Dumfries and Galloway

Children's Services Plan

2023-2026

Joint Annual Report on Year 2 (2024-25)

Dumfries and Galloway

Together is better

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Introduction

This is our second Joint Annual Report on our 2023-26 Children's Services Plan. It covers the reporting period from 1 April 2024 to 31 March 2025. The report is prepared jointly by Dumfries and Galloway Council, and NHS Dumfries and Galloway with involvement of other services including the Third Sector.

The Children's Services Plan is our overarching plan for services that are used by children and young people in Dumfries and Galloway. These include services provided by the Council like Education, Youth Work and Social Work, and services provided by the NHS like Health Visitors, School Nurses and Mental Health Services. It also includes other services like the Police, the Scottish Children's Reporter Administration (SCRA) and voluntary/ independent services (the third sector).

All services have their own plans, but the Children's Services Plan is where we agree the most important joint priorities in Dumfries and Galloway for children and young people's services. These priorities are those where the Council, NHS and other services have to work together if we are to get it right for children and young people. In our Children's Services Plan, we focus on children and young people who might need extra support in order to prevent problems arising, or to stop existing problems getting worse. In our plan, we are prioritising:

- Early intervention – by identifying needs and providing support at the earliest opportunity.
- Improving outcomes for children and young people most in need of support.
- Meaningful engagement with, and involvement of children and young people.

To deliver these priorities, we have six workstreams. These are:

- Disabled Children with Complex Care Needs
- Mental Health
- Corporate Parenting
- Child Poverty
- Getting it right for every child (GIRFEC) implementation
- Family Support

The purpose of this report is to say:

- How we have worked together over the last year to achieve the priorities in our Children's Services Plan.
- What we delivered
- How this made a difference to children, young people and families
- What worked well, what didn't work so well, and why.
- What else we need to do, and what we might need to change in our plan next year.

This is a statutory report, so we send a copy of it to the Scottish Government, and we publish it so that communities in Dumfries and Galloway can see what we are

doing to improve outcomes for children and young people – especially those who are most in need of support.

Over the last few years, there have been significant factors that have affected the lives of children, young people and families both locally and nationally. These include: the ongoing effects of the Covid-19 pandemic, the Cost of Living, and the increase in Child Poverty. There have also been national developments that impact on children and young people's lives, and how we plan services. These include the development of The Promise and the introduction of legislation on Children's Rights in Scotland. We are delivering our Children's Services Plan within the context of all these local and national factors, and this is discussed in the following section of the report.

Context

Local Context

Our children's services planning exists in the following local context:

- We are a rural local authority with a low-wage economy and the lowest average weekly wage in Scotland. While we have some urban areas with pockets of deprivation, the majority of income-deprived people in Dumfries and Galloway live outwith these deprived areas, with poverty dispersed through the region.

- The rural nature of the region makes it challenging to deliver services, with staff covering large geographic areas and needing to spend time travelling across these.

- Recruitment and retention of staff has long been a challenge, and this continues, especially in the West of Dumfries and Galloway.

- Since the Covid-19 pandemic, we have seen an increase in the number of children with unregulated/distressing behaviours. We have seen an increased demand for children's services, particularly for mental health supports.

- Following Russia's invasion of Ukraine, Dumfries and Galloway has welcomed displaced Ukrainian people, and hosted resettlement arrangements. Continued support is also provided to children and young people aged under 18, who arrive in Dumfries and Galloway without a parent or guardian, some of whom may have been trafficked, with experiences of trauma.

National Context

Nationally, a number of legislative and policy developments focussed on rights and wellbeing of children, young people and families, have also taken place. These include:

- The UNCRC (Incorporation) (Scotland) Act 2024 which came into force in July 2024. This is a landmark piece of legislation which makes Scotland the first country in the UK, and the first devolved nation in the world, to directly incorporate children's rights under the UNCRC into domestic law.

- In June 2024, the Children (Care and Justice) Bill became an act. It makes changes to the law in relation to the treatment of children in the criminal justice system and includes changes to the children's hearing system, court hearings, and places where children can be detained. This act is a significant

step forward in upholding children's rights under the UNCRC, and to Keep the Promise.

