

## FLIC Team Around Me Model of Multi-Agency Support: PraxisCollab summary evaluation report

### 1. Introduction

Team Around Me (TAM) was designed to improve the approach to multi-agency support for people experiencing multiple disadvantage. TAM incorporates a tool and principles to encourage a more proactive, positive, and solution-focussed approach to designing a package of care. In addition, TAM has a strategic aim to collate and communicate information about system barriers to commissioners and drive system changes for people experiencing multiple disadvantage.

**1.1 Project delivery:** TAM was designed by FLIC in conjunction with Islington Pause and has been adopted in a variety of ways by services and local authorities across England.<sup>1</sup>

**1.2 The key principles of TAM:** Individuals referred into TAM can take a lead role in the meeting. Input and engagement from the individual referred into TAM is crucial. The approach is structured to be asset-based, solution focussed and promotes person-centred care where the objectives of the individual are prioritised. The approach taken is non-hierarchical and collaborative.

**1.3 Key strengths of the model:** The person referred to TAM is present at meetings, and this transforms the style of conversation and allows for practitioners to consider the perspective from the person requiring support. A dedicated lead worker of the individual's choosing acts as an advocate for them to help progress the actions and keep services accountable for delivering what they say they will.

**1.4 Challenges:** TAM requires time and resource as well as cross sector and commissioner buy-in is required for TAM to operate effectively. Maintaining fidelity to the model so that delivery and exploration of any impacts can be assessed effectively is also a challenge, making pre-TAM training and strategic buy-in an important aspect of the delivery.

**1.5 Outcomes for people referred into TAM:** Individuals were reported to feel valued, heard, and cared for through the implementation of the principles of person-centred care. They were noted to have improved agency, choice, and decision-making power about their support options and how this is provided.

**1.6 Outcomes for practitioners:** Practitioners reported improved understanding about the realities and impacts for people who experience multiple disadvantage and to acknowledge how trauma might influence the ways in which people interact with support services.

An underutilised systems change tool, stretched practitioners and a lack of standardised process for collating and communicating systems change thinking meant that this aim was not achieved as was originally hoped.

### 1.7 Summary recommendations

- Further define the model of TAM and the principles, to help illustrate what TAM incorporates and help retain fidelity to the model in future implementation.
- Encourage more individuals to run or lead their own meetings and enable people to have a level of involvement in the meeting that feels right for them.
- Consider a simplified process and tool for sharing information with commissioners and build in feedback loops so that practitioners know what their contributions lead to in terms of system changes.
- Consider developing a short, simple evaluation tool to capture feedback from TAM participants on a systematic basis, to strengthen the evidence of the effectiveness and to help improve the model further.

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<sup>1</sup> This evaluation focussed on TAM in two London boroughs. Please read the full evaluation report and methodology for more details.

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## 2. Introduction

### 2.1 Context and rationale for developing Team Around Me

In the course of delivering frontline services, FLIC observed key challenges in their work with people experiencing multiple disadvantage. The main themes include:

- The existing multi-agency (MARAC) forum did not offer sufficient time for and was not equipped to address the complexity of circumstances for people experiencing multiple disadvantage. This often meant that victims/survivors experiencing housing, substance misuse and mental health issues struggled to access services in the way that they were provided.
- The case conferences or multi-agency meetings held for people experiencing multiple disadvantage followed no standardised structure (including no consistency in terms of agenda, minutes, or action planning) and a lack of person-centred approach.
- The meeting culture sometimes meant that professionals would characterise individuals (many of whom had long been known to multiple services in the area) in negative terms, and with a lack of hope and ambition about the potential for positive change for the individual.
- At multi-agency meetings where the person referred into the forum was present, the lack of a trauma-informed approach meant that individuals could be called upon to recount painful experiences to a large group of professionals, many of whom they may not know or feel comfortable with.

Consequently, the then-Islington VAWG Commissioner brought together a subgroup of local services/practitioners to explore how to better support victims/survivors of DVA/VAWG who also experience multiple disadvantage. From this subgroup, FLIC and Pause Islington, a service that provides an intensive 18-month intervention for women who have had multiple children removed from their care, collaborated to design Team Around Me.

### 2.2 Aims of Team Around Me (TAM) project

The key aims and objectives of the TAM project included:

- Conduct multi-agency meetings in a way that enables people with multiple disadvantage to play an equal part in how their support is designed and delivered.
- Deliver training to enhance the knowledge, understanding of practitioners across voluntary and statutory sectors about multiple disadvantage and its impacts on individuals.
- Collate and communicate information about system blockages noted to build evidence for contributing towards system change.

