



Swansea

Review of Team around the Family Arrangements

Final Report

December 2013

Swansea

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Report to Key Stakeholders

1 Introduction

Team around the Family is an evidence-based model for partnership working designed to:

- Identify families with additional needs greater than one agency can address;
- Explore and understand the whole family's strengths and needs; and
- Wrap support around them for a period of time with a view to promoting family resilience rather than dependence.

The available research evidence demonstrates that Team around the Family can be an extremely cost effective model for intervention with families across a spectrum of need from 'emerging additional needs' through 'complex needs' albeit with different levels of intensity and focus¹.

Team around the Family arrangements have been established in Swansea over the last few years, supported by the local Children and Young People's Partnership and Council, the Welsh Government² and the European Social Fund (ESF). All interested parties have agreed that it is a good time now to undertake an independent review of the model, and the Institute of Public Care (IPC) at Oxford Brookes University has been asked to conduct this review which is funded by the ESF. In particular, funders and partner organisations are interested in exploring:

- The extent to which existing Team around the Family (TAF) arrangements in Swansea are evidence based, in other words the extent to which they conform with current research about 'what works'.
- Whether the model is currently targeting and/or working with the 'right' families in terms of those likely to benefit most from TAF at the right time.

¹ Local Authority Research Consortium (2011) Early Intervention, using the CAF process, and its cost effectiveness; Local Authority Research Consortium (2012) Supporting Families with Complex Needs: Findings from LARC 4; Centre for Excellence and Outcomes (2010) Early intervention and prevention in the context of integrated services: evidence from C4EO Narrowing the Gap reviews

² As part of the Families First Programme

- What is the impact of the existing arrangements – on outcomes for children, young people and families?
- The extent to which the model promotes multi-agency cooperation and coordination.
- Whether the current model represents good value for money and whether it makes best use of the total resource available in the ‘whole system’ of support for children young people and families.
- What improvements, if any, are recommended – and how might these be achieved?

In order to meet the above aims of this review, the Institute of Public Care (IPC) has:

Activity	Detail
Analysed key local documentation	Analysis of local information about: <ul style="list-style-type: none"> ■ The TAF model and its design ■ Sources and nature of demand for TAF ■ Key supports for TAF for example training and Coordinator support ■ The impact of TAF ■ Budget and cost information
Undertaken an audit of randomly selected TAF ‘cases’	A total of 31 recently closed TAF cases were audited in August 2013 <ul style="list-style-type: none"> ■ 15 of which (48%) were considered to be complex ■ 7 of which (23%) were considered to be ‘mid-range’ early intervention ■ 9 of which (29%) were considered to be ‘early’ early intervention
Interviewed or facilitated a focus group meeting with key professional stakeholders including:	<ul style="list-style-type: none"> ■ 14 managers of services likely to be involved in or contribute to TAF ■ Steering Group members x 2 meetings ■ Several groups of staff likely to be involved in or contribute to TAF Professional stakeholder views were sought about the current model and operation of Team around the Family in Swansea, strengths and challenges, and suggestions for future development.
Undertaken follow up interviews with families participating recently in TAF, and their key workers.	<ul style="list-style-type: none"> ■ 5 family interviews ■ 5 key worker interviews linked with the above ■ Development of 5 in depth case studies ■ Development of 5 cost benefit analyses The families for follow up interview were selected randomly from the case file audit described above.

	<p>Families were contacted by telephone to ascertain whether they agreed to being interviewed in principle and to make arrangements to complete this activity.</p> <p>A semi-structured interview schedule was used as the basic structure for family interviews in each case.</p> <p>The key worker for each of these families was interviewed subsequently to ascertain their perceptions about (i) presenting family need at the start of the intervention (ii) what worked and what didn't work in terms of the intervention itself (iii) more information about the nature, intensity and duration of all key aspects of the intervention (iv) perceptions about the overall impact of the intervention.</p>
On the basis of all information available, IPC undertook a cost benefit analysis in relation to the 5 in depth case studies of families participating in TAF	A detailed description of the methodology applied to the cost benefit analysis can be found at Appendix A to this report.

This report includes:

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2 A Description of Team around the Family in Swansea

2.1 How has the TAF model developed over time in Swansea?

Team around the Family arrangements in Swansea have evolved over the last 6 years, influenced and driven by a range of local and national initiatives including:

- In around 2007-08, the development of a series of small-scale 'Integrated Service Delivery' pilots based on early Common Assessment Framework (CAF) and Team around the Child principles, incorporating an Integrated Service Manager supporting Lead Professionals in particular 'patches' across Swansea³.
- The promotion of Team around the Child and CAF more broadly across Swansea from 2009.
- From around 2010, the adoption of a '4 Site Model'⁴ covering a range of 'tiers' or levels of need in families and aiming to limit the escalation of need. From the beginning, this model included a notional multi-agency 'site' focused on a 're-casting of CAF to be known as Team around the Family' rather than Team around the Child (Site 1). The 4 Site Model envisaged that the 'whole system' for multi-agency work with families should be known as Team around the Family and that the role of 'TAF Coordinators' should be 'hands on initially but becoming advisory'⁵.
- In 2011-13, on-going attention to Team around the Family as a key part of the 4 Site Model but also to meet national requirements outlined in the Families First Programme⁶, including to:
 - Further develop the full potential of the model for a range of families with additional needs.
 - Ensure effective leadership and management of TAF⁷.
 - Develop tools and materials to meet national and local requirements, for example the family assessment and monitoring tools⁸.

³ For example: in the Eastside for school aged children; for the Flying Start Programme areas in relation to pre-school children; for the Pentrehafod School catchment areas in relation to young people aged 11-16 years; and for the Children Matter project in Penderry and Mynyddback wards targeting children aged 3-11 years.

⁴ Based on work with Professor David Thorpe and Dr Suzanne Regan

⁵ Four Site Strategic Group Action Log 17 January 2011

⁶ Which includes a strong strand relating to the implementation of Team around the Family

⁷ TAF manager finally appointed in Summer 2012

⁸ For example, to meet national requirements, the 'My World' assessment was changed to 'Our World' in autumn 2012. The new assessment was to include a distance travelled element – to measure progress from the perspective of all family and team members

- Develop the model further to ensure that it is accessible and consistent, for example: to replace the terms 'Key Worker' or 'Lead Professional' with 'Family Contact'.
- Develop supports for TAF locally, for example a training programme for people working with children, young people and families.
- Acknowledge changes to other parts of the whole system, for example: the introduction of IFSS in September 2012; re-structuring of the Intake and Assessment part of Social Care Services (CCARAT).

Current national policy in support of Team around the Family includes the following:

National Policy	Implications
Families First	<ul style="list-style-type: none"> ■ This Welsh Government Programme continues to promote TAF as a means of effectively identifying and supporting families with additional needs. The focus is on 'emerging additional needs' although a key aim of the Programme is also to reduce demand for specialist interventions ■ Funding is delegated to local partnerships and is being used variously across Wales to promote and develop new innovative services for children families as well as systems like TAF ■ Funding is due to end in 2017
Communities First	<ul style="list-style-type: none"> ■ This programme is compatible but potentially overlapping with TAF and Families First more broadly ■ It is community-focused and seeks to address the Government's anti-poverty agenda by supporting the most disadvantaged communities and people ■ Increasingly targeted on particular 'clusters' of deprivation
Flying Start	<ul style="list-style-type: none"> ■ Welsh Government Programme targeting vulnerable families with children in the early years ■ Aiming to improve outcomes for these children ■ Focus for delivery is on the most deprived areas of a local authority ■ Huge potential for joint working across Flying Start and Families First (including TAF) initiatives
Framework for Engagement and Progression (of young people) 2013	<ul style="list-style-type: none"> ■ Very recent Welsh Government initiative - local authorities have strategic responsibility for its implementation ■ Aiming to improve the rate of young people in education, employment or training post 16 years ■ Includes a focus on early identification of those in

National Policy	Implications
	<p>most need of support particularly by schools; brokering of support through effective coordination; and tracking of progress. It also emphasises the need for a 'whole system' approach in which roles and responsibilities are more clearly defined and people work together more effectively.</p> <ul style="list-style-type: none"> ■ It is expected that local authorities and partners will develop systems to effectively identify young people who are struggling / are likely to struggle and to offer them a Lead Worker. The guidance suggests that the Youth Service will have a vital role as provider of lead workers for these young people – although the role is not restricted to these workers ■ High degree of synergy between these new requirements and the TAF way of working
<p>Social Services and Wellbeing Bill 2013</p>	<ul style="list-style-type: none"> ■ The Act will likely require a whole system change in local areas – aimed at ensuring that people get the right level and type of support at the right time, and at safely reducing demand for social care services ■ It is acknowledged that effective whole multi-agency systems aiming to deliver early intervention and prevention will be required ■ This change will be required in the context of predicted increased future demand and reduced resources ■ Effective intervention with families at the brink of requiring social care services are likely to be emphasised, as well as effective early intervention and prevention more broadly

2.2 Key Elements of the Model, and Tools in Support

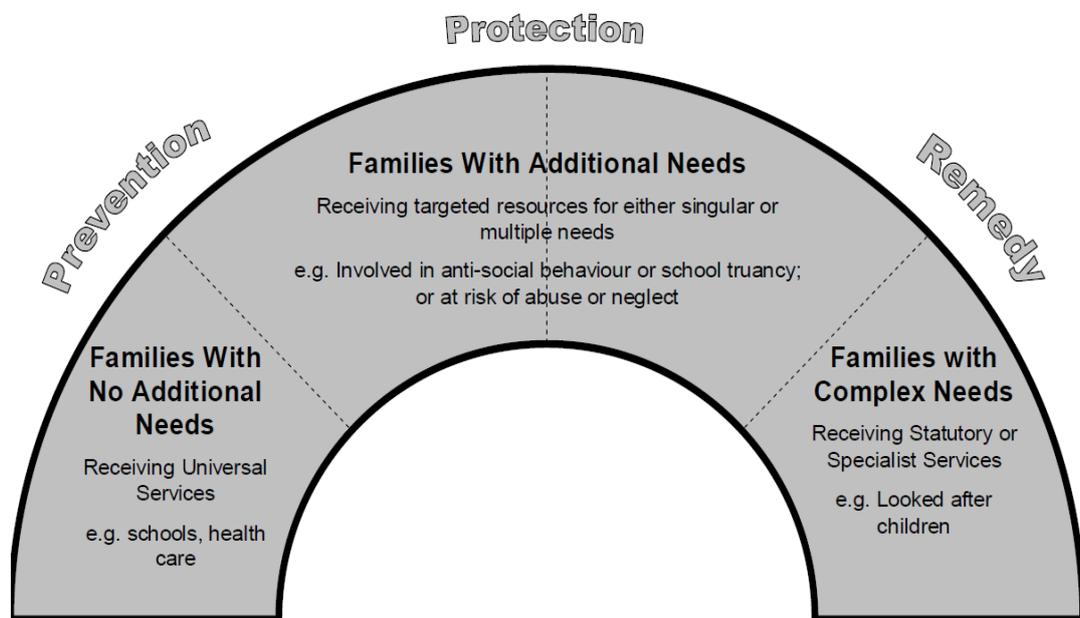
The current model for Team around the Family in Swansea⁹ is based on an assumption of 'continuum of need' in relation to children and families – including that they can move up or down the scale of need rather than need remaining fixed for time.

Team around the Family is defined locally as being for “*families with multiple problems or issues that are broader than one service can address*” which is consistent with national policy and definitions in use in many other areas across the UK. The local guidance also suggests that arrangements should help to:

⁹ As described in the most recent guidance document 'City and County of Swansea Team around the Family Guidance for Practitioners' (March 2013) Draft – Version VI

- Identify these families early
- Assess their strengths and needs
- Wrap support around the family with a view to promoting resilience, not dependence¹⁰

The guidance acknowledges that this cohort of families may include those with emerging additional needs, but also some with more entrenched needs that do not meet the criteria for specialist services such as youth offending, children's social care or specialist health services (covering much of the middle section of the Windscreen spectrum illustrated below).



Team around the Family is also described as a way of working together with families for the benefit of the child or young person – and includes a 9 Step Pathway incorporating identification, assessment, home visit and first TAF meeting, family plan and agreement about who will take a key 'Family Contact' role, coordination and delivery of the plan, and review.

The practitioner toolkit includes:

- **An 'Our World' whole family assessment** with linked user-friendly tools to capture the views of individual family members, particularly the child or young person¹¹. The 'Our World' assessment can be used by community-based practitioners to identify whether TAF would be

¹⁰ The guidance suggests 6 months is a reasonable amount of time to work with most families in this way, but that families who have more extensive or entrenched problems and difficulties will require interventions of longer duration

¹¹ These include Signs of Safety Tools, 'Me, Myself and I', 'Me and My World'

appropriate, and also what is the level and nature of need within the whole family. Other tools to support effective identification and needs 'scanning' include the 'Family Learning Signature' which has been promoted in schools and which appears to have a high degree of synergy with the TAF system and tools

- **Needs cards** (to help practitioners determine the nature and level of need)
- **A Family Support Plan** – that links to the baseline Our World assessment and introduces an overall improvement scale for use with families
- **A linked Review of Family Progress tool** including an 'outcomes star' and tool to measure progress against the original baseline
- **An exit planning template**

The guidance requires practitioners working with the child or family to complete an initial assessment with them. The assessment form should then be sent to the TAF Team who will arrange for a home visit with one of the TAF Coordinators. The TAF Coordinator will then arrange for a first family meeting. The guidance states that:

*"It is presently proposed that the TAF Coordinators complete all initial visits and conduct the first family meetings until it is mutually agreed that professionals feel confident and competent to take on these functions themselves as part of the Family Contact role"*¹²

The guidance also makes suggestions about how to decide who should in fact undertake the function of Family Contact¹³ which is described as including the following key activities:

- Generating engagement of families
- Providing a single point of contact for the family
- Ensuring that support services and interventions are delivered
- Reducing overlaps in service provision
- Acting as an advocate for the family¹⁴

The guidance sets out an expectation that Team around the Family meetings will be organised either by the TAF Coordinator or by their Family Contact.

