

Staged
Intervention in
Dundee -
Team Around the
Child Framework



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Introduction

The Team Around the Child Framework is Dundee City's response to wellbeing concerns about children and young people.

This guidance is for all practitioners, leaders/managers and partners within services which provide support to children and young people in Dundee. It builds upon and redefines the staged intervention process introduced in 2013. Team Around the Child (TATC) is the operational embodiment of the single planning and assessment process, including the single planning process for the production of a Child/Young Person's Plan (CYPP). It is a key delivery mechanism for Getting It Right for Every Child (GIRFEC) in Dundee City.

This Framework paper was produced in 2020 by a multi-agency group of practitioners linked to the Dundee GIRFEC Delivery Group and is part of a suite of guidance which includes materials on assessment and planning; the production and maintenance of chronologies; and guidance/supports for those providing GIRFEC support for children and young people. There are clear links to the CELCIS ANEW programme 'Addressing Neglect in Dundee'.

Wellbeing

Getting It Right For Every Child is a model of wellbeing which addresses the needs of all Scotland's children and young people. The Children and Young People (Scotland) Act 2014 places in legislation a definition of wellbeing which outlines eight distinct areas, known as '[SHANARRI](#)' Indicators: safe, healthy, achieving, nurtured, active, respected, responsible and included. These are the basic needs for all children and young people to grow and to develop and to reach their full potential. Within the [National GIRFEC framework](#), wellbeing is assessed using these indicators. The [National Practice Model](#) underpins assessment, planning and delivery of support. Wellbeing is also at the heart of the principles of the [UN Convention on the Rights of the Child](#).

We aim for proactive, early identification of concern and need to allow primary prevention and early intervention by the provision of appropriate and proportionate supports. All practitioners are expected to take a trauma-informed approach in promoting and supporting the wellbeing of children and young people and their families.

The approach to Getting It Right For Every Child in Dundee also takes account of how children and young people's additional support needs impact on their wellbeing, and therefore consider the rights and responsibilities in the Additional Support for Learning (Scotland) Act 2004 which relate to assessment and planning.

The key legislative and policy bases for our work around wellbeing are listed at: ['Wellbeing of CYP - Policy-Guidance List.docx'](#)

Named Person Service

Certain practitioners and managers have key support functions within their responsibilities and have a key role in GIRFEC delivery and the single planning process.

In Dundee, the key coordinating professionals are:

- Pre-Birth to P1 entry – **Health Visitor or Family Nurse**
- P1 entry to S1 entry – **Head Teacher / Depute Head Teacher / Principal Teacher**
- S1 to S6 – **Principal Teacher Guidance / Principal Teacher Support for Learning**
- 15 – 18-year olds who have left school - **Youth Employability Service**
[GIRFEC - Support for 16-18 \(not in school\)](#)

The agreed roles and responsibilities of relevant professionals can be viewed at [Named Person Lead Professional Definition Feb 20.docx](#).

The ANEW project in Dundee has produced the following practice profile to assist professionals working within the named person service: '[GIRFEC Practice Profile.docx](#)'

Information Sharing

The Dundee Partnership practitioners guide to information sharing must be followed in all situations where there are wellbeing concerns which may need to be shared with other relevant professionals: '[Information Sharing Guidance](#)'. If information is to be shared then the reasons, rationale and management decision, if necessary, should be noted and held within single agency records.

Information relating to Child Protection issues must be shared as a matter of urgency, immediately discussed and action taken under single and inter-agency Child Protection Instructions.

Link: [2019 CFS Education CP Instructions September 19](#)

Link: [Inter-Agency CP Instructions](#)

Assessment and Planning

Assessment, analysis and planning, lie at the heart of effective GIRFEC practice. **Full Children and Families Service operational guidance is available from: [Assessment & Planning Guidance](#).**

When a wellbeing need is identified the Named Person is responsible for the assessment and planning of interventions and/or supports. The Named Person should assess need and risk through the [GIRFEC Key Questions](#), [National Practice Model](#) and the [National Risk Assessment Framework](#).

