

Review of Action and Impact Meetings August 2017

“We feel the meetings have developed positively since we first started attending. It is supportive to have a multi-disciplinary approach when you are supporting a family and they do not make positive changes to their family life and concerns often do not meet safeguarding threshold”
(Children’s Centre Worker)

“I enjoy going to the A&I meetings and feel they are very productive for the cases raised. I also find them useful with improving my own knowledge of other services and am able to network there if needed”
(Family Intervention Worker)

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“We have presented a case which resulted in a family attending FGC [family group conference] which has supported the mother to make changes. We also feel that information sharing regarding a family where there have been significant safeguarding concerns has resulted in the case being stepped up to Assessment Team”

(Children’s Centre Outreach Worker)

“I feel they can be very supportive and positive in moving a case forward that is otherwise stuck. This can be just by the case discussion creating ideas for the lead worker to then implement”

(Children’s Centre Outreach Worker)

Introduction

Action and Impact (A&I) meetings are an integral part of Families First, supporting professionals to improve outcomes for children and families within Hertfordshire. Focusing on those families with targeted and intensive support needs, the A&Is provide a multi-agency forum to address cases which are not progressing with their current support plan.

Cases put forward for review at the A&I meeting need to have an open Families First Assessment and may be presented by any service (whether children's or adults' based services) who is leading on the Assessment.

Membership is by invitation only and key services are represented to ensure appropriate and timely advice and support can be offered on each case review. Additional representation is determined through Local Implementation Groups, by local structures, networks and presenting needs. In addition to the regular membership, any professional working within Hertfordshire can request to observe a meeting and requests are currently managed by the Independent Chair and Families First Project Officer, through the Families First Workforce Shadowing Programme.

The A&I meetings are coordinated and chaired by the Families First delivery team; however, they need to be 'owned' by the wider Families First workforce to ensure they are representative of the current workforce and client base they support. As such the meetings are reviewed, through annual surveys, with partner suggestions and feedback helping to shape the future delivery.

There have been a few A&I surveys completed since the meetings were introduced. The most recent took place in 2015 and many of the suggestions and feedback given has shaped the current A&I meetings; resulting in increased partner attendance, engagement and case presentations. This report looks briefly at progress since the 2015 survey and then provides both summarised and detailed feedback from the 2017 survey, a review of attendance over the past 12 months, arrangements, along with recommendations and arrangements for future delivery.















Progress since 2015 Report

A review of the Action and Impact meetings (A&I) took place in the summer of 2015. The report included feedback from partners on the future of the meetings and recommendations which were to be implemented, by the newly appointed Independent Chair, from November 2015.

Perhaps the most notable change within the A&I meetings is the shift in focus from ‘Thriving Families’ (TF) led meetings, to Families First meetings. At the point of review in 2015 the majority of cases being discussed at the A&I were TF led cases, with the majority of partners spoken to being unaware that non TF cases could be discussed. With the 2017 review we find that the majority of cases (80%) being discussed are now partner led (i.e. non TF led cases).

The continuation of an Independent Chair has encouraged and enabled partners to engage more with the meetings; this is proven not just by the increase in partner led cases, but in the number of partner agencies now attending and engaging with the meetings and recent feedback¹ showing that 89% of respondents felt the role of Independent Chair is integral to partners contributing to the meetings.

Following recommendations from the 2015 survey report, an attendance review was conducted in February 2016 by the then newly appointed Independent Chair and considering both sets of findings the following points were addressed and actions completed:

-  A process to monitor and follow up attendance was implemented; attendance is now monitored on a monthly basis and actions taken by the Independent Chair accordingly
-  Distribution lists were reviewed and updated; only partners who are attending and engaging with the meetings are included in the distribution lists
-  A process for inviting new partner agencies to become regular attendees was implemented
-  Partners who were not represented consistently were approached. Whilst conversations are ongoing with some agencies, we have seen over 50% increase in attendance from the following partners CAMHS, CMHT, CGL, Children’s Centres, YC Hertfordshire and Assessment Teams
 -  Please refer to [Appendix 1](#) for a more in-depth overview of how partner representation has changed
-  Attendance at the A&I meetings has widened to include partners such as:
 -  Safer Places, YCT, Homestart Hertfordshire, Watford Women’s Centre, AF-DASH, Paradigm Housing and Aldwyck Housing
-  Terms of Reference were updated and approved by all partners
-  Herts FX was introduced as the main system for sharing client sensitive information relating to the A&I
-  Paperwork was re-designed to clarify what information is required by referring partners
-  All TF logos were replaced by Families First branding
-  Process and referral flowcharts were designed and published
-  The invitation to observe an A&I was added to the Families First Workforce Shadowing Programme
-  The EHM system was introduced and partners can now refer cases via this system, negating the need for paperwork to be sent via email

For an in-depth overview of the 2015 recommendations / feedback and the progress to date, please refer to [Appendix 1](#)

¹ Feedback from 2017 A&I survey

2017 Summary Report

Survey Results and Analysis

The survey has shown an overwhelmingly positive response to the A&I meetings, with the majority of partners reporting positive experiences for themselves and the families they work with. Partners have confirmed the value of the meetings, expressing clearly that they understand the meeting purpose and are happy with the current delivery and content.

95 professionals began the survey, with 66% of this number completing the full survey (63); the information contained in this report from this point onwards refers to the 63 respondents who completed the survey. The completion rate shows an 85% increase in responses from the previous survey in 2015. However, some consideration needs to be given to understanding the reasons of non-completion from the remaining 33% of respondents; such as the survey length, complexity and deadlines.