¹² Page 13 guidance (Section 2.6)

¹³ Including, crucially, the views of the family, who has an on-going relationship, capacity etc

¹⁴ The guidance states that support for the role will be available including from the Family Contact's own agency, but also training and support delivered by the local TAF Coordinator

2.3 Summary Findings about the Model and Tools

In summary, this model for Team around the Family in Swansea fits with the available research and best practice relating to indicators of success including in particular that all of the following elements need to be in place to generate maximum impact and to embed successfully:

- Whole family assessment
- Lead professional or similar 'key worker' model
- Holding Team around the Family meetings (and wrapping evidence based services around the family as a result)
- Pro-active action planning and reviews for individual families¹⁵

Other key aspects of the model, such as attention to generating engagement with families and building on family strengths also accord strongly to the research base around effective early intervention and prevention with families more broadly¹⁶.

The model and tools in support are:

- Fit for the purpose of effective identification of families who may benefit from TAF, whole family assessment, planning and review.
- Also contribute to family engagement in that they are 'family friendly' and are capable of encouraging a range of family members to reflect on where they are and what progress has been made over a period of time. Similar tools are being developed across Wales currently and a number of other authorities have adopted a similar 'My World / Our World' approach¹⁷.

Professional stakeholder perceptions about the model and the tools in support of it include a high level of consensus for example:

- That there is a relatively high level of awareness about the model in Swansea and what it's purpose is.
- That it is a clear model for intervention with families with additional needs greater than one agency can address.
- That it is essentially the 'right' model for Swansea.
- That there are synergies between the overall aims of Team around the Family and various other national programmes, most recently the Framework for Engagement and Progression (for young people).

¹⁵ See the full range of LARC (Local Authority Research Consortium) reports about common assessment and Team around the Family at <https://www.nfer.ac.uk/research/projects/larc/>

¹⁶ Range of sources including *ibid* and For example from a range of national reviews: E Munro (2010-12); Graham Allen (January and June 2011), Dame Clare Tickell (2010)

¹⁷ Note that this tool was developed in Powys initially from an earlier approach explored in Scotland

- That the key tools are fit for purpose and have been used more broadly to support assessments within a range of service settings.
- That families like it and engage well with it, so long as initial waiting lists aren't too long.

"We understand it, families like it"

"I've had really good feedback from families involved in TAF"

"It's about a holistic approach with families, it's voluntary, solutions focused, young people are present at the meetings – it gives them a voice"

"My world assessment.... Solutions focused.... Holistic approaches"

It's a great model"

"There has been a huge shift in the last year. Lots of people now 'talk the talk' around TAF. It's now about whether they can 'walk the walk'"

"My staff tell me that the model is working well and that referrals are picked up quite quickly now. It's really important that the (TAF) Team liaises well with us, and they do"

However, there is a core difficulty to overcome, namely that many stakeholders perceive this as essentially a 'refer in service' rather than a whole system or 'everybody's business' model in relation to which they have a more central role to play.

This is an entirely understandable response, given that in some cases the TAF Coordinators do and perhaps should 'take on' the coordination / key worker role with families. In spite of recent TAF Team endeavours to promote the function of Family Contact, there still appears to be a lack of clarity about what is expected in terms of contribution from each agency or service, and in particular when it might be appropriate for them to pick up the Family Contact function. Although the guidance goes some way to assisting in the determination of this question including with reference to appropriate criteria, such as who has a good relationship with the family already, in practice people we spoke to didn't seem to be so clear. The guidance also encourages practitioners to 'refer in' and to have both an initial home visit and initial TAF meeting arranged by the TAF Coordinator in all cases irrespective of the practitioner's level of involvement to that point.

This is a common issue for TAF models that are ‘hybrid¹⁸’ by nature and is only a problem as such where partner organisations would like the model to broaden its influence. The likely limitations of a purely ‘refer in’ model are that:

- Only a relatively limited number of families will be able to benefit.
- The tendency is for these models to become skewed over time towards prioritising work with families with complex needs (rather than families across the spectrum of need).
- This therefore naturally limits the potential for Team around the Family to have an impact in terms of earlier intervention and prevention.

“Yes, it’s a good model and located well in theory, but the need is creeping up and in the future there’s likely to be even more pressure to work with these families including those previously perhaps considered to be children in need”

“It’s the right model basically for Swansea. I think it does capture the right families mostly, although some have very high levels of need”

“It sits before child protection, it’s more preventative – a ‘last chance saloon’ for families”

“I would make a referral if I’d exhausted every avenue of support available to just me. The service is situated at tier 3-4”

“It’s providing a safety net as well as children and family services”

“There is a risk that young people and families are or will become afraid of TAF – because they work too closely with social services”

Where the model is ‘mixed’ as in Swansea, the tendency is likely also to be for other community-based workers to:

- Have a natural preference towards ‘referring in’ rather than picking up the Lead Professional responsibility
- Believing that it is not part of their job to undertake this function, in spite of evidence from other local authority areas that implementing more of an ‘everyone’s business’ model can work in practice

¹⁸ Including some ‘refer in’ opportunities as well as a message that this is ‘everybody’s business’

“There has been a lot more awareness, with attention to training. There is also a lot more talk about TAF at a higher level. But fear about time commitments is a drag on progress now”

“I think it’s the right model – and referrals are growing. However, the issue now is really getting the cultural change to accompany it”

“The hybrid nature of the model (with some refer in and some everybody’s business) may make it difficult to get the message across – that practitioners other than TAF Workers need to pick up the Family Contact role”

“The model needs to shift now to provide more support and advice to others to pick up the Family Contact role”

3 TAF Model Supports

A model like Team around the Family needs to be recognised and encouraged across the whole system, but also supported in a range of ways. Research has identified in particular the value of 'system minders' (people who look after the model, promote it and role model it)¹⁹ but there are a range of supports known also to be useful in promoting its use and effectiveness.

The TAF model in Swansea is currently supported by the following in particular:

- The TAF Team (of TAF Coordinators and their Manager)
- Training and awareness raising with professionals working with children and families, including to support them to undertake effective assessments with families and deliver the Family Contact function

3.1 TAF Team

The TAF Team currently includes the following:

Name	Role
Sue Peraj	Team Manager
Carol Ward	TAF Coordinator (Valley)
Emma-Kate Rees	TAF Coordinator (Swansea East)
Andrew Fletcher	TAF Coordinator (Swansea West)
Laura Cooper	TAF Coordinator (Penderry)
Helen Saglam	TAF Coordinator (Town Hill)

The guidance states that the key role of the Coordinators is to coordinate the implementation of TAF and ensure continuous improvement in the process, in other words to act as primary system minders. Other specific responsibilities include:

- Acting as an advocate for the whole pathway
- Providing initial advice to anyone thinking about completing an assessment
- Quality assuring the assessment process
- Providing on-going support and training to practitioners, particularly Family Contacts

¹⁹ Glenny G and Roaf C (2008) Multiprofessional Communication: Making systems work for Children

- Monitoring the impact of the pathway
- Keeping information securely and confidentially

Current job descriptions for TAF Coordinators reflect this balance of system minder / hands on roles and emphasise slightly more the potential for direct work with families.

However, in practice TAF Coordinators have recently been spending a very high proportion of their time undertaking the Key Worker / Family Contact role and, in some cases, a considerable amount of direct work with families²⁰. This undoubtedly contributes to their popularity and success with both families and professionals. However it does appear to get in the way of broader whole system coordination and other 'system minder' activities.

All staff are degree qualified, and all but one hold either a post graduate social work, youth work, police or teacher qualification. They are specifically trained in the following core areas:

- Solution-focused thinking
- Motivational interviewing
- Restorative practice
- Signs of safety²¹
- Preparing to Teach (in the Lifelong Learning Sector) - PTLLS

TAF Coordinators also have access to council and primary mental health training, and there are bi-monthly reflective practice / action learning set workshops. These are facilitated by the primary mental health nurse specialist and aim to provide an opportunity to understand cases thoroughly and to explore potential interventions. There is also an agreement with the 'Child and Family' service to 'case map' families and reflectively explore solutions for 'stuck' or difficult cases.

A rough estimate of each worker's caseload at any given time is 20-25 families²². Based on our in-depth case file audit, approximately 45% of current demand is for families with complex needs, and we know from research that for complex cases a caseload of 10-12 per worker is more reasonable, particularly if the key worker is involved in some direct work with the family. The data seems to suggest that even 'on paper' current caseloads may be too high. Staff sickness in such a small team will

²⁰ Note that, even with a 'pure' coordination role on paper, key workers and coordinators often need to do an element of direct work with the family for example to reinforce messages from group parenting training.

²¹ Signs of Safety is the 'format' each of the TAF family meetings take

²² This is based on an initial calculation by IPC on the basis of a team of 5 workers working with approximately 360 families per year and for an average of approximately 4 months per family = 25 cases average as a caseload. The TAF Manager suggests in practice this is more like 20-25.

inevitably put even greater pressure on caseloads. Reports to CYP Partnership have noted the continued progress of TAF affected by periods of long term sickness in the Team, thus impacting negatively on capacity and ability to work with families in particular to do more than coordination activities²³.

“The model is embedded in my service in the sense that we use the assessment tool and key working approach with some families. However, we still need the support of the TAF Team to get agencies round the table sometimes or when the case becomes complex. Having a TAF Coordinator to work on more complex cases is a good part of this model”

“Sometimes we do a TAF approach ourselves, but sometimes we take it to the TAF Team when the need level rises. We talk it through with them. This works really well”

“It’s really helpful and flexible support for example around when to make a referral or to attend a TAF meeting”

“People need a safety net (by way of support from the Team)”

“The advice from coordinators is good. There is a lot of mutual respect and we have worked cases together. Communication is the biggest thing. The TAF Team are really good communicators”

“High demand levels and work with more complex families has meant that supporting other workers to pick up Family Contact and other activities have had to be put on hold somewhat”

IPC Interviews with managers from a range of relevant services have identified that the TAF Team Manager and team have generated a great deal of interest and high levels of respect, in particular over the most recent 12-18 months when the team has been ‘pulled together’ and the model overhauled. Their work is very highly valued and there is a high level of confidence amongst managers of other agencies that the Team can deliver an effective service.

“Sue and her team have done a really good job over the last year or so”

“Sue has worked really hard to get people working with this model”

²³ For example, the CYP Strategic Lead Highlight Report 12 June 2013

“I’m really pleased with the way the model has developed – I’ve watched it grow”

“Respectful working practices are key – we all need to respect our work and each other”

“They (the TAF Team) work really hard and families benefit – also it supports trust amongst all agencies – it promotes multi-agency working”

“I think that the Team has had a tendency to sell itself a bit short – they’re doing some really good work”

“I’ve had a really positive experience. I stayed in the wider circle (of involvement in the Team) but we were valued and the responsibility was with them (TAF Team)”

One issue for some stakeholders who we interviewed is whether the Team can continue to deliver a quality service across the TAF pathway given the pressures and demands upon it, particularly in relation to responsiveness to referrals and their ability to continue the team approach from initial engagement through to review and discharge. A minority of stakeholders also thought that a lack of compatible information sharing systems is a barrier to effective multi-agency working across the TAF pathway from referral through assessment, planning and team work. At worst, it might result in ‘key’ people in contact with children, young people and families being left out from the team, in particular people known only to the child or young person such as youth workers.

3.2 Workforce Development

Training on Team around the Family for people working with children and families in particular is a key feature of almost every model in place across the United Kingdom. There is now growing interest in how best to deploy precious training and development resources, including in particular to build on awareness training to develop people’s skills to engage in TAF systems. Frequently expressed dilemmas include:

- Whether to spread TAF-themed training and development as widely as possible, or whether to target particular groups of practitioners who are ‘most likely to contribute’ or ‘best placed to participate’.
- What should be the focus for ongoing training and development activity linked with existing skills gaps. For example: how to effectively promote family engagement; how to facilitate TAF meetings effectively; how to manage risk.

In Swansea, 'basic' TAF training resources have recently been revised to reflect the current Team around the Family model and include a focus on how to identify a family who might benefit from TAF, how to assess their strengths and needs, and acting as a Family Contact.

The materials are very nicely presented and cover most aspects of the rationale for Team around the Family and the pathway itself very well. They are user friendly and, even without seeing how sessions are facilitated, talk the reader through TAF processes in a logical and compelling way that is consistent with the TAF guidance. Many stakeholders also reflected that the training is of a good standard.

