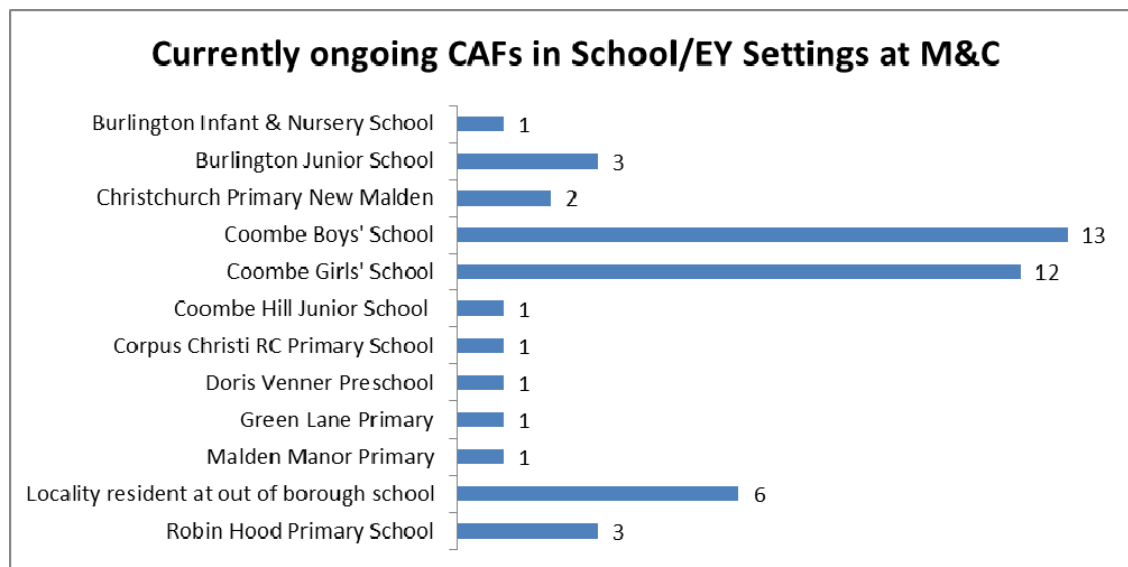
Think family information relating to these ongoing cases shows that:

- Parental mental health and financial issues were identified in over 30% of cases, with long term illness or disability and domestic abuse featuring in just under 20%
- **42% of ongoing cases present 2 or more think family strands.**

TAC participation for currently ongoing CAFs is as follows:

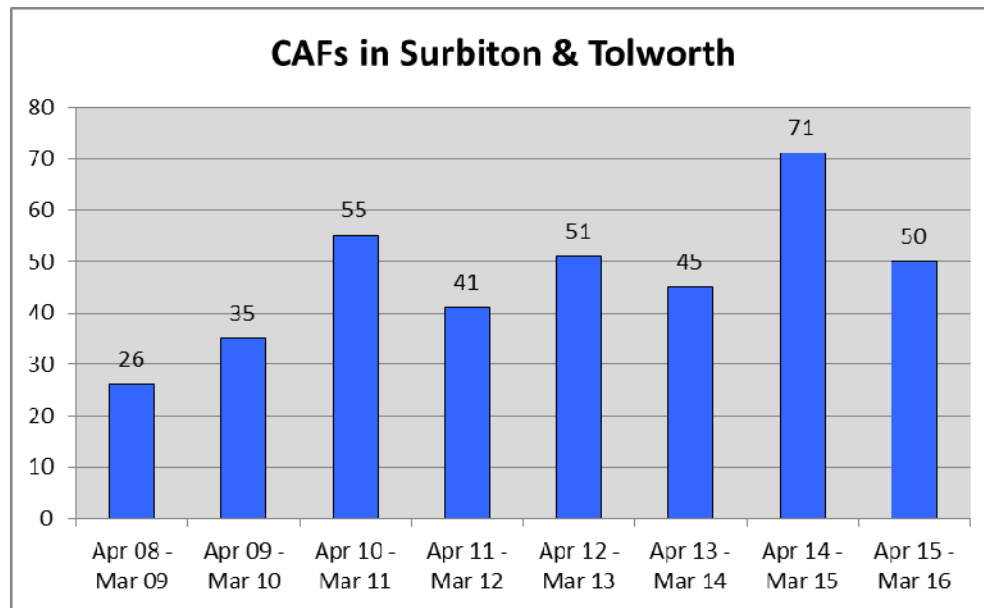


The graph below shows the **school / EY setting distribution of open CAFs in M&C**:

