

COMPLEX CASE COORDINATION and MANAGEMENT

Team Around the Child strategy

Principles and Practice



National Partnership MSSD: **TEAM AROUND THE CHILD**

PARTNERSHIP

COLLABORATION

COORDINATION

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This document and other Team Around the Child resource material can be accessed on the DECD intranet - LearnLink: child and student support: special education: training& resources: Team Around the Child.

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Principles and practice

INTEGRATED SUPPORT SERVICES MODEL and the *TEAM AROUND THE CHILD* STRATEGY

The Integrated Support Services (ISS) model emphasises the need for ‘coordinated, streamlined, seamless child and family focused support services that promote and facilitate success and high quality outcomes’. The model supports the provision of a range of integrated and targeted services to meet the needs of children and young people with additional needs whose needs cannot be met through universal services and other preschool and school based supports. The model is underpinned by a commitment to:

- collaborative working relationships and approaches that bring together different disciplines
- an appreciation of the importance of family involvement and support
- a focus on a more holistic view of the child
- a clearly defined case management approach that can address complexity

The *Team Around the Child* (TAC) strategy is a family centred, strengths based approach promoting effective collaborative working, and ISS service delivery, **particularly when a number of government and non-government agencies and other service providers are involved**. Professionals join with the family in an evidence-based approach to ensure that there are better outcomes for families with children with complex needs. *Team Around the Child* processes focus initially on **the family’s broad, longer term goals** for their child, before agreeing short term targets and an action plan. This strategy is an effective approach when **intensive support** is required, since the approach provides:

- an organisational arrangement and procedures for facilitating engagement & collaboration
- supportive processes for helping families to identify, set and achieve their goals
- a forum for sharing perspectives, drawing on the family’s strengths and knowledge
- positive teamwork culture supporting respectful, sensitive communication
- ways of developing and implementing an integrated response and a single service plan

CASE MANAGEMENT and COORDINATION

Families can experience additional stress when the service system supporting them is fragmented and poorly coordinated, and where a number of separate targets and strategies have been set by a range of professionals. The *Team Around the Child* strategy places an emphasis on *coordinated collaboration*. Through a process of consultation and agreement, a currently involved practitioner undertakes the coordinating role (coordinator; lead professional; key worker, or lead therapist in a transdisciplinary team). Effective coordination of service delivery includes:

- ensuring that the child and family have an opportunity to participate fully as part of a team, and supporting them throughout the process
- appropriate information sharing, good communication, and advice for families & schools
- a focus on building capacity, and establishing and maintaining a collaborative partnership based on trust, equality, empowerment, cooperation and collective responsibility
- providing clarity about the coordinating role, transition procedures
- positive modelling of teamwork procedures and processes
- a focus on collaborate working at assessment, intervention and reporting phases

INTERDISCIPLINARY (MULTI-SERVICE) AND TRANSDISCIPLINARY COLLABORATION

The *Team Around the Child* provides a framework for interdisciplinary and transdisciplinary practice and service coordination involving professionals who work with the child and family. Practitioners need to collaborate horizontally across agencies and sectors, negotiating working practices that may sometimes cross traditional professional boundaries. Principles and operational arrangements that are consistent with the ISS multi-service approach are highlighted in blue in the following table.

Interdisciplinary (multi-service) <i>'Interactive'</i>	Transdisciplinary 'Holistic'
<p>Child at centre. Interdependent team, working together including with parents towards common goals through collective effort.</p> <p>Focus on all age groups.</p> <p>Several professionals from different disciplines and services contribute own expertise with limited crossing of disciplinary boundaries, with an agreed professional coordinating.</p> <p>'Horizontal' multi-service working.</p> <p>Collaborative teamwork communication, with knowledge and skills of team members valued.</p> <p>Multiple typically separate but sometimes planned assessments, with multiple reports and discipline specific recommendations, but with some focus on operational integration.</p> <p>Progress reviewed with parents and carers, sometimes separately and sometimes within team review meetings.</p>	<p>Child in developmental and family context. Family is empowered through partnership working, with parents as equal members of team.</p> <p>Stronger focus on early childhood level.</p> <p>Small number of professionals from different disciplines services provide an integrated service to the child/family, one professional acting as a conduit for the team.</p> <p>Team members' knowledge, skills and responsibilities shared across disciplinary boundaries in assessment, diagnosis, planning and implementation of interventions and programs.</p> <p>Role Expansion and Role Release: boundary blurring Emphasis on cross-training & relationship-based skills</p> <p>Simultaneous assessment, primarily through one (supported) team member, and usually a single report. Primary provider supported by practitioners from other disciplines works with parents or carers to deliver program.</p> <p>Progress reviewed by the parents or carers (and child or young person) in partnership with team members.</p>

Examples:

DECD ISS 'multi-service' TAC model	Disability SA 'Transdisciplinary TAC'
<p><i>A case coordinator is the one point of contact for the family, for when services become involved, ensuring that there is a consistent coordinated approach, with agreed outcomes and interventions, and regular progress reviews.</i></p>	<p><i>The Disability SA NDIS offer to families is a Team Around the Child following transdisciplinary principles and processes, with a funded time commitment for coordination from the lead therapist or key worker.</i></p>

THE COORDINATION ROLE

An essential element of effective multi-service collaborative working is for one member of the group to take up a coordinating role. The coordinator accepts responsibility for building and maintaining the relationship with the family and for coordinating the work of the team, helping to bring sense and cohesion to the support system. In summary, the coordinator:

- acts as a *single, trusted point of contact* for the child or family, supporting them to make choices, navigate their way through the system and effect change, and ensuring that meetings are convened that include the family and relevant practitioners
- *reduces overlap and inconsistency* in the services received, by being the main point of initial contact when services become involved, and ensuring there is agreement about the nature and duration of practitioner involvement
- *coordinates the delivery of agreed actions*, ensuring children and families receive an effective service that is regularly reviewed. The coordinator helps the multi-service team to deliver a multifaceted integrated intervention that is time limited and achieves intended outcomes

How is the decision made about who should take on the lead role?

Any practitioner working with children and young people could undertake the coordinating role (with appropriate training, support and supervision). Usually the coordinator is a currently involved practitioner who has regular contact with the family and has a comprehensive view of the child and family context. When reaching a decision about who is best placed to take the role of lead professional, a number of factors should be considered, particularly:

- the views of the child, young person and their family
- whether there is a clear responsibility to lead on the work with the child or young person
- the predominant needs of the child or young person, and their family

Integrated Support Services multi-service case coordination responsibility – alternatives:

Child attending site

Initial Referrer
School Special Education/Inclusion leader;
ISS Special Educator
Behaviour Support Coach
Other (e.g. family focus worker; social worker; psychologist; speech pathologist)

Child not attending a site

Professional with the most regular contact or
has best relationship with the child/family
Attendance & Engagement Officer
Professional responding to predominant need

However, other DECD, agency or NGO practitioners may be better placed to take up the coordination role. In cases where a *coordinator is already in place*, and new services become involved, effective links need to be made by an appropriate professional from those listed above. Some examples:

- Disability SA Transdisciplinary *Team Around the Child* (through NDIS)
- NOVITA multi-disciplinary co-located team (through NDIS)
- Children under the Guardianship of the Minister – Families SA

The role of the coordinator – tasks, skills and knowledge

- Holding the 'big picture' & specific details of the 'why, how, when, and who' of service involvement
- Establish a successful and trusting relationship with child/family
- Support the family through key transition points and ensure careful 'handover' when needed
- Empower child/family to make decisions and challenge when appropriate
- Chairing meetings and initiating discussions with relevant practitioners
- Have knowledge of local and regional services for children and families
- Understand roles of other practitioners, and challenge other practitioners to ensure best practice
- Strong communication and problem resolution skills; diplomacy; sensitivity
- Highlighting the interconnectedness of shared information, including reports, interventions
- Co-ordinate the effective delivery of agreed actions and ensure progress is reviewed
- Identifying and seeking additional information from relevant professionals when needed
- Reviewing and tracking outcomes for the child/young person

For case studies and 'challenges' of role go to pages 60-65 & 74 *TAC Practice Guide (May 2014)*
Accessed through LearnLink

TEAMWORK, SUPPORT, SUPERVISION and PROFESSIONAL DEVELOPMENT

'Multi-service teamworking' has been described as *horizontal working* or horizontal integration. In team meetings, practitioners from diverse professional backgrounds collaborate 'horizontally' across sectors. Participating practitioners can continue to draw on their own knowledge bases, discourses and conceptual frameworks, but through negotiation and collaborative working can expand their professional learning. Since practices can differ from those typically followed within particular organisations, professional development, supervision and support is important to help everyone work together effectively.

Working together as a team

"At the teamwork level integrated service delivery demands new skills of practitioners – relationship-based skills in working in partnership with families, with professionals from other disciplines, and with other agencies" (An integrated approach to early childhood development. Background Paper, The Benevolent Society, September 2010).

Relationships and connections are at the heart of TAC collaboration, with an emphasis on team work processes supporting the building of equality, respect, trust, reciprocity, and mutuality.

The parents or carers and the core group of practitioners that make up a *Team Around the Child* operate as a small system, becoming more influential through their collective effort and authoritative voice ('collective competence', Peter Limbrick, 2014). The TAC model promotes the active participation of family members in positive, collaborative team working with key professionals who are delivering a comprehensive service for children & young people with disability and complex needs.

Teamworking is informed by *strength-based practice principles*, such as:

- respecting and valuing the family's perception
- drawing on personal resources of unique capabilities, hope and motivation
- creating sustainable change through learning and experiential growth
- capacity building is a process as well as a goal
- effective change is achieved through collaborative, inclusive and participatory processes

The coordinator and practitioners:

work collaborately with the family to:

- identify strengths and needs
- focus on outcomes
- agree goals and targets
- decide on a plan of action
- join up strategies
- integrate intervention
- review progress

ensure meeting processes are:

- family friendly and empowering
- culturally sensitive
- strengths based
- solution-focused
- capacity building
- reflective
- responsive and flexible

When it is difficult for the team as a whole to engage with the family or with the young person, the coordinator may suggest that the team provides support to a practitioner who has established a more positive connection (in effect forming a *'team around the practitioner'*).