Through the assessment and analysis of the situation the Named Person decides if a TATC meeting is required to support the needs of the child/young person. This is not always necessary as the needs of the child/young person maybe managed and reviewed by the Named Person through universal support.

If the decision is not to call a TATC meeting then the concern, any action taken, and the reasons for this decision must be clearly recorded using each organisation's record keeping system.

If a TATC meeting is called, then a decision must be made upon what level of intervention is required. Link: [TATC Level Definitions 2020.docx](#).

It is important to remember that engagement in this process by parents/carers is voluntary, unless there are Child Protection Concerns or statutory measures of supervision are in place. Intervention should also be at the minimum level required to effect change.

At any point in the process a referral can be made to MASH for advice and guidance regarding an immediate Child Protection concern.

Record Keeping

Effective record keeping practices are paramount in protecting and promoting the wellbeing of children and young people. Rationales for decision making, whether that leads to an action or not, should be clearly recorded as should any decision about sharing or not sharing information.

Assessment information, analysis and plans should be clearly documented and stored within each organisation's record keeping system i.e. Mosaic, Emis.

The Child/Young Person's Plan

A principle of GIRFEC and the Children and Young People's (Scotland) Act 2014 is that each child who requires support whether from a single universal service or several agencies will have this support coordinated and recorded within a Child/Young Person's Plan.

The key elements of the CYPP are:

- A summary of the child's health and wellbeing needs and outcomes to be addressed
- What actions will be taken and when?
- Who is responsible for these actions?
- How will we know if there has been any progress or improvements?

The Named Person is responsible for the plan unless there is an identified Lead Professional. An effective plan should be easy to read (avoiding professional jargon) and must name all the partners to the plan and their responsibilities; include an analysis of assessment information and identified needs; reflect the views of the child/young person and parents/carers; and detail planned actions which are clear and outcomes which are specific, measurable, achievable, relevant and timely (SMART).

Recording of Plans

For children attending an Early Years Establishment or those who are school aged, records of TATC meetings, including outcomes, are held on the Mosaic Case Management system. All CYPP are also recorded on this system. CYPP are produced according to the agreed Tayside template. NHS Tayside staff save all plans within the child/young person's Emis record.

In schools, records of planning at a universal or additional stage of intervention may use the ABLe plan (group or individual) format or an Individual Needs (Able) Plan.

Children/Young People receiving targeted supports will normally have a CYPP. All children/young people receiving intensive supports, including Looked After Children and those on the Child Protection Register, will have a CYPP.

Professionals have the freedom within Mosaic to attach minutes of meetings, evidence of children or young people's views (e.g. photographs of pictures or diagrams, videos) and other information in any format that makes sense to the family and which minimises bureaucracy.

Chronologies

The recording of the significant events in a child's life is vital to support evidenced based decision making. By building an effective chronology the practitioner will have a tool to support the assessment and analysis of wellbeing and of risk. [The Tayside Guidance on Chronologies](#) details the core policy.

In the Dundee Children and Families Service, specific guidance is in place on the use of Chronologies ([C&FS SW Chronology Guidance April 2020.docx](#))
An explanation of the background to this work is at [C&FS SW Chronology Explanatory note April 2020.docx](#).

A bespoke chronology tool has been developed for DCC Children and Families Service within the Mosaic IT system which is used by education and social work children's services. Guidance on its use is at [C&FS SW Mosaic Chronology Guidance.docx](#).

Wellbeing Concerns that are not yet of a significant nature and so are not to be added to the chronology are added as casenotes within Mosaic. Professional judgement is then used to determine when a cumulation of minor concerns may be judged to have become a significant concern which would then be added to chronology. For NHS Tayside staff all significant events should be recorded timely within the child/young person's Emis record.

When interventions require a multi-agency approach, it is the responsibility of the professionals involved to work together to produce an appropriate multi-agency chronology and analysis from their individual agency versions.