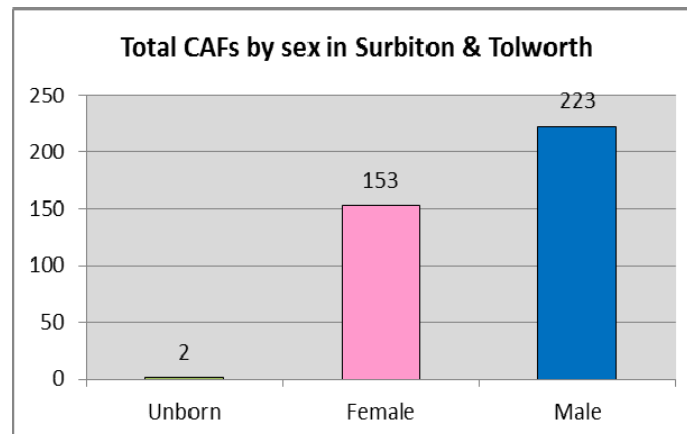


5.3 Surbiton & Tolworth (S&T)

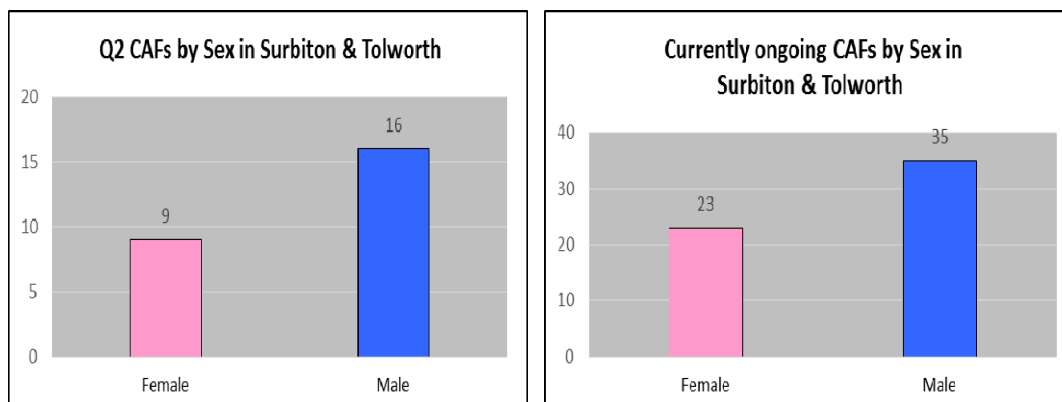
S&T account for a cumulative **25.7%** of the total CAFs borough wide. **374 CAFs** have been undertaken over time – including **24 new cases** during the last quarter.



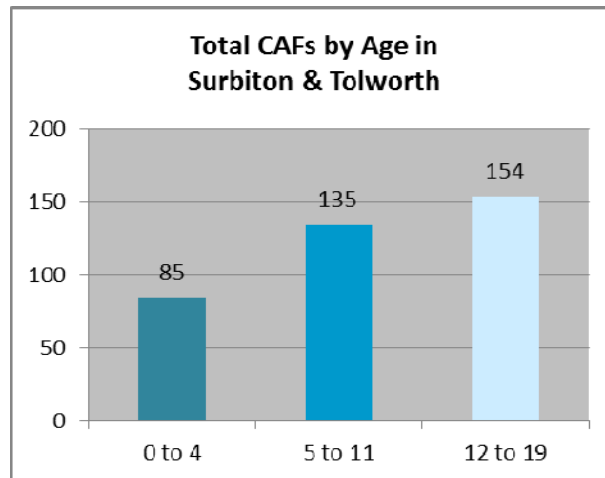
More males than females have gone through the CAF process, as shown below:



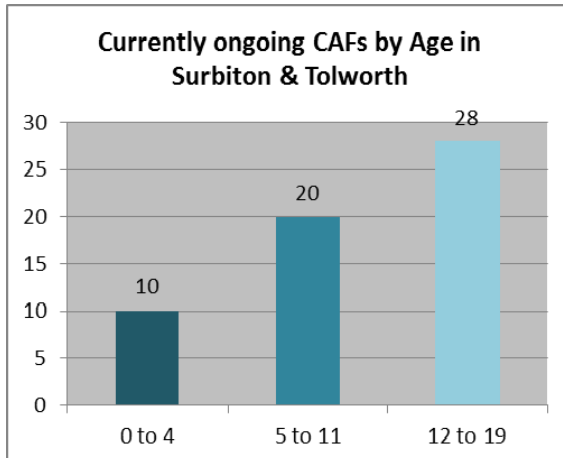
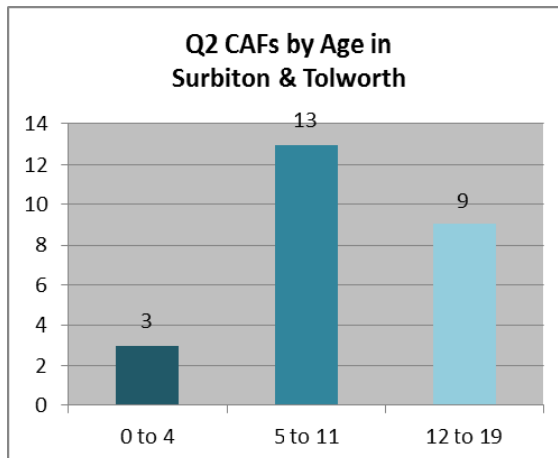
The trend remained during Q2 and for currently ongoing CAFs::