The coordinator has a key role in maintaining positive team relationships, and helping the team to negotiate, problem solve, reach consensus and ensure accountability for reaching outcomes. The coordinator can also support teamwork by:

- understanding our actions and those of others on the basis of intentional mental states e.g. needs, desires, feelings, beliefs, goals, purposes, and reasons (mentalizing)
- being mindful of conscious and unconscious processes at individual, group and organisational levels (psychodynamic perspective)

ENGAGING WITH SERVICES and INVOLVING PRACTITIONERS

The *Team Around the Child* strategy supports the achievement of key priorities identified in *'Every Chance for Every Child'*, such as focusing on the whole child, and encouraging a wide range of services and agencies to work together more effectively around the needs of families and children. The active participation of professionals from a wide range of service providers can be encouraged by highlighting this connection. The *Team Around the Child* focus on engagement with families and on consultation with children and young people fits well with DECD priorities and approaches; for example, the Families SA *Solutions Based Casework* model.

The experience of those coordinating *Team Around the Child* work has been that it can be challenging to engage with all involved services, particularly private providers. There are additional complications following the launch of the National Disability Insurance Scheme (NDIS) since children eligible for the NDIS whose families wish to be part of a *Team Around the Child* approach (such as the Disability SA Transdisciplinary *Team Around the Child* offer) need to include this arrangement in

their National Disability Insurance Agency (NDIA) plans.

An important element of this approach is the *team meeting*, where a small core group of practitioners work with the child or young person and their parents (or carers) to identify strengths and needs, set agreed goals and targets, decide on a plan of action, provide integrated support, and review progress. The process of 'mapping' current practitioner involvement with the family is in itself a useful step, contributing to the 'big picture' of service delivery and support.

It can be challenging to engage with all involved services, particularly private providers. There are additional considerations following the launch of the National Disability Insurance Scheme (NDIS) if families decide to be part of a *Team Around the Child* approach, such as the Disability SA transdisciplinary *Team Around the Child* offer. Attendance at meetings by professionals from services (including private providers) may also be included as part of the NDIA plan.

Some suggestions for linking with practitioners who are not able to attend meetings

- Providing a copy of information materials (and a site TAC 'charter/agreement' if relevant)
- Communication with senior managers in other services and agencies, and provision of cross-agency professional development, particularly about Lead Professional role
- Establishing a protocol for vulnerable children who have Families SA involvement
- Supporting for local flexibility and models of best practice with local 'champions'.
- Using conference calls
- Requesting short written response to questions, requesting specific detail (or priorities) about the family's goals
- Linking a meeting to the end of a therapy session (if delivered at the school), or moving a specific meeting to the provider's office
- Parent or carer 'giving up' one therapy session so that the provider can attend a team meeting
- Forwarding meeting notes for comment, suggestions, agreement (or clarification) regarding being part of an agreed action plan.

CULTURAL SENSITIVITY AND COMPETENCE

When thinking about effective ways to engage with indigenous families, it is helpful to draw on the past experience and approach of the **Aboriginal Turn Around Team**. The team needs to consider the inclusion of extended family members. Some terminology in common use may not be considered positive (for example, the word 'team' itself). Bringing together a community or a 'yarning circle' could be alternative descriptions.

DISABILITY DISCRIMINATION ACT (DDA) 1992 / DISABILITY STANDARDS FOR EDUCATION (DSE) 2005

The team coordinator should ensure that the team is aware of Disability Discrimination Act 'rights and obligations'. Effective multi-service case management supports the implementation of the Disability Standards for Education by:

- enabling rights-based education
- providing a consultation framework for learners with disability and their families
- capacity building to improve understanding of need and increase quality of intervention

FAMILIES WITH COMPLEX NEEDS – DISABILITY AND VULNERABILITY

“There is a growing consensus that rather than thinking about certain families as being hard to reach, it is more useful to think of them as being people whom services find difficult to engage and retain.”

Policy Brief No 18 2010: Engaging Marginalised and Vulnerable Families

Research literature on family engagement notes that for a number of families it can be difficult for services to initiate and maintain engagement with them. Parents and carers report appreciating ‘being heard’ by a group of professionals, receiving family-minded responses from the team, and having someone hold the ‘big picture’ along with them. Multiple episodes of information sharing about their concerns and needs, and a lack of a sense of continuity of provision can be barriers to successful engagement and change. Complex issues or particular circumstances that need to be considered include:

- diverse cultural, ethnic and language backgrounds
- parents unwilling to be involved with services
- parents or carers who found being part of the goal setting meetings difficult to manage
- on-going conflict between parents and school
- families ‘at the point of breakdown’
- ‘split or blended families’, where one or both parents are unable or unwilling to cooperate
- the presence of adult mental health issues
- conflicting views between a carer and social worker or other team members
- when team members need to raise child protection concerns

Primary factors facilitating effective engagement of vulnerable parents include:

- the quality of relationship between the parent and the service provider
- establishing shared decision-making
- non-stigmatising interventions and settings (such as educational sites)
- cultural awareness and sensitivity

Engaging with families

Team meetings provide a forum and a process whereby parents or carers can feel that their story is heard and understood. The family feels empowered by the team listening to them about their preferred future and the goals they hold for their child. The meetings help families to:

- feel more comfortable with professionals
- be less anxious about the future
- be more accepting of change, by feeling part of a team, fully consulted in decision making
- become more open to a refinement of their goals so that there are smaller, realistic steps
- be more able to ‘give up’ what isn’t working (supported by their team’s commitment to them)

The experience of *Team Around the Child* coordinators (*TAC 2013 Progress Report*) indicates that there can be a number of challenges for the coordinator and the team that need to be addressed:

'There is a need to take care to have the meeting running in a way where the parent does not feel let down, by not raising expectations and then having their hopes dashed.'

'The family may want things that are not possible or necessarily in the child's best interests at that time according to the collective opinion of the team.'

'Some parents have unrealistic expectations and have not come to terms with their child's disability.'

'The parent's capacity to set realistic goals and undertake actions in support of them needs to be understood by the team; it is important to get expectations right.'

'The parents need to be 'really heard'. Sometimes they do not have the skills or motivation to be strong advocates for their child, or may not want to suggest goals, and will need help with that.'

'Although an 'unconditional acceptance' of the family's hopes and goals is an important first part of the process, there is a need to work towards agreed targets or next steps. 'SMARTAR' goal setting is helpful.'

'The parent may not be able to promote change, despite support in the home, provision of resources, and advice on how to create positive change, so need to take care getting the 'right' goal.'

'Parent's expectations and understandings are not always realistic / based in reality, due to the parent's own disability or difficulties.'

'Parents can feel overwhelmed if there are too many professionals so a smaller group would be needed or a separate meeting with the coordinator.'

'It can be difficult to sustain a relationship with a parent if there are Child Protection concerns.'

'It can be more difficult to gain team consensus when there are fee for service private providers involved especially if parents see them as "experts" working for them'.

It is important to ensure that there are opportunities for professional development, support and supervision for coordinators.

CONSULTING CHILDREN and YOUNG PEOPLE

The Integrated Support Service multi-service model supports the view that children and young people with disability and complex needs have unique knowledge of their particular circumstances. They have their own aspirations and goals, and views on what might be done to remove any barriers to their learning and participation. Children and young people should be supported to participate in decisions about their own life, for example in relation to their learning and development, in reviews of progress, assessments of their support needs and in decisions about their transition to adult life.

Children and young people are included in the work of the team in ways that are appropriate for them. Whenever possible, they are invited to give their **views and goals** to their team, directly or through a team or family member. It can be challenging consulting children with very complex needs, and a range of creative, alternative approaches are sometimes needed.

SUMMARY OF KEY PRINCIPLES

The child and family are at the centre

- Services and professionals put the whole family at the centre of their practices
- There is an emphasis on the needs of the child or young person and family, rather than on the priorities of organisations or service providers
- The team's work is informed and driven by the family's goals
- The multi-service team responds flexibly and sensitively to individual needs, and develops an individualised plan

Families experience a seamless service

- A partnership approach informs assessments and interventions, and there is good communication between services and agencies
- There is clear and appropriate information sharing between agencies
- The team membership is flexible, responsive to changing family needs
- Transitions are managed carefully by the coordinator to ensure that there is no fragmentation of service delivery or loss of knowledge to the system.