59% of respondents, who completed the survey, were regular members of the A&I meetings; however only 32% of respondents had submitted at least one case for discussion. The survey was published through the Families First Newsletter; in addition to being promoted via various multi-agency meetings, Local Implementation Groups and all A&I partners were asked to distribute within their teams. Whilst the responses received are from a wide range of partners (21 partner agencies took part) and as such appear to be representative for the wider A&I membership, further consideration could be given to gaining feedback from case presenters on an annual basis. This may support in promoting the ethos of ownership across the Families First workforce.

Results highlight the value and importance of the role of Independent Chair in focusing, directing and containing discussions, whilst encouraging and challenging all present to contribute. Respondents were descriptive in explaining the qualities that they valued in the Independent Chair role, which need to be continued. These values and respondents comments are detailed in the detailed results section. Responses show that having an approachable and effective Chair who is: inclusive, encouraging, patient, friendly but professional, willing to listen to and address concerns, is supportive and challenging and has good working relationships with all present, is important to partners. Many respondents noted that the effectiveness of the meetings is a result of 'good' chairing and this must be considered as paramount for future Panel Chairs. Partners must be assured that the future Families First Panel Chairs will continue to maintain a level of independence from service providers (both internal HCC and external to HCC), whilst promoting the Families First Principles.



Some of the value gained from the A&I meetings appears to be outside of the specific remit of the meetings; for example, one respondent suggests that *"each meeting helps to deepen understanding of how other agencies work and their remit"*. This can be seen as additional value to the Families First ethos, promoting a shared vision and building on the Families First Principles that we are *"Stronger Together"*.

To ensure the A&I's continue to operate effectively and be valued by the Families First workforce, it is important that all feedback is considered; the detailed findings section includes suggestions and recommendations from partners to improve certain aspects of the meetings. The two main themes




which emerged from the suggestions and recommendations focus around not having the resources to attend meetings regularly and the lack of certain partners either in attending regularly or committing to take actions. The question of resources is, to a certain degree, one for individual services to address; however this must be weighed against the positive impact the meetings have, not just for families but also for professional practice and working relationships. Innovative suggestions are always welcomed from partners when considering how to fully engage with the A&I meetings, whilst acknowledging a limited pool of resources. Partners may also be interested to know that in acknowledging limited resources and capacity, the Families First delivery team is currently exploring options to incorporate technology to support virtual attendance at Families First Panels. The question of partners not attending or committing to taking actions will be addressed by future Panel Chairs and Local Implementation Groups and recommendations around this can be found in the detailed findings section.

Key Points for Future Delivery



Meeting Structure / Coordination

-  The current structure, agenda and content is working well
-  Paperwork is appropriate, received in a timely manner pre and post meeting and supports the smooth flow of meetings



Partner Experience

-  In the majority, partners understand their role and responsibility as an A&I partner, know how to raise a case for discussion and feel able to contribute to case discussions even when they are not actively involved with the family support plan
-  Partners are confident and value the ability to approach the Independent Chair and Project Officer with concerns both during and after the meeting; they value feeling listened to and feel that all present are given the opportunity to contribute to the meeting. Partners are also confident that there is enough support both during and outside of meetings for partners and case presenter
-  Some respondents suggested that there could be more challenge during the meeting for those partners who are reluctant to contribute or volunteer actions

Effectiveness of the Meetings

-  Supporting the Families First agenda and delivery model, the A&I meetings help cases to progress through problem solving and information sharing; they are well attended and all services present are appropriate to the families being discussed
-  The main points which were reported to reduce the effectiveness of the meetings were around partners not providing action updates and key agencies not attending or sending family information

Voice of the Child





-  Respondents were asked to consider “what could be done to ensure the voice of the child is represented appropriately”. This question was included in the survey as, although partners are asked to provide this on every case presentation, it is not always provided or reported appropriately.
-  Partners agreed that the Voice of the Child (VOC) is important and must be reported on adequately. It was acknowledged that this is a key part of the Families First Assessment and recommendations are given for the future Panel Chairs to meet with the Senior Families First Coordinators to discuss any potential training needs around this

Future Planning

From September 2017 onwards, the A&I meetings will be Chaired by three Families First Panel Managers and coordinated by two Families First Project Officers, in the following arrangement:

North Herts & Stevenage: Temah Hibbert (Chair), Camilla Balfe (Project Officer)
Dacorum & St Albans: Laura Fitzpatrick (Chair), Camilla Balfe (Project Officer)
Welwyn Hatfield & Hertsmere: Penny Smith (Chair), Debbie Richardson (Project Officer)
East Herts & Broxbourne: Penny Smith (Chair), Debbie Richardson (Project Officer)
Watford & Three Rivers: Laura Fitzpatrick (Chair), Camilla Balfe (Project Officer)









To support with the transition from one Chair to three Chairs, the following processes have been updated and implemented:

-  A central email box has been created for referrals (Herts Fx) and action updates; this has been circulated to partners and advertised through the Families First Newsletter
-  The EHM referral pathway has been streamlined and is now being promoted as the main referral for A&I meetings
-  Bi-monthly meetings for the Panel Chairs to share practice, review concerns / issues raised and ensure continued consistency across all meetings
-  Quarterly reporting on attendance and presenting needs will be provided for Local Implementation Groups

2017 Attendance Review

Attendance at each A&I meeting is monitored and reviewed on an ongoing basis. In addition to ensuring that only those involved with the A&I process receive client sensitive information, this attendance review ensures the most appropriate partners are represented. To further support this process and ensure the A&I meetings meet their brief, the main presenting needs within each referred family are captured.

