

# Team Around Me

A model for multi-agency working for and with people experiencing multiple disadvantage

- **Strengths based** 
- **Trauma informed** 
- **Co-produced** 
- **Systems focused** 

## 1. What is Team Around Me?

Team Around Me (TAM) is a model for holding case conferences or multi-agency meetings for people who have support and/or care needs, which puts the person at the centre of their own support. TAM has been designed for people experiencing multiple disadvantage – a combination of social problems such as homelessness, substance use, mental ill health which are co-occurring (all experienced at once) and mutually reinforcing (one issue makes the other worse and so on). People in this situation often have many different professionals, from different services and sectors, involved in their support – but without an agreed approach to communication, shared support planning and goal setting, people can feel confused about what is available to them, and interventions can duplicate each other or not happen at all.

The Team Around Me structure can be used for any meeting where professionals need to come together to support someone who has care and/or support needs. Different services call these meetings different things – multi-agency meetings, case conferences, professionals meetings, MDT meetings - and meetings often don't have consistent structures or agendas. TAM provides a clear, consistent, strengths based, trauma informed and co-produced way to hold any of these meetings, in any circumstance.

## Aims of the Team Around Me model

- To put the person at the centre of their support, and ensure that their personally identified goals and challenges are central to any actions being agreed and taken.
- To improve multi-agency working between different services, by ensuring goals are shared, each service is clear on what action they should be taking, and any challenges and risks are discussed and managed collaboratively.
- To enable services to gather data on service level and systemic issues which affect the people they support, so they can feed this data back to system or area leaders in order to evidence the need for change.

## 2. The four principles of Team Around Me

Team Around Me is based around four key principles:

### 1 Strengths based

“The meeting started by acknowledging the client’s achievement and she was overwhelmed by how far she had come, as she generally suffers with low self-esteem. The meeting was extremely uplifting.”  
(TAM stakeholder)

Meetings begin by everyone in attendance acknowledging strengths, positive attributes and progress made, both by the person and by the services that support them, before addressing any challenges.

### 2 Trauma informed

I felt really really empowered

(client who attended their TAM)

Many people report having had negative experiences of accessing services and attending meetings, often rooted in previous trauma going as far back as childhood. Understandably, these adverse past experiences impact on their ability to trust new professionals and support systems, and many people report a sense of powerlessness and a lack of choice when it comes to accessing the range of services, they need to get their multiple needs met. TAM meetings are designed and structured to ensure that the resident has choice, control and agency at all times. They should be prepared and comfortable with the structure of the meeting and who is attending before it happens, and their emotional safety is prioritised throughout.

### 3 Co-produced

“Whenever there was a meeting held about me – my needs, my concerns – I was the only person not in the room.”  
(client speaking about past experiences)

TAMs are designed to be collaborative spaces, where the person’s goals and priorities are central to the discussion. Team Around Me as an approach aims to challenge the traditional power dynamics between professionals and people who use services, which often result in people not being invited to meetings which are all about them!



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## Systems focused

“ I have never seen a meeting structure that works to identify system blockages. So, the fact that we can actually do action research as we are going on, gives us the potential to have massive long-term impact. ”

(TAM stakeholder)

TAM meetings go beyond focusing on just an individual person. TAMs support attendees to consider how they could tackle blocks and barriers that exist in services, or in the wider ‘system’, which may be preventing a resident from achieving their goals. If a block or barrier can’t be overcome in the meeting, TAMs provide an easy way for services to gather data on recurrent blocks and barriers that might be affecting the people who use their service. This data can be fed back to service leads and commissioners, to evidence what isn’t working and what might need to change.

### 3. When to call a Team Around Me meeting

The process starts with an individual experiencing multiple disadvantage or a support provider working with them identifying that it would be useful to bring together the person’s support network, in order to create a collaborative action plan and work through any challenges. A TAM meeting can be organised by any person in any sector – so it may be an adult social care practitioner, a substance use worker, a hostel staff member, an IDVA – anyone who is involved in supporting the person.

There are many reasons it could be useful to bring together a person and their network, but some examples of reasons to arrange a TAM are:

- A person has moved in to a new accommodation project, and it would be useful for people to meet and share information and plan how best to support them in their new home.
- A person may have a lot of ongoing challenges and risks, and their network need a clear and cohesive plan to support them and keep them safe.
- A person may have a number of goals or challenges that need addressing at once, and a number of professionals they are working with. A TAM will enable a clear plan to be made.
- A person and the professionals they are working with are encountering a challenge – for example, lack of suitable treatment options or accommodation, and the network can use a TAM to explore this challenge and see if any progress can be made.



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## 4. How to organise a TAM meeting

Calling a TAM meeting is a simple process. TAMs are designed to be used as a framework for bringing people together, any time a meeting needs to be held. Ideally, the person will choose which professional they would like to organise the TAM. If the person is unwell, not contactable or not working closely with anyone, any professional can arrange the TAM – it will usually be the person who is working most closely or regularly with them.

To organise a TAM meeting, the professional just needs to email other people in the person's support network, and invite them to come together on a specific date and time. TAM meetings are designed to be co-produced spaces – so wherever possible, the person that the meeting is about should attend, and the meeting should be set up in a way which enables them to be there according to their preferences and support needs.

### Things to consider



#### → Should the meeting be in person or online

Which would the person prefer? If they find it intimidating or difficult to meet with professionals in person, could a professional take a laptop or tablet to their home/wherever they are, and support them to join a virtual meeting? If the meeting is in person, can professionals go to the location most convenient to the individual – their hostel or their flat (if they want this), a service they use often, even an outside space like a park if that is their preference and you can ensure it is safe/confidential!