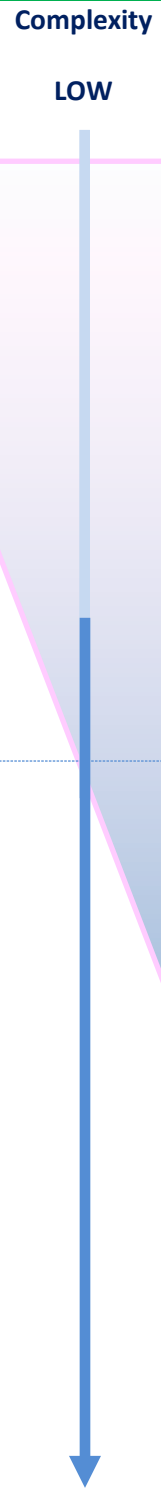
Team practice promotes positive engagement

- Processes are 'family friendly' and are experienced as empowering for the child or young person and all family members
- There is a strong focus on consultation and the active participation of parents or carers and of the child or young person
- Processes that facilitate positive team working are explicitly supported
- The team develops and delivers solution-focused support, drawing on family strengths, to meet identified complex needs

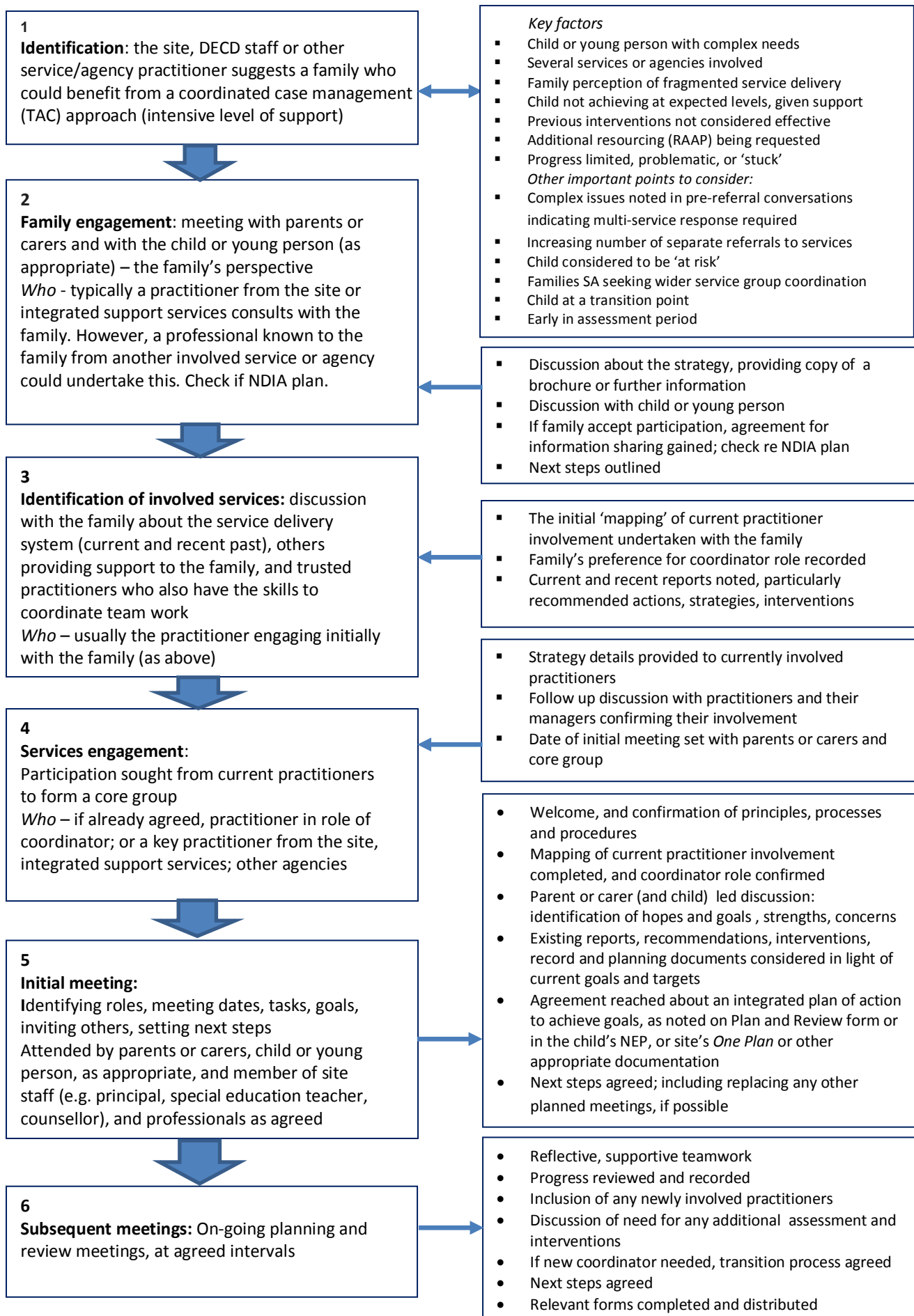
The work of the team work is outcomes focused

- Teamwork is goal, action and outcomes oriented
- Team members collaborate to identify solutions, allocate tasks and provide resources
- The coordinator (lead professional or therapist/keyworker) ensures that multi-service practitioners work together to achieve the outcomes agreed with the family
- A timeframe is set for reviewing progress, and for evaluating the success of interventions, using an agreed recording form

When to implement the TAC strategy ...

LEVEL OF NEED	COMPLEXITY	SERVICE INVOLVEMENT	SERVICE DELIVERY
One area of need	LOW	One service	Single discipline assessment and intervention
More than one area of need		Two or more (multidisciplinary)	Liaison Separate working with some exchange of information; sometimes co-working Networking
Multiple, complex needs		Multiple (multi-service & interdisciplinary)	Sometimes joint assessment. Partially integrated working in planning and review meetings <i>Consider utilising Team Around the Child strategy</i>
Multi-faceted, highly complex needs Could include: <i>Disengagement</i> Low attendance or out of school Significant behaviour issues RAAP Behaviour <i>Family factors</i> Mental health needs Families SA support Child in care (GOM) Many services supporting <i>Disability</i> DECD verification DDA NDIA plan RAAP Disabilities ▪ <i>family perception of fragmentation</i> ▪ <i>poor progress</i> ▪ <i>unresolved issues</i> ▪ <i>requests for additional funding</i>		Multiple (multi-service, interdisciplinary & transdisciplinary)	Promoting good practice - case management and coordination for intensive level of support: Team Around the Child strategy Holistic, family centred, collaborative partnership (coordinated teamwork) Agreed outcomes, goal setting, action planning, timeframe, recording and review <i>Additional assessment jointly planned, and intervention integrated</i>
	HIGH		

MANAGEMENT AND COORDINATION OF COMPLEX CASES – OVERVIEW



Step 1 - identification of family

The site, DECD integrated support service staff or other service/agency suggests a family who could benefit from a coordinated multi-service 'intensive' level of support

Key factors

- Child or young person with complex needs
- Several services or agencies involved
- Child not achieving at expected levels, given support
- Family perception of fragmented service delivery
- Previous interventions not considered effective
- Need for additional resourcing (RAAP)
- Progress limited, problematic, or 'stuck'

Other important points to consider:

- Family has NDIA plan
- Complex issues noted in pre-referral conversations indicating multi-service response required
- Increasing number of separate referrals to services
- Child considered to be 'at risk'
- Families SA seeking wider service group coordination
- Child at a transition point
- Early in assessment period

Step 2 - family engagement

The family's perspective - discussion with parents or carers, & child/young person

WHO - typically a practitioner from the site or integrated support services consults with the family; however, a professional known to the family from another involved service or agency could undertake this. Check if NDIA plan.

- Discussion about the strategy, providing a copy of brochure and any relevant information
- Discussion with child or young person
- If family accept participation, agreement for information sharing; check re NDIA plan
- Next steps outlined

Resources

- ✚ When to implement the approach p12
- ✚ Parent / Carer information brochure p29
- ✚ Consulting child / young person p37
- ✚ Engaging with families p9
- ✚ Services mapping p31
- ✚ ARACY wheel p39

Reminders

- Is there already a TAC? (e.g. in NDIA plan) or coordinated multi-disciplinary team (e.g. NOVITA)
- Child under the Guardianship of the Minister? (Families SA is the leading service)
- Check relevant ISS & RAAP policies
- Disability Discrimination Act (DDA) 1992
- Disability Standards for Education (DSE)2005

Step 3 – identification of current services

Discussion with the family about the service delivery system (current and recent past), others providing support to the family, and trusted practitioners who also have the skills to coordinate team work

WHO – usually the practitioner engaging initially with the family

- The initial ‘mapping’ of current practitioner involvement undertaken with the family
- Family’s preference for coordinator role recorded
- Current and recent reports noted, particularly recommended actions, strategies, interventions

Step 4 - engaging current services

Participation sought from current practitioners and providers to support coordinated working, and form a core group

WHO – if already agreed, practitioner in role of coordinator; or a key practitioner from the site, integrated support services; other agencies

- Strategy details provided to currently involved practitioners
- Follow up discussion with practitioners and their managers confirming their involvement
- Date of initial meeting set with parents or carers & core group

Resources

- 📌 Services mapping P31
- 📌 Choice of coordinator p5
- 📌 Role of coordinator p5,24
- 📌 Coordinator challenges p6
- 📌 Coordinator checklist p24
- 📌 Services participation p7,27
- 📌 Site ‘TAC charter’ p35

Reminders

- Check past and current reports and files
- NEP/One Plan or other recording format needed
- Are there any local service/agency agreements or protocols? Partnership working arrangements?

Step 5 - initial meeting

Identifying roles, meeting dates, tasks, goals, inviting others, setting next steps

Attended by parents or carers, child or young person, as appropriate, and member of site staff (e.g. principal, special education teacher, counsellor) and professionals as agreed

- Welcome, and confirmation of meeting principles, processes and procedures
- Mapping of current practitioner involvement completed, and coordinator role confirmed
- Parent or carer (and child) led discussion: identification of hopes and goals, strengths and concerns
- Existing reports, recommendations, interventions, record and planning documents considered in light of current goals and targets
- Agreement reached about an integrated plan of action to achieve goals, as noted on Plan and Review form or in the child's NEP, or site's One Plan or other appropriate documentation

Step 6 - subsequent meetings

On-going planning and review meetings, at agreed intervals

- Reflective, supportive teamwork
- Progress reviewed and recorded
- Inclusion of any newly involved practitioners
- Discussion of need for any additional assessment and interventions
- If new coordinator needed, transition process agreed
- Next steps agreed
- Relevant forms completed and distributed

Resources

- | | |
|---------------------------|---|
| Meeting agenda p25 | Teamwork p6,26 |
| Inviting others p27 | Services mapping p31 |
| Plan and Review p17-22 | Engaging with children & young people p37 |
| SMARTAR p39 | 'One page' profile p40 |
| Feedback forms p36,38 | SPICE p40 |
| Services participation p7 | |

Reminders

- *Transition arrangements are needed if change of phase or educational site*
- *Sharing good practice and case studies?*
- *Consultation, support and supervision for coordinators managing problematic cases?*

PLAN AND REVIEW

RECORDING TEAM MEMBERSHIP, GOALS, AND PROGRESS

Various approaches and document formats have been used by *Team Around the Child* coordinators (lead professionals) to record the work of the team. Whatever method is adopted, it is important to note membership of the team and the practitioner in the coordinator (case management) role. If the core team membership or coordinator changes, the information needs to be updated and communicated to any other practitioners who are involved but who are not currently part of the core group. The team is expected to agree with the family up to 4 goals and related targets, and if possible, with a further goal set directly by the child or young person (with support if needed). These goals and targets should be recorded, and progress noted at each meeting; a 1 to 5 scaling system can be a helpful way of showing change.