- The Whole Family Wellbeing Funding (WFWF) Programme, backed by a commitment of £500m investment for Scotland, was established to enable and support local system changes required to deliver holistic whole family support in line with the national principles. Children's Services Planning Partnerships (CSPP's) were asked to use their funding allocation to assess gaps and opportunities in their current delivery systems. The aim of WFWF funding is to change the way that we deliver support to families, so that they get the right help, at the right time, for as long as they need it, so that they can thrive and avoid crisis. In Dumfries and Galloway we have used WFWF funding for a range of programmes, and reports on these are attached at Appendix 2.

- The Promise Scotland launched Plan 2024-30 in June 2024 based on the five foundations of The Promise (Family, Voice, Care, People, Scaffolding). This builds on the progress made at national and local level so far, and sets out an evolving routemap to keep track of progress, as well as to identify what still needs to happen.

- The Children's Hearings Redesign Board is looking at legislation to change the way that Children's Hearings operate so that they better support children in need of care and protection.
- Getting it right for everyone (GIRFE) is a multi-agency approach to health and social care services and support, from young adulthood to end-of-life care. It will underpin the future practice model of all health and social care professionals and shape the design and delivery of services, ensuring that people's needs are met.

- The Early Child Development Transformational Change Programme, set up in December 2023 to help address increasing numbers of early child development concerns by providing oversight and better integration of policies with a focus on prevention.

- Scotland's approach to improving everyone's mental health was set out in the new Mental Health and Wellbeing Strategy and Mental Health and Wellbeing Strategy: Delivery Plan 2023-2025

As a partnership, we remain sighted on all the National developments that affect us, and Dumfries and Galloway has senior managers representing our partnership on a number of National groups.

Effectiveness of our partnership approach

This section of the report is about how we work as a multi-agency partnership, and our planning structures, and how effective these are in supporting the delivery of our plan. Children's Services planning in Dumfries and Galloway is led by our Children's Services Strategic and Planning Partnership Executive Group (CSSaPP Executive).

In November 2023, prior to this reporting period, we carried out a review of our multi-agency children's services planning structures. At the time, we had six workstreams: Child Poverty; Care Experience; Children with Disabilities and Complex Care Needs; Mental Health, GIRFEC Implementation; and Early Help and Family Support. Each workstream was led by a multi-agency strategic group, and these groups operated in a complex planning landscape with a large number of multi-agency groups. The planning review resulted in the number of groups being reduced, and more streamlined structures across our children's services planning partnership. One of the changes, was that the Early Help and Family Support Group became a sub-group of the GIRFEC Leadership Group. This change is reflected in the structure of this Joint Annual Report.

In April 2024, CSSaPP Executive Group decided to repeat a partnership evaluation exercise that had previously been carried out in 2021 and 2022. The 2024 evaluation suggests that the partnership is working effectively. This evaluation showed improvement across all areas compared to the initial evaluation in 2021.

We recognised that we needed to improve the involvement of the third sector in our Children's Services planning. During this reporting period, Dumfries and Galloway was one of three areas (with Aberdeenshire and Glasgow) that took part in an initiative supported by Children in Scotland. This involved using the *'How good is our third sector participation in Children's Services Planning?'* self-evaluation toolkit to consider the role of our third sector in Dumfries and Galloway. Children in Scotland have provided us with intensive learning support in this and have produced a report that provides guidance on how the self-evaluation toolkit can be used to support the delivery of Children's Services Plans and improve cross-sector collaboration and partnership working in improving outcomes for children and families.

In Dumfries and Galloway, we are currently at the stage of producing an Improvement Plan for third sector involvement. This plan will help to shape the way that the third sector are involved in the development of our 2026-29 Children's Services Plan.

CSSaPP Executive Group has continued to perform its scrutiny role over the reporting period, with two extended Scrutiny Sessions each year (in May and September) where Workstream Leads are required to present progress reports and face challenge questions from CSSaPP Executive.

The following section of the report describes the work of each workstream over the last year, with successes, challenges, and a summary of progress.

