tac
journal

NEW WRITING

The TAC (Team Around the Child) approach for assessment of needs within a local multi-agency integrated pathway

By Peter Limbrick

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Summary

The Interconnections Manual *'An Integrated Pathway for Assessment and Support for children with complex needs and their families'* (Limbrick, 2003) describes how health, education, social services and the voluntary/private sector can work together to provide children who have complex needs and their families with an effective service. This essay is adapted and updated from particular sections of that Manual and will touch first on the integrated pathway and will then focus on assessment of needs. In pursuit of the earliest possible support to child and family, I suggest two strategies for the assessment of needs: the simpler and more immediate TAC, or first level, assessment and the more explorative second level assessment which involves more practitioners and is relevant to a minority of children. (A child's TAC is an individualised team of parent and just two or three key practitioners who hold regular face-to-face meetings.)

The Integrated Pathway

For a child with complex needs, who might need specialist care and nursing support and specialist help to develop motor, perception, communication, social and cognitive skills, and for the family, who might need counselling, financial advice and help with equipment and housing, there can be many practitioners, services and agencies which might operate more or less separately from each other. Each service can have its own referral system, waiting list, assessment procedure and working method, and each can have different terminology, criteria and rules. The result is the service maze which mystifies parents, practitioners and service managers alike. These children and their families require an integrated pathway that reflects collaboration between agencies, services and practitioners and which describes a coherent, seamless and responsive service for the child

and family. A multi-agency integrated pathway will have five major phases:

1. **The Meeting Phase.** In this first phase the integrated service and the family first encounter each other, probably through the intermediary of one of the participating services. All referrals for children that potentially meet the agreed criteria come through a single door and are processed by a multi-disciplinary intake panel that meets regularly enough to prevent a backlog, or waiting list, building up. (In an integrated service, a practitioner meeting a new child and family will see herself as a representative of the integrated service rather than of a single service. In this way she will apply joined-up thinking to what she sees and hears and will be the very beginning of a joined-up response.)
2. **The Learning Phase.** This is when the integrated service and the family learn more about each other so that a first plan of action can be decided. It is important in this phase to listen to parents' views and questions, and to give them clear information about how the integrated service is designed to offer them effective support. How the learning phase is structured will depend on how much is already known about the child and family. The assessment of needs might coincide with, and be linked to, a medical investigation of the child's condition.
3. **The Planning Phase.** The child's TAC will be in place by now and should consist of just the two or three key practitioners (defined by their close involvement with regular and practical interventions) and the parent. The TAC will consider the whole picture of child and family strengths and needs, and will make an action plan. The plan will last until the next meeting of the TAC when the support is reviewed and the plan refreshed.
4. **The Support Phase.** Support is now provided to the child and family according to the action plan. In the TAC approach learning about the child and family and providing support (or *assessment* and *intervention*) are continuous processes that happen naturally together – and should never be separated. Accordingly, everything that a practitioner does with or to a child and family should be supportive. This is true from the first minute of the first meeting.
5. **The Review Phase.** The TAC reconvenes on the agreed date to review the action plan and agree a new one. Each new action plan can include agreed decisions about new referrals, tests, investigations, etc. and can suggest a second level assessment of needs if appropriate.

The Learning Phase and the assessment of needs

I am aware of a range of approaches to the learning phase that can be ranged on a spectrum between 'a formal child-assessment event' at one end and 'a family-centred assessment process' at the other. At the formal end of the spectrum assessments will be designed by practitioners with an emphasis on their own, or their service's, questions and will probably focus primarily on the baby or child. Formal assessments, in my view, can be problematic. They are often delivered as an event over one or more days during which the child and family encounter practitioners they have not met before. Each practitioner might ask the parents to retell their story. After what can be a very stressful time, parents might be further frustrated to see an atypical snapshot of their child being taken as representative. On the positive side, some parents are reassured to have their child looked at thoroughly by the whole team in one place at one time.

At the family-centred end of the spectrum the assessment process is a more drawn-out process in which the child is observed on several occasions in familiar settings where infant and parents are relaxed and supported by practitioners they know and trust. Parents are involved in framing questions to be addressed and the assessment process is designed with them to explore approaches to the immediate challenges they are facing at that time as well as to more long-term and general issues. In my view this approach is the more family-friendly and child-friendly option. It is much more likely to provide some relevant and timely support at

the same time as gathering reliable information.

In the TAC pathway an effective assessment of needs, at either level, is defined as a flexible process which is respectful to the child and family, which gives primacy to the needs expressed by the parents and which considers the abilities and needs of the whole child and the family. It requires practitioners to develop a helping relationship with the child and family. The process includes:

- answering parents' questions as fully as possible
- learning about the child's condition, abilities and needs and about the family situation
- listening to the parents' views about the needs of the child and family in order to agree a plan for intervention
- addressing any stressful situations the family is currently facing

By this definition the assessment process is *not* effective if it is not grounded in helping relationships in which the family and the practitioners know and trust each other, and if it fails to result in timely and relevant intervention.