Goals, related actions or strategies, and progress should inform and be informed by the school's existing documentation. Some worksheets for recording team work are included in this guide. When available details should be held on the school's NEP or One Plan and it may not be necessary to make use of any other record forms.

Suggestions for how to add information to an existing NEP form:

NEP form	TAC details to recorded
<i>Part 2: 'Student Profile'</i>	
<ul style="list-style-type: none"> Participants in the NEP Process 	List LP & TAC practitioners
<ul style="list-style-type: none"> <i>Family priorities/preferred pathway</i> 	List family hopes/broad goals (maximum 4) (Strengths could also be noted here)
<ul style="list-style-type: none"> <i>Information from student</i> 	Note student's broad goal (1) (Strengths could also be noted here)
<i>Part 3: 'Learning Support Plan'</i>	
<ul style="list-style-type: none"> Learning Support Plan heading 	Add 'Family Support Plan'
<ul style="list-style-type: none"> Under 'Goal' 	Add each family goal/target; student's goal/target <ul style="list-style-type: none"> Statement of broad goal/specific target Baseline description
<ul style="list-style-type: none"> Under 'Who/What' 	Same
<ul style="list-style-type: none"> Under 'How Supported' 	Strategies and interventions summary
<ul style="list-style-type: none"> Under 'indicators of success' 	Same
<ul style="list-style-type: none"> Under 'Review' 	Put progress rating scale number (1 – 5) [1 = no change; 2 = minor progress; 3 = moderate progress; 4 = good progress; 5 = outcome fully achieved]
Agreed Actions	Action plan for each goal
Review Summary	TAC meeting notes, including next steps/actions; comments on progress and next steps by parents and carers, and by the child or young person)

For example of NEP format adapted for TAC summary and goal setting:
Go to *TAC Practice Guide (May 2014)* p28-29 accessed through the intranet (LearnLink)

Team plan

Date:

CHILD OR YOUNG PERSON DETAILS

Name:

Date of birth:

FAMILY DETAILS

SITE DETAILS

TEAM COORDINATOR DETAILS

TEAM MEMBERS – CORE GROUP

Name

Role & Organisation

Contact details

WIDER SERVICES GROUP (Government, NGO, private providers)

Name

Role & Organisation

Contact details

FAMILY GOALS and TARGETS - OVERVIEW

Part of the process involves meeting with the family to set goals that are important to them. Include in this discussion:

- Goals already set if the family has an NDIA Plan
- Goals and targets that may have been agreed with the family as part of any prior assessment and intervention
- Site related goals and targets previously negotiated with the family

Three or four key goals should be agreed, and the child or young person may like to have an additional personal goal of their own.

GOAL 1**GOAL 2****GOAL 3****GOAL 4*****CHILD OR YOUNG PERSON GOAL***

Further details relating to each goal, with a short term target and an action plan, can be recorded on worksheet 2, GOAL ACTION PLANNING

GOAL ACTION PLANNING

Date:

FAMILY'S GOAL:

Goal relates to:

S for Social development
P for Physical/Sensory development
I for Intellectual development
C for Communication development
E for Emotional development
S for Sense of Connectedness

SPICE(S) DEVELOPMENTAL PROFILE:
www.decd.sa.gov.au/teamaroundchild

Strengths related to this goal

What we know about the specific area of need related to this goal (summary points)

[Home and site observations; professional reports, assessment results]

What more do we need to know and how we will find out

Baseline description (what is the situation now?)

Agreed short-term SMARTAR TARGET for this goal

SMARTAR TARGET INTERVENTION PLANNING

STRATEGIES (family knowledge, site experience, team views, reports)

Any further *observations / information / assessment / involvement* needed

How achievement of target will be measured

ACTION PLAN

What Who When

CHILD'S PROGRESS TOWARDS ACHIEVEMENT OF TARGET

Review date:

1	2	3	4	5
no change	minor progress	moderate progress	good progress	fully achieved

Achievement measures used including any standardised test results

Comments

(Note developmental level, skills, self-regulation, adaptive behaviours, & contextual factors)

Team meeting / review notes

Date:

Name:

Date of birth:

Parent or carer:

Site:

TAC coordinator:

Team members present:

Meeting notes (summary)

Progress towards achieving targets

1	1	2	3	4	5
	no change	minor progress	moderate progress	good progress	fully achieved
2	1	2	3	4	5
	no change	minor progress	moderate progress	good progress	fully achieved
3	1	2	3	4	5
	no change	minor progress	moderate progress	good progress	fully achieved
4	1	2	3	4	5
	no change	minor progress	moderate progress	good progress	fully achieved
C	1	2	3	4	5
	no change	minor progress	moderate progress	good progress	fully achieved

Comments

Next steps / actions

Date of next meeting:

COORDINATOR CHECKLIST

Action: initial meeting	✓
The meeting has confirmed practitioner in coordinating role	
Mapping of current practitioner involvement has been completed	
Meeting principles, processes and procedures discussed and accepted	
Information sharing principles and arrangements for record keeping have been agreed	
Arrangements are in place to ensure active participation of child or young person	
Parents or carers and child or young person goals for current team work are set, with timeframe for review	
Current reports, recommendations, interventions, record and planning documents considered regarding relevance and support for current goals	
Agreement has been reached about an integrated plan of action to achieve goals, and recorded on the <i>Plan and Review</i> forms or alternative documentation	
Goals, strategies and integrated plan of action linked to the school's documentation (e.g. NEP; <i>One Plan</i>)	
Arrangements are in place for communication with practitioners not present at core team meetings	
Action: for all team meetings	✓
Meeting principles, processes and procedures inform the meeting	
Parents or carers take an active and central role	
The views of the child/young person inform planning and actions	
The coordinator is the main point of contact for the family and other services	
Current practitioners involved are recorded and their views and support facilitated	
Relevant information is shared appropriately with all team members	
The coordinator has ensured that information is shared appropriately with other appropriate practitioners, services and agencies	
The coordinator ensures that there is appropriate reporting to other meetings or panels	
Teamworking is well coordinated	
All practitioners working with the child and family have consulted together about planned assessment and intervention	
Expected outcomes and planned interventions are noted (e.g. on Plan and Review forms), with time frame for action and review date	
Progress towards desired outcomes is tracked explicitly, e.g. using the Plan and Review 1-5 measure, and noted at reviews	
Next steps have been noted, including meeting dates, invitations to attend, and circulation of minutes	
Appropriate forms are completed & forwarded as required	

Initial team meeting

Suggested agenda

Introduction

- ❖ Welcome
- ❖ Affirmation of meeting principles, processes and procedures
- Child and family at the centre
- Partnership of equals
- Strengths as well as needs
- Positive 'solution-focused' approach
- Outcomes focused
- Integrated service delivery

Procedural

- ❖ Confirm coordinator role
- ❖ Agree information sharing principles, and arrangements for record keeping
- ❖ Complete mapping of current practitioner involvement
- ❖ Decide on appropriate arrangements for the participation in meetings of the child or young person

Goal setting and action planning

- ❖ Parent or carer led discussion: identification of concerns, service delivery issues, what's going well, strengths, hopes and goals
- ❖ Agree and prioritise up to four parent or carer goals for current teamwork and set timeframe for review
- ❖ Arrange for child or young person to set a personal (positive) goal, and how achievement will be celebrated; this goal can relate to any area, and needs to be achievable
- ❖ Consider all existing reports, recommendations, interventions, record and planning documents in the light of current goals and targets
- ❖ Reach agreement about an integrated plan of action to achieve goals and targets and note this on the *Plan and Review* forms (or equivalent). Ensure that there is a link to the school's documentation (for example NEP; *One Plan*), and that there is communication with practitioners not present at the meeting

Next steps

- ❖ Agree follow up actions; date of next meeting, incorporating any other planned meetings (for example, NEP meeting), and documentation, as appropriate
- ❖ Coordinator to ensure that relevant forms are completed and forwarded

TEAM SOLUTIONS: USING 'THE FIVE QUESTIONS' METHOD

Flarning: when failure drives success. Fast Focus. intheblack.com 2/15

1. WHAT WAS SUPPOSED TO HAPPEN?

2. WHAT ACTUALLY HAPPENED?

At content or process levels, or both?

3. WHY WAS THERE A DIFFERENCE?

Reflection

4. WHAT CAN BE LEARNT?

5. WHAT WILL WE DO ABOUT IT?

Action: what, who, when, how, where?

[EXAMPLE Letter 1 – print on your letterhead]

Team Around the Child [or alternative heading]

The 'Team Around the Child' (TAC) Strategy

The aim of this initiative is to ensure that there is a clear, coherent service pathway for children and young people with complex needs. This approach helps services and agencies work closely together with families to help to ensure that the best outcomes can be achieved.

Child:

Date of Birth:

School:

Parents / carers:

Address:

Date:

Dear

I am writing to you to invite you to join a core team of professionals who, in partnership with [child name] parents, will be forming a 'Team Around the Child' to promote collaborative working. For your information I have enclosed a brochure describing this strategy, and have included a copy of a chart that maps currently involved services. This was completed at a recent meeting with the parents.

