**INTEGRATED CHILDREN’S SERVICES GUIDANCE**

 **Support for Young Carers and the Young Carers Statement (YCS)**

 **April 2018**

**Relevant Legislation:** Children and Young People (Scotland) Act 2014; Carers (Scotland) Act 2016

**Main Responsibility:** All Lead Professionals and Young Carer Co-ordinators

**Legal Context**

This guidance provides an outline of legal duties and good practice requirements for practitioners who will have a responsibility to work in partnership with Young Carers to ensure they receive the best support possible. The provisions relating to Young Carers contained within Part 2, Chapter 2 and Sections 12-20 of the Carers (Scotland) Act 2016, referred to in this guidance as ‘the Act’, commenced on 1st April 2018. The Act gives Local Authorities and other Responsible Authorities specific duties when assessing, preparing, agreeing and reviewing support for Young Carers. The purpose of the Act is to ensure that the role of being a Young Carer does not serve as a barrier to a child or young person’s health, wellbeing and educational attainment.

**Definition of a Young Carer**

A Young Carer is someone who is under the age of 18, or over the age of 18 if they are still at school, who provides or intends to provide care for another person. This will not apply, however, if that care is being provided under a contract or as voluntary work. We know that the majority of Young Carers are undertaking a caring role for other members of their family (parents, grandparents, siblings, and extended family) or friends. This may be due to the fact that the person they are providing that caring role for is ill or disabled including having mental health issues or is using substances. It may be that they have a caring role for a younger sibling or siblings due to disability or health issues that affect adults who would otherwise provide the caring role. A young carer can be caring for more than one person and they do not need to live in the same household.

**Local Authority and Responsible Authority**

The Act defines the duty to support Young Carers that a Local Authority has and this guidance will explain this further for the Dundee context. Responsible and Directing Authorities also have these responsibilities. A Responsible Authority can also be the Local Authority where a Young Carer attends school if it is different from where they stay at home. This means in effect that if a Young Carer lives in Dundee but attends school in Angus or Perth and Kinross Council areas then those are the Responsible Authorities and must provide any support. A Directing Authority has the same meaning as Section 45 of the Children and Young People (Scotland) Act. That is to say the managers of a grant aided or independent (private) school will be responsible for supports to the Young Carer.

**Section 12: Duty to prepare a Young Carer Statement**

Section 12 of the Act places a duty on responsible authorities to offer a Young Carer Statement to all identified Young Carers and prepare a statement for those that take up this offer, as well as any Young Carer that requests one. This is in effect the plan that will outline what the assessed supports for the Young Carer are to be and how, by whom and by when they will be provided. The Local Authority may also ask another organisation to provide further support to a Young Carer on their behalf. These organisations could include Dundee Carers Centre, Third/Voluntary Sector organisations, Health Services or any other local or national services.

**Preparation of the YCS in Dundee**

In Dundee, support for Young Carers and the preparation of the Young Carers Statement will be a key part of the delivery of the Getting It Right for Every Child (GIRFEC) framework. The responsibility for preparing a Young Carers Statement sits within the Children and Families Service and will be undertaken by the Lead Professional for the child or young person. This will be either a Teacher or Social Worker.

When the need for a YCS has been established for a child or young person who attends school, then the Lead Professional and the Young Carers Co-ordinator must liaise with each other and engage with the Young Carer to prepare the YCS. An existing policy for Young Carers in School, where the role of the Young Carer Co-ordinator is explained, can be found on the link below. The coordinator has a key role relating to Young Carers.

<https://www.dundeecity.gov.uk/service-area/children-and-families-service/publications/policy-provision-young-carers-74kb-pdf>

If a Young Carer has an existing Child’s or Young Person’s Plan (CYPP) that has been agreed through the Team Around the Child process then the existing CYPP should be reviewed to include the desired outcomes and actions that will acknowledge that the child or young person is a Young Carer. The CYPP and the YCS will in effect be the same document and should be named as such. If a Young Carer does not have an existing CYPP then the current CYPP format on Mosaic should be used to prepare the YCS

The Local or Responsible Authority must offer and prepare a Young Carers Statement to any child or young person identified as a Young Carer and in agreement with a YCS being prepared. A child or young person can also request a Young Carers Statement and these requests may come from children and young people who Local and Responsible Authorities have not yet identified as Young Carers. If this happens then a Young Carers Statement must be offered.

If the young carer cares for another child there are likely already to be some shared professional contacts between the supported child and the young carer. If not, appropriate arrangements should be made to liaise with the relevant professionals. When the Young Carer cares for an adult, where appropriate, it will be important to liaise with the adult they care for and the lead professional for the adult in order to find out more about the nature of the caring role and how the diagnosis and prognosis will affect the person.