Delivery of our Workstreams

Workstream 1: Disabled Children with Complex Care Needs

Introduction

The Disabled Children with Complex Care Needs Workstream is subdivided into three subgroups each with their own specific aims and actions to provide better outcomes for children and young people in Dumfries and Galloway. These are the:

- Healthcare in Schools subgroup
- Neurodevelopment Disorders subgroup
- Transitions subgroup

Each subgroup has multi-agency representation from NHS, Education, Social work and various Third Sector organisations.

Healthcare in Schools subgroup
The aims of this group are for children and young people with disabilities and complex healthcare needs to have their healthcare needs met in education settings, allowing them to fully participate in their learning. Healthcare in Schools is important to ensure all children and people with medical conditions and healthcare needs can access their full entitlement to education. Healthcare in school covers the management of general prescribed medication all the way through to some of the most complex invasive and personal medical interventions.

Neurodevelopment Disorders subgroup
The Neurodevelopmental Subgroup have responsibility for enabling the improvement of the system around Neurodivergent children, young people and their families by reviewing, co-designing, developing and delivering changes with families.

The subgroup oversees the work of three working groups each focusing on a different component of our system.

- Working Group 1 – Education are working to the outcome “Neurodivergent children and young people will have their educational entitlement provided in settings skills and equipped to support them to achieve their potential”
- Working Group 2 – The Neurodevelopmental Assessment Service (NDAS) are working to the outcome “Children and young people with Neurodevelopmental Disorders will have access to diagnostic assessment to enable them and their families to have a secure understanding of the differences of their brain, their strengths and their support needs.
- Working Group 3 – Neurodevelopmental Disorders Support are working to the outcome “Children, young people and their families will feel supported in Dumfries and Galloway as part of a system with the child and family at the centre.

Transitions
A short life multi-agency working group has been established to review current transition practice and identify new consistent approaches of support for the transitions for Children and Young People with disabilities and complex healthcare needs.

The aim of this work is to improve the support to disabled Children and Young People at stages of transition into early years/primary school/secondary school/ higher education or adult services/work.

The anticipated outcomes of this work will be the creation of a new policy and protocol that will give staff, parents (families) and children and young people clear information through guidance and support information that will allow for improved communication between all of the individuals and agencies involved.

The outcomes of this work will be evidenced through policy, protocol documents, training (including professional development resources) and information for families. Importantly this transitions work will be connected to parallel policies and practice with regard to matters such as:

- Resourced Panel Provision
- Transport
- Physical environment
- Professional Development – Specific training and approaches though Stages of Intervention practice.
- Other actions identified in the Dumfries and Galloway Children's Services Plan 2023-26 workstreams in relation to the Dumfries and Galloway Healthcare in Schools Guidance Document and links to the Wider Family Support strategic group for a consistent approach across Dumfries and Galloway.

Actions

Healthcare in Schools subgroup
Actions included updating and re-developing the guidance document for Supporting Children and Young People with Healthcare Needs in Education- this is now written as an interactive "Sway" document to allow updating as required. A date for launch is yet to be agreed with Dumfries and Galloway Education.

The current healthcare in schools 3-18 policy continues to provide a safe framework for the provision of healthcare in schools, in respect of schools discharging their duties in supporting the healthcare needs of children and people whilst we await the publication of the revised guidance.

As a joint endeavour between the Health Board and Education Services, the Healthcare in Schools Guidance has been reviewed and refreshed. The draft document setting out roles, responsibilities and expectations is now being consulted on with teaching and non-teaching union representatives.

As part of the revision process several approaches have been trialled in order to test their suitability for inclusion in the new guidance. These include:

- Escalation processes when disputes rise around the complexity of the procedure.
- Escalation processes when school-based colleagues declined to administer medication or procedure.
- Resolution processes to ensure support is in place to meet healthcare need.

The subgroup have also developed local service-led agreements (SLA) to manage certain specific healthcare needs in education settings.

Neurodevelopment Disorders subgroup
Each working group has progressed priority areas from year 1 of the plan.