"Some of my staff have been to the training and they have said it's very effective"

"The training is good. However, it's putting the FC / Coordinator into practice that we're finding difficult. We don't have the time"

The only issue with the materials is a possible lack of explanation for how and why a Family Contact is appointed (including the criteria for selection and how that should be considered in practice).

Approximately 30 practitioners can attend each training course. A total of 228 professionals have completed the revised TAF Training since August 2012. At the end of the training, 80% of all these recent participants have reported feeling confident enough to take on the function of the Family Contact. However, this confidence is not reflected in the number of cases being 'worked' by a Family Contact – only approximately 5% of current TAF cases have a Family Contact. These are mainly from the Parenting Team in the EIP Service, with some Education Welfare Officers, Housing Officers and pastoral workers in schools.

"There are not many people taking up the FC role – there's a reluctance to do so (although some people are doing it informally)"

"The process does foster a multi-agency approach but agencies need to be open to working in partnership. It's challenging. It's a cultural issue. People need to stop 'referring on' and take some responsibility"

"We need clarity about what we're being asked to contribute and clarity about how that impacts on our substantive roles"

"Managers need to give out a message to staff – that people need to contribute and value a TAF approach / a Lead Worker or similar"

“We need better clarity about who should / could be the Key Worker / Lead Worker / Family Contact – we could have a general rule about asking families as part of the assessment process who they would like to be their Lead Worker”

Particular barriers to practitioners becoming involved with TAF and picking up the Family Contact function in particular were cited by stakeholders interviewed for this review as follows:

- A sense that people are ‘doing it anyway’ at Tier 2 (informal TAF) and don’t wish to formalise their role by becoming a Family Contact – although there is some degree of acceptance that a full TAF model isn’t necessarily applied in these circumstances
- A concern about drifting into asking young people about ‘family issues’
- A lack of expectations about the function of Family Contact – and an acceptance that there is an impact on the ‘day job’ even if it doesn’t involve doing everything
- It’s a big cultural shift for staff
- For workers unused to going into family homes, there is a fear of the unknown (discovering things they can’t handle)
- A sense of ‘we don’t work with families’ or ‘we’re just for the child’ – how to preserve one’s focus on the child or young person themselves and their own ‘space’ whilst being involved more broadly with the family
- A concern about not having the right skills and experience for the task
- Uncertainty about where responsibility would lie if there is a risk of harm to the child or young person / how to manage risk

There were conflicting messages and levels of confidence about the feasibility of getting more community-based workers to pick up the Family Contact function:

For example:

“One element we’re not sure about is whether we should be the Family Contact and chair meetings. My team doesn’t necessarily feel it’s a good way forward because of our substantive roles and commitments. However, we can be involved in a TAF”

But also:

“I think the model can become more mixed. They’ve done it in other authorities for example Carmarthenshire. It could work here, but if you want it done properly and consistently there’s a huge training and support and communications task”

3.3 Supports to Manage the Interface with Specialist Services and to Generate Service Commitment to Family Plans

In many other parts of Wales and the United Kingdom, partnerships have put in place a range of supports to ensure that a Team around the Family or similar model is:

- Supported by the full range of agencies – and can draw upon these quickly to put together packages of support
- Able to share information, undertake an element of case discussion particularly in the early stages, and manage risk effectively particularly in relation to some of the more complex cases
- Able to agree effectively and efficiently who should be the family's Lead Professional or Key Worker

A range of mechanisms have been implemented in support of these activities, including in particular panels and formal interface meetings, although in practice many areas still struggle with the interface between Team around the Family and both specialist and community-based services.

In Swansea, there is a flow chart outlining how 'step up / step down' referrals between Team around the Family and Social Care Teams should be managed and also now a regular weekly 'interface meeting' regarding specific family cases. However, there is no detailed guidance to accompany the step up / down pathway. Although there are other multi-agency panels locally to discuss complex cases, for example for the Promoting Inclusion Service, this doesn't include complex TAF families. In practice, stakeholders we interviewed were dubious about whether existing systems were adequate. Many described a need to make them more robust and / or consistent.

"We could have a forum or panel to help determine questions about who should be the Lead Worker and what support should be given to the young person and their family – there should be managers attending including someone with a social care remit"

3.4 Access to Services to Support the Model

We know from the research evidence that, in order for early intervention and prevention to be most effective, local partnerships need to have in place systems such as Team around the Family but also evidence-based services and interventions that are likely to meet the presenting needs of families who are struggling.

Early stage early help is most effective when it includes:

- Effective team around the family or similar system
- Attention to effective engagement of families in change and proactive breaking down of barriers to participation
- Whole family approaches
- Multi-component approaches linked to family needs
- Strengths based and solution focused interventions
- Targeted approaches (targeting individual families or vulnerable communities)
- Focus on supporting improvements in parent functioning and parenting
- Services and interventions that draw on tested methodologies (that have a strong theoretical or evidence base), and fidelity to specified methodologies in the delivery

Typical 'key' services for TAF families to access include for example:

- Evidence based group parenting education programmes such as Triple P and the Incredible Years (Webster Stratton)
- Opportunities for children and young people to access activities and to develop social skills beyond the home
- Therapeutic support for children, young people and families
- Support to address maternal (post-natal) depression

The features of effective support for families with more complex needs are shared with those outlined above for early stage help but must include in addition:

- More intensive interventions (but still with broader base of multi-disciplinary support)
- A longer period of intervention is usually required overall –i.e. 12-18 months, but this can include an element of 'step down' to less intensive support after a period of intensive intervention
- Assertive, persistent Key Workers with lower case loads and high levels of skill in working with families

Example proven evidence based programmes addressing complex needs where the key child is young include:

- Family Nurse Partnership (for children 0-2 and vulnerable first time mothers)

- Integrated Family Support Services (IFSS) for work with parents with substance misuse problems²⁴
- Family Drug and Alcohol Court for families at high risk of losing their child(ren) into care and who have drug and alcohol dependency issues²⁵

Example proven evidence-based programmes addressing complex needs where the key child is older include:

- Functional Family Therapy (young people aged 10-18 years and their families)
- Multi-Systemic Therapy – for young people aged 11-17 years and their families

It is clearly important to select an evidence-based programme or methodology for intervention with families who have complex needs, however Ofsted's 'Edging Away from Care' report (2011) and further work undertaken by Dartington strongly suggest that fidelity to the chosen methodology is even more important than the actual choice of model.

In Swansea, there is evidence of a good range of services available to support families with additional needs, and also of access to these for TAF families, particularly but not exclusively via the Early Intervention and Prevention Service of which the TAF Team is a part. For example:

- Support from universal or targeted community-based workers such as midwives; health visitors; school nurses; education welfare officers; community police officers; communities first workers
- Access to specific projects funded by partner agencies, such as: the Education Behaviour Support Service; Communities First Programmes; and the Family Intervention Programme (FIP) Team located in Supporting People.
- Support from voluntary and community sector projects and their workers, for example: family centres; parenting groups; volunteer befriending schemes.
- Services provided by the Early Intervention and Prevention Service, such as group parenting programmes and more individualised parenting support; Flying Start Services including enhanced health visitor support and access to free child care places; the Early Language Development Service; 'Ohana' working with parents and young people to build

²⁴ This is a nationally-sponsored programme in Wales for families where there is parental substance misuse that effect the welfare of their children

²⁵ The evidence isn't based on a RCT, but independent research into the early pioneer sites in inner London (Bambrough, Shaw and Kershaw 'The Family Drug and Alcohol Court in London: A new way of doing care proceedings' June 2013 Journal of Social Work Practice. Other Family Drug and Alcohol Courts are being established now more widely, for example in Gloucestershire

relationship skills and family resilience; youth club, detached and one to one work; EliS (support to young people to maintain education, employment and training); Traveller education service; multi-agency information shop; activity centres and outdoor activities for young people; Play Bus; and 'Promoting Inclusion' a service established to provide intensive support for young people at risk of school exclusion / becoming looked after.

Although most stakeholders described being clear about where TAF 'sits' and the triggers for thinking about TAF, some described how it could be confusing to determine which 'route' to take particularly when looking to refer a young person and family with more complex needs, for example between:

- The FIP Team
- Youth Workers
- The Promoting Inclusion Project
- The Parenting Team / Ohana Project
- The EliS Programme

Where TAF 'fits' within all these other programmes was a concern for some stakeholders who suggested that having some kind of clear referral gateway and / or 'triage' or similar mechanism to identify which pathway and which services are the best fit for families with additional needs could be a very positive move for Swansea.

There wasn't a high level of consensus about service gaps for families with additional needs although some stakeholders mentioned:

- Therapeutic services for children
- Mental health services for adults

4 Demand for Team around the Family

4.1 Overall Demand 2009-13

Demand for Team around the Family in Swansea has grown steadily since its inception. Figures from 2009 onwards show the following:

Month	2009	2010	2011	2012	2013
Jan	0	5	0	12	12
Feb	0	7	7	0	22
March	2	3	23	278	20
April	0	6	27	81	27
May	3	9	25	80	35
June	3	7	19	45	31
July	1	5	42	37	27
August	0	0	20	17	
September	0	7	11	13	
October	5	7	20	14	
November	8	6	5	21	
December	4	1	3	13	
Total	26	63	202	611	

The 'bulge' of 278 cases in March of 2012 accounts for the very high number of referrals in that year, probably due to a backlog of cases being seen or reported in that month. Average demand over the last 12 months is suggestive of approximately 350 'cases' in 2013 or approximately one TAF 'referral' per day.

4.2 Referrals by Source

In the 12 months from July 2012 to July 2013, the overwhelming majority of referrals came from:

- Internal Teams (85) of which:
 - There has been a steady flow from the initial social services' assessment and intake team (CCARAT) - an average of 3 cases per month; and from the Parenting Team - an average of 1.5 cases per month. Very recent data seems to indicate an average of 35-

40% of TAF 'cases' have been stepped down from children's social care services overall.

- There have been a smaller number of referrals from other social services child and family teams (some from Swansea Valley Team and Townhill Team, but far fewer from the East or Penderry).
- Relatively few referrals from the Flying Start Health Visitors' or Teen Start Teams (Only 1 referral in the last 12 months²⁶).
- Schools (72) including a very even spread of referrals across school cluster areas
- Health Visitors (68) including in relation to families in the Flying Start areas.

Only a very small number of referrals have been received from other sources such as:

- The Voluntary and Community Sector (11 referrals in the last 12 months including 4 from Barnardo's)
- Education Welfare Services (4 referrals in the last 12 months)
- 'Other' Children's Services Departments (10 referrals in the last 12 months)

No referrals were received from other sources again, such as:

- Midwifery (although previously in March 2012, there were 9 referrals in one month)
- Housing
- None directly from family members (although referrals direct from families have been received in the past)
- Adults services, for example adult health, mental health
- CAMHS or other specialist services²⁷ apart from children's social care

IPC examined a random sample of 31 cases recently closed to TAF at end August 2013. Of these:

- 11 (35%) had been referred from social care services. Most of these cases had a long 'history' of referrals to social care services, and in some instances lengthy engagement with these services. In other cases, the referral came from CCARAT which had often been subject to multiple referrals in relation to the family over a period of time
- 8 (26%) had been referred by schools

²⁶ Referrals from this source look a bit 'odd' in that a huge number were referred in March and May 2012, and virtually none since

²⁷ Although this could be included in the 'External Agencies' category

- 6 (19%) had been referred by a health visitor
- 2 (6%) had been referred by flying start services
- 2 (6%) had been referred by the education welfare service
- In 2(6%) cases, it was difficult to determine who had referred the case

Even in the sample of cases that had been referred by an agency other than social care, there had frequently been a history of social services' involvement, sometimes going back over a number of years.

4.3 Referrals by Age and Age 'Group'

Slightly more referrals in total over the 4.5 years have been made in relation to boys than girls.

Most of the referrals relate to children aged 0-18, although there are a few referrals for older young people aged up to 25 years. Referrals relating to the younger age group (0-18) break down as follows:

Age	Number	Proportion
Unborn	12	1%
0	81	8%
1	73	7%
2	78	7%
3	83	8%
4	89	8%
5	61	6%
6	68	6%
7	62	6%
8	59	6%
9	64	6%
10	56	5%
11	65	6%
12	54	5%
13	52	5%
14	38	4%
15	35	3%
16	16	2%

Age	Number	Proportion
17	7	1%
18	5	1%
Totals	1,058	100%

Combining ages together, the following pattern emerges with regard to referrals over the last 4.5 years:

Age Group	Number	Percentage
Unborn and 0-4 years	416	39%
5-11 years	435	40%
12-18 years	207	19%
19-25	17	2%
Totals	1075	100%

The IPC sampling exercise recognised these patterns in the 31 cases that were explored. Slightly more of the cases that had been referred involved younger children (16/18 cases aged up to 11 years) but many of these children were part of a larger sibling group rather than 'only' child. Slightly fewer of the cases that had been referred involved older children and young people (12 cases aged 12-18 years). Some of these young people also had relevant siblings.

4.4 Referrals by Geographical Area

Of the referrals closed in the last 6 months to end August 2013, children and young people came from a range of geographical areas but mainly from:

Area	Number	Percentage
Penderry	224	30%
Townhill	186	25%
Landore	81	11%
Cockett	79	11%
Morrison	60	8%
Castle	54	7%
Llansamlett	52	7%
Total	736	

Therefore, over half (55%) of all TAF referrals came from two areas: Penderry and Townhill, two of the most deprived areas in Swansea²⁸.