The following section provides highlights from the most recent attendance and presenting needs review; for a more detailed overview of this, please refer to Appendix 2.

-  Each A&I meeting has over 20 partner agencies represented at each meeting
 -  WA3R² has the lowest (23) and EHBX² has the highest (31)
-  There are 10 partner agencies who are deemed 'county wide', meaning they are represented at each A&I meeting
 -  Of these agencies, the Senior Families First Coordinators have the highest cross meeting attendance (100%) with Targeted Youth Support having the lowest (25%)
-  School representatives (separate to the Local School Partnerships) only attend the A&I meetings when they are presenting a family for discussion
 -  Interestingly NHST² have had the highest case presentations from schools (12), with WHH having the least (2)
-  8 LSPs have attended over 50% of the meetings, with Letchworth Partnership of Schools being the only Partnership that attended 100% of the meetings
-  Only DASA² and EHBX had all meetings go ahead

² WA3R – Watford & Three Rivers; NHST – North Herts & Stevenage; WHH – Welwyn Hatfield & Hertsmere; DASA – Dacorum & St Albans; EHBX – East Herts & Broxbourne

- ✧ WHH² had 2 cancelled
- ✧ NHST had 4 cancelled
- ✧ WA3R had 6 cancelled
- 👑 104 families were discussed across all A&I meetings between January 2017 – and July 2017
 - ✧ Dacorum and St Albans discussed the highest number of families (31%) with Watford and Three Rivers having 60% less
- 👑 43% of those families referred had children under the age of 5 years
- 👑 14 common presenting needs were identified throughout the families referred; the top 5 displayed below
 - ✧ 62% has attendance / school concerns
 - ✧ 53% had a parenting issue that the service presenting could not support / progress
 - ✧ 40% had at least one parent with mental health concern that was impacting on the children
 - ✧ 39% had at least one child presenting with mental health concern
 - ✧ 37% had concerns around neglect

The presenting needs noted above confirm that current A&I membership is appropriate and highlights the need for consistent attendance and information sharing. Where partners are not able to attend meetings, it is important that they have read the pre-meeting paperwork and shared relevant information prior to the meeting; this ensures there are no gaps in family information and enables holistic action planning.

Conclusions and Recommendations

Overall, this survey shows that the A&I meetings are working well in their current format; they are valued and respected by partners and need to remain so, in order to continue to play an integral part of the Families First delivery model. The coordination and chairing of the meetings appear to be highly valued by partners to ensure the smooth running of the meetings, the current standard of delivery must be maintained.

Whilst the response was overwhelmingly positive to current delivery, suggestions have been offered and the following improvement areas need to be addressed to ensure the A&I meetings continue to support the Families First agenda and delivery model:

- 👑 Attendance and partner engagement
 - ✧ Attendance review results to be highlighted to relevant local Implementation Groups with a view to gaps and issues being addressed through that forum
 - ✧ Panel Chair to consider inviting Adult Social Care and the 0-25Together team to attend meetings
 - ✧ Continue investigations into the use of technology (such as SKYPE) to support virtual attendance
 - ✧ Partners must be reminded of their responsibility, as per the TOR, to read all paperwork prior to meetings
 - ✧ Where partners continue to attend meetings unprepared, the Panel Chair will contact them outside of the meeting to discuss responsibilities
 - ✧ Families First Delivery Team to consider delivering lite bite sessions around how to present case at the A&I meetings
 - ✧ Improve case referrals in the WA3R and NHST district areas; with particular focus given to improving the way schools use the A&Is

- ✦ Develop links with more Housing providers
- ✦ Reaffirm responsibilities and arrangements to improve attendance with the following agencies:
 - ✦ TYS, CMHT, District / Borough Councils