Plans for 2024-2025 included:

- Developing a proposal for a model of single point of access for support. This has been delivered
- Establishing a baseline for Education settings to understand current needs and priority areas for support. This is in progress
- Embedding the work of a focus group of teachers who undertook Levelling Up training by developing plans to develop and scale up this work. This has been achieved
- Training a targeted group of teaching staff on the use of Social Communication, Emotional Regulation, and Transactional Support (SCERTS) and developing an implementation plan to see the initial testing of this enhanced in Dumfries and Galloway. This has been achieved
- Developing and testing a Neurodevelopmental Disorders-Friendly classroom/school framework. This has not yet been delivered
- Developing and testing parent training and information sessions on topics identified by families. This is in progress
- Developing a minimum mandatory training programme for staff on Neurodiversity and supporting Neurodivergent service users as well as a competency framework for those who need enhanced knowledge and skills in this area. This is in progress

> Working Group 1 – Work has continued through the SCERTS and Level Up Communities of practice. Both projects are testing nationally-developed tools that are designed to improve identification, support techniques and affirming practice for children and young people in education settings.

Working Group 2 – A significant development of the 2024-2025 plan has been the progress towards NDAS having its own clinic location. The team will begin all NDAS clinical work from NDAS Hub in May 2025.

Working Group 3 – work has continued to develop accessible parent information. Clinical Psychology have tested Fife's Embracing Differences Parent programme and feedback is pending for the Neurodevelopmental Disorders (ND) Subgroup to plan for the next test of this programme, to be for families who are on the NDAS waiting list who require support before having an assessment.

Child and Adolescent Mental Health Service (CAMHS) and the ND Subgroup have joined forces to develop and test a new post-diagnosis ADHD parent group which is currently underway. Feedback from this group will support planning for next steps.

Developing last year's priority area around family support has been the focus of the year.

Transitions

The work being undertaken is focused on the best outcomes for children and young people and in this approach we acknowledge that there will be different paths for each child or young person and therefore a good understanding of the processes and procedures will be essential.

Good communication tools and resources and an improved understanding of what we do, how we do it and the impact of this work will be shared through those plans most central to children and young people.

We will use Child's plans to coordinate individual Children and Young People's needs in good time for transition points. This may also encompass a Co-ordinated Support Plan and the Individual Education Plan.

We will draw on existing data and lived experiences of Children and Young People and family members to inform us of the barriers and opportunities to creating best practice.

We will listen to disabled young people's experiences of transition and build on these to develop coordination of services and support.

We will engage with key stakeholders and agencies to develop coordination of transition points.

During April 2024 to March 2025 there has been a change in members participating in the working group to ensure that experience of the groups reflects those working

directly with children and young people and those responsible for staff supporting families.

The group is working toward a single draft policy that will inform a timeline of activity to ensure a smooth transition for children and young people. The policy has the following main sections to provide a strong foundation of knowledge.

- Identification of need
- Identification of partners and processes
- Transport and practical / Professional resources
- Timelines and targets and a Review process

The policy will be written with all stakeholders in mind so that there is a shared understanding of process and practice. Additional summary information for both staff and families will be created to support communication and planning.

As part of the process there will be a test of change and views sought from staff and families, therefore currently meaningful engagement with and the involvement of children and young people has not commenced as the work is not at a stage to share. Engagement with stakeholders regarding all transitions is planned for August 2025 to capture live transition experiences from stakeholders.

The working group was divided into 4 subgroups looking at

- Home to Early Years Setting
- Primary to Secondary
- Secondary to Post School
- Secondary to Adult Services

The later groups have now been collapsed to one group as the focus is on the child or young person, not on the destination, therefore requiring a single timeline and target profile.

Key Successes

Healthcare in Schools subgroup

A notable achievement has been the collaborative engagement with Health Board colleagues, culminating in development of a guidance document and a range of practical approaches for addressing complex healthcare requirements within schools. This progress strengthens the clarity and consistency of healthcare provision, helping both educators and health professionals to navigate intricate healthcare needs within educational settings.

A key focus for the revised document has been where complex healthcare procedures have not been deliverable due to criteria set out in the policy. To date these matters have been quickly escalated to senior management for resolution. An escalation/ resolution process, which is effectively already operational, is the significant change to be implemented in the revised policy.