### 2.3 Design and delivery of Team Around Me

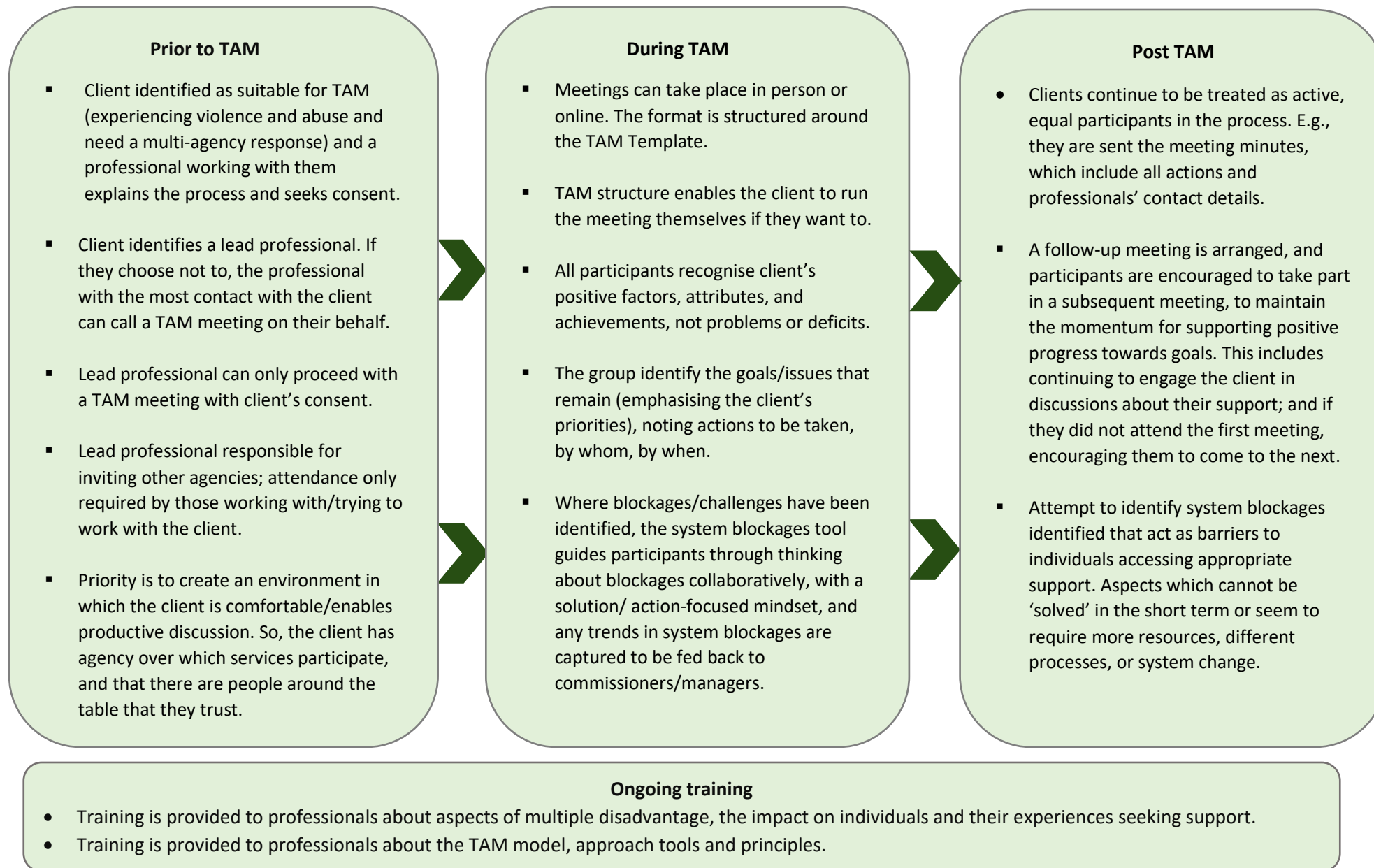
Team Around Me is an approach for holding multi-agency meetings, to better support people facing multiple disadvantage, by bringing the different professionals engaged with them into an environment that disrupts the multi-agency meeting status quo.

TAM incorporates operational as well as strategic activities:

- The TAM tool guides and structures the multi-agency meeting to include the individual referred in, plan their support and progress towards their goals.
- TAM also encourages the stakeholders that attend the TAM meeting to identify, communicate and collate evidence of system blockages or barriers they notice in their work, communicate the themes to commissioners and decision makers to promote system change.
- FLIC also designed accompanying training to support teams and local authority to learn about the value and approach of TAM and how they can implement it in their area.

The model was designed in 2019. TAM training has been delivered in different locations in England which has led to TAM being adopted in several areas. However, this evaluation focuses on the two London boroughs in which FLIC have had more opportunity to embed the model and influence the delivery according to the core TAM principles. TAM is used regularly in these two boroughs, and training has taken place to upskill a range of practitioners from the substance misuse and homelessness sectors.