**Section 13: Young Carers of terminally ill cared for persons**

Scottish Ministers will prescribe timescales in forthcoming regulations for the preparation of a Young Carers Statement in relation to young carers of terminally ill cared for persons. Although these timescales have not yet been prescribed it is important to recognise that the terminally ill persons care and support needs are likely to change rapidly and every effort should be made to make sure the young carers support is appropriate at each stage, including following the bereavement.

The terminal illness of a parent, grandparent, close family member, sibling or friend is an emotionally traumatic time for a child or young person. This will be compounded if that child or young person is also a young carer for that terminally ill person. It may also affect the household circumstances of the young carer and whether alternative living arrangements/guardian(s) need to be made for them. In these circumstances, it is very important that the young carer is identified early and the preparation of a Young Carers Statement is prioritised.

As with all care and support responsibilities it is also very important that if a Young Carer is caring for a terminally ill supported person an assessment is made as to the appropriateness of the tasks the Young Carer intends to, or is expected to, undertake.

**Section 14: Young Carers: Identification of Outcomes and needs for support**

In identifying a Young Carer’s personal outcomes the responsible Local Authority must take into account any impact that having one or more Protected Characteristics has on the Young Carer. Protected Characteristics are defined by Section 149(7) of the Equality Act 2010 and are:

* Age
* Disability
* Gender Reassignment
* Marriage and Civil Partnership
* Pregnancy and Maternity
* Race
* Religion or Belief
* Sex
* Sexual orientation

**Section 15: Content of Young Carers Statement**

This section defines the information about the Young Carers personal circumstances at the time which has to be included in the Young Carers Statement. This must include:

* The nature and extent of the care provided or to be provided
* The impact of caring on the Young Carer’s wellbeing and day-to-day life
* Information about the extent to which the young carer is able and willing to provide care
* Information about the extent to which the Responsible Authority considers that the nature and extent of the care provided by the Young Carer is appropriate. It is necessary to ensure that young carers are children and young people first and foremost and that they are protected from undertaking caring responsibilities and tasks which are inappropriate for their age and maturity
* Information about whether the young carer has arrangements in place for the provision of care to the cared for person in an emergency
* Information about whether the young carer has arrangements in place for the future care of the cared for person
* Information about the identification of the Young Carer’s personal outcomes, including those outcomes identified by the Young Carer her/himself.
* Information about the identification of the young carer’s needs for support including:
* What the identified needs are
* If there are no identified needs for support this must also be stated
* Information about the support available to young carers and the person they are caring for in the Responsible Local Authority area
* If the young carer does not reside in the responsible local authority’s area, information about the support available to Young Carers in the area where the Young Carer resides
* If the young carer’s identified needs meet the local eligibility criteria, information about the support which the responsible local authority provides or intends to provide to the Young Carer to meet those needs
* If the Young Carer’s identified needs do not meet the local eligibility criteria, information about the support which the responsible local authority provides or intends to provide to the Young Carer to meet those needs
* Information about whether support should be provided in the form of a break from caring
* Information about the circumstances in which the young carer statement is to be reviewed.

The format to be used when preparing a YCS is the Child’s/Young Person’s Plan. This can be found on the Early Intervention and Child Protection Work streams on Mosaic. If a YCS is being prepared as a standalone document i.e. if the Young Carer does not meet the criteria for a CYPP then this should be acknowledged by giving the Plan the title “Young Carers Statement”

If a CYPP and a YCS exist simultaneously i.e. a child or young person meets both criteria then this should be acknowledged also on the title page of the CYPP. There should only be one single Plan regardless of whether it is a CYPP, a YCS or both. All the above content for the YCS should be included in the completed version using the CYPP format on Mosaic.

**Section 16: Review of Young Carer Statements**

This section contains a regulation making power about the review of a YCS, particularly Section 16(a) which the circumstances in which the YCS is to be reviewed. There are unlikely to be regulations set relating to Sections 16 (b) (c) and (d) which relate to: the frequency of review, procedure of the review and arrangements for obtaining the views of the Young Carer and cared for person(s)

Good practice standards in Dundee however should relate to each part of Section 16 as follows:

Section 16(a) Circumstances under which a YCS should be reviewed could include:

* If the Young Carer requests a review of their YCS
* If there is a significant change in the remit, appropriateness or availability of a particular resource provided as part of the YCS
* If there is a significant change in circumstances for the Young Carer or cared for person
* If an individual partner providing support to the Young Carer can no longer provide this support e.g. change of employment
* Any other reason the Lead Professional or Young Carer considers necessitates a review of the YCS

Section 16(b) Frequency of YCS Review

A YCS should be reviewed as a minimum standard 3 months after the YCS is first agreed and then at 6 monthly intervals thereafter.