Neurodevelopment Disorders subgroup
The main achievement of the last year is that the Neurodevelopmental Disorders Assessment Service (NDAS) has provided support services from its own base. The Neurodevelopmental (ND) Subgroup carried out engagement with local families and one of the themes from this was that families wanted people to talk to who knew about Neurodivergent development and who could offer practical help and advice. The ND subgroup listened to what families said, and worked with Third Sector Dumfries and Galloway to develop a community-based model for helping children, young people, and their families. Whole Family Wellbeing Funding has been granted to develop this model. The programme will build on existing models of informed and skilled children's workforce to develop a ND-informed workforce and a broad-reaching taskforce of ND-skilled people in the community. The aim is that children, young people and families will be able to access support on the things that matter to them, from people in their communities, without having to wait or navigate referral processes.

The Education subgroup has some common membership with the Strategic Autism Provision Group enabling shared vision around aims and outcomes for neurodivergent children with differing needs.

Some members of the group attended initial Neurodiversity in Scottish Schools training and this learning is informing ongoing planning.

Transitions
Work within the Home to Early Years has resulted in positive strides with regard to the review of the; Resourced Panel Provision Process – review of timelines and process

Privacy Notice Agreement supporting data sharing with the NHS and Education to support those first steps into Early Years Provision

This work is leading work within the other age/stage subgroups. Work by colleagues in the Secondary to post school has also helped to define the potential policy structure and definitions within which the group is working.

Demonstrating impact with evidence

Healthcare in Schools subgroup
The complexity of healthcare needs within educational settings means that impact is highly contextual, varying significantly based on individual school environments and pupil requirements. However, children have been able to maintain their education in the early learning or school setting with certain procedures being carried out by health staff as part of the recently developed Service Level Agreement.

Neurodevelopment Disorders subgroup
As part of the funding and project application for the community project, qualitative data was gathered from families to support bids. Around 30 families engaged with this through our family engagement group and through the Carers Centre. This pre-project data captures the extent of family challenges currently in Dumfries and Galloway in the absence of accessible support.

Programmes being delivered have / will include pre and post parent feedback to measure the impact these have on family outcomes.

A survey of Education SCERTS-trained practitioners showed good results on how it was used and helped set goals for next year.

Transitions
We are not in a position to describe any measurable difference made to the lives of children and young people but this is an aim with regards to any test of change.

In addition, baseline data will be gathered as part of engagement in August 2025 and October 2025. This will help to provide a measure by March 2026 although August 2026 onwards would allow for a more reflective review of the transition process by all stakeholders.

Challenges/Issues

Healthcare in Schools subgroup
One of the key challenges in implementing the healthcare and school guidance has been resolving the conflicting expectations between the Health Board and Education Services.

Across Scotland there is no clear guidance around specific healthcare tasks that can be delivered in schools by school employees. The Nursing and Midwifery Council are clear that, with the necessary training and assessed competence, a range of tasks can be delegated to non-registered staff and indeed family members or carers to undertake tasks on a day-to-day basis. The healthcare plan and training remain the responsibility of the registered nurse. This position is very different to that of a child in hospital who will have been admitted through ill health with the healthcare plan specifically addressing the reality of a sick child, not that of a well child who requires support to access education.

In contrast, unions representing school staff firmly oppose the expectation that unqualified personnel should administer complex medications and complex health interventions.

This differing view has created barriers to any guidance being agreed; Negotiations have required careful consideration of training, risk management, and alternative solutions.

Education colleagues are working with the unions to bring forward a new job description that will include undertaking responsibilities that will include administering complex medications and complex healthcare interventions.

Neurodevelopment Disorders subgroup
There are three main challenges for NDAS. The first challenge is that there is significant demand that far exceeds planned capacity. The second challenge is that there is a perception across the system that having a diagnosis leads to improved support for families. Thirdly, Neurodevelopmental Disorders Education Planning needs to align with all the children's services workstreams and this can be challenging. Common membership of affiliated groups is helping to address this.

Transitions
Progress has been hindered due to pressures on staff capacity and their availability to attend working groups. However, momentum has been created with a timeline of activity that will now drive the actions forward.

There are a number of working groups within Education (Education, Skills and Community Wellbeing) that are looking at transitions therefore there is a need to ensure that information sharing does take place that allows all workstreams to collaborate or compliment work in a concurrent timeline. Recent engagement on this has highlighted better collaborative opportunities for the single outcome of smoother transitions for Children and Young People.