Engagement of Children/Young People, Parents and Carers

Attending a TATC meeting can be a daunting experience for children/young people, parents and carers. They may lack confidence in participating or understanding the discussions. The engagement of children/young people and families is fundamental and has a direct impact on achieving positive outcomes for children. To support engagement the Named Person/Chair has a central role in the facilitation of the TATC approach, ensuring that key values and principles are in place prior to the meeting, during the meeting and following the meeting. It is essential the named person or delegated professional complete appropriate assessment (e.g. wellbeing wheel, my world triangle, resilience matrix, summary of information) with the child/young person and their parent/carer in advance of the meeting. This will give the family an overview of the wellbeing indicators to be discussed at the meeting and allow them to state their

own views regarding what is potentially to be discussed at the meeting. This will also allow an informed decision regarding who should be invited to attend the meeting. It is very important to prepare for the TATC meeting using a **whole family perspective**. **This may include liaison with other schools, Early Years Establishments, Health Visitors or other relevant professionals, as appropriate to the family.** There will be aspects of a child's or young person's life that are unique to them as individuals and there will be aspects that are very much dependent on how their family functions. It is also important that TATC meetings are manageable, well led and only have relevant people present.

Key Values and Principles

- Consider whether a 'buddy' could support the process.
- Always have a pre-meeting conversation which covers the reason for the meeting and the wellbeing concern to be discussed; who has been invited; what the meeting will look like; what the child/young person's and families views are and, if appropriate, use of the wellbeing wheel.
- Ensure the atmosphere is welcoming and that the room is the appropriate size for number of attendees. Consider appropriate seating arrangements and refreshments on arrival. Lead on five minute 'small talk' to help to put people at ease
- Consider the framework for the meeting: introductions, time keeping, the order of sharing information (to be discussed and agreed with child and family prior to meeting), uninterrupted time to talk, summarising and re-capping and agreed outcomes.
- During the meeting encourage professionals and families to focus on the here and now, what is going well and what they are hoping can be different.
- Where possible the Child's Plan to be populated/hand written at the meeting, allowing for a copy to be taken away by the child and family.
- End the meeting by setting a review date and thank everyone for their contribution.
- Hold a follow up conversation/debrief with the child and family.

Further guidance is available within Strengthening the Involvement of Children and Families in Decision – Making meetings: A tool for Meetings Chairs (Children 1st).

Young People Aged 16-18

Specific systems are in place for young people who have left school but are not yet 18:

[GIRFEC - Support for 16-18 \(not in school\).docx](#)

[TATC Guidance - 16-18.docx](#)

[Transition Process \(Leaving School\) diagram.docx](#)

Young Carers

Particular attention must be paid and provisions made for Young Carers within the Team Around the Child Process. Young carers support and young carers statements within the CYPP should be a core part of the TATC where a young person has been identified as having caring responsibilities.

Detailed information and resources are available at <https://carersofdundee.org/carers/young-carers/>, including a guide at <https://carersofdundee.org/cms/uploads/young-carers-support-guide-final.pdf>.

Dundee's Young Carers policy has been carefully matched to legislation and should be followed at all times: <https://carersofdundee.org/cms/uploads/young-carers-policy-march2017.pdf>

Dundee City Council and Families Service and Partner Agencies - Stages of Intervention

GIRFEC and the TATC process supports families by making sure children and young people can receive the right help, at the right time, from the right people. The aim is to help them to grow up feeling loved, safe and respected so that they can realise their full potential.

This early intervention approach helps to avoid crisis situations at a later stage and allows families to access support from services that keep the child at the centre of everything they do. Where possible, this should be approached in a proactive and solution focused way building on strengths within the family. Additional support needs can vary over time and so the required stages of intervention may vary depending on the assessment of need.

In education establishments, supporting learning underpins the delivery of Curriculum for Excellence for all children and young people. It is the responsibility of all practitioners and partners to deliver the universal entitlement within their own context and teaching environment.