### 3. The Team Around Me process: Before, during and after TAM



## 4. Guiding Principles and Approach of Team Around Me

*"I think she got the opportunity to speak first about how she was feeling about everything. Any decisions weren't made without her ... actually I think she said, 'I'll just do this bit and then I don't want to do any more', and actually she sat through it"* (Partner Stakeholder)

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Some level of client participation and agency is a prerequisite for holding a TAM: the client is encouraged to outline their own priorities and discuss experiences of services.

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TAM requires professionals to approach the meeting with a proactive stance, ready to focus on client priorities to make positive progress in their lives and seek ways to create system change and cultural shifts in services.

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*"Rather than 'you've not done this, what are you going to change about that?' I think it's about the onus on the professionals."* (Partner Stakeholder)

*"She would say 'no I don't want to go to meetings, I don't want that attention on me', but also, 'people don't listen to me'... So, it was kind of a bit of partnership working with me and the residential worker to ... encourage [her] to engage with it. And say listen...I get your reticence about attending, but we want you to be able to voice everything."* (Partner Stakeholder)

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Collaboration is required to help the client to feel comfortable engaging in the process, i.e., partnership working between trusted professionals to build client confidence that a TAM would be different to the usual practice of multi-agency meetings

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TAM takes a strengths-based approach: the meeting starts with all participants focusing on the client's strengths/positive attributes and actions: what is going right for the client, not what professionals believe the client is doing wrong

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*"It was really clear with starting this meeting with 'this young woman has done extremely well, let's hear back from everyone ... what are the positives?' ...So, she got a really clear message that she was working really well with professionals, was disclosing difficult things, and trusting different professionals about hearing that information."* (Partner Stakeholder)

*"I think it got easier once I had a relationship, because providers, once they knew me and they'd seen me supporting the client at all of these meetings, it seemed to give them more incentive to sit around a table and have a Team Around Me."* (Partner Stakeholder)

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To support multi-agency commitment to the TAM process, the lead professional must demonstrate their ability to both advocate strongly for the client, and take the lead in pulling the TAM together (particularly important given the time commitment for arranging and delivering a TAM)

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A non-hierarchical approach means that clients are encouraged to engage as active, equal participants. This can include taking a leadership role in meetings if they wish.

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*"So, one of our women wanted to chair the TAM, very exciting. She ended up not doing it, but I think it shows how much ownership she felt over the process."* (Partner Stakeholder)

## 5. Evidence of impact on the desired outcomes of Team Around Me

This section documents the evidence available about the impact on people who accessed support through TAM, practitioners and services that provide support and the systems within which these individuals and groups interact.

### 5.1 Impacts for people accessing support through TAM

#### 5.1.1 *Improved representation of the experience and impact of multiple disadvantage*

There were reported improvements in the way that peoples' circumstances were discussed in meetings. By providing a framework where the individual is present, their lived experiences remained the focus of support planning discussions, resulting in more supportive meeting environments and appropriate tone of discussions. TAM has provided a way to refocus on the intersecting experiences that happen to individuals, and how support services can respond in a way that is helpful.

*"It has been an incredibly useful tool for being able to sort of control the narrative of spaces where women are discussed, and to make those spaces more trauma informed, and have their intersectional multiple disadvantage, acknowledged and heard in a much fairer space." (Partner Stakeholder)*

#### 5.1.2 *Increased decision-making and agency*

TAM helped to return the agency and decision-making to people that is often removed by systems and processes. TAM enabled people to be fully involved in planning their own support towards achieving their own goals:

*"I think too often like we forget that actually, we're making massive decisions about people's lives all the time, like where they should live, and what medication they should have, and who's going to be the primary person that's caring for them. All of that choice and control is just removed in the way that we naturally work with people. So, I think kind of trying to turn that on its head and give that back to people is probably a really major thing." (FLIC Stakeholder)*

People engaged in TAM were provided with support choices, and their involvement in the meetings enabled them to make practitioners and services accountable for actions assigned to them. This included the opportunity to chair the meeting and choose who attended:

*"It was very empowering to be able to choose who was present. I remember being asked who I wanted there, and I chose the people who I knew who would listen to me." (TAM participant)*

Involving people in their own support enables individuals to move from a sense that care and support is something which is done *to them*, to something in which their wishes and priorities are central:

*"...not just updating clients, but actually saying, you know, you're instrumental to this process of decision making and the support that you receive." (FLIC Stakeholder)*

#### 5.1.3 *Acknowledging progress*

It also provided a place for individuals to hear feedback that reflected on their journeys through support services. One TAM participant commented on how the meeting minutes provided a tangible record of their progress:

*"I personally really liked that fact that I had minutes; it's helpful to have a copy and made me feel included. I think having all the information available and the minutes will help you prove all the work you've done." (TAM participant)*

#### **5.1.4 Feeling seen, heard, and cared for**

For people accessing support, TAM provided a way for them to be seen, heard, and cared for. This was reported to happen through encouraging practitioners to focus on their priorities, creating a sense of safety, having people involved in their support who genuinely want to help, and being able to steer the approach to the support they receive as they are part of the planning, discussion, and reflection of care planning.