Following discussion with parents, school staff, and other professionals, agreement has been reached for me to be the team coordinator, which is essentially a support, coordinating and systems case management role.

We are planning to hold an initial team meeting on [time and date] and I hope you will be able to attend. If this is not possible, we may be able to make alternative arrangements. I would be happy to talk further with you about the strategy, and look forward to hearing from you.

Yours Sincerely

[Your role or title] / Coordinator

[EXAMPLE Letter 2 – print on your letterhead]

Team Around the Child (TAC) [or alternative heading]

The 'Team Around the Child' (TAC) Strategy

The aim of this initiative is to ensure that there is a clear, coherent service pathway for children and young people with complex needs. This approach helps services and agencies work closely together with families to help to ensure that the best outcomes can be achieved.

Child: _____ Date of Birth: _____

Parents / carers: _____

Address: _____

School: _____

Date: _____

Dear _____

I am writing to you on behalf of the current core team of professionals who have come together to work in partnership with [child's name] parents, forming a 'Team Around the Child'. For your information I have enclosed a brochure describing this strategy, and have included a copy of a chart that maps currently involved services. The following practitioners attended the team meeting on [time and date]:

At our initial meeting we agreed with the family the following goals:

Following discussion with parents and the professionals at the meeting, agreement has been reached for me to be the team coordinator, which is essentially a support, coordinating and systems case management role, and I am contacting you in that capacity. The team is seeking your involvement in the following way:

Our next TAC meeting is [time and date] and I would appreciate it if you could get in touch with me by email or phone to discuss this further. We look forward to hearing from you.

Yours Sincerely

[Your role / title]
Coordinator

Parent / carer

Team Around the Child principles

Family-centred culturally sensitive approach

- » Services and professionals place the family at the centre of their practice
- » The needs of the child or young person and family are emphasised, rather than service priorities
- » Work is informed and driven by family goals
- » The *Team Around the Child* responds flexibly and sensitively to family needs, and develops an individualised evidence-based plan

Families experience a seamless service

- » A partnership approach informs assessments and interventions
- » There is good communication and coordination between services and agencies
- » A team member takes the lead to manage transitions to ensure continuity of service delivery

Practice promotes positive engagement

- » Processes are 'family friendly' and empowering
- » There is a strong focus on consultation and active participation of parents or carers and of the child or young person
- » Positive team working processes are explicitly supported
- » The *Team Around the Child* develops and delivers solution-focused support, drawing on the family's strengths

Work is evidence-based and outcomes focused

- » The *Team Around the Child* is goal, action and outcomes oriented. The team collaborates to identify solutions, allocate tasks & resources, and implement evidence-based interventions
- » A team member takes the lead to ensure that *Team Around the Child* practitioners work well together to achieve family agreed outcomes
- » A timeframe is set for reviewing progress, and for evaluating the success of interventions

MORE INFORMATION

EXAMPLE ONLY: AN UPDATED VERSION OF THIS BROCHURE IS AVAILABLE ON LEARNLINK

Special Education: Director, Ian May
decd.specialeducation@sa.gov.au
Office for Education and Early Childhood
Department for Education and Child Development
Level 6, 31 Flinders Street, Adelaide SA 5000
GPO Box 1152, Adelaide SA 5001
Courier: R11/46 ADELAIDE



Government
of South Australia



TEAM AROUND THE CHILD

PARTNERSHIP COLLABORATION COORDINATION

INFORMATION FOR
PARENTS and CARERS

What is 'Team Around the Child'?

The *Team Around the Child* approach supports **collaborative working** and better service coordination when there are a number of professionals working with children and their families.

Team Around the Child is a **family-centred** practice, empowering the family to participate as equal members of their child's team. There is a focus on **strengths** as well as needs. The views of children and young people as well as those of their parents or carers are important to the work of the team.

The *Team Around the Child* operates as a supportive team, meeting regularly with the family to jointly **set goals** and to develop and implement an **integrated service plan**. *Team Around the Child* membership is flexible, and responsive to changing family needs.

The *Team Around the Child* approach is a way for families to experience a **case management system** that ensures that everyone is working well together to get the best outcomes.

With family agreement, one team member takes up a **coordinating** (lead) **role**. This team member becomes the main point of contact for the family, helping parents and carers to better manage the support being provided by different services.

Children & young people are included in the *Team Around the Child* in ways that are appropriate for them. Whenever possible, they are invited to give their **views and goals** to their team, directly or through a team member.

The *Team Around the Child* facilitates 'effective, timely, seamless support for children and young people with complex needs and their families'.

Peter Limbrick (2005), *Team Around the Child: principles and practice*. In Carpenter, B. & Egerton, J. (eds) *Early Childhood Intervention: International perspectives, national initiatives and regional practice*. Coventry: West Midlands SEN

Team Around the Child (TAC), and...

Department for Education and Child Development

DECD supports an integrated approach involving different disciplines, with Special Educators having a specific TAC support role for families of children with disability and complex needs.

Other services, agencies & private providers

TAC consists of a smaller core group of key practitioners who are committed to maintain strong two-way communication links with the wider range of services currently involved.

Child Development Unit/Children's Assessment Team

The CDU/CAT provides a team approach to the assessment and management of children with complex medical needs or developmental delay, and offers support to their families. TAC supports ongoing team communication and coordination.

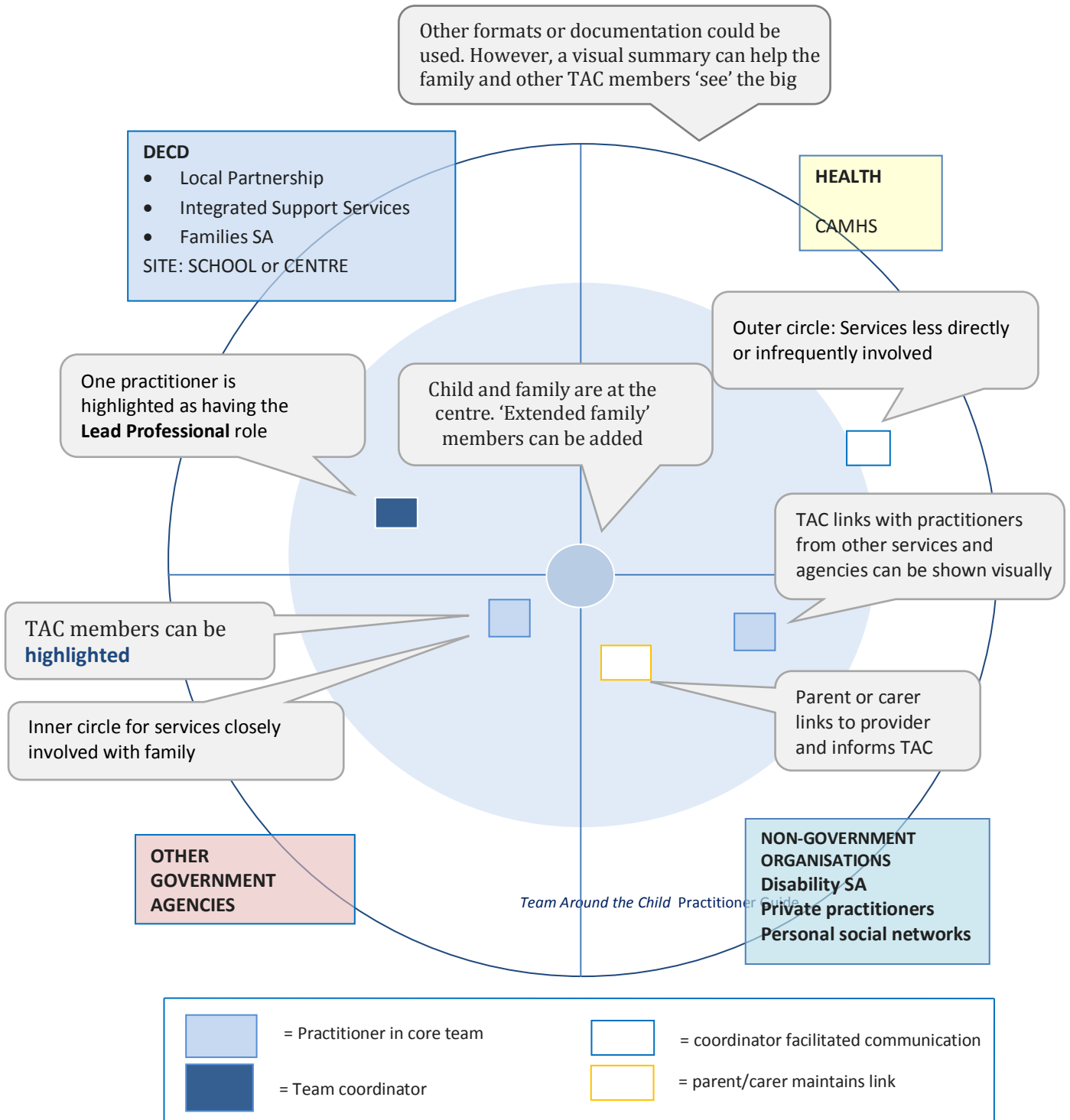
National Disability Insurance Scheme

The NDIA helps families with their planning, decision making and coordination of support. An individualised plan is tailored to their goals, personal circumstances and disability support needs. TAC facilitates effective communication and coordination between service providers.

Disability Standards for Education (DSE) 2005

TAC supports the implementation of the disability standards by providing a clear framework for effective consultation with learners with disability, and their families.

Guide to completing a 'MAP OF CURRENT SERVICE INVOLVEMENT'



The template on page 33 follows the style above. An alternative is provided on page 34 which includes a quadrant for adding details the family is happy to share about their own support network, and when agreed, relevant NDIS information.