In Dundee, there are 3 stages of intervention, where children and young people require **additional, targeted** or **intensive** support beyond their **universal** entitlement. At all stages, the Children and Families Service [Good Practice for Supporting Learners Checklist](#) should be used to guide practitioners to appropriate supports.

It is important that available supports within one level are fully considered and utilised before consideration is given to moving support stage. **Any move from one stage of intervention to another must always be discussed, and plans adjusted, at a Team Around the Child Meeting. This is especially important when, e.g. after successful interventions, the level of input required is lessening, and the stage of intervention deescalating, but a clear plan is still needed.**

The FORT (Fast Online and Referral Tracking) system run by Dundee's voluntary agencies also provides a valuable support for professionals: [FORT Briefing Paper.docx](#)

Universal Support

This describes the ordinarily available supports provided by the universal services of NHS Health Visiting Service and Children and Families Service Education. This includes the Universal Health Visiting pathway and the entitlements described in Scotland's Curriculum for Excellence. Most additional learning or wellbeing needs are addressed at this level.

Additional Support

A TATC meeting should be convened when assessment shows that universal resources are insufficient to address the identified wellbeing concern(s). Additional single agency supports and planning processes are therefore required. At this stage, other services or partners may provide consultation and advice to support the interventions. For example, Education professionals (e.g. Primary Head Teacher or Principal Teacher of Guidance) may seek the advice of Dundee Educational Psychology Service (DEPS), the School Nurse Service or the Accessibility and Inclusion Service (AIS) in providing the best support and most appropriate intervention for a child or young person and their family. Similarly, the Health Visitor may seek the assistance of Speech and Language Therapy (SALT) or an Occupational Therapist in providing support to a pre-school child and their family. These support packages may be relatively complex, but they are still within the resource of the single agency.

Planning: in schools, plans should be recorded on an Individual Needs (ABLE) Plan attached to the TATC (Education) workflow on MOSAIC.

ABLE planning is the universal tool for addressing barriers to learning in educational settings (see www.ableschools.org.uk). For many children and young people, concerns about their wellbeing can be met through adaptations to the learning environment, as described in the ABLe framework. An ABLe plan is used to record barriers to learning, the impact on the child/young person and the strategies used to overcome the barriers. If an Individual Needs (ABLE) Plan is required in order to coordinate targeted interventions at TATC Additional level, reference can be made to the ABLe plan within the Individual Needs (ABLE) Plan.

Targeted Support (single or multi-agency)

A TATC meeting should be convened when the analysis of assessment information indicates that there are insufficient resources within the single agency to address the Wellbeing Concern(s). Direct support/targeted interventions from one or more other service provider is required and significant co-ordination is necessary through multi-agency planning and intervention. For example, assessment information may indicate that a Health Practitioner (e.g. School Nursing or CAMHS) and a Voluntary Sector agency (e.g. Young Carers) could play an important role, in addition to Education.

Similarly, the Health Visitor may assess that a Nursery Head Teacher and a Voluntary Sector agency, e.g. Barnardo's Family Counselling Service, could play an important role.

Where there is a need for a child or young person to have some of their education provided out with the school or by another provider, flexible approaches to curriculum delivery will usually be planned for at this level, in line with DCC's policies on [Promoting Inclusion – Reducing Exclusion](#) and [Amended Timetables](#).

Planning at the targeted level will normally be recorded within a **CYPP**.

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Planning at the targeted level will normally be recorded within a **CYPP**.

The TATC meeting will agree who will become Lead Professional, and who will construct, co-ordinate, review and communicate with all partners identified in the CYPP. It is important to note that there will only be one CYPP. This does not exclude other specialist assessments taking place, but they must be incorporated into a single CYPP. This CYPP may comprise sections for Education, Social Work Children's Services and other agencies and may also include a Coordinated Support Plan and/or a Young Carer Statement when required.