Sitting in a meeting with multi-agency professionals enabled people to feel heard. TAM provides a framework to focus all attention and support on the individual's goals, minimising the opportunity for these to be lost in the more general manner of multi-agency working. People accessing support through TAM reported that the process, the things that they say and the things that are important to them are discussed and reflected back, with practitioners agreeing what actions they will take to support them in their goals:

*'Having them (TAM meetings) regularly and people being appropriately trained and skilled enough to do it. If [service] had adopted to this style of meetings it would have helped me sooner. So, more people being trained to use this will stop people being ignored.'* (TAM participant).

*"But what we hear is, it makes them feel heard when previously they haven't been heard, because they've not even been ... in the meetings to be heard. It makes them feel cared for a lot of the times."* (FLIC Stakeholder)

Stakeholders described how the TAM approach helped to demonstrate that the support network was a real, tangible resource:

*"...all of her key workers from the various services are meeting together because we care about her can feel really validating ...and I suppose it's kind of showing someone that they've got the support network, if they feel really lonely, that actually there's like six people that really care. And they're coming together every week to see how they can help them."* (FLIC Stakeholder)

One described how this translated into a changed perception about the support from those around them, leading people to feel cared for:

*"She started to return more and more to the hostel and said, you're all looking for me, aren't you? ... Everyone's always coming to find me. Why is that? You care, don't you? and that started to be the kind of the narrative that she created around that was that there was, people care about me, there's a network people are talking to each other."* (Partner stakeholder)

In some cases, relationships with support workers improved following involvement in TAM:

*"I think it (the TAM) improved my relationship with staff at the hostel."* (TAM participant)

#### **5.1.5 Creating a sense of safety from which to make other positive changes**

Feeling safe, heard, and cared for provide some of the essential foundations for individuals to enact other positive changes in their lives. TAM was reported to positively contribute towards this in a variety of ways.

Having professionals that listen and are invested in individuals' care, having agency over the meeting, and assigning actions to practitioners that translate into meaningful support, all helped to improve the sense of safety:

*"I think that I felt positive about the fact because I felt safe. I didn't feel overlooked or not listen to... the skill set of the team was excellent."* (TAM participant)

*"Being able to meet at a location of my choosing that I felt was safe".* (TAM participant)

In addition, respondents noted that TAM supported people in being able to make positive changes in their social circumstances, particularly in relation to improved housing situations:

*"I wanted to get out of that hostel. Which I did." (TAM participant)*

*"We managed to build in a Housing First worker who then worked with her and then took the lead in the case conferencing. And then she came off the Safe Space list and they moved to monthly meetings. And I believe her Navigator is now taking us back step., and she's starting to view properties. And it's a very small network now, but it's really strong, good relationships." (Partner Stakeholder).*

#### **Facilitators to success for the positive outcomes for people engaged in TAM**

- Giving people referred to TAM more information about the roles, responsibilities, and contact details of the TAM stakeholders
- Encouraging people referred to TAM to run the meeting or to contribute in a way that feels manageable and meaningful for them
- Ensuring that the person referred in has a trusting relationship with one or more person in the meeting
- Representatives from partner services to follow through with the actions of practical support and doing what was agreed
- Maintaining a flexible approach, which respects individuals' lived experience and circumstances
- Retaining a strong focus on the core principles of TAM and ensuring that they are not lost, supporting fidelity to the model

## **5.2 Difference made to practitioners and services**

The TAM structure and core principles ensure a different approach for holding a multi-agency meeting. This was reported as making a difference to participating practitioners and partner services.

### **5.2.1 Changing the narrative through person-centred care**

Changes have been noted in the way that wider groups of professionals understand and talk about peoples' experiences. By participating in TAM, stakeholders develop their knowledge about multiple disadvantage and the way that these experiences may affect how people interact with support, creating more awareness and flexibility with how support can be provided.

TAM focuses attention on what has happened to someone rather than on whether someone has engaged or not in a service, or assessments of their motivation to change. The individual is seen in terms of their strengths, rather than the labels they may have previously been given. It provides a framework for person-centred care to be enacted in practice:

*"It has allowed us to influence other professionals and other organisations a great deal in terms of creating a space that really keeps the clients experience at the centre, rather than a narrative created by someone's misconceptions or prejudices..." (Partner Stakeholder)*

A strengths-based approach also helps to create a positive environment, and an encouraging starting point, for a solution-focused meeting that is ambitious for the individual in helping them to move forward with their goals:

*"And I've seen it done where every person who comes is encouraged to say something that is a strength, which is really useful, because sometimes there would be a professional who might not have met the client...So when we come and we all say something positive, and even someone who hasn't met them can then reflect something positive." (Partner Stakeholder)*

This requires the lead professional to retain a strong focus on this core TAM principle through careful management of the meeting and stakeholder relationships, to help foster the development of a wider

cultural shift in which professionals view people’s experiences and responses to care in a more rounded manner:

*“If you send out the format and the notes on [TAM] and say to everyone please have a look at this before the meeting so you know how it’s going to go. And people don’t, you know, sometimes... So [I] say ok I’ll skip you and come back, think of something in the meantime... what it seems to do is it means that people get more reflective and more holistic.” (Partner Stakeholder)*

### **5.2.2 Improving partnership working**

Respondents noted that TAM led to improved collaboration between practitioners and organisations, by creating the feeling that they were all working together, with responsibility spread across the multi-agency group rather than held by one practitioner, team, or service:

*“There’s much more of a sense of collaboration and teamwork I guess...with Team Around Me I’ve got a sense of things are going to move, the client feels really good about what’s just happened; we’ve all got actions that need to be achieved in certain time scales.” (Partner Stakeholder)*

This partnership working was also linked to improvements in productivity within and across services.

*“Massive increase in productivity, as well, for staff teams, that we’re not duplicating work, we’re not pulling in different directions. It’s really positive.” (Partner Stakeholder)*

TAM stakeholders also noted that frontline staff report feeling more confident and valued in their work: they are invited to the meetings, and both their opinions and their relationships with those they support are acknowledged.

*“That’s been very powerful for frontline, hostel, and advocacy workers to feel like their voices are important and their experiences and perceptions of the clients are valued as well.” (Partner Stakeholder)*

<b>Facilitators of successful outcomes for services</b>
<ul style="list-style-type: none"><li>• The structure of the tool to keep conversations positive, solution-focused, and productive</li><li>• Clear recording, monitoring, and stipulating who is responsible for which tasks to avoid duplication and provide accountability</li><li>• Lead professional willing and able to maintain focus on the TAM core principles, keep participants ‘on track’, and drive the process forward from beginning to end</li><li>• Clear communication and follow up processes that include the TAM participant</li></ul>

### **5.3 Difference made to the systems**

A key aim of TAM is for practitioners to collate and communicate the system barriers impeding people from progressing with their goals and recovering from their experiences of multiple disadvantage.

There was less evidence available to demonstrate TAM’s impact on systems, but respondents provided some examples of practitioners using this approach to navigate systems to achieve a positive outcome for an individual they support or within individual services.

### **5.3.1 System blockages identified**

Stakeholders had a clear awareness and understanding of the problems that exist within the system, and the impact of the barriers on services and individuals as well as what needs to change. They noted several main themes that occurred frequently in their roles:

- The complexity of the current systems and how difficult they are to navigate for people experiencing multiple disadvantage
- Challenges with securing access to rights and entitlements, including assessment and referrals to specialist services such as substitute prescribing for substance misuse
- Access to safe and appropriate housing
- Safeguarding for adult women experiencing VAWG and multiple disadvantage
- Local and national policy governing the responses about these key issues

Despite awareness of these aspects, a clear process for collecting the evidence, analysing the data, and communicating it to commissioners was not systematically implemented or utilised.

### **5.3.2 Some successful changes achieved for individuals**

Some successful changes for individuals were reported. For instance, the TAM process helped an individual to get a Care Act assessment following a year of inaction by local services:

*“...it was going between adult social care, the drug service, and the mental health team for a year. And at some point, the commissioner came and was able to say, who had the actual responsibility to deliver the care act assessment.”* (FLIC Stakeholder)

However, this did not equate to systems change that benefited others in a similar position.

Similarly, a respondent described how bringing key services together through the TAM process facilitated a fresh discussion about how to streamline the prescribing process for people experiencing multiple disadvantage in one borough. The current process was amended and simplified, enabling three people to be assessed for substitute prescribing in a way that was more helpful to them:

*“And so, we worked something out with [location] whereby we do the assessments, and you can do them bit by bit...and when you’ve got their assessment you send it off to the [location] drug service and then the [location] drug service gets them an appointment, and then there’s only one appointment for them to go to get a script.”* (Partner Stakeholder)

However, change was enabled through informal processes and conversations, rather than via structured or standardised approaches:

*“I think that’s why it works the way when it has worked. It’s through offloading informally to people like [interviewee] and I, who we’re in sort of middle management roles, who then might be able to just about put a piece of work together...but there’s no formalised feedback loop on it at all.”* (FLIC stakeholder).