Section 16(c) Procedure for the review of a YCS

A YCS should be reviewed as per current procedures for a Team Around the Child meeting (See Appendix 4).

Obtaining and sharing the views of Young Carers and cared for persons will be based on engagement with all partners to the YCS and consent to share information. These principles are already established in the Team Around The Child process.

**Section 17: Young Carer Statement: Provision of information**

The Carers (Scotland) Act does not contain a duty to share information with the Young Carer’s Lead Professional. This provision is contained within Section 26 of the Children and Young People (Scotland) Act 2014. An illustrative Code of Practice for Information Sharing in relation to Parts 4 (Lead Professional), 5 (Child’s Plan) and Part 18, Section 96 (Wellbeing) is being prepared by the Scottish Government. In the interim, officers will act in accordance with existing data protection legislation and will not share information without consent unless there are concerns about a significant risk of harm to a child or young person or another statutory requirement to share information.

This means in effect that a professional decision should be made regarding sharing information that will promote, support or safeguard the wellbeing of a child or young person. The rationale for sharing that information, or not to share the information, should be noted and discussion undertaken with a responsible manager. The principles of consent and engagement with the Young Carer throughout all stages of preparing and composing and reviewing the YCS are very important also. Good engagement leads to informed consent which results in proportionate, appropriate information sharing.

**Section 18: Continuation of Young Carer Statement**

If a Young Carer has reached the age of 18 the YCS will continue until they are provided with an Adult Carer Support Plan. Good transitions are very important in these circumstances. An appropriate adult service who will be responsible for the Adult Carer Support Plan should be invited to Team Around the Child meetings held to review the YCS no less than six months before the Young Carer’s 18th birthday to ensure appropriate transition planning takes place.

**Section 19: Responsible Authority: General**

Where the Young Carer is a pre-school child residing in Dundee the Responsible Authority is Tayside Health Board. The Responsible Authority for the YCS can be a different Authority than the one providing support. A “pre-school child” has the meaning given by Section 36(3) of the Children and Young People (Scotland) Act 2014 below. A “pre-school child” is a child who—

(a) Has not commenced attendance at a primary school and

(b) If the child is of school age, has not commenced attendance at a primary school because the relevant local authority has consented to the child’s commencement at primary school being delayed.”

**Section 20: Responsible Authority: Special Cases**

If a Young Carer attends a public school in a different Local Authority area from where they normally live then that Local Authority is the Responsible Authority for the YCS and co-ordinating the accompanying supports to the Young Carer. If a decision is taken by a Local Authority or Health Board that a pre-school Young Carer should reside in a different Health Board area, then the Health Board in which the Young Carer would normally reside is the Responsible Authority. This situation may arise when an Accommodated Young Carer of pre-school age is placed out with their home Local Authority and Health Board area. In this case the existing Child’s Plan will also be the YCS and the Lead Professional will be the co-ordinator.

When the Young Carer attends a grant aided or independent school i.e. a school not managed by a Local Authority then the Directing Authority of that school is the Responsible Authority for the YCS. If the child or young person is accommodated then the same principles apply for the YCS as outlined in the paragraph above and the grant aided or independent school is not the Responsible Authority. “Public” “grant-aided” and “independent” schools have the same meanings given as section 135 of the Education (Scotland) Act 1980.

**Appendix 1 - Young Carers Statement: Flowchart**

Is the child or young person a Young Carer (see definition)? (If a child / young person requests a Young Carers Statement then one must be prepared even if not identified as one).

Lead Professional still responsible to coordinating any support required. Self Directed Support (SDS) is still an option even though child / young person is not a defined young carer.

YES

NO

Does the child or young person agree to a Young Carers Statement being produced?

**NO**. Support and signposting can still be given via Lead Professional and Young Carer Coordinator

Young Carers Statement to be reviewed in line with CYPP timescales (3 month followed by 6 month or for reasons within guidance under s.16). YCS can be ‘closed’ if child/YP no longer an eligible Young Carer. If over 18 and no longer in school, then support through Adult Services. Transition to begin no later than 6 months prior to 18th birthday.

**YES**. Review CYPP to include desired outcomes relating to caring needs and ensure that CYPP title page acknowledges this is a dual CYPP and YCS.

**NO**. The Lead Professional, with support from the Young Carer Coordinator will complete the Young Carer’s Statement (see completing CYPP guidance).