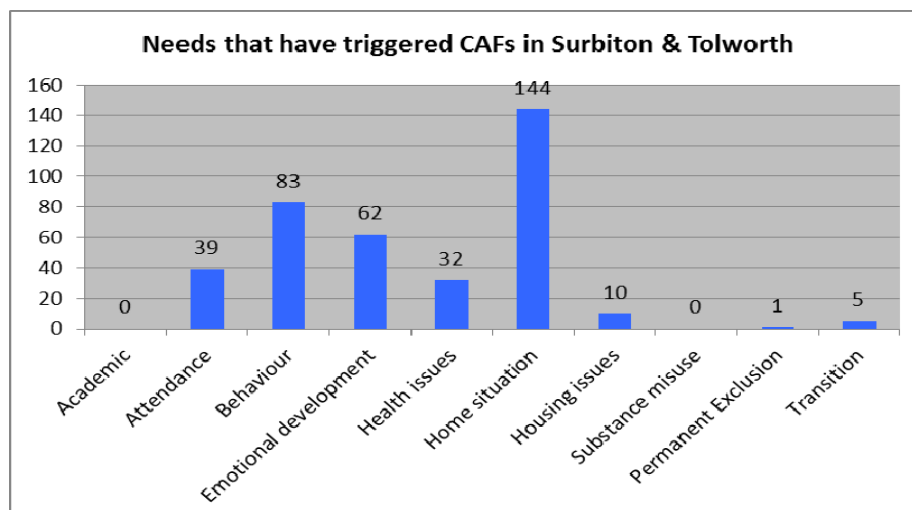
The 12-19s are the age group with the higher number of CAFs:



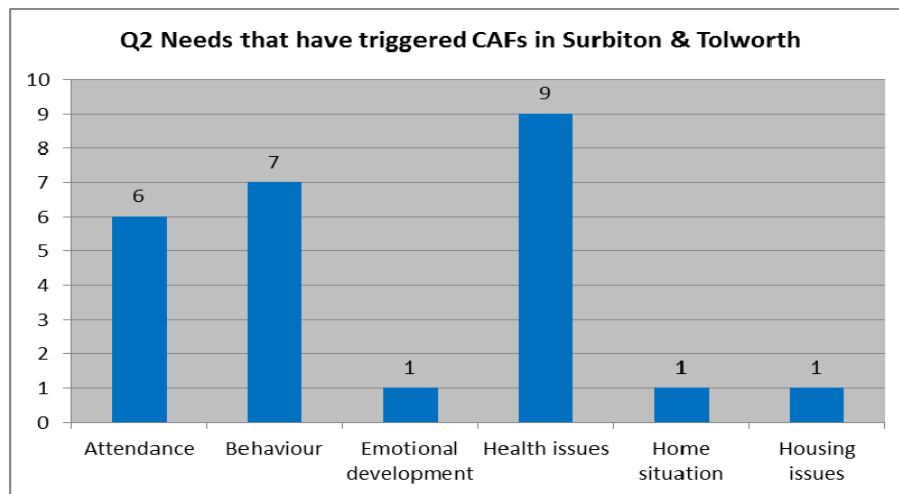
The graphs below show new CAFs initiated during Q2 and those currently ongoing:



The **three key triggers** for CAFs in S&T are *Home situation*, *Behaviour* and *Emotional development*, which is consistent with the age group prevalence identified borough wide.



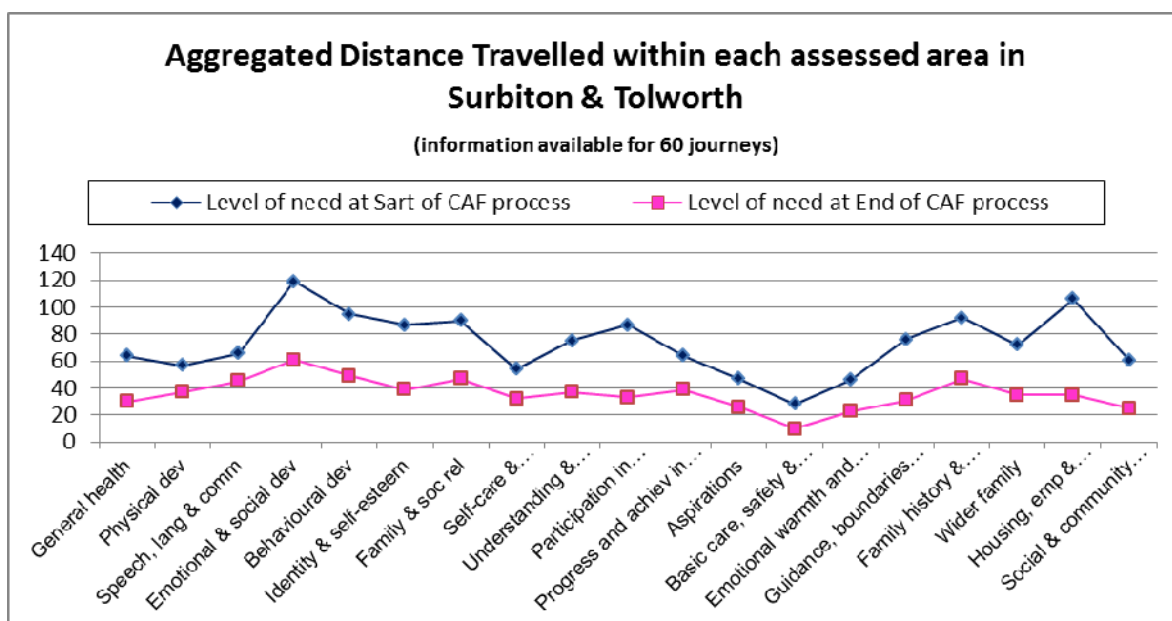
However, more CAFs were triggered by **Health issues** during Q2:



When looking at closed CAFs in relation to the key triggers:

- 132 out of 143 cases triggered by the **Home situation** have now closed:
 - 48.5% achieved all or some outcomes, and
 - 21.9% stepped up to statutory services – 17.2% of these had been step downs.
- 72 out of 83 cases triggered by **Behaviour** issues have now closed:
 - 51.4% achieved all or some outcomes; and
 - 11.1% stepped up to statutory services.
- 49 out of 61 cases triggered by **Emotional development** have now closed:
 - 63.3% achieved all or some outcomes, and
 - 12.2% stepped up to statutory services.