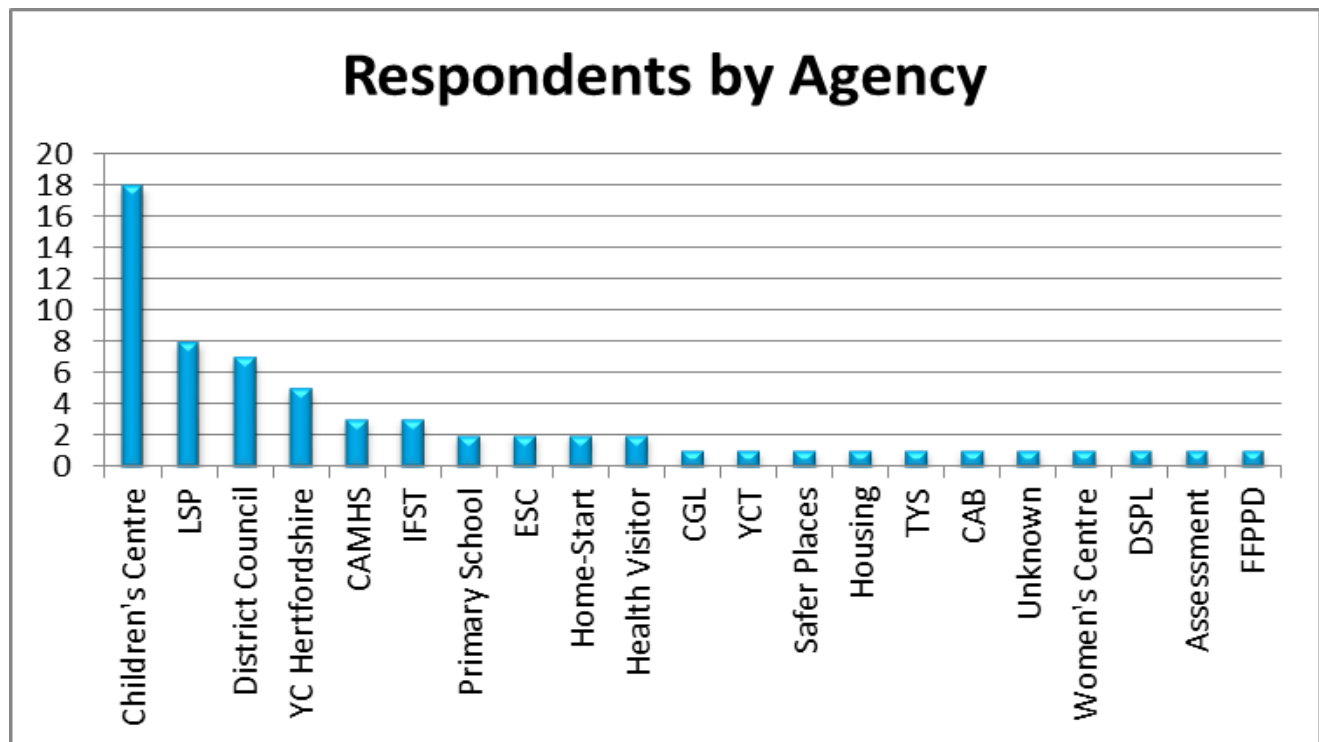
Impact and effectiveness

- ✦ Child's voice to be mandatory information for all case submissions
- ✦ Panel Chair / Senior Families First Coordinators to develop a set of questions / prompts for practitioners to answer around the child's voice when submitting a case for discussion
- ✦ Panel Chairs to meet with Senior Families First Coordinators to consider whether there are any training needs around professionals gathering and reporting appropriately on the child's voice
- ✦ Design and introduce a bi-monthly A&I audit to review the impact of case discussions and actions identified
- ✦ Quarterly reporting to be introduced on the outcome from A&I on step ups to Assessment, IFST and TYS
- ✦ Quarterly attendance and impact report to be incorporated into the local implementation group performance monitoring reports and shared with the Families First Senior Leadership Team
- ✦ Identify themes coming to A&I meetings and report back to local implementation groups and compare across all A&I meetings. This may help to inform future training plans and service delivery
- ✦ Terms of reference to be updated to reflect the need for all case submissions to have an open Families First Assessment and ensure alignment with Families First delivery model including step up / step down procedures
- ✦ Introduce a 2 month timescale for all actions to be completed by. Any case with actions open for longer than 2 months, with no progress, must be considered for a further full case review
- ✦ All actions given are to follow SMART guidelines
- ✦ Annual A&I survey to be completed in May for a report to be produced by early June
- ✦ To prevent meetings being cancelled, Panel Chairs / Local Implementation Groups to consider how the A&Is can be used when cases are not put forward for discussion

Detailed Results from the 2017 Survey

Respondent by Agency








The information detailed below represents the 63 completed responses to the survey; information from those partially completed surveys is not included.



Whilst acknowledging this survey produced an 85% increase in respondents from the 2015 survey, it is disappointing to report that, considering the high number of partners on the current A&I membership list, the above results illustrate only 23% of partners completing the survey, with very low numbers completed by Children's Services internal teams. Not all respondents answered each question and as such the percentages given below refer to the percentage of those who answered the question. Some requests and suggestions, from the qualitative part of the survey, are detailed below in their relevant section.

Meeting Structure / Coordination

Paperwork:

-  Is received in a timely manner (90%)
-  Supports the purpose of the meeting (89%)
-  Adequately captures the case discussions (83%)
-  Reading and understanding before supports how the meetings run (92%)
-  When read before the meeting, it:
 -  Provides professionals with a better understanding of where the case sits
 -  Enables professionals to plan for the meetings

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- ✦ Ensures professionals have appropriate information to hand and that relevant information is shared from all partners
- ✦ Supports the smooth flow of the meeting

Structure




















- 👤 The split between districts at the meetings works well (73%)
 - ✦ This does not always work well if the balance of cases is too heavy in one district. However, this is dependent on the cases which are put forward rather than the meeting structure
- 👤 The current structure:
 - ✦ Is working well (79%)
 - ✦ Provides all partners with the opportunity to contribute
 - ✦ Works when the agenda is kept to
 - ✦ Supports focussed and direct discussions with clear agreed outcomes