[Printing blank versions on A3 is helpful when working with parents or carers]

MAP OF CURRENT SERVICE INVOLVEMENT – EXAMPLE

Date:



Name

Date of birth:

Parent/carer:

School:

= Practitioner in TAC core
 = Lead Professional
 = LP facilitates two-way communication
 = parent/carer maintains

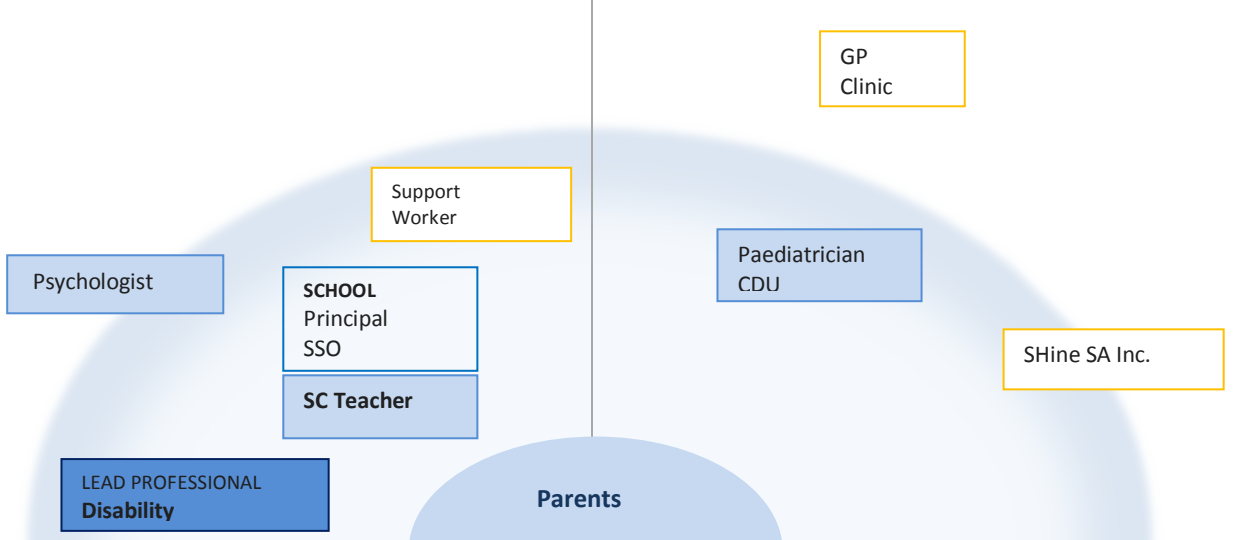
DECD

- Local Partnership
- Support Services
- Families SA

SCHOOL / CENTRE

HEALTH

CAMHS



Occupational Therapist
Disability SA
[PRE-NDIS]

Psychologist
Private Practice

**OTHER
GOVERNMENT
AGENCIES**

Disability SA Panel
[NB: PRE-NDIS]

Occupational
Therapist

**NON-GOVERNMENT
ORGANISATIONS**
Private practitioners
Personal social networks

Yoga for Children

Autism SA

MAP OF CURRENT SERVICE INVOLVEMENT

Date:

Name: Child

Date of birth:

Parent/carer:

Site:



= Practitioner in TAC core



= Lead



= LP facilitates two-way



= parent/carer maintains

DECD

Local Partnership
Integrated Support Services
Families SA

Site staff

CAMHS

HEALTH

Family
CHILD

**OTHER GOVERNMENT
SERVICES & AGENCIES**

NON-GOVERNMENT ORGANISATIONS

Private provider practitioners
Personal social networks

Child:

DOB:

Parent/carer:

Site:

date:

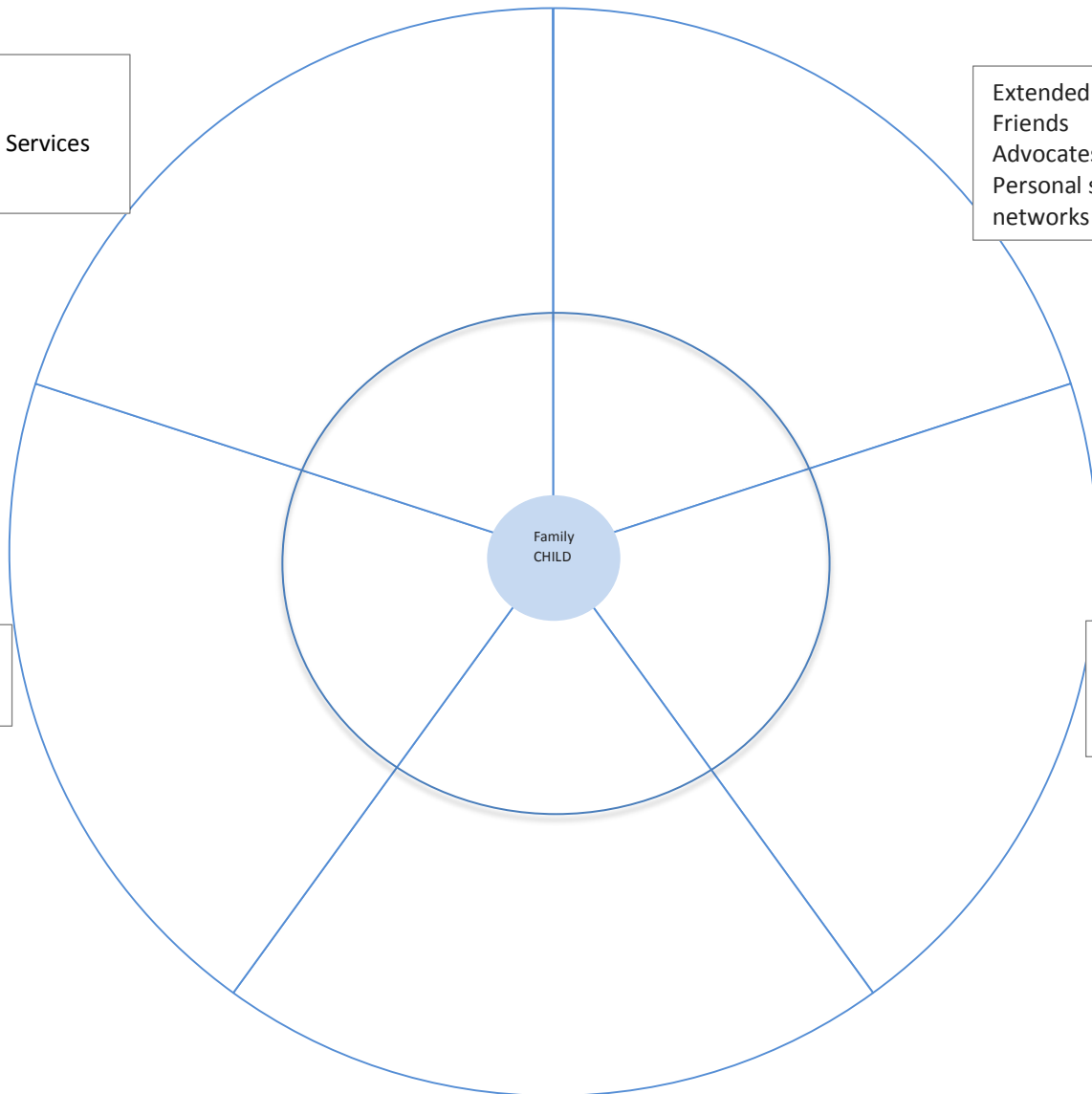
DECD

- Local Partnership
- Integrated Support Services
- Families SA

Extended family
Friends
Advocates
Personal social networks

Other government services & agencies

Non-government organisations
Private providers



NDIA plan?

No

Yes

NDIS number:

CAMHS
HEALTH

= Practitioner in TAC core

= Coordinator

= LP facilitates two-way

= parent/carer maintains

[TAC example]

On site's letterhead

'COLLABORATIVE WORKING' AGREEMENT/CHARTER SUPPORT FOR OUR CHILDREN AND YOUNG PEOPLE WITH COMPLEX NEEDS

Our school supports the *Team Around the Child* model of collaborative working. We consider that the principles and processes underpinning this approach help to ensure that better outcomes are achieved for our children with disability and complex needs, and that their families receive more effective support.

Team Around the Child is a framework for interdisciplinary and transdisciplinary practice and service coordination involving professionals who already work with the child meeting together regularly with the family to develop and implement an integrated service plan. A key element of the **TAC** approach is for one member of the team to take up a **coordinating role** and be acknowledged as the main point of contact for the family and other team members.

Key principles

Family centred 'seamless' service
Positive engagement and strengths-based
Coordinated collaboration
Integrated service plan
Outcomes focused



What families can expect from us

- Positive engagement, consultation and active support for TAC arrangements
- Staff member participation in each TAC
- Liaison with currently involved services
- Comprehensive record of service involvement and coordination in student file and in NEP or the *One Plan*

What you can expect from us

- Senior management support and consultation
- Confidentiality with appropriate information sharing
- Ongoing communication with parents/carers, and child/young person
- Facilitation of TAC processes and procedures; provision of meeting space etc.

What we expect from you

- Participation in TAC work, directly or indirectly, taking a coordinating role if appropriate
- Being mindful of the family's goals
- Contributing to action planning (through assessment, strategies, interventions, as appropriate)
- Helping to review progress and plan next steps, when relevant

We welcome discussion with you about our *Team Around the Child* work.

[Name and signature]

Parent / carer

TEAM AROUND THE CHILD



Team Around the Child [TAC] Meeting

Your name:

Date of meeting:

We would like to know what you thought about the *Team Around the Child* meeting you attended. Please give the completed form below to the TAC coordinator.