Rights

Healthcare in Schools subgroup
This area of work is key in article 28- the Right to Education. Furthermore, our approach uses the Getting It Right for Every Child (GIRFEC) planning approach, to ensure the rights, wellbeing, needs and circumstances of the individual child or young person are always placed firmly at the centre of decision-making processes. Children and young people should be involved in the planning for their own health needs when in education settings in a way that is appropriate to their age and stage of development.

- Children and young people should be given privacy and facilities appropriate for their needs.
- Children and young people should be supported and supervised, where appropriate, to encourage independence in meeting their own healthcare needs.

Neurodevelopment Disorders subgroup
Children's rights are at the heart of our work. We are working to ensure our improvements support neuro-affirming beliefs which are non-discriminatory. Improvements are considered to be in the best interests of the child with a focus on supporting parents to ensure their children develop to their full potential.

Transitions
The draft policy is reflective of *The Principles of Good Transition, ARC Association for Real Change Scotland 2017*. This guidance is based on seven principles including:

> Principle 1. Planning and decision-making should be carried out in a person-centred way.

Participants in the working group attended an NHS webinar of UNCRC and Transitions for Disabled Children and Young People and these principles are being adopted by the working group and will therefore be reflected in the final documentation and process.

Conclusion and Next steps

Healthcare in Schools subgroup
Whilst the guidance establishes a strong foundation for more consistent and accessible healthcare provision, continued discussions with trade unions reflect the complexities involved in defining appropriate roles, responsibilities, and resource allocation. Ongoing engagement will be crucial in achieving a fair, sustainable approach that supports all stakeholders.

Despite these challenges, there remains a strong commitment to collaboration. The guidance framework continues to evolve in a way that recognises the realities of school-based healthcare provision while striving to deliver practical and equitable solutions.

One of the key successes has been the development of practical approaches for managing more complex healthcare requirements within school settings. By fostering strategic cooperation between Education and Health Services, solutions have been identified that prioritise both compliance and the well-being of students with additional healthcare needs. Once agreed the revised guidance document will be launched, along with a system to monitor quality of children's healthcare plans.

Neurodevelopment Disorders subgroup
Year three will continue to see small tests of change developed which will inform the plan for 2026 onwards. This will include:

- Agreeing the goals of the Education subgroup with leads in Education to ensure improvement work links with other workstreams in Education.
- Further developing parent information sessions for pre and post diagnosis.
- Developing a community led project to support children, young people and their families.

Transitions
The group is making positive progress with an identified timeline for test of change in order to ensure that a draft is created by June 2025.

The aim is that the test of change will take place in settings alongside a programme of engagement with stakeholders from August to October 2025.

The review and sharing of documentation and information with stakeholdesr will take place by the end of 2025 to inform the final reporting in March 2026.

Workstream 2: Mental Health

Introduction

Since the Covid-19 pandemic, demand for mental health support has increased both locally and nationally. Since the pandemic, we have seen more referrals to the School Nursing Service on mental health grounds, and we have more children and young people who are not attending school for anxiety-related reasons.

There are different levels of mental health support for children and young people that include:

- Provision of information to children and young people (eg web-based, or leaflets).
- Support and training for staff to raise awareness and understanding of mental health, and help them to develop whole-school approaches to mental wellbeing.
- low-level mental health support in schools delivered by Youth Work services and/or School Nursing
- Targeted, Specialist, and Urgent Intervention services like CAMHS and the Child and Adolescent Clinical Psychology Service.

Our approach to mental health provision in Dumfries and Galloway is based on prevention and early intervention in line with our first priority in the Children's Services Plan - *early intervention, with needs identified and support provided at the earliest opportunity*. This work contributes towards children and young people's rights to high quality health care, including preventative health care services.
To achieve this, we are delivering the actions below.

Our Actions

Actions

1. To ensure that all children and young people have access to the mental health and wellbeing support that they need when they need it. This includes a breadth of access, close to home and in a timely manner, matched to the needs expressed. This includes:
   - Development of a Mental Health Pathway
   - Development of web-based resources based on engagement with children, young people and parents/carers
   - Addressing national priorities including the implementation of a range of low-level mental health and psychological approaches.