Suggestions from Partners for Improvements	Responses / Actions from Independent Chair
Paperwork	
Checking for accuracy before information about another agency is presented as fact; ensuring dates and venues are clearly stated and more focused around the key issues of what is blocking progress and resource issues	<p>The Panel Chair will read through all case submissions before the paperwork is circulated. Where inaccurate information is included in error, partners are encouraged to raise this with the Chair.</p> <p>Families First Project Officer will ensure date and venues are clearly stated and will work with the Panel Chair to ensure minutes capture the key themes and issues</p>
Health and Children’s Centres have suggested that having a specific section for under 5’s it may encourage more health professionals to attend	<p>Whilst we acknowledge that splitting the meeting into separate age brackets may appeal to certain services, this is somewhat going against some of the Families First principles:</p> <ul style="list-style-type: none"> ✦ Stronger Together ✦ Can Do approach ✦ Thinking differently, delivering services differently ✦ Flexible and promote personal responsibility <p>The majority of families being discussed at the A&I meetings include children across various age brackets. A reported benefit of the A&I meetings is the ability to share knowledge, practice information and offer support to colleagues from a wide range of services</p> <ul style="list-style-type: none"> ✦ There are many non-age specific factors which are discussed and each professional comes with their own expertise, experience and knowledge that they can contribute ✦ Cases are brought to the A&I meetings to access partners from across Families First, both children’s and adult services; it is highly
Youth Services have asked whether there could be a separate section for teenagers	

	likely that splitting the agenda will disrupt the flow of the meetings and reduce the ability to hold holistic case discussions.
Structure / Coordination	
Double District should swap the first slot each month	Project Officer to ensure that the Double District area rotates on a monthly basis.
Separate each district by a short break	The agenda is split by district with a section for AOB and partner updates held between the district case discussions. It is not feasible to hold a break between the meetings, given the number of cases being presented and the short time allowed for case presentations.
Time is not always evenly distributed between each case and cases discussed at the end can sometimes be rushed.	Panel Chair to ensure adequate time is allocated to all case discussions

Partner Experience








Partners:

-  Know how to raise a case for discussion (94%)
-  Feel able to contribute to case discussions, even when they are not actively involved with the family support plan (89%)
 -  Qualitative responses would suggest:
 -  Some partners feel unable to contribute to discussions where the age of the child is outside of their remit
 -  A lack of participation seen within some meetings suggests that not all partners feel able to contribute
-  Understand their role and responsibility as an A&I partner (89%)
-  Feel able to approach the Chair both during and outside of the meetings (96%)
-  Feel able to raise concerns / questions / suggestions regarding any aspect of the meeting; either during or after (92%)
 -  The majority of qualitative responses suggest that this is due to having an approachable Independent Chair and Project Officer and understanding the A&I processes
-  Feel that there is enough support for case presenters during the meeting (74%)
-  [Who had attended and presented cases] were confident that there is enough support before and after meetings (47%)
 -  49% of respondents were unsure, however the responses detailed would suggest the majority of this cohort have not presented cases themselves, so felt unable to comment
-  Value the following qualities of the Independent Chair:
 -  Approachable, inclusive, encouraging, knowing all professionals personally
 -  Having a great working relationship
 -  Being informative and knowledgeable
 -  Being willing to listen to concerns and come up with solutions
 -  Gently steering partners when needed
 -  Providing and summarising clear and concise actions









Suggestions	Responses / Actions
Partner Experience	
Information on what to expect at A&I meetings for new partners and case presenters to be sent out before the meetings	All documentation relating to the A&I meetings is available to partners from the Families First Practitioner Portal. This includes referral and process pathway documents to support partners understanding how to submit a case and what to expect when presenting. This information is sent out to new case presenters via email and all partners are informed that they can call and speak to the Independent Chair if they have any questions or concerns.
Case presenters to have the opportunity to speak to the Chair before the meeting starts	The Independent Chair endeavours to be available at each A&I meeting at least 15minutes before the meeting starts. The Chair also endeavours to speak with each case presenter during this time to discuss expectations, questions and allay any fears

Effectiveness of the Meetings





A&I Meetings:

-  Support the Families First agenda and delivery model (88%)
-  Help cases to progress through problem solving and information sharing (71%)
-  Respondents also commented (qualitative response)
 -  Meetings are well attended (qualitative response)
 -  There is not always enough time to present the full facts
 -  Can be limited by the experience and expertise of those present
 -  Not all partners present are able to make decisions for their agency

Actions Given:

-  Support case progression (72%)
 -  The role of the Independent Chair is valued in the following ways:
 -  Following up actions which are not being completed
 -  Ensuring actions are recorded accurately
 -  Explaining how actions may benefit the family
-  Are followed through appropriately (70%)
 -  Delays are noted to be a result of partners not providing updates in a timely manner
 -  Where there are unexplained delays, these are not always coordinated and followed up before the next meeting with clear reasons. This needs constant monitoring

Services Represented:

-  Are appropriate to the families being discussed (91%)
-  Although respondents report that the meetings are generally well attended, gaps were identified from the following services:
 -  Local Police
 -  A recent change in attendance is seeing Police officers from TYS and YOT attending the meetings, in addition to some local officers. It is hoped that this

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change will improve information sharing and engagement from our Police partners.

- ✧ Health Visitors / School Nurses
- ✧ Targeted Youth Support (TYS)
- ✧ CAMHS
- ✧ CMHT (adult mental health)
- ✧ Children's Social Care

Suggestions	Responses / Actions
Effectiveness of the Meetings	
Where partners do not attend the meetings, they need to send an update prior to the meeting	When partners send apologies they are asked, by the Independent Chair or Families First Project Officer, to send appropriate information and case updates prior to the meeting.
Monitor actions which are not completed in a timely manner and ensure appropriate coordination / follow up	<p>Actions are monitored by the Independent Chair and Project Officer. Actions are not closed to the A&I unless they have been completed adequately and all partners agree on the closure. Partners are regularly reminded of their responsibility to provide timely and appropriate feedback.</p> <p>A new timescale is being introduced to monitor actions; all actions must be completed within 2 months of the case review. Where there has been no progress on actions at the 2month point, the case will be considered for a further full case review</p>
<p>To support with information on the impact of these meetings</p> <ul style="list-style-type: none"> ✧ Cases presented could have a review date to identify if the need has been met and whether additional support is required. ✧ Periodic review of cases and outcomes for families / agencies; consider 3-6month review ✧ Effective log and follow up of actions ✧ Feedback gained from children and parents/carers 	<p>A more robust audit and reporting system is currently being discussed to ensure the impact of A&I meetings is appropriately captured. Discussions around this will consider the suggestions provided from this survey</p>












Voice of the Child

Respondents were asked to consider “what could be done to ensure the voice of the child is represented appropriately”.