Distance Travelled information is available for **60 journeys** in this locality, including 6 *new journeys* this quarter. A *positive* DTT was experienced in all aspects in this local area.



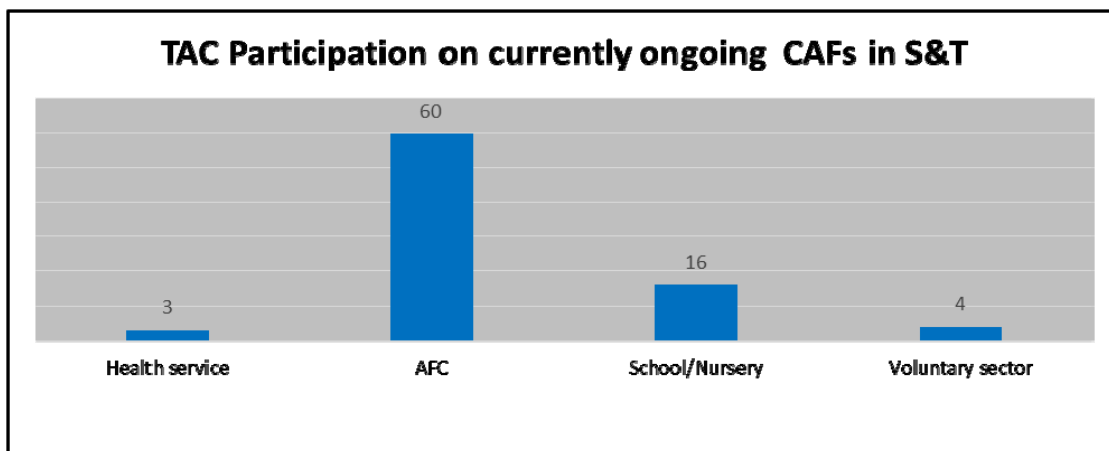
58 cases were ongoing at 30 September 2015, triggered by the following reasons:

- Health issues x 16
- Emotional development x 12
- Home situation x 11
- Behaviour x 11
- Attendance x 7
- Housing issues x 1

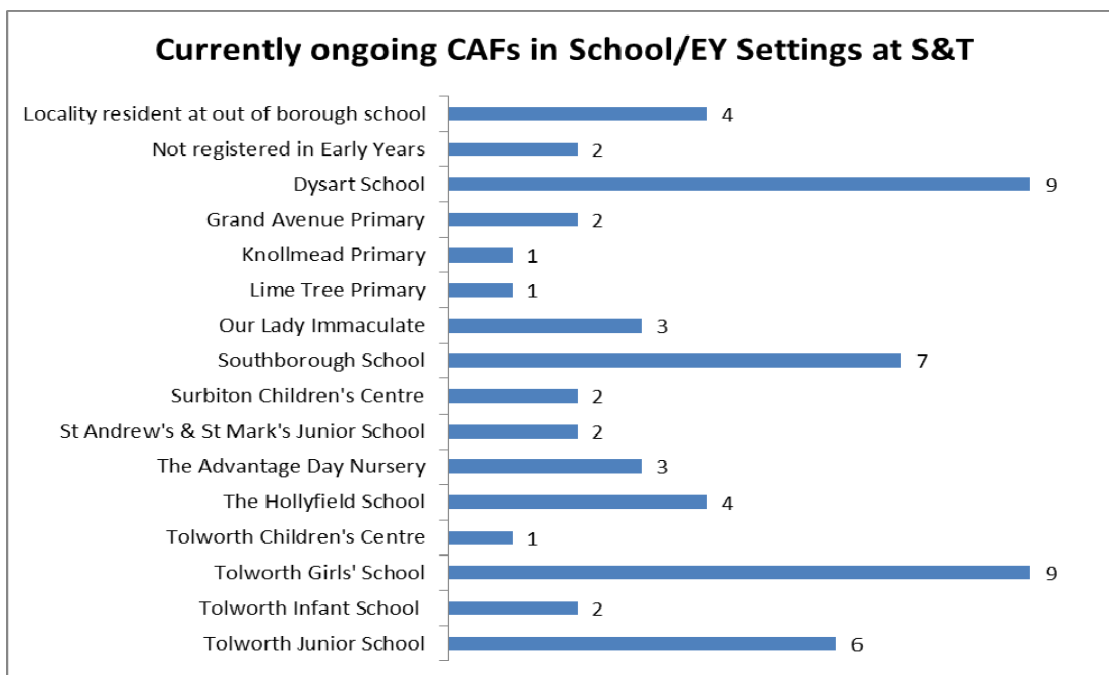
Think family information relating to these ongoing cases shows that:

- Domestic abuse was identified in 25%; while parental mental health and financial issues were present in just under 20%
- **32.7% of ongoing cases present 2 or more think family strands**

TAC participation for currently ongoing CAFs is as follows:

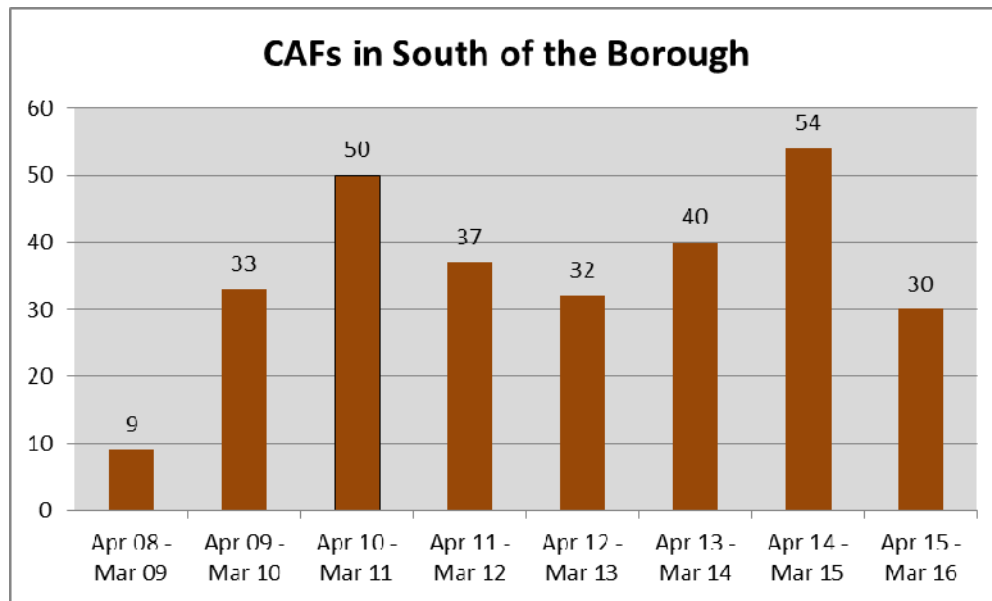


The graph below shows the **school / EY setting distribution of open CAFs** in S&T:

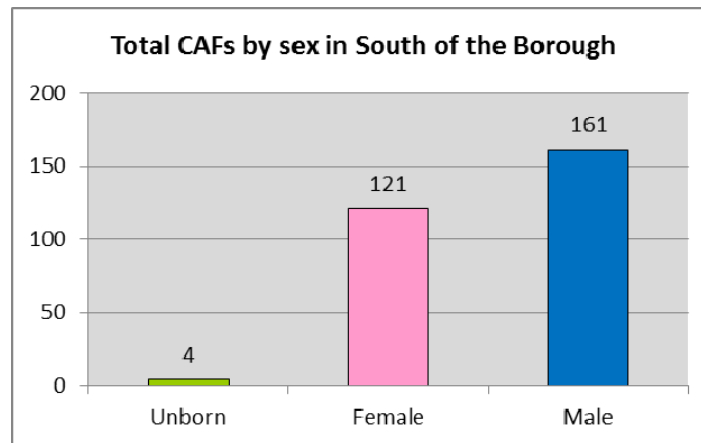


5.4 South of the Borough (SOB)

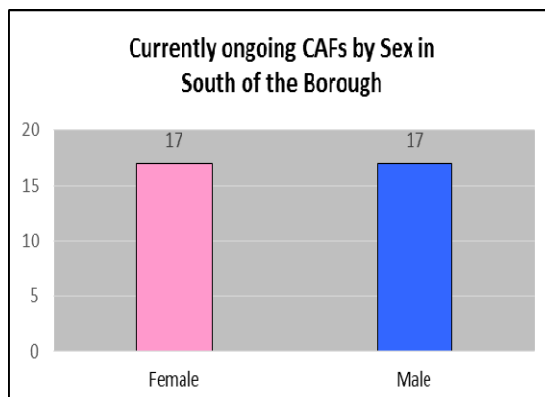
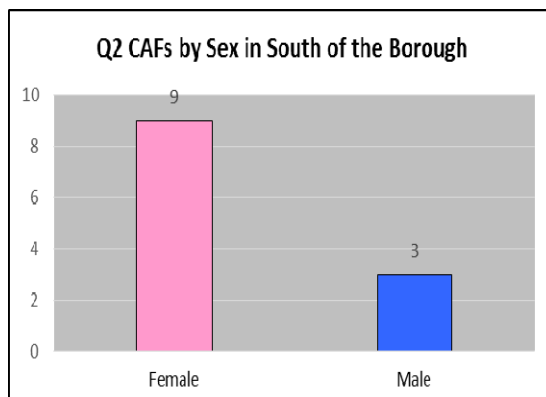
SoB account for a cumulative **19.5%** of the total CAFs borough wide. **285 CAFs** have been undertaken over time – including **12 new cases** during the last quarter.



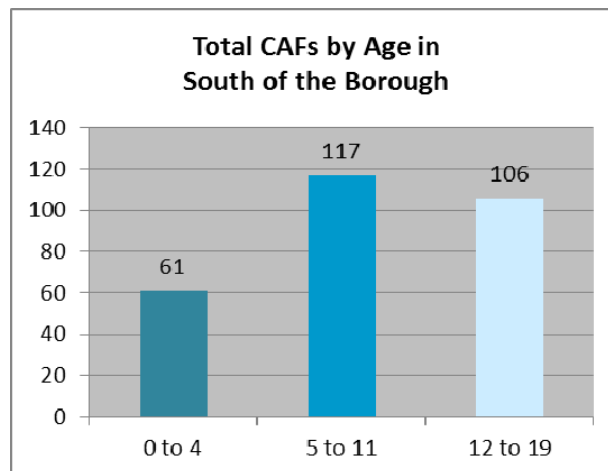
Significantly more males than females have gone through the CAF process in this locality:



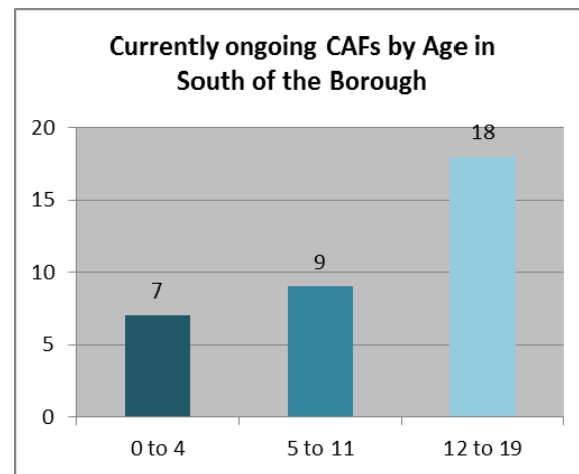
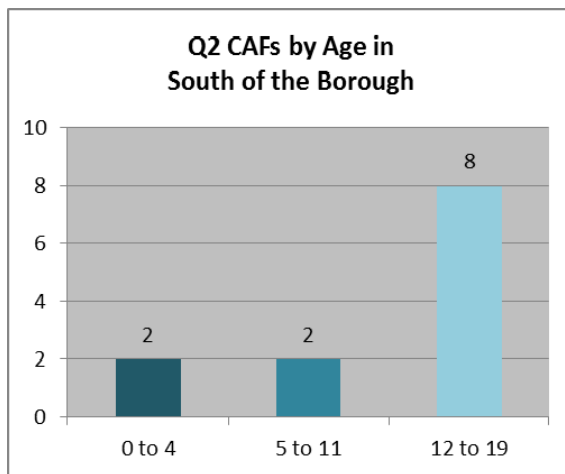
The trend reverted during Q2 but remains for the overall currently ongoing CAFs:



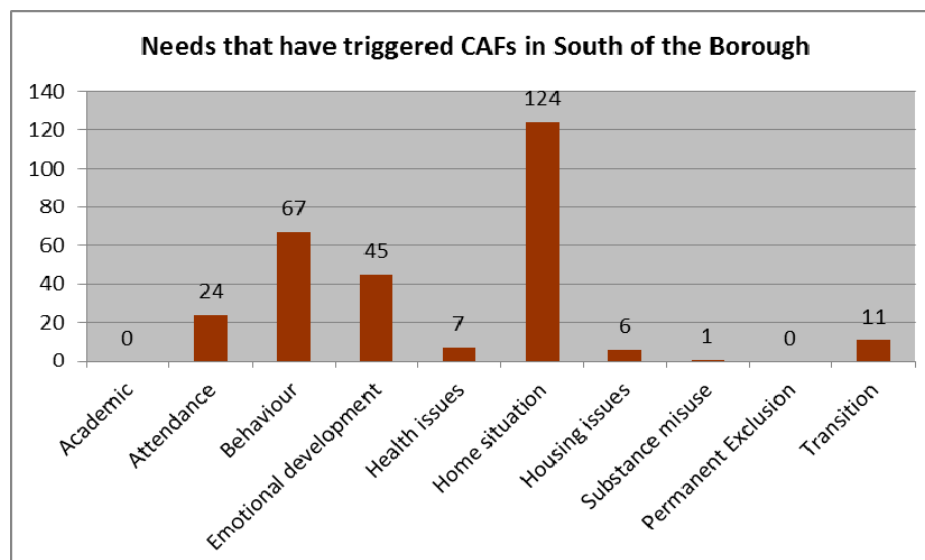
The 5-11s age group have clearly the higher number of CAFs in this locality:



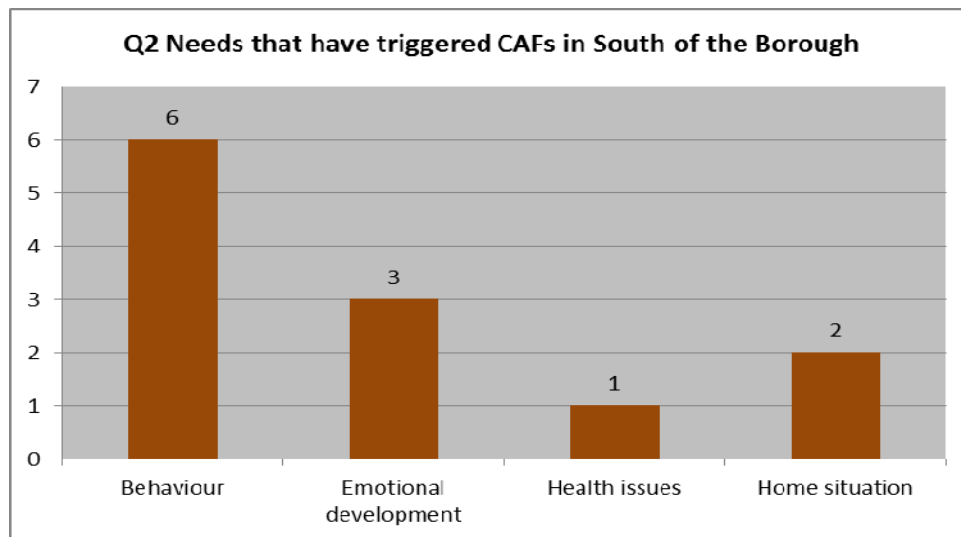
The graphs below show new CAF initiations during Q2 and currently ongoing CAFs:



The *Home situation* is the key trigger for CAFs in the SoB, followed by *Behaviour* and *Emotional development*. These triggers are consistent with the age prevalence as identified borough wide.