The need for earliest possible intervention

The ideal is that families will not have to wait for support once they have been accepted into the integrated service. The reasons include:

1. Early intervention and waiting lists are not compatible.
2. For many conditions early diagnosis and intervention improve the prognosis.
3. During the first months after becoming aware of the problem, parents are likely to be very vulnerable, confused, anxious and in need of effective support for themselves as they adapt and develop coping strategies.
4. The child and family might be experiencing great stress and increased vulnerability because of the child's health, behaviour, sleep patterns or nutrition and will welcome early acknowledgement and practical help – even if the full answer cannot be provided yet.

Waiting times are often associated with procedures at the formal end of the spectrum. These assessments, which often combine a medical investigation with an assessment of needs, require a large number of people to be in the same place at the same time. Usually they happen within a fixed schedule which caters for a fixed number of children per week or per month. Families have to wait their turn for this expensive resource and in my experience many have gone without relevant support of any kind while on the waiting list. The TAC pathway allows the majority of families to be given a first action plan without waiting for a formal assessment, and provides some relevant and timely support to families waiting for a formal assessment.

Assessment of needs in the integrated TAC pathway

This is represented diagrammatically below. There are two levels of assessment of needs available to families: the TAC assessment of needs and second level assessment of needs. Both are designed to be family-centred and both can be fully integrated with any one-off or ongoing medical investigations happening at the same time. The two models are described below after some discussion of the intake process.

The intake process in the Meeting Phase

The Intake Panel is a multi-disciplinary group of practitioners and managers that meets regularly to process referrals in the Meeting Phase. Part of its task with each new referral is to decide how best to learn more about the child and family so that a first family support plan can be agreed. There are two options:

1. The Panel will feel that the first level TAC assessment process is adequate and appropriate at this stage. The Panel can then designate the members of the TAC or they can designate just the TAC facilitator (who then works with the family to assemble the first TAC).
2. The Panel will feel that a second level assessment of needs is the most appropriate way to proceed. The Panel can arrange some 'first-aid' support if the family is facing particular challenges and they can discuss how

other relevant support can be offered to the child and family during any waiting period before the assessment begins.

The initial home visit

Parents might already have waited a long time to get to this stage, they might be upset and anxious, they might be angry about delays, they might have no support systems yet and they might know little or nothing about the integrated service that is now considering offering them support. A home visit by one or two practitioners is essential during the Meeting Phase. If no visit is made before the meeting of the Intake Panel, parents will certainly need some communication after the meeting to tell them their child has been accepted and to invite them to participate in the next part of the pathway. They will need clear information about what is being offered and they will have many questions at this stage. The home visit provides an opportunity to:

- start building a trusting relationship with the family
- begin the combined assessment/support process
- be positive about the child and about the care the parent has provided so far
- be clear and reassuring about the integrated service and what it will entail
- answer, as far as possible, all questions
- learn about what has happened to the family
- find out what particular challenges they are facing at the moment
- start learning about needs in general

Most parents will have a story to tell and will probably welcome talking to an empathetic practitioner who has good listening skills and time to offer. Listening at this level is itself a therapeutic intervention and this home visit might be the first opportunity the parent has been given. It is essential to agree rules of confidentiality so that the parent will know what to say and what not to say.

This family story will include the child's history, medical and otherwise, and this should be recorded in detail so that it can be typed up afterwards. It is then passed back to the family for alterations before it is used. This record can then be passed to other members of the TAC and other practitioners by agreement so that they do not have to ask those first questions again. The home visit is an opportunity to start filling in any locally agreed multi-agency assessment forms. If two practitioners do the home visit together, as happens in Walsall Child Development Service (see Limbrick, 2004, p67), one can occupy the child (supporting and learning) while the other talks to the parent (supporting and learning).