The current A&I paperwork includes a section which specifically asks for the child's perspective (child's voice); however, this is not always included in case presentations and during meetings not all presenters are able to adequately reflect the child's voice. Suggestions were offered as follows:

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-  The professional who has seen the child and is therefore best able to gain the views of the child should be present
-  Reports from the school
-  Ensure that this is discussed with the children prior to the meeting
-  Could there be a form that is completed by the young person prior to the meeting
-  Use of the My Star
-  Perhaps asking agreed, similar questions in order to get an informed response
-  Case worker given enough time to relay the story
-  The voice of the child should be recorded, where possible, as part of the Families First Assessment
-  This depends on the presenter having done the research and talked to the child before hand
-  We need to think about staff training in agencies to more effectively capture this
-  Person presenting the case to collect the child's voice before and after actions from A&I are completed

Appendix 1

2015 – 2017 Progress so far

The following table details the recommendations / suggestions etc. detailed on the 2015 survey and the progress to date:

2015 Partner Recommendation / Suggestion / Feedback	2017 Progress to date
Partners found it difficult to establish whether the A&I discussions assist in case progression, as actions were not followed up	All actions given on a case are reviewed and updated at the following meetings. No action or case is closed from the A&I agenda until confirmation is received the action has been completed satisfactorily. Where an action has been open, with no or little movement, for 4months partners are asked to either provide explanation for the lack of movement, or re-present the case for a full review.
Cases brought for discussion need to be presented in brief note form if possible before the meeting; if not tabled at the meeting along with the key workers verbal case summary	The case presentation template and related documentation has been re-designed; referring partners are now asked to provide an explanation of why they are bringing it for discussion and a summary of the main concerns. Paperwork is sent to partners 5 working days before the meeting for review and information gathering and only cases which have been submitted prior to the meeting are discussed.
It would be beneficial for the meeting to be split for the areas to reduce the amount of time professionals have to attend the meeting.	Whilst the meetings remain in a double district format, the agenda is split by single district with a section in the middle for AOB and partner updates. This enables some partners to attend only for their own district.
Partners wanted larger rooms for well attended meetings	Venues for 2016 had been set at the end of 2015; venue's for 2017 were reviewed and alternative venues identified as appropriate.
Good idea for partners to be able to bring 'stuck cases' but could it be clarified whether the cases have to meet 4 of the 6 Thriving Families criteria?	The A&I meetings no longer require those cases being discussed to meet the Thriving Families criteria. The majority of cases being presented at A&I are now partner led.
Clearer guidance for someone attending for the first time.	Referral and process flow charts were designed and published and are accessible via the Families First Portal. This guidance is also sent to partners who are presenting

	<p>cases for the first time.</p> <p>The option to speak to the Independent Chair prior to attending the meeting has been available since the beginning of 2016.</p> <p>The Independent Chair endeavours to speak to all case presenters on the day of the meeting, to ensure they are confident and know what is expected.</p>
Encourage attendance from those who refer cases to provide more information about reason for referral.	A case will only be discussed if the referring partner is present. On certain occasions the Keyworker may identify a colleague to attend and present on their behalf; on these occasions the colleague must be briefed and have good knowledge of the case.
Increase attendance from health, school partnerships and from Bishop Stortford based partners and ensure those who do attend feel valued. Likewise need all colleagues to own meeting and their contribution to it, plus commitment to attend.	<p>There is now regular attendance from 70% of the Local School Partnerships (LSPs). Further work is required to bring on board the following LSPs:</p> <p> RASP, Rib Valley, HABS, Harpenden Plus, Hertsmere</p> <p>Whilst some of these LSPs do attend, they focus attendance on meetings where families they are working with are being discussed.</p> <p>Health Visitors are committed to attending all A&I meetings where possible; however due to staffing issues and capacity they are unable to attend 100% of all meetings. Where they do not attend they endeavour to send information prior to meetings.</p> <p>The TOR were updated to highlight partner responsibility and ownership of the meetings; the recent, 2017, survey continues this ethos by ensuring partners are able to contribute to the development and delivery of meetings moving forward.</p>
Discuss trends developing in hard to move on cases	<p>Trends have not been identified through the meetings to date.</p> <p>Families First Evaluation and Development Team will design a spreadsheet to capture the presenting needs coming to the A&I. This spreadsheet will form the basis of a quarterly review of presenting needs that will be reported to the Local Implementation Groups to monitor and address any trends.</p>
Recommendations for the newly appointed Independent Chair (Nov 2015 onwards)	
Actively support Families First partners to bring cases for discussion, not just those held by the Thriving Families teams	The majority of cases being discussed are now partner led