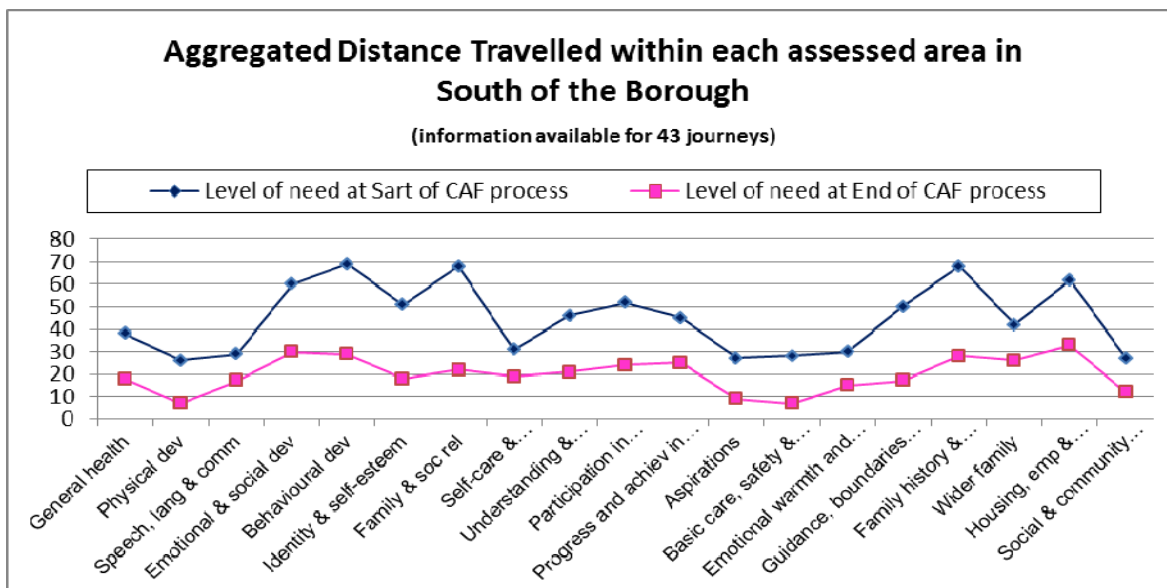
However, most CAFs were triggered by **Behaviour** during Q2:



When looking at closed CAFs in relation to the key triggers:

- 114 out of 123 cases triggered by the **Home situation** have now closed:
 - 49.1% achieved all or some outcomes, and
 - 15.8% stepped up to statutory services – 38.8% of these had been step downs.
- 55 out of 67 cases triggered by **Behaviour** issues have now closed:
 - 43.6% achieved all or some outcomes, and
 - 21.8% stepped up to statutory services.
- 39 out of 46 cases triggered by **Emotional development** have now closed:
 - 61.5% achieved all or some outcomes; and
 - 23% stepped up to statutory services.

Distance Travelled information is available for **43 journeys** in this locality, including *12 new journeys* this quarter. A *positive* DTT was experienced in all aspects in this local area.



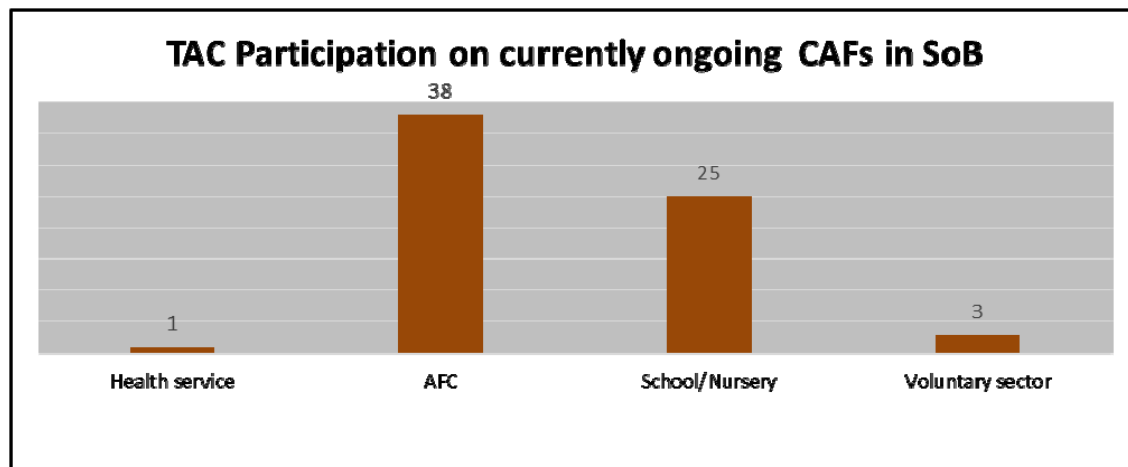
34 cases were ongoing at 30 September 2015, triggered by the following reasons:

- Behaviour x 12
- Home situation x 9
- Emotional development x 7
- Health issues x 3
- Attendance x 2
- Transition x 1