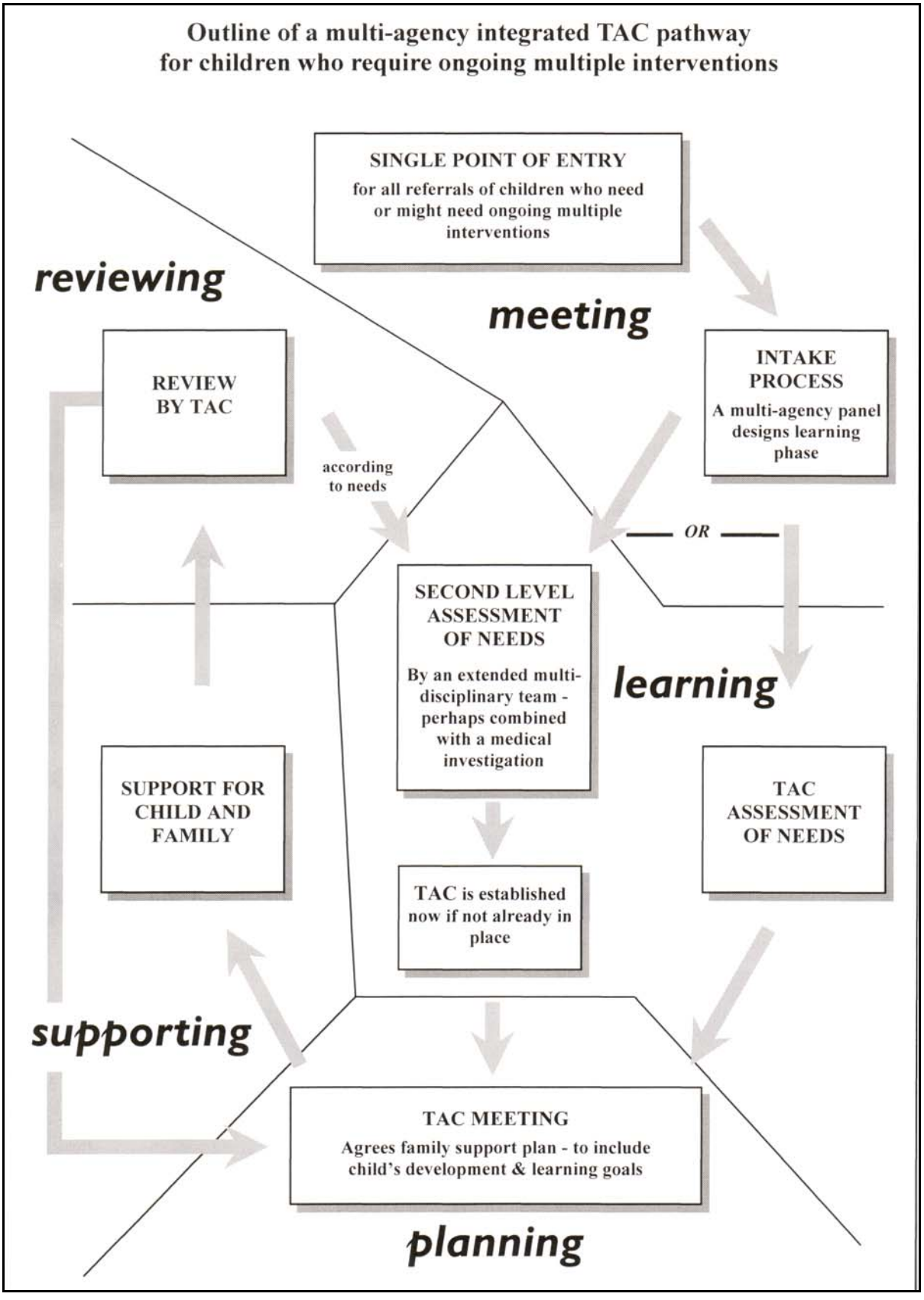
TAC assessment of needs

To take this option means that the members of the Intake Panel feel enough is known about the child and family to be able to identify which two or three key practitioners need to be closely involved at this time as the first TAC. The Panel can set a date for completion of the written family support plan – perhaps in six or eight week's time.

The task of the TAC facilitator now is to co-ordinate an initial assessment/support process during which each TAC member organises one or two first sessions with the child and family to start building helping relationships, offer support and learn more about the child and family's strengths and needs. These sessions can happen at home or elsewhere by mutual agreement. They can take place in any nursery or group setting where the child is placed and will collect observations from the people in those settings. TAC practitioners can arrange to do these sessions on their own or they can do joint sessions with other TAC members.

Second level assessment of needs

This process involves a wider group of practitioners who represent additional disciplines or bring increased expertise and experience. It can be made available to children and families as required and can be triggered by the intake panel or later by the TAC at review stage. The second level assessment of needs is appropriate when it is felt that much less is known about a particular child's condition, abilities and needs than is usually known at this stage, when there are uncertainties about the family's situation, strengths and needs, when it is felt the TAC is unlikely to find all the answers on its own, and when more needs to be known before an effective action plan can be written.