### **5.3.3 System change tools and processes underutilised**

There was a consensus amongst the stakeholders that within the current process, the system change aspect of TAM was not operating in the way that was originally hoped. In particular, practitioners were not widely using the system change part of the existing TAM tool:

*“But it's helpful as a group to acknowledge those, the system's thinking part of it doesn't always happen. And it's probably the part of it that's kind of most shaky, or kind of least followed through on. But I think it creates space for that kind of thinking.”* (FLIC Stakeholder)

A systematic process for communicating any blockages or barriers that were identified through to commissioners was reported to not have been identified or implemented:

*“We have never managed to find a really good process for doing that yet.”* (FLIC Stakeholder)

In addition, there was a lack of systematic and standardised approach to collating information about blockages, which would help to build stronger evidence for the changes required:

*“I would love to find a way to collate the qualitative data... if there's a way to collate the systemic blockages more easily without losing important data, I would like to have that.”* (Partner stakeholder)

#### **5.3.4 Limits to the TAM sphere of influence**

It was acknowledged that some of the systems barriers that impact on people experiencing multiple disadvantage are too large and beyond the scope of TAM to effect any meaningful change. For example, one respondent noted that the scale of the barrier around ensuring digital inclusion for the DWP systems and processes, particularly for this client group, is a national challenge:

*“There are some things which are, you know, massive systems, which we're never going to kind of necessarily influence with, with things like TAM.”* (FLIC Stakeholder)

Despite this challenge, some stakeholders were still encouraged that the TAM approach provided an opportunity to make small changes to systems where possible, and contribute to the wider evidence gathering exercise that can be used to knock on the door of decision-makers, and advocate for change:

*“I guess some things are so big. A lot of stuff that come up for me is the housing crisis in London; there's just no answer to that, I mean there is, but it's national policy and not micro level. I guess it is trying to break things down as much as possible into individual actions and plugging away at those, and seeing it as a long-term thing, rather than something we can fix today...”* (Partner Stakeholder)

#### **5.3.5 Beyond the scope of practitioner roles and responsibilities**

Stakeholders noted challenges related to practitioner willingness to undertake the TAM system change work, which is not usually incorporated into practitioner roles and responsibilities. As such, some may lack confidence, skills, and expertise in this area, or have little time to dedicate when they are based in busy frontline services supporting people with immediate needs:

*“...working evenings, working weekends, I kind of think, what obligations...they're probably like, ‘Oh you know, it's not my job to look at systems and see how they're not working’.”* (Partner Stakeholder)

A stakeholder commented that the systems change aspect might be better placed in a management role:

*“What's working really well for us is page 1 and 2, your goals, what do you want, how are you going to achieve that and who's going to do it. But once we get to the systems thinking, I actually think we need to make that the job of senior management or commissioners actually.”* (Partner stakeholder)

This strategic aspect of the TAM project was ambitious and unsurprisingly, given the nature and scale of the task, was not achieved as was originally anticipated. Evidence suggests, the current process and tool are not working sufficiently well to achieve the project aims, and there is little evidence of system change having occurred as a result of TAM. However, through this work, FLIC have shed light on some important systems

challenges, and highlighted the importance of collecting stronger evidence to achieve systems change for people experiencing multiple disadvantage.

Further work is needed to develop a tool and process that is simple, congruent with the style of delivery, situates the responsibilities in the most appropriate roles, and clarifies expectations. An improved feedback loop about information shared with commissioners and decisions made about changes to systems, alongside standardised recording of the system blockages themes would be helpful.

## 6. Delivery Successes

The table below shows the key strengths of the design and delivery of the project, as well as factors related to TAM which have contributed to success. These factors acted as enablers for achieving the outcomes described above.

Description	Example
<p><b>Creating clarity:</b> Respondents report that the TAM meeting tool provides good structure and clarity about the process.</p>	<p><i>“And also, being kept quite strictly to the format; a lot of meetings there’s no format and you just chat ...people can stay stuck in the same narratives they’ve had about the client for ages... [with TAM] I’ve got a sense of things are going to move ... we’ve all got actions that need to be achieved in certain time scales.”</i> (FLIC Stakeholder)</p>
<p><b>Person-centred, empowering change:</b> Emphasis on engaging with and seeking input from the person referred to TAM during the meeting helps to create a more positive experience, in which the individual feels more empowered and able to advocate for themselves.</p>	<p><i>“Every session, it’s like ‘what do you think? Do you agree with what’s just been said?’... at every point, go back to her. ‘The probation worker has just said this – do you agree?’”</i> (Partner Stakeholder)</p>
<p><b>Professional accountability:</b> Participating professionals are expected to problem-solve as a team and deliver on commitments made during the meetings. Sharing the Minutes and contact details of the professionals with the TAM participant contributes to accountability around actions.</p>	<p><i>“As the person the meeting is about, you can say so and so said they were going to do this, oh look, here’s their phone number, I can call them and find out if they did it... it puts a lot of power back in [client] hands, where it belongs.”</i> (Partner Stakeholder)</p>
<p><b>Working closely and holistically to support people where they were (geographically):</b> TAM delivery seems to work particularly well in services operating locally to where the person lives, as this familiarity supports attendance and engagement.</p>	<p><i>“Because we’re based where they’re living, so it’s easier for them to get to it...we’ve had a lot more participation from clients at their Team Around Me’s. And their feedback’s been amazing.”</i> (Partner Stakeholder)</p>
<p><b>Challenging presumptions:</b> The TAM process asks that professionals think differently about the experiences and needs of people experiencing multiple disadvantage, challenging them to reframe and reset their engagement with people they support. This helps to promote greater understanding and willingness to support people to progress towards their own goals.</p>	<p><i>“It is such a massive shift, both for professionals and clients, to say ok, what’s going right?... it means that people get more reflective ...and have a more 360 perspective on what might be going on for the client.”</i> (Partner Stakeholder)</p>
<p><b>A consistent and reliable lead worker:</b> A designated lead worker who engages intensively with the person accessing TAM and acts as their single point of contact helps to galvanise the professional network and drives forward positive change for the individual.</p>	<p><i>“I think is this idea around the lead worker... if you’re in a borough or an area where there isn’t a navigator a FLIC and housing first service, which actually out of London is probably loads of places that we don’t even know about. I think it’d be hard to get it off the ground, to be honest, without that kind of like intensive support team there to hold the cases.”</i> (FLIC Stakeholder)</p>
<p><b>Space for systems thinking:</b> Having dedicated meeting time to think about systemic blockages encourages a wider perspective on the peoples’ experiences and provides a platform for potentially achieving positive changes on a broader scale.</p>	<p><i>“People are able to talk ... really creatively and openly about the issue. And it kind of brings it away at that moment from ‘we have to come up with a solution.’ We’re going to talk more broadly about the problem, no blame, like all getting equally involved in invested in trying to move this problem forward.”</i> (FLIC Stakeholder)</p>

