

## *A Question for Parents: Do you Need the Team Around the Child Approach?*

Peter Limbrick



I designed the Team Around the Child (TAC) approach after a decade of working with families of neurologically impaired babies and infants in the 1990s. My work since then has been as a consultant to service providers in the UK and Ireland to support their efforts to enhance joined-up support for babies and children who require ongoing multiple

interventions and their families. My other work is as a writer and publisher in the field of childhood disability.

### **Summary**

The Team Around the Child (TAC) approach provides joined-up, multi-agency support for babies and infants who require ongoing multiple interventions (for whatever reason) and their families. The approach was first described in *The Team Around the Child: Multi-agency service co-ordination for children with complex needs and their families*,\* in 2001 and has since become a popular model of service delivery in the UK and other countries. This article is written for parents who might be unsure whether TAC would be of benefit to their child and family.

### **Introduction**

Parents of children who have disabilities and special needs often miss out on some particular element of relevant support because they have never heard of it, or they have heard of it but do not have a clear idea whether it is relevant to their child and family, or they know it is relevant but cannot get it. I hope this article about Team Around the Child (commonly referred to as TAC) will serve as a short introduction to the TAC system that has been around since 2001 and has caught on amongst parents and pre-school practitioners in many parts of this country and others.

### **What is TAC?**

TAC is a commitment to regular face-to-face meetings between the parent and the two, three or four key practitioners who have, at that time, the most regular and practical involvement with the child and family.\* Each TAC meeting looks at progress so far, discusses all relevant issues and agrees a child and family-centred plan that will last till the next meeting – perhaps in one, two or three months' time. Typical membership of a TAC would be parent(s), therapist(s), and specialist teacher(s), and might also include health visitor or specialist nurse.

### **Who is TAC for?**

The system was designed for families who have a baby or infant who needs multiple interventions because there are a number of ongoing problems. In its original design TAC caters for pre-school children from the time when parents first have concerns up to and over the transition out of pre-school services into school. However, there are a number of initiatives now to offer TAC to children and young people in school. The main features of the TAC approach are:

1. Parents are empowered as equal members of their TAC with an equal, or lead, voice.

2. The child is valued and is given a genuinely child-centred approach.
3. The family is valued and is offered genuinely family-centred support.
4. The family has one practitioner who manages the TAC meetings and is the person in the closest relationship with the parent(s). This person might be called a keyworker, a lead professional or a link worker – depending on the design of the local TAC system.
5. Practitioners from all services are valued and supported in their efforts to offer the child and family the best possible support.
6. All interventions, clinics, meetings, etc are co-ordinated as far as possible in time, date, and venue, and the family's transport and childcare needs for those appointments are addressed.
7. Therapy and education programmes are integrated together as far as appropriate into a whole-child approach.
8. The transition out of pre-school support is anticipated and carefully managed so that neither child nor family suffer unnecessary disruption or sudden loss of effective support.

### **What are the values behind TAC?**

The TAC system recognises that parents must be at the centre of all plans for their child and family. TAC meetings are structured so that the parent has an equal voice and is genuinely listened to. Parents can take the lead at TAC meetings if they wish. TAC believes that parents and practitioners should be able to work in close partnership with mutual honesty, trust and respect.

TAC supports the idea that these young children should have a good experience of life regardless of how long their life is expected to be. Part of this is to use the expertise of therapists and specialist teachers to 'melt' their separate programmes as far as possible into the child's normal activities of play, socialising, getting around the house, bathing, dressing and mealtimes. When TAC practitioners become skilled in collaborating with each other in this way, the child's development and learning are enhanced while he is enjoying the normal routines.

TAC helps families in their effort to get back to some sort of normal family life after all the initial traumas and confusions are over. This means listening to what families want and then organising all interventions in a way that suits them. Siblings and grandparents are all considered in this respectful approach to a family-centred service.

The small multi-disciplinary TAC team is a good sup-

port for practitioners who might otherwise feel they are facing challenging situations on their own. TAC also allows them to learn from each other in small detail about their work with the child and family. We have found that when practitioners share in this way the result can be a more consistent approach without any contradictions and confusion for the child and parents.

Lastly, TAC respects parents' need for clear and reliable information about their child and about local services so that they can make informed decisions.

### **So, are you missing out?**

Services for these young children have improved in this decade and you might feel you have all the elements of an effective service listed above. If this is the case then you and your local services are to be congratulated. But services are very patchy across the UK and Ireland and very many families are still offered support that is piecemeal, disorganised and even, if I dare say it, chaotic. When this happens, in my experience, the child does less well and the family is made even more vulnerable.

If you feel you should be getting a better service for your child and family, you could start with a checklist to see what needs improving. The questions you could ask yourself are:

- Do I have at least one practitioner whom I trust and who works in partnership with me?
- Am I fully involved in all decisions about my child and family?
- Are some of the practitioners hampered by not knowing what the others are doing?
- Would my child do better with a whole-child approach?
- Would it be better if all appointments with practitioners we have to visit, or who visit us, were better co-ordinated?
- Is anyone helping me plan my child's transition into nursery or school?

### **What to do next**

If this exercise leaves you feeling you need TAC, you could try talking it through with a practitioner you trust, if you have one. If there is no such person (yet) approach one or two of the key practitioners, or their managers, and tell them you want a first TAC meeting.

Give some thought to whom you want at the meeting and what the main issues are at this stage. You also need to think where and when you want the meeting – at home or somewhere else? Do you want a working

partner to attend and if so, what days and times would be suitable? Make it clear from the start that you intend the meeting to agree a single multi-agency and multi-disciplinary action plan that will last until the next TAC meeting. This should help avoid it becoming just another talking shop!

There is a lot of information about TAC to support you and your practitioners. You will find some at the website [www.icwhatsnew.com](http://www.icwhatsnew.com) and I can send parents free information when asked. Good luck with this.

\* In some localities the phrase *Team Around the Child* is wrongly used for large meetings of 10 or more people who get together to agree a plan for a new child and family in broad terms. While this might, or might not, be a valid exercise, such a 'case conference' does not reflect or replace the small, regular, detailed meetings in the TAC model.

#### **Contact**

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