Intensive Support (multi-agency)

Intensive Support (multi-agency) with Statutory Measures

This intensive level begins when targeted, voluntary, integrated approaches have not resolved the issue(s). The wellbeing concerns may have escalated or the child may be deemed to be at risk (e.g. neglect, CP, risk to self, risk to others). When specific well-being concerns have been detailed, and there is clear evidence of targeted approaches being tried to achieve specific outcomes for the young person, there may be consideration of the need for statutory measures of support. At this stage a referral to the Scottish Children's Reporter Administration or for specialist education provision is being seriously considered. Concerns around Looked After children/young people and children whose names are on the Child Protection Register will be discussed.

If, after exhausting all other reasonable supports at the targeted level, a referral for compulsory measures is thought to be advisable, this request will be made to a nominated Social Work representative. For schools this will be made via a request on MOSAIC from a TATC meeting. Other agencies will follow their own processes for this request. Social Work intake will then consider the request and a decision about whether or not the situation meets Social Work criteria for referral will be taken. If these criteria are met, the attendance of a Social Work professional at the TATC meeting will be arranged. If agreement cannot be reached between the named person or Lead Professional and Social Work services, then reference will be made to Education Officers/ Managers or NHS Managers and Social Work Managers to seek a resolution.

If a child protection concern/incident is noted at any time then a referral must be made immediately to MASH. This cannot wait until a TATC meeting.

Compulsory Measures of Supervision/ Child Protection Registration

Meetings held in relation to children and young people subject to compulsory measures and/or whose names are on the Child Protection Register are part of the TATC process at the Intensive level. This includes LAC Reviews, Child Protection Case Conferences, Child Protection Core Group Meetings.

Reviewing Outcomes

After a TATC meeting has taken place, and in advance of any review date set, it is important to maintain contact with the child/young person and their family to monitor the progress of what has been agreed at the TATC meeting. This will ensure that the child/young person and their family are partners to their own plan which will make achieving good outcomes much more likely. **If any agency is considering ending their involvement, a review TATC meeting must be held to discuss this.**

Schools will record review dates for CYPP, CSP, Individual Needs (ABLE) Plans, and ABLe Plans systematically.

Dispute resolution/arbitration may be required at any TATC level e.g. in relation to the involvement of any service requested by the coordinating or Lead Professional. This would be resolved with the involvement of central officers through agreed escalation procedures: [Dundee Resolution and Escalation Arrangements Nov 2019.docx](#).

Universal Support

Support for all, from all.

Examples:

- Personal learning planning
- Opportunities for personal achievement
- Personalisation and choice
- Differentiated learning
- Inclusive classroom approaches
- Nurturing approaches
- Staff training
- Direct access to learning activities which meet individual needs
- Preparing for changes and choices
- Support through changes and choices
- Early years establishments and schools working with partners
- Local policy and guidance
- Support staff deployment
- Learning conversations
- Coaching and mentoring
- School clubs
- Buddies
- Attendance support
- Delivery of the Universal Health Visiting Pathway
- Family Nurse Partnership
- Parental mental health support
- Solihull Approach
- Early Years worker supporting at home
- Community Activities and Groups
- Referrals for grants, clothing, food, etc
- Housing/financial advice

Additional Support

(Single-Agency Planning and Intervention)

Consultation and Advice

Examples:

All from previous level plus:

- Dundee Educational Psychology Service (DEPS)
- Accessibility and Inclusion Service (AIS) - Bilingual, Multisensory, ASD Support
- Education Support Officer (ASN)
- Longhaugh Support Group Outreach (LSG)
- Community Learning & Development (CLD)
- Active Schools
- Allied Health Professionals - Speech and Language Therapy (SALT), Occupational Health.
- School Nursing Service
- Community Mental Health Nurse
- Drug and Alcohol Worker
- Home Start
- Breastfeeding Support Worker
- Voluntary Sector
- School and Family Development Worker