Does the child or young person have an existing CYPP?

**YES**. Lead Professional is responsible for completing YCS with support from Young Carer Coordinator (see completing CYPP guidance).

**Appendix 2**

**Eligibility Criteria**

Part 3, Chapter 1, Section 21 of the Carers (Scotland) Act places a duty on Local Authorities to set eligibility criteria which in the case of Young Carers are the criteria by which a requirement exists to provide supports to meet a Young Carers assessed needs and acknowledge their strengths.

The Act defines eligible needs for support as those which cannot be met through the provisions of services available generally and/or by information and advice services, and/or by services to the cared for person (with the exception of replacement care). This means that if it is assessed that a “targeted intervention” as defined by the Getting It Right For Every Child framework is assessed as necessary to promote support or safeguard the wellbeing of a Young Carer then they are eligible for supports.

The principles of Primary Prevention and Early Intervention are well established in current plans, policies, procedures, guidance and good practice within Dundee. These principles are established in the current Tayside Plan for Children, Young People and Families which can be found on the link below:

 <https://www.dundeecity.gov.uk/service-area/children-and-families-service/publications/tayside-plan-children-young-people-and-families-1059mb-pdf>

Young Carers are therefore entitled to the same universal services and opportunities as any other child or young person residing in Dundee. Section 12 of the Act however states that Responsible Authorities must offer a YCS if local Eligibility Criteria is met. Dundee will therefore offer a YCS to every Young Carer who meets the definition defined in this Guidance and Part 1 of the Act.

If the Young carer does not wish a YCS then the Young Carer will be signposted to access to any supports deemed relevant within universal and community based services.

**Eligibility Criteria: Staged Interventions**

The staged interventions for a YCS will follow the same guidelines as the CYPP and the TATC process (see Appendix 4 for TATC procedures). In the case of a YCS this will relate to the level of co-ordination required for the targeted interventions in the YCS i.e. single or multi agency not a staged intervention process that de-escalates towards possible closure as may be the case with a CYPP. A YCS will remain in place until a young person is no longer assessed as being a Young Carer or completes a transition to having an Adult Carer Support Plan.

The Eligibility Threshold will be where a young carer’s life has **critical or substantial** impact stemming from their role as a young carer. Indicators of impact are contained in the table below in line with the Well-being Indicators that are universally used within the SHANARRI framework and the Child and Young Person’s Plan.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicator** | **No Impact** | **Low Impact** | **Moderate Impact** | **Substantial Impact (Eligibility Threshold)** | **Critical Impact****(Eligibility Threshold)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Safe** (home, school and community) | Young Carer free from abuse, neglect or harm in the community, school and at home | Young Carer’s circumstances are stable and the situation in the community, school or home is manageable | Young Carer’s situation is causing difficulty and potential risks are identifiable for the young carer and or the person receiving care | Young carer’s situation is of concern and there are safety risks that cannot be managed or resolved in the short term | Young Carer’s situation at home is unsuitable and there are clear safety risks for the young carer and the person receiving care |
| **Healthy** | Young carer is in good physical and mental health. No identified medical needs | Young Carer is managing most aspects of the caring role with a possibility that their health is being affected | Young Carer is managing some aspects of the caring role, but their health is being affected | Young Carer is having difficulty managing most aspects of the caring role and their physical and mental health are suffering as a result | Young Carer has significant physical and / or mental health difficulties due to the impact the caring role has had which may cause life threatening harm to the young carer or the person receiving care |
| **Achieving** | Young Carer continues to access education / training and has no difficulty managing the caring role and education / training | Young Carer has some difficulty managing caring and education / training with a small risk of not sustaining education / training in the short term | Young Carer has difficulty managing caring and education / training with a risk of not sustaining education / training in the medium term | Young carer is missing education / training and there is a risk that this will end in the near future | Young Carer is at significant risk of leaving or has now left education / training |
| **Nurtured** | Young Carer lives in a nurturing environment and has a positive relationship with the person receiving care | Young Carers role is beginning to have an impact on their emotional well-being with a risk of detrimental impact on the relationship with the person receiving care and may require support | Some impact on the Young carer’s well-being and the relationship with the person receiving care and they need additional help or support. | Major impact on the young carers wellbeing with clear detrimental impact on the person receiving care. The young carer is unable to sustain most aspects of their caring role and requires additional help or support in a suitable care setting. | There is a complete breakdown in the relationship between the young carer and the person receiving care and the young carer has difficulty sustaining or is unable to continue caring. Further / sustained input is required for both the young carer and the person receiving care. |
| **Active** | The young carer has and takes opportunities to play, take part in sport or other physical activities at home, school and in the community | The young carer has and takes some opportunities to play, take part in sport or other physical activities at home, school and in the community | The young carer has limited opportunities to play, take part in sport or other physical activities at home, school and in the community | The young carer has few opportunities to play, take part in sport or other physical activities at home, school and in the community and this may have a negative effect on healthy growth and development | The young carer has no opportunities to play, take part in sport or other physical activities at home, school and in the community and this is having a negative effect on healthy growth and development |
| **Respected / Responsible** | The Young Carer has regular opportunities to be heard and involved in decisions and have an active and responsible role in decisions that affect them | The Young Carer has some opportunities to be heard, involved in decisions and have an active and responsible role in decisions that affect them | The caring role is impacting the young carer, limiting their opportunities to be heard, involved in decisions and have an active and responsible role in decisions that affect them | The Young Carer has few and irregular opportunities to be heard and involved in decisions that affect them. | The Young Carer has no opportunities to be heard and involved in decisions that affect them. |
| **Included** | The Young Carer feels accepted as part of the community that they live and learn and is able to take part in community activities.The young Carer is free from financial worries  | The Young Carer feels some acceptance and part of the community that they live and learn but is unsure how to take part in community activities.There is a small risk of financial worries | Due to the caring role, the young carer ha limited acceptance as part of the community in which they live and learn.There is a risk of financial pressure | The young carer feels isolated and not confident in the community they live and learn.Needs financial support | The young carer does not feel accepted as part of the community in which they live and learn in.There is financial hardship |