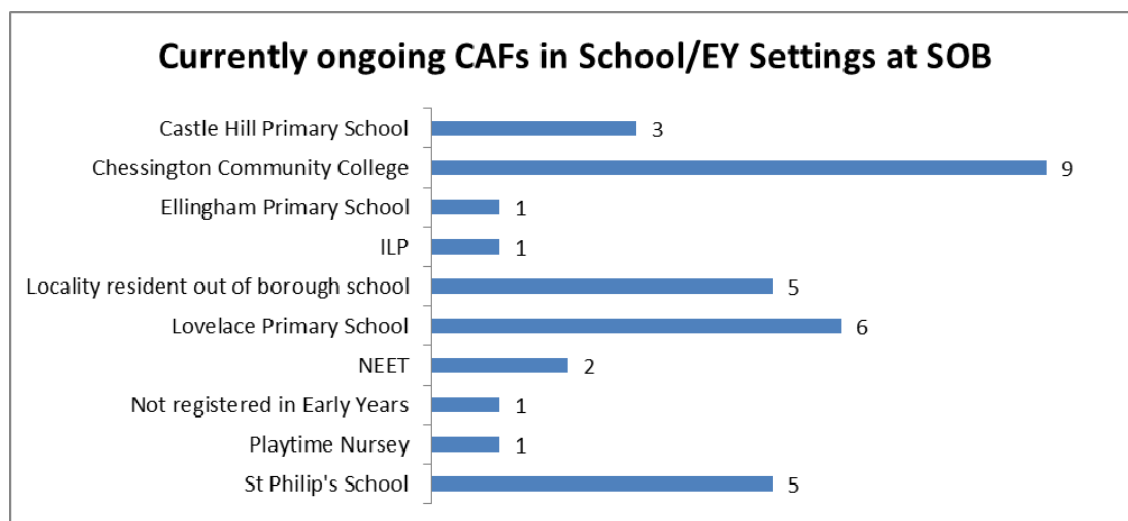
Think family information relating to these ongoing cases shows that:

- Long term illness / disability was identified in 34% of cases, with parental mental health, domestic abuse and financial issues present in just over 20% of cases
- **58.8% of ongoing cases present 2 or more think family strands.**

TAC participation for currently ongoing CAFs is as follows:



The graph below shows the **school / EY setting distribution of open CAFs** in SoB:



6. IW Training Update in Richmond and Kingston

By: Claire Grayson, Professional Development Lead

Attendance

Attendance data for the last two quarters has been fairly consistent. During quarter 1, 197 delegates attended the IW training provision compared to 167 during quarter 2. This quarter has seen a dip in attendance on CAF Part 2. This is due to only two sessions being delivered on CAF Part 2 compared to three on CAF Part 1.

There has been a 73% increase in the numbers of individuals completing elearning Information Sharing this quarter. Early Years settings and Independent Schools have been the top two sectors accessing the provision.

Evaluations

We do ask colleagues to complete their evaluations following training. Once the register is marked an email will be sent prompting the individual to complete the evaluation. Evaluation returns for this quarter have been low at 44% compared to 63% last quarter. The completed evaluations play an important role when we evaluate the training provision and feeds into the annual review.

Evaluations that have completed this quarter have provided the following feedback:

- *I will have a better understanding of the process so as not to repeat aspects in my work, as well as being more supportive of what the client and family have already been through. (CAF Part 1) (Teacher)*
- *The trainer was knowledgeable and kept the delegates on subject. All information was relevant and delivered in an interesting and professional way. (CAF Part 2) (Education Welfare Officer)*
- *This training has given me an insight into how the system works, in turn it will enable me to prepare TAC's and CAF's quickly and appropriately and ensure the young people and their families needs are identified with a plan of action. (Family eCAF Systems Training) (Family Support Worker)*

Family eCAF System

If you require any support on the Family eCAF System please use the following contacts:

AfC Staff

https://docs.google.com/a/achievingforchildren.org.uk/forms/d/16ckO6r_Twt32adRiCSys1V_MSksuR70dRZSqz0jkhE/formResponse

External Partners

systems@achievingforchildren.org.uk or 020 8487 5030

Training for September 2015-August 2016

Courses being delivered up until December 2015 are available for booking on CPD Online. Dates for 2016 will be available for booking by the end of October

Booking Training

All delegates should view and book courses using CPD Online www.afccpdonline.co.uk

If there are any difficulties or help is needed, please contact the Workforce Development Team on 020 8831 6353, Workforcedev@richmond.gov.uk

Children's Workforce Development Training Update

Quarter 2 July - September 2015		CAF Part 1	CAF Part 2	Family eCAF System Training	Information Sharing eLearning	
Sessions		3 sessions	2 sessions	5 sessions	1 session	Total
Business Support Services	Local Authority	1			1	2
Early Years and Childcare	Childminder	1			1	2
	Children's Centres	1		1		2
	Private, Voluntary & Independent	6	3		48	57
Education Services	Independent				28	
	Special	1	1		3	5
	State Maintained Primary	4	4	2	2	12
	State Maintained Secondary				1	1
Health	Mental Health				1	1
	Primary and Community Health	2		1		3
Social, Family and Voluntary Support Services	Adult & Community Services				3	
	Protection & Early Help	15	9	15	15	54
	School Improvement	1			4	5
	Voluntary & Community	3	2		11	16
Youth	Local Authority	1	1	1	4	7
Sport & Culture	Local Authority				4	
Total		36	20	20	126	167