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Review access to A&I information including ceasing current trial of Herts Lis for information exchange	All case sensitive information is now sent via Herts Fx or GCSX mail
Update TOR to encompass Families First approach and remove notion of exception reporting	TOR was updated in 2016 and almost 90% of the 2017 respondents feel the A&I meetings support the Families First agenda.
Review attendance to ensure key agencies are represented	Attendance is monitored and reviewed on a monthly basis. An attendance review report was completed (internally) in February 2016; gaps were identified and a plan developed to address this. The Independent Chair has spent a large proportion of working time attend partner meetings (team meetings, stakeholder events, network meetings, forums) to raise the profile of A&I and bring on board key agencies who were not represented
Ensure members who do attend, understand their roles and responsibilities of attending	The Independent Chair has spent a large proportion of working time attend partner meetings (team meetings, stakeholder events, network meetings, forums) to ensure partners understand their roles and responsibilities. The TOR was updated to clarify expectations and responsibilities of partners and almost 90% of 2017 survey respondents stated they understand their roles and responsibilities.
Discussion for stuck cases needs to focus on action plans and outcomes for family	Discussions at A&I now focus on finding solutions and identifying appropriate actions to move families forward.

2015 – 2017 Attendance Comparison

The following table shows percentage change in partner attendance from the 2016 attendance review, to the 2017 attendance review.

Please note that not all agencies who currently attend the A&I are represented within the table below, as some current partners were not engaged with the A&I during the 2016 attendance review.

Partner Agency	Total attendance at 2016 attendance review	Total attendance at 2017 review
CAMHS	27%	60%
CMHT	27%	29%
CGL Spectrum (Change Grow Live)	23%	50%
Children's Centre	18%	41%
TYS	23%	33%
YC Hertfordshire	20%	75%
Health Visitors	0%	40%
Housing Providers	47%	47%

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District Councils	37%	29%
Children's Services Assessment Teams / Family Safeguarding	18%	65%
Police	63%	56%
School Health	13%	17%
Local School Partnerships	57%*	39%
Integrated Services for Learning		70%

* Please note that for the 2016 attendance review, Local School Partnerships and Integrated Services for Learning were reviewed together.

Appendix 2


2017 Attendance Review

A full attendance review was completed to support the 2017 A&I survey, considering June 2016 – May 2017 (the same period as the A&I survey). This section considers attendance across each A&I meeting and discusses key areas of focus following this review.

The following services which are ‘county wide’ and have an agreement to attend all A&I meetings each month:

County Wide Service	Percentage of Meetings Attended
CAMHS	63%
CMHT	29%
IFST	98%
TYS	25%
YC Hertfordshire	75%
Integrated Services for Learning (ISL)	69%
Police	56%
CGL Spectrum	50%
Assessment Team / Family Safeguarding Team	65%
FFPPD (Senior Families First Coordinator)	100%
Health Visitors	44%

The following services have an agreement to attend A&I meetings where relevant cases are present:

 AF-DASH, Paradigm Housing, Hightown Housing, Health Visitors / School Nurses

 The majority* of Local School Partnerships attend A&I meetings:


Local School partnerships	Number of Meetings attended
North Herts and Stevenage	
Baldock	63%
Hitchin	25%
Letchworth	100%
Stevenage Educational trust	50%
East Herts and Broxbourne	
Aspects	0
Hertford Ware and Villages	42%
HABS	0
CHEXs	25%
Allsorts	58%
Welwyn Hatfield and Hertsmere	
Welwyn Garden City	50%
Hatfield	50%
Hertsmere	0
Dacorum and St Albans	
St Albans Plus	8%
Dacorum Family Services	50%
Kings Langley	17%

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Harpenden Plus	17%
Watford and Three Rivers	
South West Herts Partnership	83%

*Royston Area School Partnership and Rib Valley Partnership are not currently signed up to attend the A&I

 Children's Centres are expected, at present, to attend every A&I meeting*:

Children's Centre Group	Number of Meetings attended
North Herts and Stevenage	
Royston & Buntingford	0
Letchworth & Baldock	25%
Hitchin & Rural	0
Stevenage North	50%
Stevenage South	13%
Welwyn & Knebworth	50%
East Herts and Broxbourne	
Stort Valley & Villages	67%
Royston & Buntingford	33%
Hertford & Villages	67%
Ware	8%
Hoddesdon	50%
Broxbourne East	83%
Broxbourne West	58%
Welwyn Hatfield and Hertsmere	
Hertsmere Leisure	40%
Welwyn & Knebworth	20%
Welwyn Garden City	30%
Hatfield	70%
Dacorum and St Albans	
Harpenden & Rural	25%
St Albans East	8%
Dacorum Rural	42%
Hertsmere Leisure	42%
Hemel Hempstead East	17%
Watford and Three Rivers	
Hertsmere Leisure	83%
Three Rivers West	17%
Oxhey	50%


*It was agreed that one representative from each Children's Centre group would attend, rather than a member from each Children's Centre. Where the Children's Centre groups are managed by Hertsmere Leisure, one representative from Hertsmere Leisure is expected to attend. Where the Children's Centre Groups overlaps district boundaries, they are only expected to attend meetings in their main district.