	Yes	No	Unsure
<i>Did you know why this TAC meeting was held for your child?</i>			
<i>Were you given enough information about what was going to happen?</i>			
<i>Did you feel able to speak in the TAC meeting?</i>			
<i>Did you feel listened to by others who were there?</i>			
<i>Did you feel that your views were taken into account?</i>			
<i>Are you happy with what you've been asked to do on the TAC plan?</i>			
<i>Are you happy with what others have been asked to do?</i>			

How happy are you overall with today's TAC meeting?

Unhappy					Happy	
1	2	3	4	5		

How confident are you that the meeting will help you achieve the goals for your child agreed by you and your team?

Not confident					Confident	
1	2	3	4	5		

Is there anything more we can do to make the TAC meetings better for you?

CONSULTING CHILDREN and YOUNG PEOPLE

Team members guided by parents or carers need to consider how best to engage the child or young person in the team's work. Resources include using a student 'ONE PAGE' profile (p 35) and other approaches, such as engaging children through:

- *Movement and role play*
- *Photography and information technology*
- *Art*
- *Music, dance and song*
- *Themed drawing and painting*
- *Storytelling*

Examples

Your team working together to support you

Your **team** is a group of people who meet together to help you, listening to you, talking with you about your strengths and what you think is going well, and finding out what more you would like to achieve.

People in your team include someone from your school, and other people who are helping, and your parent or carer joins in too.



The **team coordinator** is a member of your **team** who helps everyone to work well together. This person can be anyone in the team and what you think will help decide who this is.

The **team coordinator** will make sure the meetings happen and that the right people are there. If you have any questions about your team, or want someone to come along to a meeting, you can talk to your **team coordinator**.

Your team is:

Example only – prompts for child or young person

How I have a say	
My target	
My plan	
My helpers for this target	
Start	End
How I will celebrate at the end	

TEAM AROUND THE CHILD – child and young person

For printable versions go to *TAC Practice Guide (May 2014)* pages 38-43 on LearnLink



Your name: _____ Meeting date: _____

We would like to know what you thought about the Team Around the Child (TAC) meeting that you attended.

	No	Don't know	Yes
1. Did you know why a TAC meeting was held?			
2. Did you feel able to speak in the TAC meeting?			
3. Did you feel listened to by others who were there?			
4. Did you feel that your views were taken into account?			
5. If you didn't speak, were you able to tell an adult what you wanted to be said?			
6. Are you happy with your Lead Professional?			
7. Are you happy with what you've been asked to do on the TAC plan?			
8. Are you happy with what other people have been asked to do on the TAC plan?			

How happy are you with today's TAC meeting?

1 2 3 4 5

Is there anything we can do to make these meetings better for you?

Your name: _____ Meeting date: _____

We would like to know what you thought about the Team Around the Child (TAC) meeting that you attended.

	No	Don't know	Yes
1. Did an adult tell you about the TAC meeting and what was going to happen?			
2. Were you able to talk at the TAC meeting about what you wanted?			
3. If you didn't want to speak were you able to tell an adult what you wanted to be say?			

How happy are you with today's TAC meeting?

1 2 3 4 5

Is there anything we can do to make these meetings better for you?

If you don't want to write anything here you could draw a picture

Name: _____ Date: _____

How are things going for you?
[at school, at home, with your friends; etc.]
[or 'How are you feeling today?']

Show me how you feel.
[say, point, draw, colour, paste etc.]

Good!	OK	No good!

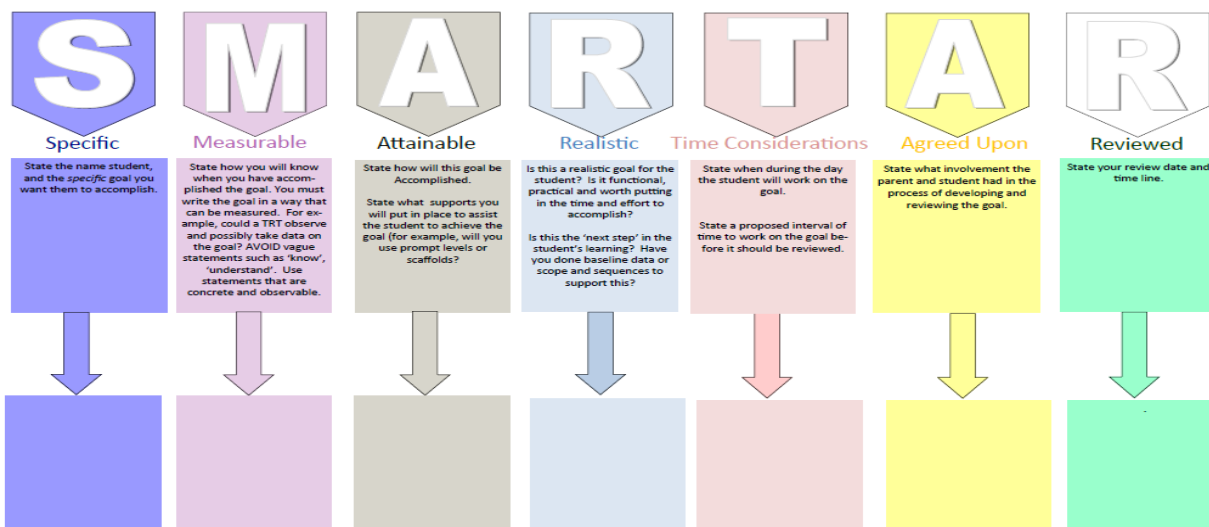
Name: _____ Date: _____

How are things going for you?			
How are things going for you at school?			
How well are you getting on with your teacher(s)?			
How are you going with your school work?			
How well are you getting on with your friends?			
How are things at home?			
Other			
Other			
Other			

Setting goals and targets

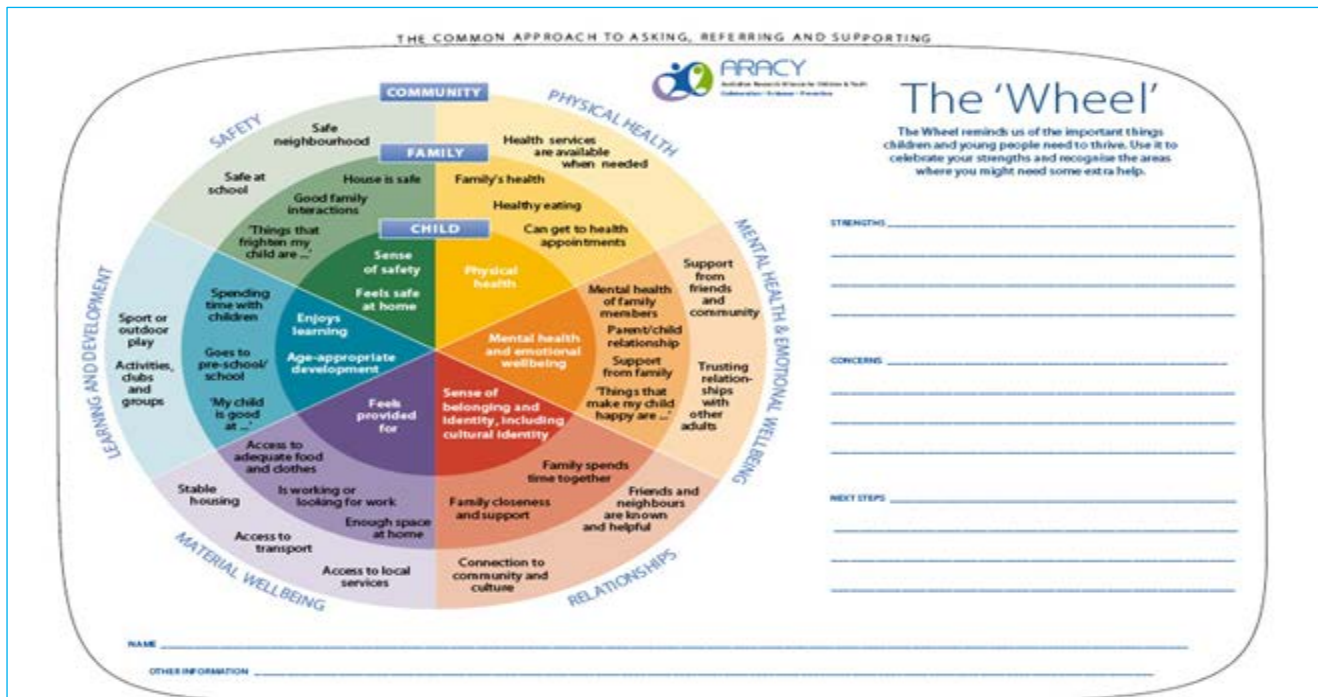
Using the SMARTAR approach:

Specific, Measurable, Attainable, Realistic, Time considerations, Agreed Upon, Reviewed.



SMARTAR GOAL STATEMENT:

Go to TAC Practice Guide (May 2014) p57 on LearnLink
For updated version, at <http://web.seru.sa.edu.au/>



Conversation starter – using the Wheel from 'The Common Approach' (ARACY)
Go to TAC Practice Guide (May 2014) p55 on LearnLink

The One Page profile – for the team to engage child or young person

<http://www.personalisingeducation.org/one-page-profiles/>

or go to *TAC Practice Guide (May 2014)* p47-50 on LearnLink

Developing a one page profile

One page profile

Photo *Like and admire*

What's important to somebody...
This section needs to have enough detail that someone who does not know the person could understand what matters to the young person, and that if you took the names off the one page profiles in a class, it would still be easy to identify people.

Instead of this	Write this
Loves break time	'Playing games (usually involving running and skipping) with Hannah and her other close friends at break times'
Being organised	'Having all pencil case and school bag packed the night before, and making sure my tray in class is tidy''.
Having friends	'Walking to school with my friend Ella every day, and sitting with Ella, Lucy and Nina at lunchtime'

How to support somebody well at school...
This section needs to have enough detail so that a supply teacher would immediately be able to support the young person well at school and know both what to do and what to avoid.