Outline of a multi-agency integrated TAC pathway
for children who require ongoing multiple interventions
SINGLE POINT OF ENTRY
for all referrals of children who need or might need ongoing multiple interventions
reviewing
meeting
REVIEW BY TAC
INTAKE PROCESS
A multi-agency panel designs learning phase
according to needs
OR
SECOND LEVEL ASSESSMENT OF NEEDS
By an extended multi-disciplinary team - perhaps combined with a medical investigation
learning
SUPPORT FOR CHILD AND FAMILY
TAC ASSESSMENT OF NEEDS
TAC is established now if not already in place
supporting
TAC MEETING
Agrees family support plan - to include child's development & learning goals
planning

Because it brings in a wider group of practitioners, some of whom might be based elsewhere, it might not be as flexible and as adaptable to each particular family's situation as the TAC assessment. For this reason it will be necessary for the assessment co-ordinator (perhaps the TAC facilitator if already nominated) to offer additional support to the family and to work with colleagues to make the process as well co-ordinated and family-centred as possible.

During this assessment of needs the assessment co-ordinator works with the parent to agree membership of the first TAC, if there is not one in place already. Obviously, membership will reflect what has been learned in the second level assessment process. The first responsibility of the TAC now is to meet to write the family support plan – the *first* plan if the second level assessment of need followed initial referral, or the *next* plan if the extended assessment occurred later in the pathway.

The TAC meeting in the Planning Phase

Whether the TAC is meeting for the first time following the referral, or for the first time after a second level assessment, the discussion will include the following:

1. Sharing general observations about the child's condition, abilities and needs and about the family's situation.
2. Agreeing a list of the child and family's needs. This will probably comprise:
    - needs which can be met by the present TAC members
    - needs which require involvement of, or referral to, other practitioners (who might become TAC members if they will have a regular involvement)
    - needs which involve other agencies (e.g. housing, counselling)
    - needs for which local agencies have no remedy at present
3. Agreeing the content of the written Family Support Plan. This should include agreed development and learning goals for the child.
4. Agreeing the date, time and venue for the next TAC meeting to review progress.

The meeting can be arranged to accommodate a working parent or any other person the parent wants to include. This discussion will address the situation of the child and family as it is now and anticipate changes during the period up to the next TAC meeting. There will be an emphasis on listening to parents' views with some focus on the particular challenges the family are facing at the moment. There will need to be agreement about any role parents will have as co-workers in the work with the child and decisions about the support they will be offered to help them succeed in this role. There can be decisions about involving other practitioners at this stage and the need for any additional tests and investigations.

Practitioners can agree who will chase up any appointments for clinics, tests, etc. which should have happened by now but have not. Such follow-up does not have to be the task of the Team facilitator if one of the other TAC members is more appropriate. The TAC facilitator's tasks must be kept to a minimum to avoid overload and TAC is designed as a collective effort. The initial family support plan will include:

- a list of TAC members with description of their role and contact details
- a list of other involved practitioners with role and contact details
- TAC facilitator's contact details with times when he or she can be contacted and the agreed timescale for replying to messages
- what contact the family can expect from TAC members if the child is admitted to hospital and how the normal service will resume after discharge
- how often and where TAC members will see the child and family
- the learning and development goals
- referrals to be made to other practitioners and agencies and who will make them
- the involvement of parents in working towards agreed goals
- any integration of interventions, e.g. joint sessions and/or integrated programmes
- the agreed rules for confidentiality
- procedures for giving feedback about the integrated service and for making a complaint

In conclusion

TAC can only ever be described in general terms as a set of ideas or principles that must be adapted to each locality and there will never be two identical integrated TAC pathways. Nor should TAC be yet another system into which families have to be shoe-horned against their will. TAC is a family-centred philosophy within which individuality, adaptability and flexibility are essential elements. It brings to the child and family the incontrovertible benefits of child- and family-centredness, joined-upness and clarity. To the practitioner there are the benefits of a supportive individualised team, a forum for sharing ideas and plans about the particular child and family, and opportunities for extending professional skills in close collaborative teamwork with other practitioners. For service managers there can be the dual satisfaction of providing an integrated approach and making the best use of practitioners' time and skills – which might otherwise have been squandered in the traditional fragmented scramble.

The managerial effort to agree an integrated pathway for children who need multiple interventions itself brings the great benefit of getting multi-agency managers (and some representative parents) together to see local provision in its entirety and to begin to understand why frustrated parents talk of mazes and jungles. As the discussions proceed towards a pathway diagram, there will be many occasions when duplications, overlaps and logjams are seen for the first time and immediately solved.

There are more children needing multiple interventions year by year and finite resources will be stretched ever thinner. The integrated pathway described here with its simple and straightforward TAC assessment of need provides an opportunity to get effective support to children without unnecessary and bureaucratic delay.

References

Limbrick, P. (2003) *An Integrated Pathway for Assessment and Support: For children with complex needs and their families*. Interconnections.

Limbrick, P. (2004) *Early Support for Children with Complex Needs: Team Around the Child and the Multi-agency Keyworker*. Interconnections.