4.5 Referrals by Presenting Need Level and Type

The IPC case sampling exercise also looked at the nature of presenting need in the 31 cases randomly selected and examined.

Fifteen of these cases (48%) were judged to be complex, requiring intensive family interventions, some bordering the need for children's social care intervention. Examples include:

Basic details	Case characteristics
Girl aged 5	<ul style="list-style-type: none"> ■ Mother depression ■ Inconsistent parenting ■ Very poor home / housing conditions ■ Child and sibling with speech and language difficulties ■ Poor child behaviour at home and school ■ Child hearing loss ■ This child and sibling subject to different child abuse referrals
Girl aged 14	<ul style="list-style-type: none"> ■ Several historical referrals to the Social Services Department (SSD) because of parental alcohol abuse, parental mental health problems, parental death, home conditions, registered sexual offender on premises ■ Issues include poor attachment to mum, behaviour problems at school (Ed Psych already involved), very low attendance,
Boys aged 11 and 13	<ul style="list-style-type: none"> ■ History of referrals to SSD over a period of time ■ School worried about child 1 behaviours + Ed Psych already involved ■ Extreme behaviour issues with child 2 at home ■ Domestic violence between adults
Boys aged 4 and 6	<ul style="list-style-type: none"> ■ History of referrals to SSD relating in particular to domestic violence ■ Issues include child underweight and several illnesses, poor interaction with Mum, Dad in prison and history of drug and alcohol abuse, Mum depressed and previous heroin user, children under-stimulated, home conditions very basic, family isolation
Boys aged 11, 5 and 2 (key child aged 5)	<ul style="list-style-type: none"> ■ History of domestic violence related referrals to SSD over a period of time

²⁸ The 'top two' Lower Super Output Areas (LSOAs) for deprivation

Basic details	Case characteristics
	<ul style="list-style-type: none"> ■ Older child had been taken into care previously (physical abuse) ■ Health Visitor referral and issues include: child behaviour, child social skills, new baby in the family, poor communication in the family, difficulties in establishing boundaries, Mum's mental health problems
Girl aged 8	<ul style="list-style-type: none"> ■ Referral from school to TAF but passed quickly to SSD ■ High level concerns about neglect and suspected sexual abuse and domestic violence in the home ■ Child now on Child Protection Register
3 young girls	<ul style="list-style-type: none"> ■ Referral to TAF from Health Visitor ■ High levels of domestic violence impacting on the children ■ Referral to SSD rejected ■ Case closed as Mum not engaging with TAF subsequently
Boy aged 13	<ul style="list-style-type: none"> ■ Referred to TAF by school ■ Earlier referral by Education Welfare Service to SSD (NFA) ■ Very low (50%) attendance at school ■ Mum ill, and house in disrepair ■ Child depressed and withdrawn ■ Long history of problems in the family including truanting and fierce arguments at home + very poor home conditions
Girl aged 13	<ul style="list-style-type: none"> ■ Referred to TAF by Education Welfare Service (EWS) ■ Historical involvement of SSD in another jurisdiction ■ Concerns about child safety at home escalating ■ Referral to Swansea SSD accepted (after meeting)
Boy aged 13	<ul style="list-style-type: none"> ■ History of SSD involvement ■ Referral to TAF by SSD ■ Escalated back up to SSD after a period of time because of physical abuse to another sibling by father. Currently being investigated
Girl aged 13	<ul style="list-style-type: none"> ■ Referred to TAF from SSD ■ Issues include possible physical abuse, child eating disorder, child mental health problems, domestic violence ■ Closed to TAF after 2 months because referral on to Promoting Inclusion Service
Girl aged 0	<ul style="list-style-type: none"> ■ Extensive previous involvement with SSD linked with high levels of domestic violence and linked paternal mental health problems ■ Referral to TAF but concerns escalate with the birth of new baby ■ Eventual referral back to SSD to do a core assessment + TAF closed

Basic details	Case characteristics
Girl aged 13 and younger brother	<ul style="list-style-type: none"> ■ Referral to TAF from CCARAT (SSD) having been previously referred 'up' from TAF (core assessment not appropriate) ■ Issues include Mum's drug use (heroin), and poor home conditions ■ TAF worked for approx. 18 months before referral back to SSD after Mum gone into rehab and father can't cope

Seven cases (23%) were judged to be 'mid-range' early intervention. Examples include:

Basic Details	Case characteristics
Girl aged 3	<ul style="list-style-type: none"> ■ Long history of referrals to SSD including many from police regarding domestic violence ■ TAF referral from Flying Start ■ Family issues include: domestic violence (previous partner); Mum's unresolved grief and issues relating to sexual abuse, eating disorder, court proceedings, panic attacks; child's aggression towards Mum; debt problems
Boy aged 5	<ul style="list-style-type: none"> ■ Referral to TAF from health services ■ Issues include: child mild learning disability, behavioural problems, violence and aggression towards Mum and at school, possible autism
Girl aged 6	<ul style="list-style-type: none"> ■ Referred to TAF by Health Visitor ■ Issues include: child delayed development, rigid behaviours, temper tantrums and aggression at home, problems concentrating in school; Mum's significant physical health problems and social isolation
Girl aged 7	<ul style="list-style-type: none"> ■ Small history of referrals to SSD including from the police ■ Referral to TAF from SSD ■ Issues include: child behaviour difficult to manage at home and at school, and learning delay; concerns about violent ex-partner
Boy aged 10	<ul style="list-style-type: none"> ■ Referred to TAF by school (child previously subject to SSD intervention due to neglect, and now in care of grandparents) ■ Grandparents struggling to cope with behaviour problems
Boy aged 15	<ul style="list-style-type: none"> ■ School referred to TAF ■ Family struggling with child behaviour (ASD) and significant housing (overcrowding) issues. Child has self-esteem issues and is depressed. Child also has learning disability and significant speech and language problems.

9 cases (29%) were judged to be ‘early’ intervention. Examples include:

Basic Details	Case characteristics
Girl aged 8	<ul style="list-style-type: none"> Referred to TAF by school Issues include: child aggressive behaviour towards Mum; Mum struggling to establish appropriate routines and boundaries including at bed time
Boy aged 6 (and siblings aged 5 + 3)	<ul style="list-style-type: none"> Referred to TAF by school Issues include: Dad struggling to establish routines and discipline after Mum left; Mum with mental health problems; overcrowded housing; child angry
Boy aged 15	<ul style="list-style-type: none"> Referred to TAF from SSD (original source = Education Welfare Officer) Issues include longstanding conflict at home and school attendance issues
Boy aged 4	<ul style="list-style-type: none"> Referred to TAF by Health Visitor History of referrals to SSD regarding this family Issues include: Mum’s mental health problems (stemming from abuse); family debt and finance issues, neighbourhood harassment
Boy aged 11	<ul style="list-style-type: none"> TAF referral from school Issues include: family breakdown and subsequent difficult relationships in the home; child poor behaviour in school
Boy aged 2 and girl aged 8	<ul style="list-style-type: none"> Referral to TAF by Health Visitor Issues include: family debt; housing problems; Mum’s depression; family stress; daughter’s aggressive behaviour at home; impact of history of domestic violence (from previous partner)

Our interviews with families who have recently been involved in TAF in Swansea revealed a range of motivations for involvement including in particular:

- Feeling unable to cope
- Feeling like a ‘bad parent’ – particularly in relation to being unable to manage child behaviour
- Reaching their own crisis point (and often calling social services for help)

4.6 Re-Referrals

In the period 1st June 2012 to 31st May 2013, 7% of closed TAF cases were re-referred into TAF at some point. It has not been possible to ascertain the reasons for re-referral, for example whether the issues have changed or if

they are the same, or the source, for example where a case has been stepped up to social care services and stepped back down again. Based on experience in other UK authority areas, this is a relatively low rate of re-referral, particularly given the relatively high rate of complexity and need in the families involved with the TAF service.

4.7 Future Demand

The child population in Swansea is set to grow over the next 20 years by approximately:

- 3% to 2015
- 10% by 2020
- 19% by 2030

By 2015, the biggest change is projected to be in the 3-7 age group (up by 7%). By 2020, the biggest change is in the 3-13 age groups. By 2030, the biggest change is in the 8-13 age groups (up by 28%).

Future demand is also likely to be affected across Wales by:

- Recent welfare reforms that are only just beginning to 'bite' nationally
- Cuts in budgets affecting many public services offered to children and families by way of early intervention
- An increasing desire to reduce pressure on specialist services where possible by multi-agency support in the community²⁹

²⁹ Including but not exclusively driven by the Social Services and Wellbeing Bill

5 Quality and Impact of TAF

5.1 IPC Perceptions of Quality and Impact from the Case File Audit

It is notoriously difficult to make judgements about the quality and impact of family interventions below the threshold for statutory intervention from case file notes. However, from our analysis of 31 recently closed TAF case files at end August 2013, the following observations have been made:

- Generally, the quality of assessments was very high. This includes assessments undertaken using the 'old' paperwork³⁰ as well as the newer versions of the same.
- However, the quality of reviews using the 'old' paperwork was poor. This is likely to be the result of the template (rather than review practice per se). In particular, the 'old' review forms did not sufficiently prompt the user to record family progress, merely to repeat previously noted objectives. Some of the newer forms include a distance travelled tool, and the better completed ones record the perceptions of everyone involved in the Team around the Family about progress³¹.
- Appropriate packages of support appeared to be put in place to meet specific family needs. However, in some instances it seemed difficult for the TAF Team to access specific programmes of intensive including direct work with families of older children and young people where there are complex and high level needs.
- We reviewed a number of cases where tangible progress had been made with a family, including right across the scale of need. Progress was more likely to be made with:
 - Families with younger children (aged 0-11) across the spectrum of need including some with complex needs
 - Families with older children where the case wasn't very complex / bordering social care intervention.
 - Families with complex needs referred down from social services – where the step down appeared to be well thought through and handled carefully

Occasionally, families were referred into TAF only for a more appropriate referral to be identified quickly by the Team, in particular for a specific more intensive service such as CAST.

³⁰ Although a variety of forms were noted on the files, including 'My World' and 'CAF' forms

³¹ We understand that the distance travelled tool only 'went live' in April 2013

Occasionally, families appeared not to have engaged or not engaged fully with TAF. Usually these were 'high level' complex cases involving older children.

- Progress was easiest to ascertain where workers had used the distance travelled tool with members of the Team around the Family.
- Some escalations to children's social care³² were noted, and these appeared mainly to be justified on the basis of the paperwork available. In one or two cases, there had clearly been a disagreement about the level of need, with families effectively 'bouncing' between the agencies. Cases of this nature seemed best resolved where there was a formal meeting and effective sharing of information to determine the best way of proceeding. Sometimes cases escalated without a referral from TAF, for example as a result of a separate referral to SSD relating to abuse of another child in the family or where the family referred themselves because of a sudden escalation in need.
- Very few cases falling through the net were noted, with the marked exception of one case where a family of 3 young girls were not accepted as a referral from TAF to SSD (domestic violence concerns) and the mother subsequently withdrew from TAF. One or two other cases were closed before a programme of intervention had concluded because the family moved away from the area.

5.2 Professional Stakeholder Perceptions about the Quality and Impact of TAF

"They move quite quickly and need to continue to do so. There is a dedicated key worker and they're involved in 'step downs' from social care services. We really need to keep this resource"

"It works. It's just something with a proven track record in our school. In a couple of cases it's turned around the families. We're beginning to see the knock on effect on school attainment now"

"I've made a referral for a 'complex case' that was beyond my remit. The website had materials on it that were really helpful in helping me to think through whether it was appropriate. There were some really productive outcomes for this young person (from the work with TAF)"

³² Including child protection and children in need (including disability). Manager records suggest that approximately 11% of referrals to TAF are stepped up to children's social care.

5.3 Family Perceptions about the Quality and Impact of TAF - from the Family Interviews

IPC conducted interviews with the parent(s) of children and young people who have participated in Team around the Family in recent months³³. Case studies relating to each of the families who were interviewed can be found at Appendix A to this report. They make for very compelling reading.

All those families who consented to participate had 'good stories' to tell about Team around the Family and also some very interesting insights into why and how the process had worked. Although all of the families were different and demonstrated strengths, they were also characterised by:

- Domestic violence and intimidation
- Social isolation
- Parental mental health problems
- Poor communication and relationships within the family unit
- Child problem behaviour ('acting out') at school and at home
- Significant problems around school attendance
- Requests for help from social services / requests for children to be taken into care / worries about children being taken into care

The level of need varied between families struggling but not yet at crisis point to complex needs / entrenched family problems and a history of referrals to children's social care services.

With regard to the quality of key aspects of the TAF pathway, interviewees gave the following feedback:

Pathway Stage	Feedback
Initial meeting(s) engagement	<p>Excellent engagement skills demonstrated by the TAF Workers, spending time to establish rapport and motivation to change. All families felt able to ask questions about the process and what was going to happen.</p> <p><i>"They taught me to deal with one thing at a time"</i></p> <p><i>"We disagreed a lot to begin with but then I realised what she was saying was true. Then I thought about it and began to think they could help"</i></p>

³³ Note all of these cases had been closed to TAF between 2-4 months prior to the interview. We have only completed 4 interviews to date (10 planned) and will hope to complete the remaining interviews in the next 4 weeks.