Instead of this	Write this
Be patient with Liam	Liam may need you to repeat a task a couple of times before he feels confident trying it. You can tell if he is unsure because he will look out of the window and chew his pencil. Asking him if he has any questions about the activity usually works better than asking him if he understands what to do.
Cloe needs help with friendships	Cloe takes time getting to know people and making friends. It helps if you can find ways of her spending time and sitting with different girls in the first few weeks of term. She appreciates you asking her about how her friendships are going in one to one time with her. A circle of friends approach has worked well in the past.

The SPICE Developmental Profile

This model was developed by Dr Jenny Curran (Senior Psychiatrist) for the GAP Service, Centre for Disability Health, Disability Services. (2010). A support guide was written by Kerry Rye (RN) and edited by Dr Curran. The SPICE tool provides 'a systemic and uncluttered approach to making an assessment'. The process can be used by parents or carers and the *Team Around the Child* practitioners to help to identify areas of strengths and needs, and can provide a framework for identifying and setting goals and determining a plan of action. There are five key domains:

S for Social development
P for Physical/Sensory development
I for Intellectual development
C for Communication development
E for Emotional development

[and S for Sense of Connectedness]

A link to SPICE can be accessed through the *Team Around the Child* website: on LearnLink

For more information & support, contact Nicole Kyrkou, Program Manager, Complex Needs & Mental Health:
nicole.kyrkou2@sa.gov.au

REFERENCE and FURTHER READING

NATIONAL PARTNERSHIP MORE SUPPORT FOR STUDENTS WITH DISABILITIES

Team Around the Child: practice guide and resources for services and schools (May 2014)

Available on LearnLink

DSE practical guide for individuals, families and communities

<http://resource.dse.theeducationinstitute.edu.au/>

A Common Approach for identifying and responding early to indicators of need. Presentation to the Child Aware Approaches Conference 2013, Australian Research Alliance for Children and Youth (ARACY) www.aracy.org.au

Australian Research Alliance for Children and Youth (ARACY): **Effective Collaboration.**

www.aracy.org.au

Davies, S., (Ed.) (2007), **Team Around the Child: Working together in early childhood intervention.**

Wagga Wagga: Kurrajong Waratah

Department for Education (UK) Children and Young People: **Team Around the Child**

<http://www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/a0068944/team-around-the-child-tac>

Disability Standards for Education (DSE) 2005

www.education.gov.au/disability-standards-education

Limbrick, P. (2012), **Horizontal Teamwork in a Vertical World.** Interconnections

Limbrick, P. (2005), **Team Around the Child: Principles and practice.** In Carpenter, B. & Egerton, J. (Eds.), *Early Childhood Intervention. International Perspectives, National Initiatives and Regional Practice.* West Midlands SEN Regional Partnership. Great Britain

Limbrick, P. (2013) **Planning Interagency Teamwork around Disabled Babies and Children: Tasks for Managers.** Essay available from:

peter.limbrick@teamaroundthechild.com

McArthur, M., Thomson, L., Winkworth, G., & Butler, K. (2010): **Families' experiences of services.** Institution of Child Protection, Australian Catholic University

TAC Bulletin (Editor: Peter Limbrick)

<http://www.teamaroundthechild.com/bulletin.html>

For more information:

David Fourmy

Project Officer, Team Around the Child (TAC)

Department for Education and Child Development / 31 Flinders Street, Adelaide SA 5000

t (08) 8226 1075 m 0427 232394 e david.fourmy@sa.gov.au w www.decd.sa.gov.au

Are you already 'Team Around the Child' working?

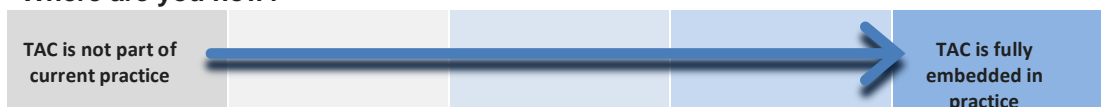
Meeting structure, frequency and recording format are less important than an explicit undertaking to adopt the principles, processes and procedures that support effective collaborative working. The TAC approach aims to ensure that currently involved practitioners and the family work closely together to achieve agreed goals, with a focus on integrated service delivery. This approach helps to prevent fragmentation, parallel working, duplication, and multiple or serial interventions. It focuses on improving outcomes for children and young people with disabilities and complex needs, and ensures that families feel empowered, and are likely to report experiencing a 'seamless', responsive service.

Checklist:

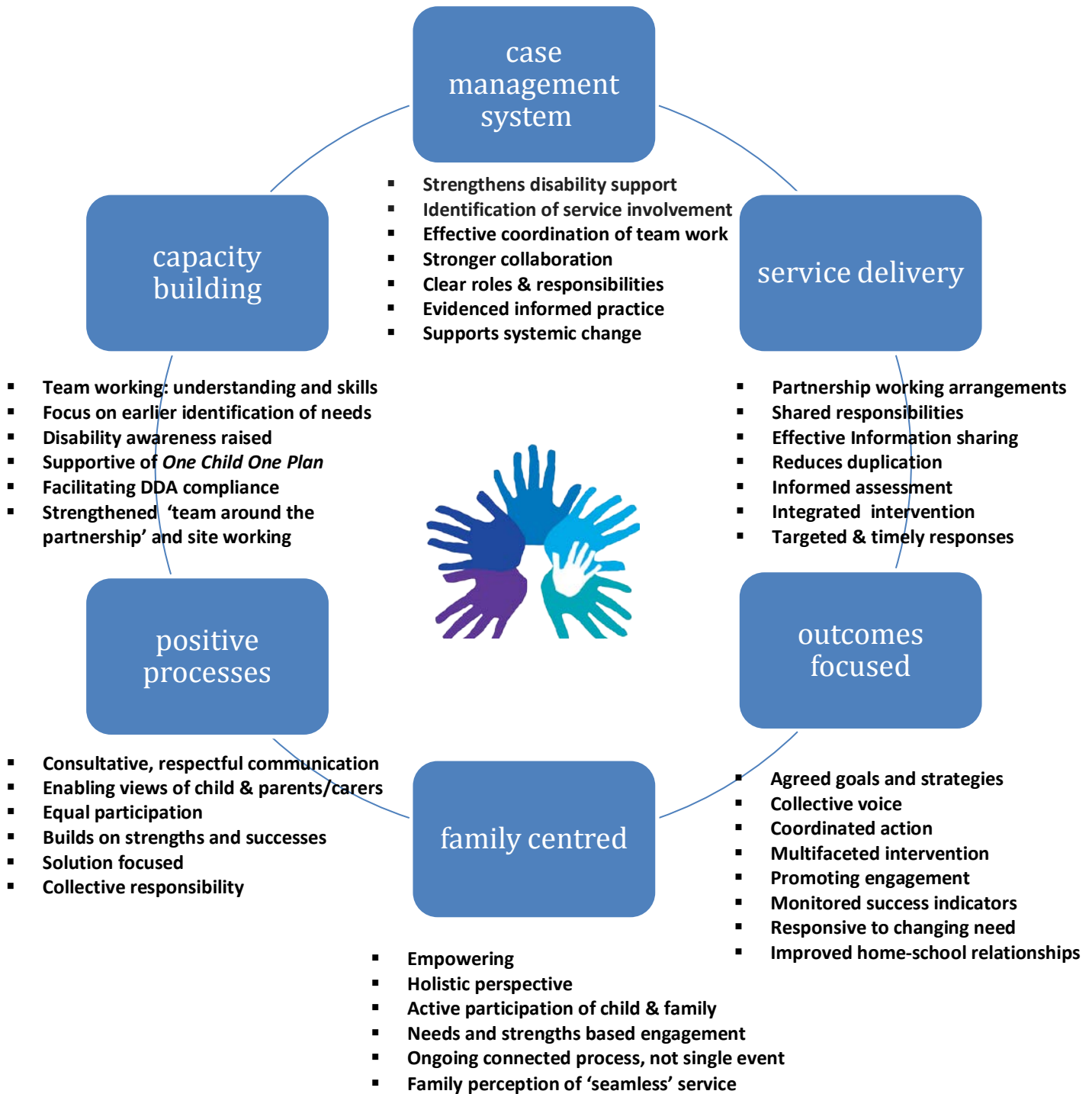


POSITIVE, EMPOWERING APPROACH	<ul style="list-style-type: none"> • team communication is solution focused, affirming, respectful and sensitive • a collective voice and effort for progress 	<input type="checkbox"/>
WHOLE CHILD PERSPECTIVE	<ul style="list-style-type: none"> • the family context is recognised and their knowledge and skills appreciated • building on strengths as well as addressing identified needs (in a developmental context) 	<input type="checkbox"/>
TEAM WORK INFORMED BY FAMILY'S GOALS	<ul style="list-style-type: none"> • parents or carers supported to contribute actively to goal setting and planning process • child or young person consulted about views and goals, focusing on well-being 	<input type="checkbox"/>
COLLABORATION	<ul style="list-style-type: none"> • current practitioners are identified and connect with each other, not just through the family or school, and contribute to <i>One Plan</i> • joint action planning is undertaken (e.g. new assessments, recommended interventions) 	<input type="checkbox"/>
COORDINATION	<ul style="list-style-type: none"> • agreement is reached for one practitioner to take a leading role and hold the 'big picture' • communication facilitated by coordinator 	<input type="checkbox"/>
ACTION ORIENTED and OUTCOMES FOCUSED	<ul style="list-style-type: none"> • strategies and interventions are integrated to facilitate the achievement of agreed goals • progress towards expected outcomes is regularly reviewed, and further action planned 	<input type="checkbox"/>

Where are you now?



Reflection on whole site practice: the Team Around the Child framework



ISS MULTI-SERVICE LEVELS OF SUPPORT AND TEAM AROUND THE CHILD CONTINUUM

Level 1:
UNIVERSAL
PROGRAMS
AND SERVICES

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