## 7. Delivery Challenges

The table below shows some of the delivery challenges the project experienced, relating to operational factors, design, and the wider TAM format.

Description	Example
<p><b>Accountable systems and processes for collating and reporting system blockages:</b> there have been challenges with reporting pathways to feed system blockages up to commissioners/managers. This reduced the opportunities for consistently collating, analysing, and communicating system blockage themes and what needs to change.</p>	<p><i>“When we started...we took it to the Board, and we got buy-in from everybody there that they would start using it and we could bring all the systemic blockages ... back to the Board so that they could start collating data and figure out where the major problems are in [borough]. I would say within a month ... the Board dissolved and has not been replaced... we don’t have anywhere to take that data.”</i> (Partner Stakeholder)</p>
<p><b>Embedding systems thinking:</b> Stakeholders reflect that services sometimes struggle (due to lack of resources or cultural resistance in the organisation) to make use of the potential learning from identifying system blockages. This impacts on the ability of the TAM model to have a wider systemic impact.</p>	<p><i>“At the end of the training, you say please collate your systems blockages and have someone whose responsibility it is within the service to look at those and see if there is a wider issue that’s coming up in like 5 different cases.... Then how do you start changing that? Whose responsibility is it. Obviously it’s managers, but ...that wider systems thinking, FLIC does it obviously..., but I don’t think other services do that.”</i> (Partner Stakeholder)</p>
<p><b>Time constraints:</b> Stakeholders highlighted challenges with involving individuals in TAM at a time when they may be less engaged with services, and so may not agree to TAM participation until some way into their service engagement period. This sometimes leaves only a short window for someone’s chosen lead professional to support change through the TAM process.</p>	<p><i>“But I guess with the women we’re working with; we get them at a point where they have disengaged and we’re trying to re-engage them and that’s where the work has been. If the woman doesn’t trust you, is she going to sit in a multi-agency meeting, when she doesn’t know you very well.”</i> (Partner Stakeholder)</p>
<p><b>Multiple priorities:</b> Stakeholders noted that professionals sometimes struggled to prioritise arranging and delivering TAMs alongside their other work responsibilities; with challenges finding a suitable time for all professional stakeholders to attend a meeting, particularly for those who work shifts.</p>	<p><i>“I think for a project worker there’s also a lot of pressure there, because you’ve got your key clients ...they are quite complex individuals – and then ...you’ve also got to do your to-do list for the hostel that day. And then incidents crop up and you have to deal with those. There’s a lot to fit in.”</i> (Partner Stakeholder)</p>
<p><b>Siloed services:</b> Stakeholders reflected that particular agencies tend to lead on arranging and delivering TAMs - generally those working most closely with the person referred, with a trusting relationship. If the person leaves the service coordinating the multi-agency TAM work, there is a risk that another service in the TAM network will not pick up the work.</p>	<p><i>“If for some reason that woman disengages with [service], because she just doesn’t want it anymore, it’s hard to know how much of what we’ve tried to instil in that professional network for the woman will carry on. And then I guess it goes back to being a paper exercise in some way.”</i> (Partner Stakeholder)</p>

## 8. Conclusions

### 8.1 Why TAM was developed and what it set out to achieve

TAM was developed due to acknowledgment that the usual operation of multi-agency forums were not effective for people experiencing multiple disadvantage with a range of support needs. An approach was needed that was more inclusive of the individuals experiencing multiple disadvantage, which recognised the reality of their circumstances, and took a more proactive, positive, and solution-focussed approach to designing a package of care.