Pathway Stage	Feedback
Involvement of family in setting up TAF meeting	<p>Most of the families thought that this was handled very well, including being able to ask questions about the process. Most (3/4) families felt that they were very able to have a say in who participated in the Team around the Family.</p> <p><i>“She explained everything when I asked”</i> <i>“100% I always felt in control and it was really good in that way”</i></p>
Assessment and Planning	<p>All of the families believed that they had been involved in the assessment and planning stages (including the child). All of the families believed that the assessment process was very helpful.</p>
TAF Meetings	<p>All of the families described meeting regularly as a ‘team’ as well as with the key worker. All of the families described feeling an equal member of the team and $\frac{3}{4}$ said that they felt very much like an equal member.</p> <p><i>“Yes, they did a lot of talking but I was involved”</i></p> <p>Most families described feeling very comfortable with the style of the meetings, with one family describing feeling quite comfortable. Families described feeling comfortable for a range of reasons including because the meetings were held in the house or school, or because it was informal, or because they trusted and felt supported by their key worker. All families said that things were explained very well during the meetings, that they understood what was going on and that they felt listened to and had their views taken into account. Most families described being treated with respect all of the time, with one family saying ‘not always by the other people there’. Most families described the people coming to these meetings as ‘quite helpful’ in finding solutions with them (one family described them as ‘very helpful’).</p> <p><i>“Not always possible to find a solution. I sometimes felt we were getting nowhere. Things were always positive though”</i> <i>“Action plans were really helpful and they involved the child in that”</i></p>
Support Package	<p>Most families described the support package as fitting ‘very well’ around the needs of the family, with one describing it as fitting ‘quite well’. Most families described the support building ‘very well’ on the strengths of the family with one describing it as building ‘not very well’ on their strengths.</p>

Pathway Stage	Feedback
	<p>All of the families expressed a wish that the support had been available earlier:</p> <p><i>“Much, much sooner. Things wouldn’t have become so bad”</i></p>
Key Worker / TAF Coordinator	<p>All of the families described having a TAF Coordinator as a key worker. All described their Coordinator in glowing terms and agreed that they were ‘very helpful’.</p> <p><i>“She was brilliant. I wouldn’t be here today without her”</i></p> <p><i>“Always there when I needed her and if she was busy she always rang me back”</i></p> <p><i>“She was able to relate to my problems. She was never judgemental”</i></p> <p><i>“She told me honestly what she thought I should do to change and that really helped me. I trusted her completely”</i></p> <p>All of the families described their Coordinator as being very good at coordinating support, at acting as a single point of contact for the family, and giving good advice and support. Common words used to describe the Coordinator included ‘supportive’ ‘positive’ ‘problem solving’ ‘non-judgemental’</p> <p><i>“Workers prepared to give us a mobile number and could call them, no problem”</i></p> <p>The only negative comments related to people feeling that the team was under-staffed and that more workers were needed.</p>

Families were also asked about the short term and longer term impact of being involved in Team around the Family on the family. Their responses are summarised in the table below:

Question	Summary responses
To what extent did the assessment and planning help you and the team to find good solutions for your family?	<ul style="list-style-type: none"> ■ 3 families said ‘very well’ ■ 1 family said ‘quite well’ <p><i>“Some good solutions and I’m still attending the parenting group”</i></p> <p><i>“It helped to put things into perspective. I knew that some solutions would not be found”</i></p>

Question	Summary responses
What were the key things that happened as a result of TAF?	<p>A range of very positive responses included:</p> <ul style="list-style-type: none"> ■ Gaining confidence ■ Less stress ■ Putting things into context ■ Dramatic change in the family dynamics and behaviours ■ Parent getting a place at college ■ Behaviour improving ■ Less shouting in the home – learning to communicate better ■ Parent more independent ■ Less pressure on children (to care for parent)
To what extent was the package of support helpful?	All families described the package of support as 'very helpful'.
What was helpful in particular?	<p>A range of responses included:</p> <ul style="list-style-type: none"> ■ Help with parent physical health needs ■ Help with communication with the school ■ Having someone there for us (key worker / coordinator) ■ Help with confidence
To what extent did TAF help you to become more able to cope without support?	<p>Most families said that TAF was very good at helping them to cope without help and one family said that it was quite good.</p> <p><i>"I am much stronger now although I would still like some help"</i></p> <p><i>"I can cope now but I would still like to be able to have that support there"</i></p> <p><i>"I think I still need help but I can see how things have made me more independent"</i></p> <p><i>"I can cope much better now"</i></p>
What changes have happened as a result of the support?	<p>Families described a range of positive changes including:</p> <ul style="list-style-type: none"> ■ Calmer in the house. ■ Don't feel like failing parents anymore ■ Parent increased mobility and improved physical health ■ Gaining employment ■ Being able to 'step back' and not panic ■ Family breakdown avoided ■ Child going into care avoided ■ Feeling safer with the child

Question	Summary responses
What if anything couldn't the support help with?	<ul style="list-style-type: none"> ■ Parent eating disorder ■ Courts and harassment ■ All of the child's behaviour problems ■ Completely addressing parent health issues

5.4 Cost Benefits of Team around the Family

In all of the five cases where IPC has undertaken a cost benefit analysis, a positive cost benefit was demonstrated linked with the Team around the Family intervention. Both the costs and the cost benefits ranged considerably from:

- £2,302 to £15,175 in terms of the cost of the overall Team around the Family Intervention with a single family depending mainly on the level of need, the number of Team around the Family members and the nature of additional services linked specifically with the intervention³⁴
- £10,900 to £1,391,208 in terms of the estimated benefit in each case. The latter figure relates to a family of 4 children on the brink of care at the time of TAF intervention.
- £5 to £91 in terms of the estimated savings linked with every £1 spent on Team around the Family in each case

More in-depth information about the cost benefit analysis can be found at Appendix A to this report.

5.5 Impact on the Demand for Social Care Services

We note that, at a time when many comparator authorities across the United Kingdom have experienced an increase in demand for children's social care services, referrals and re-referrals into Swansea Children's Social Care Services have reduced by 40% between 2009-10 and 2012-13. The rate of children in need in the overall population, whilst rising in recent years, has brought Swansea more in line with comparator authorities³⁵.

In the period 1st June 2012 to 31st May 2013, 11% of all TAF cases were 'stepped up' to Children's Social Care Services including both Children in Need and Child Protection Services. Although we don't have a full set of comparison figures to benchmark Swansea against across Wales, our experience indicates that this is a relatively low number. For example, the

³⁴ Rather than services that the family would have been entitled to but were unaware of or had failed to access without Team around the Family

³⁵ However, during the same time period, the number of children and young people becoming looked after in Swansea has fluctuated and increased again in the last year

figures in two other local authority areas where we have worked recently and which have similar TAF models are:

- 27%
- 59%³⁶

It is important to measure case 'escalations' particularly to social care services, but also difficult to define. For example an escalation might include: any referral coming to a case discussion forum; a referral up to Children's Social Care Services; immediate escalations (on referral to TAF) or escalations after a period of intervention with a family; escalations 'back up' to children's social care after a 'step down' from them. In practice most local TAF arrangements in Wales are recognising that they need to monitor all of these different forms of escalation on a regular basis.

³⁶ The context for this authority is that over 50% of referrals into TAF are open children in need cases / step downs from children's social care services. This steep rise as arisen since responsibility for TAF has moved into the Social Care Directorate and since some cases have begun to by-pass their panel system

6 Funding and Governance Arrangements

6.1 Funding

Team around the Family in Swansea currently receives funding from three sources:

Funding Source	Amount Per Annum
Families First Programme	£136,500
European Social Fund	£135,100
Flying Start	£42,000
Total Current Funding	£313,600

In addition, a total of £ 45,000 has been allocated to Team around the Family for 2013-14 as a grant from the Education Service in 2013-14. These monies are being used to fund another two temporary TAF Coordinators.

The most significant characteristic of these arrangements is their reliance on time-limited funding from 'external' partners including Welsh Government and European Social Fund. For example, the Families First Programme will run until at least 2017, but the European Social Fund Grant will end in December 2014.

This is a significant threat to the future sustainability of Team around the Family arrangements in Swansea.

6.2 Accountability / Governance Arrangements

Currently, the TAF Manager leads on the operational delivery of Team around the Family in Swansea. She is managed by the Strategic Manager for Prevention and Early Intervention Services (PEIS) which is itself a relatively new service area bringing together a broad range of services working across the spectrum of need of families.

The TAF Manager reports on Team around the Family performance to the Families First Project Team. This Project Team meets every two weeks including to monitor progress on TAF locally. A report can be requested from the TAF Team, but there is currently no consistent performance framework against which the TAF Team should report. The Project Team is accountable in turn to the Children and Young People's Partnership and Board.

Performance reporting for TAF is in its infancy. However, recently developed scorecard-style reports for TAF viewed by IPC are based on a Results Based Accountability (RBA) framework that is acknowledged good practice in relation to public services and we note that this model is also being applied to performance monitoring for Families First more broadly. The Early Intervention Service is working towards implementation of the Welsh Government Performance Framework / Outcomes Framework and is commissioning a bespoke data system to capture the relevant information.

Because of the complex funding arrangements, TAF in Swansea also reports into governance arrangements for Flying Start (basic statistics only) and the European Social Fund (an ESF report is required every quarter year and site visits from ESF Programme representatives take place once a year). The focus of the regular ESF reporting appears to be mainly on TAF outputs rather than the quality and impact / cost effectiveness of the TAF approach. We understand that the LSB has also recently proposed that its Executive Group should receive updates on all ESF projects at every other meeting, i.e. every 4 months.

The key issues with regard to TAF and multi-agency accountability and governance appear to be as follows:

- Multiple reporting 'routes' for TAF into different governance arrangements, and subtly different reporting required for each.
- However, in spite of this there doesn't appear to be a multi-agency strategic forum to give meaningful multi-agency leadership to this important arm of early intervention and prevention in Swansea and to hold regular discussions about the performance of and issues relating to the implementation of TAF.
- There is no expectation of regular performance reporting and what that should include.
- There are under-developed arrangements and fora to discuss synergies and un-block problems at a more operational level.

"There's no strategic forum for EIP including the TAF Service and SSD to discuss synergies and issues"

7 Summary Strengths and Challenges

7.1 Existing Strengths of Team around the Family in Swansea

There are considerable existing strengths of the Team around the Family approach in Swansea. They can be summarised as follows:

- The existing model has evolved to meet the needs and expectations of a range of stakeholders in Swansea and is firmly rooted in the available evidence about 'what works'.
- There is considerable on-going support and interest in the model both at a local and a national level. There are synergies between TAF and a range of national programmes relating to children and young people. New national policy such as the Framework for Engagement and Progression (for young people) continue to lend support to the overall model and the principles behind it. The Social Services and Wellbeing Bill includes an expectation that local authorities and partners will support and/or develop TAF-style systems to safely reduce demand for specialist interventions.
- The model and the tools in support of it are fit for the purpose of identifying and engaging families who might benefit from TAF, whole family assessment, planning and review. Tools are considered 'user friendly' by both professional and family stakeholders.
- There is a relatively high level of awareness about the model amongst practitioners in the community.
- Referrals 'into TAF' have grown considerably since its inception, in particular over the last 18 months. The most recent data (for 2012) indicates a very high level of demand for TAF in Swansea compared with other parts of Wales. Referrals are received from a range of source agencies, including schools and health visitors, which are agencies traditionally quite hard to engage in TAF.
- With reference to the considerable and compelling body of research in support of early intervention as early as possible in a child's life (in early years in particular³⁷) it is a significant strength of existing arrangements that the majority (almost 80%) of TAF 'cases' we selected randomly from recently closed files related to children aged 0-4 (39%) 5-11 (39%).
- With reference to the research supporting the application of TAF across a spectrum of 'additional needs', it is also a considerable strength of existing arrangements that they are currently being applied to children and families with a very wide variety of additional needs from 'early' intervention through to work with families with complex needs. Existing arrangements are able to work effectively with a high proportion of

³⁷ Summarised most recently in Conception to Age 2 – The Age of Opportunity (2013) DfE and The Wave Trust

children and families with complex needs bordering the need for children's social care interventions.

- The key model support 'The TAF Team' is experienced, well-trained in key skill areas, and well respected amongst the broader community of services and professionals working with children and families. Their support for TAF, in particular their role(s) as family key worker and direct work with families is very highly valued by professionals and family members. Professional stakeholders consider that the team is very ably led by the Team Manager who has had an extremely positive impact on progress in the last 12-18 months.
- There is evidence of progress, albeit slow, in relation to encouraging other practitioners to take on the family key worker ('Family Contact') function where appropriate – particularly from one or two schools and amongst the Parenting Team. Some services and practitioners describe 'doing' Team around the Family informally – these cases won't be picked up by the system but could still be having a positive impact. Some managers are recognising that there needs to be a shift in terms of becoming more not less involved in TAF in the future.
- There are other important supports for the model in Swansea, including:
 - Training that has adapted with the model and includes elements likely to be of use to other people working in the whole system of services for children, young people and families.
 - A range of support services for children, young people and families including those that are indicated by the research as being needed to intervene effectively and early with families. Many of these services are relatively easy to access once a family has been 'referred to TAF'.
- Although there has been little regularly collected information about the quality and impact of TAF on families to date, this review has identified evidence of:
 - High quality engagement with families to encourage them to participate and consider change
 - High quality whole family assessment activity
 - Appropriate and highly valued packages of time-limited support for families that build on family strengths and address needs
 - Regular team around the family meetings that involved a range of practitioners as well as family members and the key worker
 - Excellent key worker activities undertaken mainly by the TAF Coordinators including promotion of problem solving within the family unit
 - Tangible progress with families in relation to key aspects of need, particularly but not exclusively with families where the 'key' child is

younger (aged 0-11)³⁸. For example, our review found evidence of impact on child behaviour, family functioning, parent physical and mental health, parent gaining employment. Although not all family needs can reasonably be met in all cases, the families themselves are able to recognise the sometimes considerable progress made and sustained after the end of a TAF 'episode'. In many cases, a range of negative outcomes have been avoided including in some cases entry into care for the children.