#### → How can TAMs be co-produced if the person isn't able or willing to attend?

If this is the case, the professional that works most closely with the person can speak to them before the meeting about what their goals priorities and challenges are, and then bring these to the meeting on their behalf. They can then feed back to the person after the meeting.

#### → Who should attend?

The TAM framework can be used for any meeting where services come together to talk about a someone's support – they can be big 'case conference' meetings if that is necessary, or they can be smaller meetings to catch up, celebrate progress and plan next steps. A TAM meeting could be just the individual, their hostel worker, and their substance use worker, for example. There is no need to invite lots of people for the sake of it – only invite people who have current, meaningful connection with the person. The person may also want someone from their personal network to attend, such as a friend or family member.





## Who should chair the meeting and who should take minutes?

Any professional from any service can chair the meeting. TAM gives a clear framework for the meeting to follow, so the chair just needs to follow that and ensure that everyone at the meeting has time and space to talk, and feels safe and heard. Usually the person who has organised the meeting can chair, but this doesn't need to be the case. If the network meets regularly, you may want to take turns chairing and taking minutes. The individual may want to chair the meeting themselves – if they do, then it's useful to check if they would need any support or adaptations in order to enable this.

## 5. The TAM meeting

TAM meetings should always follow this process:

1. **Introductions and check in** — everyone has the opportunity to introduce themselves, their role, and to say how they are today.
2. **Strengths and positives** — everyone at the meeting has the opportunity to reflect on the individual's strengths and/or positive progress that has been made recently. People can also share positive progress made by services. These can be big achievements or small steps – either way, recognising and celebrating strengths helps to empower the resident, enables them to recognise their own resilience, and ultimately creates a positive atmosphere for everyone.

Some examples of strengths and positives could be:

- The person has moved in to their new accommodation and has been mostly staying there.
- The person has been able to access medication that they need.
- The person attended a meeting/had a catch up with one of their support network this week.
- The person asked for support with something they're finding difficult.
- The person disclosed that something is making them feel unsafe and asked for help.
- The person talked about something that they want to do in the future.

3. **Goals and actions** — the person or the professional representing them will go through each of the person's goals. For each goal, those attending will decide what action needs to be taken, who will do it, and by when.

For example:

- **Goal** — Greg wants to get his Universal Credit claim sorted.
- **Action** — Elouise his outreach worker will support him to do this as he can't use computers.
- **Who** — Elouise or one of her team if she's not available.



**By when** — this needs to happen this week if possible – as Greg is sleeping rough and it's hard to find him, everyone in the network can let him know if they see him that he can drop in to the day centre any afternoon this week, and Elouise or another staff member will help him do his claim.

**4. If the issue remains a challenge** — hopefully, most goals will have clear actions and people able to carry out these actions. Some things may remain a challenge, however, and require more in-depth discussion to try and move forward.

Some examples of issues which may not have a clear resolution could be:

- The person wants to access therapy to help them deal with childhood trauma, but as they are drinking/using drugs, the service you referred to says they're not eligible.
- The person is sleeping rough and in desperate need of housing, but they say they will only be housed with their partner, and there is no provision for couples in the borough.
- The person is presenting as mentally unwell and the hostel where they live are very worried, but mental health services say they don't meet the criteria for treatment or specialist mental health support as their presentation is likely to be related to substance use.

At this point, attendees of the meeting can discuss each challenge using the following process, to help them guide the conversation and make progress towards some actions.

**Aspiration** — what would the person/the service/you like to achieve if the system could be changed or the issue unblocked? Could it benefit other resident and/or improve how services work together?

**Block** — what is getting in the way of this happening at the moment – what are the problems – either in the system or at a service level?

**Reflection** — what are people's thoughts about this issue?

**Questions** — what do we need to know or do in order to start tackling this issue? Is there anything we need to clarify? Are there differences of opinion between services? Can we explore these differences? Are there different remits of services? What does the individual themselves think about these issues? What are the goals of each service when it comes to this issue – do we have a shared goal?

**Actions** — what are we able to do about the issue/system blockage today, within this case conference? What do we need to do after this meeting?: How, when, where & who with?

**5. Close and debrief** — every TAM meeting should end by going round the group to ensure each attendee is clear on their actions. If needed, you might decide as a group to arrange the date for the next meeting. Everyone in the group should be given an opportunity to ‘check out’ at the end of the meeting – to say how they are feeling, what they might do next etc. If the person is attending, it is best practice to ensure they have a space after the meeting to debrief with one worker they have a positive relationship with, in case they found the meeting triggering or challenging.

## 6. After the TAM meeting

After the meeting, the professional in charge of minutes should write up clear, concise minutes from the meeting, using the TAM form, and circulate to those in attendance via email within 48 hours.

For any challenges which the group were not able to make progress with – for example, because they are part of a wider more systemic problem, or caused by a local issue that no one at the meeting has the power to change, the challenge should be logged. Different services and areas will have different systems in place for logging your challenges – speak to your manager for more information. Over time, collecting this information will form a useful data set which services can take to organisational leads and/or commissioners, to evidence the need for changes that need to happen/services that need to be made available.

## 7. More information and support

The Team Around Me model was evaluated in 2022 [Full report can be viewed here.](#)

If you need support to set up a TAM, would like to book training for your team or need any other information, please contact [Lucy Campbell](mailto:Lucy.Campbell@shp.org.uk) [lucy.campbell@shp.org.uk](mailto:Lucy.Campbell@shp.org.uk).