**Appendix 3**

**Self-Directed Support (SDS)**

Section 24 of the Act provides for a duty on responsible local authorities to support Young Carers who have eligible needs. There is also a power to support Young Carers to meet needs that do not meet Eligibility Criteria.

Where a Young Carer is deemed eligible for support this may take the form of a personal budget and offer of SDS options.

The Social Care Self-Directed Support (Scotland) Act 2013 (SDS) has provisions to offer, if a child/young person/adult is assessed to meet appropriate criteria, the following SDS options:

**Option 1 -** Direct Payment funding given by the Local Authority and given to child/young person/family to employ care staff or pay for a service.

**Option 2** - The child/young person/family directs the available support, they choose the care provider. The Local Authority will make payments.

**Option 3 -** The Local Authority arranges the support. The child/young person/family requests that the Local Authority selects and arranges the support and makes the payments.

**Option 4** - A mix of the above a child/young person/family can pick options 1-3 for different elements of the support provided.

The assessment of a child or young person as a Young Carer should focus on the supports that they will require to develop into a happy, healthy young adult whilst they provide the caring role. The assessment should not focus on a SDS option to the detriment of that overall desired outcome. The Responsible Authority should assess the value that a SDS option will bring to this and carefully consider the Young Carers best interests.

Similar to the assessment of Young Carers for a terminally ill cared for person the Responsible Authority has a duty to listen to and consider the views of the Young Carer when considering SDS. A SDS option may not always be assessed as being in a Young Carers best interests.

Full details of Young carer SDS can be found here:

<http://directpayments.org/self-directed-support>

<http://guidance.selfdirectedsupportscotland.org.uk/service-users/options-for-self-directed-support>

**Appendix 4**

**INTEGRATED CHILDREN’S SERVICES GUIDANCE**

**The Single Planning Process supporting the Single Child’s Plan (Team Around The Child)**

**VERSION 10 – December 2017**

**Main Responsibility: All Lead Professionals**

**Relevant Legislation: Children and Young People (Scotland) Act 2014**

**LEGAL CONTEXT**

The Children and Young People (Scotland) Act became law on 27th March 2014 and is one of the most important pieces of legislation affecting children, young people and their families since the Children (Scotland) Act 1995. The Act will also have a significant impact on the way we practice across the whole Integrated Children’s Services Partnership in Dundee. The specific parts of the Act this guidance relates to are:  **Part 4 Provision of Lead Professionals and Part 5 the Child's Plan**.

**INTRODUCTION**

This guidance is suitable for all practitioners and managers with Lead Professional functions as part of their responsibilities and all other Partners to a Child’s/Young Person’s Plan (CYPP) regardless of the agency they are based in. The Team Around The Child (TATC) is the operational embodiment of the Single Planning Process supporting the Single CYPP within Dundee’s Integrated Children’s Services Partnership. As such it is a key delivery mechanism for Getting It Right For Every Child (GIRFEC) in Dundee City. This guidance should be read in conjunction with the [TATC Process Map](https://www.dundeecity.gov.uk/sites/default/files/chserv/DraftTATCProcessMapv13June2015.pdf)and the guidance for completion of the Tayside CYPP.