- The model appears to be currently very cost effective, with a basic calculation of cost per family of the TAF Team (rather than the whole TAF approach) in the region of £900-£1000 per family. The overall costs of a TAF intervention range from £2,302 to £15,175. The estimated cost of benefits range from £10,900 to £1,391,208.
- A relatively low proportion of 'step up' referrals into Children's Social Care Services.
- There are relatively few 'closed' TAF cases being referred back into the TAF Team.

7.2 Existing and Likely Future Challenges for TAF in Swansea

The existing and likely future challenges for TAF can be summarised as follows:

- High levels of current demand, particularly for TAF Coordinator-led work with families. Approximately 360 cases (1 family every day) are currently being referred into TAF per year, which is quite high compared with some other parts of Wales.
- Whilst this demand is spread across a range of families with additional needs in Swansea, there is a high proportion of demand for work with families with complex needs. We know from the research that these families usually require more intensive interventions that last for longer (up to 12-18 months) and key workers with smaller caseloads in order to be effective, particularly where the key child is older. This, combined with a relatively limited take up of TAF cases amongst the broader children and families workforce to date is already putting pressure on the TAF Team's ability to respond to demand including their ability to act as effective 'system minders' in relation to the whole system. A rough estimate of each worker's caseload at any given time is 20-25³⁹. Based on our in-depth case file audit, approximately 45% of current

³⁸ The TAF Team as set up currently is not well placed to work with young people and families with very complex needs. We know from the research that this work requires: much smaller case loads, an expectation of working for much longer with families, the application of distinct methodologies for example Multi-Systemic Therapy or Functional Family Therapy, and key workers who are equipped and able to be extremely persistent and pro-active in their work with families

³⁹ Based on 5 TAF workers working full time

demand is for families with complex needs, and we know from research that for complex cases a caseload of 10-12 per worker is more reasonable. The data seems to suggest that even 'on paper' current caseloads may be too high. Staff sickness in such a small team will inevitably put even greater pressure on caseloads.

- Likely increasing future demand linked with:
 - Predicted high levels of child population growth in Swansea
 - The impact of UK-wide welfare reforms
 - The Social Services and Wellbeing Bill 2013 and rising pressure on local authorities to reduce demand for specialist including social care services
 - Likely budget cuts affecting a range of partner services including those currently considered to be 'key' in terms of identifying families who are struggling and/or meeting their needs
- Existing systems and support tools for TAF in Swansea are relatively new and will take some more time to embed effectively. Whilst effective assessment practice appears to be well established, high quality reviews and the collection of data to understand the distance travelled for families have yet to become thoroughly embedded.
- There is limited evidence only that the 'mixed model' is beginning to bite. Existing TAF processes steer practitioners away from taking responsibility at an early stage (initial home visit and initial TAF meeting). Many stakeholders still either perceive or would like the model to be mainly 'refer in', with TAF Coordinators undertaking a key worker function in almost every case. In spite of guidance on this issue, stakeholders aren't clear about when they should pick up the Family Contact function and when it might best be undertaken by a TAF Coordinator. The reasons given for not becoming involved in TAF and picking up the Family Contact function are varied and include:
 - A sense that people are 'doing it anyway' at Tier 2 (informal TAF) and don't wish to formalise their role by becoming a Family Contact – although there is some degree of acceptance that a full TAF model isn't necessarily applied in all these circumstances
 - A concern about asking young people about 'family issues' and thereby losing their trust or credibility, or stigmatising them
 - An understanding of the likely time commitment involved and concerns about the impact of this on the 'day job'
 - It's a big cultural shift for staff
 - For workers unused to going into family homes, there is a fear of the unknown (discovering things they can't handle)
 - A sense of 'we don't work with families' or 'we're just for the child' – how to preserve one's focus on the child or young person

themselves and their own 'space' whilst being involved more broadly with the family

- A concern about not having the right skills and experience for the task
- Uncertainty about where responsibility would lie if there is a risk of harm to the child or young person / how to manage risk

The limitations of a purely 'refer in' model are:

- That only a relatively limited number of families will be able to benefit over time
 - The tendency is for these models to become skewed over time towards prioritising work with families with complex needs (rather than families across the spectrum of need)
 - This naturally limits the potential for Team around the Family to have an impact in terms of early intervention and prevention
-
- Systems put in place to manage the interface between specialist, in particular children's social care services and TAF have not gone the whole way to ensuring a satisfactory outcome for some children and families. This is a very common problem across the UK. The high proportion of TAF cases with complex needs is suggestive of the need for a very robust system to manage this interface and good levels of 'consultation-style' advice and support from specialist social care workers for TAF workers particularly in relation to managing risk for cases open to TAF.
 - There may be some service 'gaps' for families who are struggling including in particular therapeutic services for children and mental health support for parents. Other parts of the 'whole system' of support for children and families and in particular for young people with additional needs may be overlapping or even in conflict with or competing with one another instead of working effectively together to ensure the best use of the total resource. There is some evidence from this review to suggest young people and families with complex needs are not having their needs met (and problems are therefore escalating) in spite of a wealth of projects working in this area. This may be an issue of:
 - Service intensity – i.e. are interventions sufficiently intense? Are workers' caseloads sufficiently small to enable them to work intensively for a period with families? Are the timescales for intervention realistic?
 - Service methodology – i.e. are the methodologies currently being applied sufficiently evidence based?

- Fidelity – i.e. are projects and the workers in them sticking sufficiently to the selected methodology? Are they sufficiently clear about the methodologies they should be applying?
- Through case file audit and the more in depth family interviews, IPC identified limited evidence of Team around the Family actively harnessing non-professional support for families, particularly support from the community and existing family social networks. Recent research suggests that there are considerable improvements that can and should be made in this area in order to maximise the sustainability of change for families⁴⁰.
- Existing governance arrangements are multiple and do not provide a sufficient robust basis for multi-agency 'buy in' and support for the model.
- Model sustainability is threatened by insecure and time-limited funding from national or European programmes, one of which will end in December 2014.

⁴⁰ This research is being led by Dr Nathan Hughes at the University of Birmingham. (<http://www.birmingham.ac.uk/research/activity/social-policy/families-policy-practice/research/supporting-families.aspx>)

8 Recommendations

Recommendation	Detail
<p>1. Continue with the existing model for TAF</p>	<ul style="list-style-type: none"> ■ Tweaking of the model required not wholesale change. ■ People need time to embed the existing arrangements and tools well. ■ Continue to build on TAF rather than create new 'silo' systems elsewhere, for example other Lead Worker / Coordination arrangements for vulnerable children and young people.
<p>2. Pursue and support more actively the involvement of all relevant agencies and workforce in TAF including in particular to deliver the Family Contact function</p>	<ul style="list-style-type: none"> ■ This has been on the agenda for some time but will require a significant cultural shift within the whole system to achieve – the argument in favour of this shift must be made and won across all levels of the workforce. ■ This will also require a shift of resources within the TAF Team away from direct work with families towards 'system minding' activities at a time when there is both high demand for their input and high caseloads. ■ Build on what has worked so far, for example: embedding links between a named Coordinator and a geographical 'patch'; good links with the kinds of workers who are better placed to identify struggling children and families and to pick up the Family Contact function. ■ More and more regular communications with agencies, services and practitioners who could become involved – including lots of examples of how the TAF process has worked for families they would 'recognise' and how the Family Contact function has worked well e.g. the work in some schools with pastoral workers. Attention to 'myth busting' about the function of Family Contact, for example: that it's not a role; that it's not about 'doing everything', that it's not about taking responsibility for everything. Tailor messages to the group being targeted. ■ Gain agreement across the partnership that this is an important activity for all to support, and consider a clearer identification of which workers may be best placed to participate as Family Contacts. ■ Consider whether it would be helpful to establish even clearer guidance for practitioners on when it may be appropriate for them to become a Family Contact, e.g. for level 2 cases and/or where they are already trusted by the family? Also consider whether it would be helpful for a period of time to direct all 'referrals'

Recommendation	Detail
	<p>through a multi-agency resource panel⁴¹.</p> <ul style="list-style-type: none"> ■ Consider whether it is worth also tweaking the guidance slightly to emphasise a little less the 'hands on' role of TAF Coordinators at the beginning of each pathway and a little more their advisory roles. ■ Gain the buy in of senior and middle managers. The latter are crucial in ensuring that staff receive positive messages about TAF and are well-supported to participate. E.g. develop TAF 'Champions' in all relevant service areas. ■ Develop a more robust and attractive 'offer' of support for people undertaking or likely to undertake the Family Contact function. For example, other local authority areas have successfully developed: a 'Key Worker' Forum; offers of shadowing TAF Coordinators; offers of help to organise venues for meetings; additional training in key skill areas such as motivational interview, acting as a mediator, working with families; specific guidance on what to do in problematic scenarios; regular 'drop in' surgeries for advice; information about TAF to share with children, young people and families; opportunities to co-work cases. ■ Target particular workers with particular kinds of support, for example youth workers for whom there are very particular considerations and issues relating to extending their work with young people into work with families. ■ Continue to acknowledge the informal TAF work that is being undertaken, particularly for level 1-2 cases – and support people to do this well including with reference to advice and support from the TAF Team.
<p>3. Consider whether the team requires an increase in capacity to meet existing demand and develop the offer</p>	<ul style="list-style-type: none"> ■ Capacity has been expanded in fact recently, albeit on a very temporary basis. ■ For the longer term, carefully monitor demand but consider for example using workers from the Parenting Team (who are already doing some one to one work with families who are struggling) to undertake system minder roles, or draw them across into the TAF Team. ■ Consider whether it might be possible to separate out the 'hands on' key working and direct work with

⁴¹ There are pros and cons to this approach. Positive outcomes experienced elsewhere have included: increased engagement from agencies; increased likelihood of the Family Contact role being taken on; better quality of information sharing and case discussion. Potential disadvantages might include: increased delay in responding to families who need help; high demand may result in panels being 'flooded' and therefore case discussions becoming rushed; not best use of the total resource.

Recommendation	Detail
	<p>families from some of the system minder activities or whether it is important to retain a mixed workload for TAF team members – in order for them to be sufficiently experienced, knowledgeable and involved to provide effective advice and support to others - in which case consider protecting some of the workers' time for system minder activities.</p>
<p>4. Actively monitor and manage TAF Team caseloads</p>	<ul style="list-style-type: none"> ■ Take into account the spread of cases the team is working and any shifts required by the team (e.g. towards system minder roles). ■ Take into account the spread of cases the individual worker is working. ■ Agree criteria for workload management including in particular for work with families with complex needs. ■ The risks of not managing this carefully include in particular that complex cases will not be worked effectively and that escalation to specialist services will be required.
<p>5. Generate improved multi-agency agreement about how individual children, young people and families involved in TAF can have their needs met, particularly children, young people and families with complex needs</p>	<ul style="list-style-type: none"> ■ This is a critical area to get right. ■ Suggestions made by stakeholders to date include: a multi-agency panel for these cases; a more regular forum for case discussion about TAF cases with other relevant specialist services; a single gateway / triage service into early intervention including complex needs services. All of these approaches have different strengths and potential shortcomings – these should be explored with key stakeholders first. ■ These systems must be based on mutual trust and respect, and focus on finding the best solution(s) for children and young people, recognising that it is always difficult to agree about levels of need / risk. ■ Other local authority area partnerships have developed: multi-agency panels; detailed protocols for step up / down with an emphasis on 'passing the baton' and effective communication.
<p>6. Improve arrangements for performance management and governance of TAF</p>	<ul style="list-style-type: none"> ■ Develop a clear performance management framework for TAF including a range of regularly and irregularly collected information about: the nature of demand, capacity, quality, costs and impact. This should be based on areas specified by Welsh Government for the Families First Programme and other indicators identified as being of interest locally. ■ Building on the work to date on a TAF 'scorecard', develop a single reporting framework for use in a range of for a where TAF may be of interest. ■ Develop a good clear structure for regular (for example quarterly) reporting and streamline reporting

Recommendation	Detail
	<p>channels for TAF Managers into multi-agency governance fora.</p> <ul style="list-style-type: none"> ■ Develop an appropriate multi-agency forum for TAF (or Early Intervention Systems and Services more broadly) including all of the relevant agencies who are committed to sharing the learning from performance reviews and to agreeing appropriate actions. ■ Active facilitation of multi-agency discussions about TAF including consideration of the 'story behind' the results and encouraging ownership of the information and agenda more broadly. The aim should be for effective discussion and resolution of issues at a strategic level, acknowledging that issues are to be expected.
<p>7. Develop a multi-agency strategy for early help for families including but not exclusively TAF</p>	<ul style="list-style-type: none"> ■ A comprehensive review of resources and how they are used will help to ensure there are sustainable systems (such as TAF) and services for early help for families in Swansea at a time when budget cuts are likely and funding streams coming to an end. ■ Consider proactively how to achieve best use of the total resource across a range of agencies, particularly for young people with additional needs. ■ Focus in particular on how best to shape and manage the offer of support for families with complex needs. ■ Consolidate and streamline projects where appropriate.