Direct Support:

- Focused groups/individual support – e.g. focused literacy support, motor skills...
- Local Community Groups / Voluntary agencies
- Parental consultation specific to additional support needs
- Personal support area/pupil support base
- Individually tailored curriculum
- Risk Assessment
- Behaviour Protocol
- Specialist school staff/resource deployment – e.g. Support for Learning teacher, Pupil Support Worker, Learning and Care Assistant
- School and Family Development Worker
- Specialist learning or adaptive resources and equipment
- Staff coaching, mentoring and supervision

Targeted Support

(Multi-Agency Planning and Intervention)

Direct Support

Examples:

All from previous levels plus:

- AIM in School
- Child and Adolescent Mental Health Service (CAMHS);
- Social Work Children's Services
- Social Work Adolescent Team
- Therapeutic Support - Family Support
- Kingspark Outreach
- Therapets
- Longhaugh Support Group (LSG)
- Locality Support Team
- DCC Housing & Communities
- Local Community Partnerships
- Targeted intervention groups – e.g. Nurture
- City partnerships – e.g. Dundee and Angus
- College, businesses, local community groups, Voluntary/3rd Sector Agencies and support groups, Skills Development Scotland (SDS), Young Carers, Police Scotland
- SACRO/Youth Justice
- Specialist IT to support curriculum accessibility
- Amended Timetables Policy

Intensive Support

Centrally-Accessed Interventions

Specialist Support

Examples:

- All from previous levels plus:
- Kingspark placement
- Offsite Education Service
- Social Work Children's Services (statutory)
- Social Work Adolescent Team
- AIM
- Health and Social Care Partnership (HSCP)
- Public Protection Unit
- Scottish Children's Reporter Administration (SCRA);
- Additional support allocated for exceptional need accessed through central panel/multi-agency planning forum
- Short-term targeted and supplementary to the school's existing allocation
- Direct intervention from enhanced/specialist support services
- Central panel processes to consider placement in/out with Local Authority
- Additional Specialist Training



Planning/Recording

- Emis
- SEEMIS Pastoral Notes
- Early Years recording platform
- Class/Group ABLe Plan

Assessment Tools:

- Able Framework
- Wellbeing Indicators, Resilience Matrix, My World Triangle, Strengths and Difficulties Questionnaire (SDQ)
- GIRFEC Health Assessment
- Chronology
- Ages/Stages Questionnaire (ASQ)
- Good Practice for Supporting Learners Checklist
- GIRFEC Support Practice Profile

Who:

Relevant person will implement planning in a proportionate manner, relevant to needs of the child and in line with their single agency guidance on planning.

Planning/Recording

- Emis
- Mosaic
- Individual Needs (AbLe) Plan or ABLe Plan, attached to TATC (Education) workflow

Who:

This requires the collective assessment of needs, risks and strengths pertaining to a child. It also requires collaborative decision making and planning. Co-ordination will require a lead professional and this role should be negotiated between agencies.

Planning/Recording

- Emis
- Mosaic
- Child's/Young Person's Plan
- Consideration of Co-ordinated Support Plan (CSP)

Who:

This requires the collective assessment of needs, risks and strengths pertaining to a child. It also requires collaborative decision making and planning. Co-ordination will require a lead professional and this role should be negotiated between agencies. When SW involved they will likely adopt this role.

Planning/Recording

- Emis
- Mosaic
- Child's/Young Person's Plan
- Consideration of Co-ordinated Support Plan (CSP)
- Consideration of progression to statutory measures (intensive with additional measures) within CP or LAC processes

Who:

This requires the collective assessment of needs, risks and strengths pertaining to a child. It also requires collaborative decision making and planning. Co-ordination will require a lead professional and this role should be negotiated between agencies. When SW involved they will adopt this role.

Produced by the multi-agency GIRFEC Delivery Group in consultation with key stakeholders.
This document and its supporting papers replaces the documentation around Team Around the Child from 2011.
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