**THE LEAD PROFESSIONAL**

Those practitioners and managers who have Lead Professional functions as part of their responsibilities have a key role in GIRFEC delivery and the Single Planning Process. In Dundee we have agreed that those who have Lead Professionals functions as part of their responsibilities will be:

* Birth to P1 entry – Health Visitor or Family Nurse
* P1 entry to S1 entry – Head/Depute/Principal Teacher
* S1 to S6 – Depute Head/Guidance/Support for Learning Teacher
* 15 – 18 year olds who have left school – Discover Work Service

The agreed roles and responsibilities of Lead Professionals in Dundee can be viewed [here.](https://www.dundeecity.gov.uk/sites/default/files/chserv/11NamedPerson_LeadProfessionalDefinition.pdf)

**WELLBEING**

Using the GIRFEC framework Wellbeing is defined under the indicators of:

* Safe
* Healthy
* Achieving
* Nurtured
* Active
* Respected
* Responsible
* Included

[Scottish Government Guidance](http://www.scotland.gov.uk/Resource/0039/00394308.pdf) gives a very useful overview of GIRFEC and the role that Lead Professionals have in it.

If a wellbeing concern/information has been shared with the Lead Professional they must ask five key questions:

1. What is getting in the way of this child or young person’s wellbeing?
2. Do I have all the information I need to help this child or young person?
3. What can I do now to help this child or young person?
4. What can my agency do to help this child or young person?
5. What additional help, if any, may be needed from others?

On receipt of a wellbeing concern, and having asked the five key questions, the Lead Professional must make two decisions. The first decision is whether or not to call a Team Around the Child meeting in relation to the wellbeing concern. If the decision is not to call a meeting then the reasons for this decision, and any other action taken, must be recorded by the Led Professional’s agency. If the decision is to call a Team Around The Child meeting then the Lead Professional must decide what level of meeting to call (see page 4).

If wellbeing information/concern(s) are received by practitioners who are not Lead Professionals then they should decide whether or not to appropriately and proportionately share that wellbeing information/concern(s) with the Lead Professional as per the attached guidance below.

**PREPARATION FOR THE TATC MEETING**

Engagement with the child/young person and family is an extremely important part of the TATC process at every level. Parents, carers, children and young people need to be prepared for a TATC meeting and their views sought. Therefore it is good practice for the Lead Professional (or another practitioner delegated by them eg Meetings Buddy) to contact the family before the TATC meeting and explain the purpose of the meeting, who is to attend and what is to be discussed.

It is recommended that the Lead Professional, or a Partner to the Child’s Plan delegated by them, complete the [Demonstrating Outcomes in Dundee wellbeing wheels](http://www.dundeecity.gov.uk/chserv/part-4-demonstrating-outcomes-dundee) 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 the family to be informed about who is to attend the meeting.

It is very important to note that whilst preparing for the TATC meeting that individual children and young people are assessed using a **whole family perspective.** 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.

This applies equally to any siblings in the family (immediate or extended). Therefore any subsequent concerns that emerge for siblings should be assessed and actioned as per this guidance regardless of whether the initial concern relates to another child. These concerns should be discussed with the appropriate Lead Professional in the first instance or with MASH if the concern is of a serious or child protection nature.

**INFORMATION SHARING**

Information sharing for the Team Around the Child Process in Dundee is based on **seeking the consent** of the child or young person and their parent/carers and should be undertaken in conjunction with the engagement process which is part of the preparation for the TATC meeting.

It is good practice to discuss with a child/young person and their family information relating to the wellbeing concern(s) that will be passed on to a Lead Professional and discussed at the TATC meeting as part of the consent process. It may be the case however that consent is not given but wellbeing concerns continue to escalate. Under these circumstances decisions can be taken to share information referring to Schedules 2 and 3 of the Data Protection Act 1998. If the decision is that the wellbeing concern is such that information must be passed onto the Lead Professional then the reasons, rationale and management decision, if necessary, should be noted and held within single agency records.

Reference should be made to the Integrated Children’s Services [Practitioners Guide to Information Sharing](http://www.dundeecity.gov.uk/sites/default/files/chserv/PractitionersGuideInformationSharing.pdf) in all situations where wellbeing concerns have escalated and consent to share information has not been agreed.

Information relating to Child Protection issues should be immediately discussed and actioned under existing Child Protection Procedures.