9 Implementation Plan

The recommendations from our review outlined in Section 8 above have been shared with the Steering Group and other key professional groups in Swansea during December 2013. The purpose of these meetings was to check both the review findings and overall recommendations and to take advice about how best to achieve the goals contained within them.

Based on the feedback and advice from these meetings, we have prepared an implementation plan for consideration by the Children and Young People's Partnership Board in January 2014 as detailed below:

Recommendation	Implementation – Strategic Level	Implementation – TAF Team	Timescales
1. Pursue and support more actively the involvement of all relevant agencies and workforce in TAF including in particular to deliver the Family Contact function	<ul style="list-style-type: none"> ■ Obtain CYP Board sign up to this shift across the multi-agency partnership ■ Confirm governance arrangements - to provide multi-agency leadership and accountancy for TAF arrangements and potentially early intervention services more broadly ■ Early workshop with CYP Board members to agree what should be the key features of the multi-agency approach including with reference to Steering Group and other practitioner group suggestions, for example: multi-agency resource and solutions panel, TAF Champions in Agencies / Teams 	<ul style="list-style-type: none"> ■ Business Planning with the Team to build on successes to date including consideration of: how to carve out time for whole system support; links with patches; communications with all agencies and practitioners; improved guidance about the Family Contact function; and what support should be offered within the whole system ■ All of the above to be linked closely with the decisions made at a strategic level 	January – February 2014

Recommendation	Implementation – Strategic Level	Implementation – TAF Team	Timescales
<p>2. Generate multi-agency agreement about how individual CYP and families involved in TAF can have their needs met, particularly those with complex needs</p>	<ul style="list-style-type: none"> ■ Multi-agency discussion (see above) about all the options including: <ul style="list-style-type: none"> ■ Resource and Solutions Panel (as above) – who should be involved, specific role and activities, resources ■ Single gateway into early intervention including complex needs services ■ Detailed protocols between early intervention and specialist services – emphasising passing the baton 		<p>January – February 2014</p>
<p>3. Monitor demand and capacity</p>	<ul style="list-style-type: none"> ■ This to be monitored carefully at a strategic level, including demand for TAF Team key working / demand for TAF more broadly ■ Consideration over time as to whether there is sufficient capacity in the TAF Team to deliver ‘hands on’ support to families as well as whole system support ■ Consideration over time as to whether other resources might be drawn in to support TAF 	<ul style="list-style-type: none"> ■ Consider whether it makes sense for TAF Team workers to carry a mixed workload (including direct work with families and whole system support) or whether to separate out tasks ■ Agree criteria for workload management ■ Actively monitor and manage TAF Team caseloads including the spread of cases across the spectrum of need 	<p>TAF Team related activities in the first quarter of 2014</p> <p>Other activities ongoing through 2014 - 15</p>

Recommendation	Implementation – Strategic Level	Implementation – TAF Team	Timescales
4. Develop and implement performance management arrangements for TAF	<ul style="list-style-type: none"> ■ Once governance arrangements have been established (see 1 above), the agreed multi-agency forum to discuss and confirm the performance management framework 	<ul style="list-style-type: none"> ■ Further develop a draft performance management framework to propose to the multi-agency governance forum for agreement 	In the first quarter of 2014
	<ul style="list-style-type: none"> ■ Monitor demand for and the operation of TAF arrangements (not exclusively the TAF Team performance) on a regular e.g. quarterly basis ■ All members of the forum to be accountable for their own agency contribution ■ Action to be taken as a result of poor performance 	<ul style="list-style-type: none"> ■ Provide data where required ■ Provide an initial analysis for multi-agency partners if required 	Ongoing
5. Ensure any new commissioning plans for children and young people with additional needs work closely with existing TAF arrangements	<ul style="list-style-type: none"> ■ Consideration of all new initiatives in this area by the multi-agency forum tasked with governance in this area 		From January 2014 onwards

Recommendation	Implementation – Strategic Level	Implementation – TAF Team	Timescales
6. Develop a multi-agency commissioning strategy for early help for families including but not exclusively families involved in TAF	<ul style="list-style-type: none"> ■ CYP Partners to develop a multi-agency commissioning strategy for early intervention services for families – building on this TAF Review to: <ul style="list-style-type: none"> ■ Consider how to make best use of the total resource across a range of agencies and services, particularly for young people with additional needs ■ Focus in particular on how best to shape and manage the offer of support for families with complex needs – based on research evidence ■ Consolidate and streamline projects where appropriate – focus on sustainability 		First half of 2014

IPC
December 2013

Appendix A: Case Studies and Cost Benefit Analyses

1 Introduction

An important element of this review has been an in-depth examination of the inputs, outputs and outcomes relating to families who have participated recently in Team around the Family arrangements in Swansea.

For five participating families, IPC has:

- Reviewed available case file notes
- Interviewed the key family carer using a semi-structured interview schedule
- Interviewed the Team around the Family key worker using a similar tool
- Acted as a moderator in relation to family and key worker predicted outcomes and 'outcomes averted' as a result of the Team around the Family intervention
- Developed case studies for each of these five 'cases'
- Developed an estimate of the costs of the intervention, the costs of outcomes averted and the overall 'cost benefit' in each of these cases⁴²

The costs and cost benefits have been calculated with reference to a range of relevant and recent sources including in particular:

- The PSSRU publication 'Unit Costs of Health and Social Care' 2012
- The LARC 3 Report 'Early Intervention, Using the CAF Process, and its Cost Effectiveness' (2011)
- Comparison salary costs for different disciplines using in particular the on line service 'Prospects' – the Government's official graduate careers website⁴³
- Department for Education published unit cost information about some types of intervention

⁴² We have used an approach similar to that applied in the LARC 3 Review 'Early Intervention, Using the CAF Process, and its Cost Effectiveness' including application of unit costs where these are available, and a 'futurising approach' which involved asking families and practitioners about resources deployed, and outcomes averted. In part because our information was partial (this is not a research project), our estimates of outcomes averted by the TAF interventions are relatively conservative. Also, we have had to rely on nationally estimated unit costs rather than locally available cost data for all but the TAF Coordinator/Service input.

⁴³ These average salary costs were then compared with those of workers in relation to whom hourly rates were already publicly available

Whilst it is of considerable interest to develop an understanding of both the costs and benefits of these kinds of interventions with families, there are a number of limitations to this kind of exercise that are worth noting, in particular that:

- It is difficult to obtain accurate unit costs, particularly where the 'intervention' involves a dispersed model such as Team around the Family rather than a single discrete service such as a Family Intervention Project.
- It is hard to 'prove' outcomes or scenarios that have been avoided with any degree of certainty, or indeed the causality between the intervention and the outcome(s).
- Benefits may take a while to realise – estimating cost benefit is always about guess work to a certain extent.
- Cost benefit analysis is usually reliant to some considerable extent on retrospective interviews with families and their key workers rather than 'hard' output and outcome data.
- People don't necessarily believe the results – however carefully the cost benefit analysis is constructed in each case.

In this case, all of the five case studies demonstrated a positive cost benefit linked with the Team around the Family intervention. Both the costs and the cost benefits ranged considerably from:

- £2,302 to £15,175 in terms of the cost of a Team around the Family Intervention with a single family depending mainly on the level of need and the number of Team around the Family members and additional services linked specifically with the intervention⁴⁴
- £10,900 to £1,391,208 (family of 4 children on the brink of care) in terms of the estimated benefit in each case
- £5 to £91 in terms of the estimated savings linked with every £1 spent on Team around the Family in each case

2 Case Studies and Cost Benefit Analyses

For each of the five families involved in Team around the Family in Swansea, a case study has been prepared and cost benefit analysis undertaken – see below.

⁴⁴ Rather than services that the family would have been entitled to but were unaware of or had failed to access without Team around the Family

Case Study 1

Matilda (10) and Tom (12) were referred by the School and the local Young Carers' Service to Team around the Family for help because their severely disabled Mum was relying heavily on them and their behaviour was becoming increasingly challenging both at home and while attending the service. Tom in particular was becoming more resentful of his caring responsibilities. Mum is blind and had become bed-bound following a pancreas and kidney transplant. The family had also recently suffered the bereavement of their grandmother resulting in no close family support being available to them. However, the school was unaware of either Mum's disabilities or the broader difficulties facing the family.

"I had health problems and I wanted help for the children. They were doing all my care and were angry at me all the time. I had asked Social Services to take the children into care. I thought they would be better off without me"

Team around the Family helped to organise or coordinate:

- Referral of the family to the 'Ohana Project' providing a communicative space for the children and young people to discuss their emotions and behaviour
- Youth Worker support from the Young Carers' Service (Crossroads)
- More robust pastoral support in school - due to the TAF process, the school is now aware of the children's caring responsibilities and ensure that Mum is kept involved in and informed about school activities
- Mum receiving better coordinated support from adult health and social care services including physiotherapy, support from a Mobility Officer, and short term 'home help' services, thus relieving her dependency on the children
- Tom has been encouraged to join a football club and another local charity has enabled Matilda to have her bedroom decorated exactly how she wanted it

"She (the key worker) gave us so much support, coming to the school and being there to ask"

Family progress has included:

- Improved behaviour and school attendance for both children
- Improved pain control for Mum and resulting improved mobility, progressing from a static zimmer- frame to a zimmer- frame on wheels to now using a stick
- With improved physical health a wheel chair hire service has been accessed and Mum has been able to leave the house

- Mother feeling less guilty and more positive about her parenting
- There are much improved family relationships

During the initial TAF visit, Mum didn't wish to score her family on a scale of one to ten as she said 'things are so bad she couldn't even place them at a 0'. However, pulling in the right support at the right time enabled her to score a 4 at the second meeting and a 9 in the most recent meeting.

"If it wasn't for you I'd probably still be crouched over in pain sat on that hold-all on my dining room floor, having seizures all the time and unable to move. Look at me now I'm laughing, joking, moving and walking...."

I can comfort my children without pain and have a positive relationship with them now. I have all the help I need. I wish I'd been referred sooner if I'm honest".

Cost Benefit Summary

Additional Costs Incurred:

- Cost of the TAF Coordinator – Intensive coordination over a 9 month period for a medium to high tier case = £2000 (note £1000 is the average cost of TAF Coordinator support for a family)
- Attendance by other workers at 6 weekly TAF meetings requiring a total half day commitment for each over the 9 month period = approximately £4746
 - School Pastoral Support Worker = £52 per hour approx⁴⁵
 - Crossroads Social worker = £69 per hour approx⁴⁶
 - (Adult) Disability Social Worker = £69 per hour approx⁴⁷
 - Mobility Officer = £36 per hour approx⁴⁸
- Cost of Additional Services
 - Ohana Project – **awaiting unit cost**
 - Note no additional adult social care or education services were required to achieve these outcomes, just better coordination

⁴⁵ This figure taken from the LARC 3 Report 'Early Intervention, Using the CAF Process, and its Cost Effectiveness' (2011)

⁴⁶ This figure is based on an average hourly cost for a social worker across England published in 2012 by the PSSRU

⁴⁷ Ibid

⁴⁸ There are no published figures available for hourly rates. This figure is based on a comparison of known average Health Visitor salaries and recently published salaries for Mobility Officers outside of the London area.

Specific Negative Outcomes Averted:

- Short to medium period (12 months) of children's social work intervention for 2 children and their mother = £15,600⁴⁹
- The need for possibly one to one learning support assistant input in school for at least one child = £15K per year for 3 years⁵⁰

Cost benefit analysis

Total Additional Costs of TAF Intervention	Total Estimated Benefits	Cost Benefit
£6,746 plus the costs of the Ohana Project Intervention	£60,600	For every £1 spent on this TAF intervention, £9 has been saved

⁴⁹ This figure derived from the publication 'Unit Costs of Health and Social Care 2012' PSSRU

⁵⁰ This figure derived from the average costs of learning support assistant support published on line

Case Study 2

Ceri (3) was referred to the Team around the Family Service by Flying Start as a result of her increasingly challenging behaviour and aggression towards Mum. On further exploration, it emerged that Ceri's Mum had been experiencing physical and sexual domestic abuse from Ceri's father who had recently left the family home. She also had debt problems, anxiety attacks and a history of eating disorder. Mum felt unable to cope and had very low self-esteem and confidence. Since separating from Ceri's Dad, she had been a victim of harassment and there were ongoing court proceedings to prevent this. There was a history of previous referrals to children's social care services including from the police (in relation to the domestic violence and harassment).