### 8.2 The model

To achieve this, the TAM model incorporates operational and strategic aims of transforming the experience of meetings and support for individuals using a structured tool as well as contributing to systems change. In addition, the model provides training about multiple disadvantage and the TAM tools and process to a broad range of voluntary and statutory practitioners.

### 8.3 The principles of the approach

TAM principles include involving the person referred to TAM in all stages and empowering them to take a lead role in coordinating the meeting and driving the objectives and support plan (where they feel able to do so). The meeting conversation is designed to be positive, strengths-based, and solution-focused, and a provide person-centred care.

### 8.4 The outcomes from TAM

TAM was found to have made achieved positive outcomes for people who access support, by making them feel valued, heard, and cared for, through the implementation of the principles of person-centred care. TAM was also found to have given back agency, choice and decision-making power to people who have frequently had these aspects removed from them by the systems and services designed to support them. TAM helped people to feel more confident about support options, and to create a sense of safety upon which other positive changes could be made.

For practitioners and services, TAM helped to improve understanding about the realities and impacts for people who experience multiple disadvantage and acknowledge how trauma might influence the ways in which people interact with support services. The model was also reported to improve partnership working and collaboration between services and enhance the provision of person-centred care.

There was less evidence that TAM positively impacted upon system change, as this was an ambitious aim within the scope of this project. This is due to the lack of standardised approach and under-utilisation of this aspect of the tool, and the acknowledgment that some systems barriers are beyond the sphere of influence of this type of project. Practitioners can lack confidence and expertise to approach system change and have less time to dedicate to this from their busy front-line roles. However, some individual successes for people accessing support were noted, including in relation to changes to prescribing processes and achievements in securing a Care Act assessment.

### 8.5 Learning

Facilitators for success include buy-in from commissioners and local services at all staffing levels, fidelity to the model and principles, and participation of the person requiring support.

The process of collating individual TAM-level system blockages and synthesising the data to inform system-level thinking using the current processes is resource-intensive. Currently, the data required to create a robust evidence base to effect system change is not being generated effectively. A simplified, standardised approach to gathering thematic evidence, used systematically in real time during TAMs could improve this.

## 9. Recommendations

This section details practical recommendations for different audiences including FLIC, partner services, TAM forum meetings and Commissioners.

### 9.1 For FLIC

- Continue to provide training on the TAM model and build in a feedback opportunity to test the learning outcomes to build an evidence base about the effectiveness of training.
- Re-evaluate the aspect of the tool designed to collate information about system blockages.
- Simplify the process for collating system blockages and potentially try to collect information about the emerging themes in real time during the TAM meeting, using a standardised tool to ensure data can be collected and analysed in the same way.
- Clarify with practitioners what the ask is when requiring them to do system change thinking. Make this practical and tangible to people who have not undertaken this role before, and make the process part of the TAM meeting, so that they are not required to take on extra tasks within their busy schedules.
- Consider a simplified and systematic process and tool for sharing information periodically with commissioners and decision-makers - build in feedback loops so that practitioners understand what their contributions have led to in terms of system changes.
- Consider working with an impact consultant to develop an appropriate framework to capture relevant evidence that is specifically aligned with the project objectives.
- Consider developing a role that is to support the collation and analysis of system blockage data which then turns the results into key messages that can be disseminated widely.
- Define which system blockages are within the scope of TAM to change and which are not, so that the role is more tailored and realistic. Evaluate further to assess whether the project achieves its aims.
- Further define the model of TAM and the principles, to clarify what it should incorporate to help retain fidelity to the model.
- Consider developing a short, simple evaluation tool to capture feedback from TAM participants on a systematic basis, to strengthen the evidence of the effectiveness and to help improve the model further.
- Consider developing shared measures about changes in the extent to which people have increased trust and confidence of services, improvements in their personal and social circumstances, confidence/agency to make decision about their life, and the extent to which they feel they are being supported towards their own goals.

### 9.2 TAM meetings

- Encourage more individuals to run or lead their own meetings and offer options to choose from about their level of involvement in the meeting that feels right for them.
- Build in time to discuss system blockages and record them using a simple thematic tool.
- Encourage participation from a broad range of statutory and voluntary sectors

### 9.3 Commissioners

- When considering implementing TAM, ensure buy in at a strategic level to examine collated system blockages regularly with a view to unblocking issues/working towards change. Put in place a clear and regular feedback loop with local services to ensure this element of the work is carried out.
- Consider piloting TAM as a mechanism for designing and providing multi-agency support for people experiencing multiple disadvantage – incorporate effective measurement frameworks and fund evaluations to understand the impacts, effectiveness and learning of TAM in different contexts.
- Commission training for all cross-sector practitioners on TAM, trauma-informed approaches and the impacts and effects of multiple disadvantage on how people use and access support.