**YOUNG CARERS STATEMENT**

The provisions relating to Young Carers contained in the Carers (Scotland) Act 2016 will commence on 1st April 2018. Included in these provisions is the duty to prepare a Young Carers Statement (YCS) ([YCS guidance](https://beta.gov.scot/publications/carers-scotland-act-2016-statutory-guidance/)).

In Dundee support for Young Carers will be assessed, agreed and planned within the Getting It Right For Every Child framework. This will entail the Lead Professional being the first and central point of contact for Young Carers. For school aged children each school will have a Young Carers Co-ordinator who will liaise with the Lead Professional for the assessment, preparation, delivery and review of the YCS.

If it is agreed with the Young Carer that a meeting is the best method of agreeing, preparing and planning a YCS then that will happen using the TATC framework. It is important to note that not every Young Carer will meet the criteria for a Child’s/Young Person’s Plan but they will be entitled to a YCS.

**THE TEAM AROUND THE CHILD (TATC)**

TATC meetings are conducted on four levels depending on the assessed status of the wellbeing concern(s). If on receipt of a wellbeing concern and having asked the five key questions above the Lead Professional decides that additional help may be needed from others the first decision they must make is whether or not a TATC meeting is required to plan this additional help. If the decision is a TATC meeting is not required then the reasons for this must be recorded and stored securely by the Lead Professional’s agency. If the decision is that a TATC meeting is required then the first decision is - what level should it be convened at? It is important to note that the TATC process is not linear ie it does not always have to start at Level 1 it can begin at any level depending on the assessed wellbeing concern.

[TATC Level Definitions Document](https://www.dundeecity.gov.uk/chserv/team-around-child)

**TATC Level 1**

A TATC Level 1 meeting should be convened when the Lead Professional’s assessment is that mainstream resources within their own agency are not sufficient to address the wellbeing concern(s) identified, but there are sufficient other resources from within that agency to provide effective support to the child or young person. For example within Education the Lead Professional may seek the assistance of Dundee Educational Psychology Service, the Outreach Service (0–18), Multi-Sensory Support Service or Bilingual Pupils Support Service in providing support to a child or young person and their family. Similarly within Health a Lead Professional may seek the assistance of Speech and Language Therapy or an Occupational Therapist in providing support to a child and their family. These support packages may be relatively complex but they are still within a single agency.

ABLe planning is the universal tool for addressing barriers to learning in educational settings (see [www.ableschools.org.uk](http://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 the barriers to learning, the impact on the child/young person and the strategies used to overcome the barriers. Should a CYPP be required in order to coordinate targeted interventions, reference can be made to the ABLe plan within the CYPP.

At the TATC Level 1 meeting should there be a need to co-ordinate targeted interventions from within the single agency then a CYPP should be opened.

Where there is a need for a child or young person to have some of their education provided out with the school environment or by another provider, they may require a Flexible Learning Package (FLP). CYPP should form the basis of the FLP, outlining the wellbeing concerns which have led to it; and including desired outcomes to be achieved as a result of having a FLP. Approval for a FLP for pupils who have compulsory measures (LAAC; Child Protection) or for those pupils who are receiving educational provision for less than 50% of their week should still be sought from the relevant Education Manager.

Lead Professionals should record and store wellbeing information and/or Level 1 CYPPs on SEEMiS within Dundee City Council.

**TATC Level 2**

A TATC Level 2 meeting should be convened when the Lead Professional’s assessment is that there are insufficient resources within the single agency to address the Wellbeing Concern(s) and that one or more targeted interventions from other service providers that require significant co-ordination are necessary. For example a Lead Professional within Education services may assess that a Health Practitioner and a Voluntary Sector agency may play an important role as Partners to the CYPP. Similarly a Lead Professional within Health may assess that a Nursery Head Teacher and a Voluntary Sector agency may play an important role as Partners to the CYPP. An Options referral can also be discussed and made at Level 2 for a young person.

It is important to note at this stage that the Team Around the Child Single Planning Process is designed to be integrated and inclusive. This means that the Lead Professional can contact any agency from the Statutory or Voluntary sectors and make a reasonable request for their assistance, or attendance at a TATC meeting, as potential Partners to a Child’s Plan regardless of whether or not that agency has prior knowledge of the child, young person or family. If a Request for Assistance *is* made the service provider, must comply with the request unless to do so would be incompatible with other duties or unduly prejudice the exercise of any function of the relevant or listed authority.

An important task for the TATC Level 2 meeting is to allocate a Lead Professional who will construct, co-ordinate, review and communicate with all partners involved the CYPP that will emerge. It is important to note that there will only be one CYPP. This does not exclude other specialist assessments taking place, or if there is a Co-ordinated Support Plan in place, but they must be incorporated into the single CYPP.