"I was feeling unable to cope because of the domestic abuse and I felt that I was a bad mother. I had no confidence and Ceri's behaviour was getting worse. I think my daughter would have been taken off me (without TAF)"

Team around the Family helped to organise or coordinate:

- Barnardo's Healthy Eating Group attendance for Mum
- Police Community Support Officer involvement for safety advice
- Tenancy support advice from the Tenancy Support Unit
- Pastoral support from the child's school and nursery
- Woman's Aid counselling service for Mum
- Access to a group Parenting Programme for Mum

"They taught me to deal with one thing at a time"

Progress has included:

- Child is safe in a new house and is thriving
- Mum's overall self-confidence has improved and she is no longer experiencing such high levels of anxiety
- Mum is able to contact Police Support Services confidently if needed
- There has been a marked improvement in Ceri's behaviour. She is no longer violent and the mother-child relationship has improved significantly
- Ceri sees the Dad and Mum is able to cope with this
- Mum feels more confident in her parenting skills
- Mum has found a job which will help with self-esteem and finances

During the initial TAF visit, Mum scored her family 0 on a scale of one to ten. However, pulling in the right support at the right time has enabled her to progress the family score to a 6 and finally a 10 at the end of the TAF period.

“I became confident again. I believe in myself now. The stress management helped and I can put things into context now. I am much stronger (although I would still like some help)”

“I wish I’d had support much earlier. No one I had spoken to before had mentioned TAF and I wish I had known about them before”

Cost Benefit Summary

Additional Costs Incurred:

- Cost of TAF Coordinator – intensive coordination over a 5.5 month period for a high tier case - £1500 (note £1000 is the average cost of TAF Coordinator support for a family)
- Attendance by other workers at a total of 3 TAF meetings requiring a total half day commitment for each = approximately £1,800
 - School pastoral worker = £52 per hour approx⁵¹
 - Tenancy support officer = £52.5 per hour approx⁵²
 - Flying Start Health Visitor = £67 per hour approx⁵³
- Cost of additional services
 - Group Parenting Programme = £1,000⁵⁴ approx
 - Women’s Aid 3 month Counselling Programme = £693⁵⁵

Specific Negative Outcomes Averted:

- Family remaining on benefits indefinitely = £7,000 per annum x 13 = £91,000⁵⁶

⁵¹ This figure taken from the LARC 3 Report ‘Early Intervention, Using the CAF Process, and its Cost Effectiveness’ (2011)

⁵² No ‘official’ hourly rates are published. This figure is based on a comparison of SEN Teacher and Housing Officer salaries published on ‘Prospects’ – the Government’s official graduate careers website

⁵³ Ibid

⁵⁴ Note there are no unit costs for these programmes in Swansea. We have relied on recent information from the Department for Education in England about the average cost of these programmes

⁵⁵ This cost taken from the PSSRU Report ‘Unit Costs of Health and Social Care 2012’

- Child requiring additional possibly one to one learning assistant (behaviour) support in school = £15K per year for 3 years⁵⁷
- 6 month period of children's social work intervention for the family = £3,900⁵⁸

Total Additional Costs of TAF Intervention	Total Estimated Benefits	Cost Benefit
£4,993	£139,900	For every £1 spent on this TAF intervention, £28 is saved

⁵⁶ This figure based on typical income support and housing benefit rates for a single parent with dependent

⁵⁷ This figure based on average salary costs of learning support assistants

⁵⁸ This figure derived from the publication 'Unit Costs of Health and Social Care 2012' - PSSRU

Case Study 3

Callum, aged 15, was referred to TAF by his school following an increasing low attendance rate and reported conflict and behaviour problems at home as well as in school. Callum had previously been adopted.

Initially, Callum's adoptive parents didn't feel they needed support and refused to be involved, but the TAF Team were recalled by the school when Callum's attendance worsened. The parents were also finding his behaviour increasingly challenging and communication had completely broken down within the family. Callum's Mum described wanting at that point to leave the family home.

“My son was withdrawing from everyone and I thought me and my husband would split up. We would have broken down as a family. I was planning to leave”

Team around the Family helped to organise or coordinate:

- Access to parenting support and advice
- Counselling for the father accessed via the GP
- More robust teacher and pastoral support at school

The Key Worker also played an instrumental role in generating change.

“We disagreed a lot to begin with but then I realised what she (key worker) was saying was true. Then I thought about it and began to believe they could help”

Progress has included:

- Improved relationship between father and son
- Less arguing at home between all members of the family
- Improved communications at home
- Callum's behaviour at school has improved as has his attendance (up to 88%)
- Teachers report positive school behaviours and performance
- Mum and Dad describe feeling much happier, feeling more confident in their parenting skills, and the family has stayed together
- Callum is beginning a mentoring programme at school to help him to achieve his goals
- With support, the family are addressing the emotional needs of Callum in terms of his adoption and his place within his adoptive family

“Less shouting in the home, we have learnt how to communicate. My son still has issues, but we are coping. I think I still need some help but I can see how things have made me more independent”

“Much earlier (help would have been better). I didn’t know about them”

Cost Benefit Summary

Additional Costs Incurred:

- Cost of TAF Coordinator – medium level coordination over a 4 month period for a medium but potentially high tier case - £800 (note £1000 is the approximate average cost of TAF Coordinator support for a family in Swansea)
- Attendance by other workers at a total of 3 TAF meetings requiring a total half day commitment for each = approximately £1,092
 - Education Welfare Officer - £52 per hour approx⁵⁹
 - Attendance Officer - £52 per hour approx⁶⁰
- Cost of additional services
 - One to one parenting support for 8 weeks = £410⁶¹

Specific Negative Outcomes Averted:

- 6 month period of children’s social work-led interventions for the family to avert family breakdown either from children in need or specialist adoption team = £3,900⁶²
- School-based learning support input for behaviour = £7,000⁶³

⁵⁹ This figure taken from the LARC 3 Report ‘Early Intervention, Using the CAF Process, and its Cost Effectiveness’ (2011)

⁶⁰ This figure taken from the LARC 3 Report ‘Early Intervention, Using the CAF Process, and its Cost Effectiveness’ (2011)

⁶¹ This figure taken from the publication ‘Unit Costs of Health and Social Care 2012’ - PSSRU

⁶² Ibid

⁶³ This figure is based on the average salary costs of learning support assistants across the UK

Total Additional Costs of TAF Intervention	Total Estimated Benefits	Cost Benefit
£2,302	£10,900	For every £1 invested in this TAF intervention, there has been a saving of £5

Case Study 4

Tania (5) and her older brother Geraint (10) were referred to the Team around the Family Team by their school via Social Services because of behavioural issues and concerns about inappropriate clothing being worn to school. The children had witnessed a very violent attack recently. Mum has a history of childhood abuse. Presenting family issues included:

- Mum depressed
- Inconsistent parenting
- Housing issues including poor home conditions
- Key child and sibling with mild learning disability, speech and language difficulties and hearing loss issues
- Child problem behaviours at home and school
- Family has financial difficulties

There were initially difficulties in engaging Mum and her new partner in becoming involved in TAF. However, after time to reflect, they became fully engaged.

“I phoned Social Services for help with my children. My son was lashing out at me and having problems at school. They put me in contact with TAF. I wasn’t coping with anything. The family was breaking down. I thought I might lose the children”

Team around the Family helped to organise and coordinate:

- Parenting support (one-to-one and group-based)
- Improved health visitor communication with the school
- Better coordinated support at school
- Housing support
- Financial and career advice
- Child assessment referral for special education needs assessment
- Access to local family centre services

“They gave me strength and confidence so I knew I could cope with it all”

Progress has included:

- Overall care of the children has improved dramatically
- Both children’s behaviour has improved both at school and at home – Geraint has been taken off behaviour related SEN Statement

- Mum has a place at college and job at the school where her children are, which she is very pleased about
- Parents' relationship has improved
- Parents feel more confident about their parenting skills
- Housing conditions have improved and the parents are keeping the home clean
- Tania has been diagnosed with special education needs and is receiving appropriate support
- Mum's confidence and motivation to care adequately for her children has greatly improved

Mum feels that TAF helped her and her family stay together and that she 'wouldn't be around without them'.

“There was a dramatic change in the family. We have better relationships. I have a job and go to college and the children's behaviour is much better”

“Much sooner (help would have been better). Things wouldn't have become so bad”

Cost Benefit Summary

Additional Costs Incurred:

- Cost of TAF Coordinator – intensive support and coordination over a 14 month period for a high tier case - £4000 (note £1000 is the approximate average cost of TAF Coordinator support for a family in Swansea)
- Attendance by other workers at a total of 12 TAF meetings requiring a total half day commitment for each = £9765
 - SNAP Cymru Social Worker - £69 per hour approx⁶⁴
 - School SEN Teachers - £54.5 per hour approx⁶⁵
 - Parenting Support Officer - £42 per hour approx⁶⁶
 - Health Visitor (6 meetings only) - £67 per hour approx⁶⁷

⁶⁴ This figure is based on an average hourly cost for a social worker across England published in 2012 by the PSSRU

⁶⁵ No 'official' hourly rates are published. This figure is based on a comparison of Health Visitor and Nursery Teacher salaries published on 'Prospects' – the Government's official graduate careers website

⁶⁶ No 'official' hourly rates are published. This figure is based on a comparison of Health Visitor salaries as published on 'Prospects' (see above) and recently advertised parenting support officer jobs outside of the London area

⁶⁷ Ibid

- Cost of additional services:
 - One to one parenting support for 8 weeks = £410⁶⁸
 - Group parenting programme = £1,000⁶⁹

Specific Negative Outcomes Averted:

- Both children requiring foster care (neglect) - £66,248 per year⁷⁰ for a total of 21 years for both = £1,391,208 total cost

Total Additional Costs of TAF Intervention	Total Estimated Benefits	Cost Benefit
£15,175	£1,391,208	For every £1 invested in Team around the Family in this case, a benefit of £91 was accrued

⁶⁸ This figure based on the PSSRU publication 'Unit Costs of Health and Social Care 2012'

⁶⁹ Note there are no unit costs for these programmes in Swansea. We have relied on recent information from the Department for Education in England about the average cost of these programmes

⁷⁰ These figures taken from the publication 'Unit Costs of Health and Social Care 2012' – PSSRU

Case Study 5

This family was referred to Team around the Family as the mother had severe mental health problems (Psychosis and Obsessive Compulsive Disorder) and was not accessing support services. She described thinking that the “children were going to die ... I was crying and praying all day”.

There are four children aged 13 years (Toby), 9 years (Elizabeth), 6 years (Tom) and 3 years (Jamie). The children's attendance at school was poor and concerns had already been raised about their physical presentation and home conditions. A prosecution was being prepared against Mum in relation to Toby's lack of school attendance. Jamie was also showing signs of developmental delay and the local school was reluctant to take him when he was due to start nursery as they felt they did not have the resources to deal with his behaviour. They were unaware of the complexity of issues at home.

Because of Mum's mental health condition there was little motivation to change at the start of the Team around the Family intervention. Mum described the children's behaviour at home as violent and she was concerned about the escalation of this. She had become transfixed by a fear for the future for her children. The family were on the verge of being referred into Children's Social Care Services for child abuse and neglect.

Team Around the family helped to organise or coordinate:

- Support for Mum to see her GP and subsequently to become involved with the Community Psychiatric Team
- One to one Parenting Support
- Improved coordination of school-based services and improved home-school communication
- Improved coordination of community health services for the children
- Access to additional support for the nursery (to accommodate Jamie)

Progress has included:

- Mum now working well with the local Community Psychiatric Team and is able to parent much more effectively without additional support
- Mum understands the impact of her mental health on her children's wellbeing and her ability to parent effectively
- Prosecution by EWO suspended
- Jamie now accessing mainstream nursery
- Other children attending school and making better progress

Using the Signs of Safety Model, the scoring at the beginning of TAF involvement was in the lower region of 3's and 4's. However, at the last meeting all Team around the Family members scored the family at 10 (maximum score).

“I managed to get myself to feel better, the children listen to me now and feel in control. If TAF hadn't been there to help, I don't think I could have coped for much longer”

Cost Benefit Summary

Additional Costs Incurred:

- Cost of TAF Coordinator – medium level support and coordination over a 9 month period for a high tier case - £2000 (note £1000 is the approximate average cost of TAF Coordinator support for a family in Swansea)
- Attendance by other workers at a total of 6 TAF meetings requiring a total half day commitment for each = £2,525 approx
 - Education Welfare Officer - £52 per hour approx⁷¹
 - Nursery School Qualified Teacher - £54.5 approx⁷²
 - Health Visitor - £67 per hour approx⁷³
 - Flying Start Worker - £67 per hour approx⁷⁴
- Cost of additional services
 - One to one parenting support for 8 weeks - £410⁷⁵

Specific Negative Outcomes Averted:

- All four children requiring foster care (abuse/neglect) - £66,248 per year⁷⁶ for a total of 4 years (1 year each) = £264,992 total cost minimum

⁷¹ This figure taken from the LARC 3 Report 'Early Intervention, Using the CAF Process, and its Cost Effectiveness' (2011)

⁷² No 'official' hourly rates are published. This figure is based on a comparison of Health Visitor and Nursery Teacher salaries published on 'Prospects' – the Government's official graduate careers website

⁷³ Ibid

⁷⁴ Ibid

⁷⁵ This figure taken from the publication 'Unit Costs of Health and Social Care 2012' - PSSRU

⁷⁶ These figures taken from the publication 'Unit Costs of Health and Social Care 2012' – PSSRU

Total Additional Costs of TAF Intervention	Total Costed Benefits	Cost Benefit
£4,935	£264,999	For every £1 spent on this Team around the Family intervention, at least £54 has been saved