 Individual school representatives (as separate from the Local School Partnerships) only attend to present a case:

Double District Area	Number of Schools Presented a case
NHST	12
WHH	2
DASA	10
EHBX	9
WA3R	3

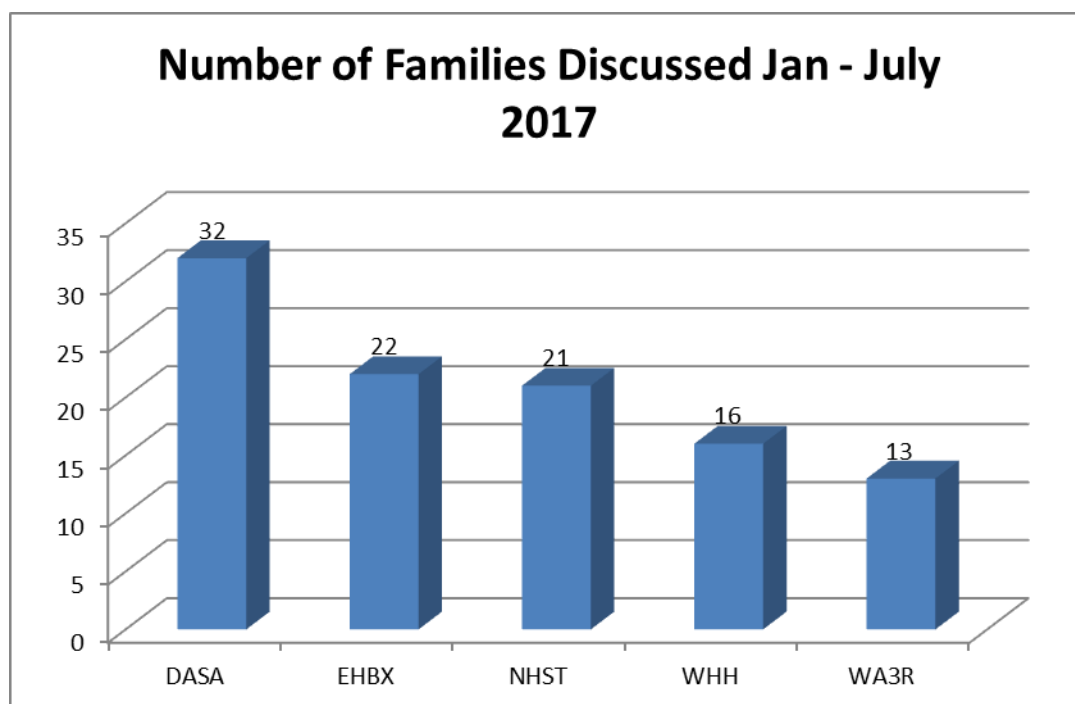
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 The following services are also regularly represented in the following districts. It must be noted that not all partners listed below are expected to attend every single meeting:

Service	Number of Meetings attended
North Herts and Stevenage	
Stevenage Borough Council	75%
North Herts Homes	50%
Homestart Herts	25%
North Herts District Council	0
Howard Cottage (Housing)	0
East Herts and Broxbourne	
YCT (Youth Concern Trust)	75%
Safer Places	42%
Network Homes	67%
Homestart Herts	25%
East Herts Council	0
Broxbourne Council	17%
B3 Living	92%
Haileybury Turnford DSP	33%
Welwyn Hatfield and Hertsmere	
Welwyn Hatfield District Council	60%
Hertsmere Borough Council	0
Dacorum and St Albans	
St Albans District Council	17%
Dacorum Borough Council	50%
Watford and Three Rivers	
Watford Women's Centre	0
Watford District Council	33%
Watford Community Housing Trust	0
Thrive Homes	0
Three Rivers District Council	67%
Chessbrook ESC	0

The following information focuses on the cases being brought to each meeting and the presenting needs discussed:



The table below shows the 'key themes' which have been identified in terms of the families being discussed, from January 2017 – July 2017 across the County, and the corresponding agency that would be 'key' to representing these themes and / or allocated resources and support to these families:

Presenting Issue	Count (cases discussed)	Corresponding Agency
Attendance / School concern	64	Integrated Services for Learning / Schools Partnership / Alternative Education Providers
Other Parenting Issue	55	Nonspecific, all agencies contribute
Children under 5yrs old	45	Children's Centre, Health Visitor
Parental Mental Health	42	CMHT
Young People's Mental Health	41	CAMHS
Neglect	38	Children's Social Care, Families First Senior Coordinators (and other agencies to support discussion)
Parental Non Engagement	35	Nonspecific, all agencies contribute
Domestic Abuse	27	Uncertain at this point
Ill Health (Parental or Young Person)	24	Health (I.E. Health Visitor / School Nurse / GP)
Housing and rent arrears	23	Housing provider
Risk of Family breakdown (where there is a teenager present)	23	Targeted Youth Support
Parental Substance Misuse	17	CGL Spectrum
Anti-Social behaviour	16	District Council, Police
Young Carer	10	Young Carers / Carers in Herts
Young People's Substance Misuse	4	AF-DASH

In addition to the agencies specified above, the following would also be considered as 'key':

- Intensive Family Support teams – offering intensive support across all noted issues

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- Targeted Youth Support – offering targeted youth support across the majority of noted issues
- Children’s Social Care – considering specialist advice and support around those families where there are concerns for the safety and wellbeing of the children
- Police – provide appropriate and relevant information relating to criminal activity / antisocial behaviour / police call outs (i.e. for domestic abuse related incidents)
- School Health teams and Health Visitors – often identifying concerns around children that may not have been picked up by other services; also integral to the CAF process
- Senior Families First Coordinators – offering specialist advice and support around the EHM and FFA process and resources related to this
- YC Hertfordshire – offering specialist advice and support to young people, reaching young people within education and those not in education, training and employment (NEET) who may not meet the criteria for other support. Often working as a link between other service providers to ensure the young person’s needs are met appropriately