Statutory CYPPs will be recorded and stored on MOSAIC within Dundee City Council. Health will have access to MOSAIC through an appropriate portal if they are partners to a CYPP that is recorded and stored on MOSAIC.

**TATC Level 3**

A Level 3 TATCis where the voluntary integrated approach implemented at Level 2 has not resolved the issues and the wellbeing concerns will have escalated or the child may be deemed to be at risk. At this stage referral to the Scottish Children’s Reporter Administration or to Options is being seriously considered. An Options referral for LAC and children whose names are on the Child Protection Register should be discussed at Level 3 or 4.

If a level 2 TATC meeting considers after exhausting all other reasonable possibilities, a referral for compulsory measures ie to the Scottish Children’s Reporter Administration is advisable, discussion in the first instance should be sought with the Social Work Duty Team Manager at Care and Protection Intake Services, Seymour House (01382 307940). The Social Work Duty Team Manager will then take a decision about whether or not the situation meets Social Work criteria for referral and if so, will attend the TATC Level 3 meeting. If agreement cannot be reached between the current Lead Professional at Level 2 and the Social Work Duty Team Manager, then reference should be made appropriate line managers.

Given the possibility of compulsory measures, consideration should be given to whether or not Social Work representation is appropriate at the TATC meeting. **If a child protection concern/incident is noted at any time then a referral should be made immediately to MASH. Do not wait until the TATC meeting.**

Dispute resolution/arbitration can happen at any TATC level in relation to the involvement of any service requested by the Lead Professional. The same process as outlined above will take place.

**TATC Level 4**

In line with the principles of the Children and Young People (Scotland) Act, TATC is Dundee City’s single planning process supporting a single CYPP. This means that meetings held in relation to children and young people subject to compulsory measures and whose names are on the Child Protection Register will also be part of the process.

Meetings for these children and young people eg LAC Reviews and Child Protection Case Conferences will be held at Level 4 of the TATC process. Guidance and an expanded Process Map for Level 4 TATC meetings will be included in an updated version of this guidance.

**REVIEWING THE TATC MEETING**

After the TATC meeting has taken place, and in advance of any review date set, it is good practice 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 a partner agency is considering ending their involvement, a review TATC meeting should be held particularly if that agency are providing the Lead Professional role. The review TATC meeting should consider the implications for the CYPP of any agency ceasing to be a partner to the plan and review the plan accordingly. It is particularly important for a child/young person and their family that they are aware of who their new Lead Professional is (if required) or whether the Lead Professional is to resume the main responsibility for the CYPP or any continuing support if the CYPP is closed.

Agencies should not unilaterally withdraw from being Plan Partners or Lead Professionals without a TATC meeting to discuss the implications of this for the CYPP and the child or young person and their family.

**ADMIN SUPPORT**

TATC Administration will provide admin support to coordinate invites to TATC Level 2 and 3 meetings. Where possible, they will also attend TATC Level 2 and 3 meetings to provide admin support.

If admin support is not available or you do not wish to use central admin support, then the Lead Professional should identify the Chair and minute taker for the meeting.

The CYPPs noted from Level 2, 3 and 4 meetings will be securely held on MOSAIC. This is for self-evaluation, quality assurance and continuous improvement purposes and will ensure a database is established that can be used to monitor outcomes that emerge for children and young people on a longer term basis. This will also help us identify gaps in services and resources and highlight good practice examples.

**WHO SHOULD ATTEND A TATC MEETING**

The Team Around the Child is exactly that! It is to establish or review a Child’s Plan with the **child at the centre** of that planning process. All partners to the CYPP should attend the TATC meeting, including the child/young person and their family. Only those who are directly involved in providing support to the child/young person and their family should be in attendance or those who the Named Person or Lead Professional is of the opinion can enhance the TATC process. This is specifically intended to make the process as meaningful as possible for the child/young person and their family.

Please note that it may be appropriate in certain circumstances ie if wellbeing concerns are significant but have not yet met the level of Child Protection to convene a TATC meeting to discuss wellbeing concerns even if a parent/carer or child/young person declines to attend. The Named Person/Lead Professional or another Plan Partner can then feedback the outcome of the meeting to the child/young person and their family, share the CYPP with them and elicit any opinion the family might have.

This guidance is intended for the TATC process as it is in operation currently ie April 2018. We intend to learn from good practice experiences and will amend this guidance accordingly.

Should you have any comment OR suggestion in terms of improving this guidance please forward to ics.team@dundeecity.gov.uk