2. To ensure the recognition and early intervention for perinatal mental health issues and to improve access to psychological and mental health services. This includes:
   - Development of an integrated care pathway that addresses identified gaps in specific areas – this is about addressing identified gaps, like support for birth-

trauma and baby-loss, and working with service-users to identify further gaps and shape services.

The first action is led by our Mental Health in Schools Group. This has representatives from Education, Health, Youth Work Services and Social Work, and focuses on actions that require partnership working to achieve.

Mental Health Pathway

A key action has been the development of a Mental Health Pathway which aims to ensure that children and young people get appropriate support from the right person or service at the right time. The Pathway provides clarity about all the different levels of mental health supports and services. It is designed to build on things that are already happening for young people in schools – for example the Health and Wellbeing Curriculum, focus on positive relationships, pupil support and peer support.

The clarity provided by the Mental Health Pathway is very important. This is because there are so many different types and levels of mental health support, but many people might only be aware of a few of them - like Child and Adolescent Mental Health Services (CAMHS) for example. This means that children or young people can be referred to CAMHS when this might not be the right service for the child or young person, or the right service at that time. If we can refer children or young people quickly to the right service, it doesn't just help them: it also means that our services operate more efficiently. This is because doctors and other clinicians are not having to spend lots of time dealing with paperwork and emails in order to direct referrals to the right place.

The Mental Health Pathway was finalised during the reporting year, and is available here.

Within the reporting period there have been events to launch the Pathway with different professional groups across our Children's Services partnership, and these will continue into the next reporting year.

The CAMHS website is operational and this action can be signed off as complete. Work is now taking place in the 2025-26 reporting period on access to online low-level mental health interventions for children and young people.

Youth Counselling in Schools continues to operate, with evaluation reports on this work available here.

During the reporting year, a Health and Wellbeing public website has been launched, which includes specific areas just for education staff – this incorporates the Rights Respecting Schools approach and focuses on:

- Assessment of pupil wellbeing
- Resources to support the Health and Wellbeing curriculum
- Promoting Attendance
- Signposting to services within the mental health pathway

- A termly Health and Wellbeing newsletter signposts staff to new resources.

Alongside this, Supporting Your Child's Attendance has been shared with all parents and carers of school pupils. The platform includes links to help parents and carers support their young people around anxiety.

In the past year, better crossover has been established between the Mental Health in Schools Group and the Health and Wellbeing Group – this ensures consistency and promotes joint working.

Educational Psychology have continued to offer early intervention through virtual consultation for staff and a parent/carer telephone consultation service. 64% of virtual consultations during the reporting period have related to pupil wellbeing, whilst it is the focus of all the parent consultations. A recent evaluation has shown that 100% of parents who have accessed the service would recommend it to other parents and carers.

The second action is led by the Perinatal and Infant Mental Health Team. Over the 2024-25 reporting period the following activities have been delivered:

Perinatal and Infant Mental Health
The Infant Mental Health Team have three main roles:

- Providing training to multi-agency staff on Introduction to Infant Mental Health so that our workforce in Dumfries and Galloway are more informed about this and are better able to understand and identify issues.
- Working with services – for example the Family Nurse Partnership – in a consultative and advisory role. This helps services to improve their practice and the psychological formulation of their practice through consultative and reflective time.
- Offering direct clinical input through a variety of models including: Video Interactive Guidance; Newborn Behavioural Observation and Circle of Security – Parenting (COS-P) intervention individually.

Over the reporting period, the team have offered a series of webinars on a range of topics including COS-P, Dads, Infant Observation, Talking about Infant Mental Health and Brain Development. These have been rolled out across a wide range of professions including Health, Education, Council, and Third Sector and have positive feedback. These can also be accessed by the public.

In 2025-26 the team are looking to develop further rollout of groups using the models above. These will be available both in-person and also online to improve accessibility and equity across the region.

The team are continuing reflective supervision to support the care of vulnerable women with the introduction of bi-monthly Reflective Supervision to WINGS midwives who support vulnerable women.

Training has been delivered to Police Scotland/ University of West of Scotland Nursing Students/ Psychiatry Trainees on Perinatal Mental Health.

Two Lived Experience Volunteers (LEEP) have been recruited to support service delivery.

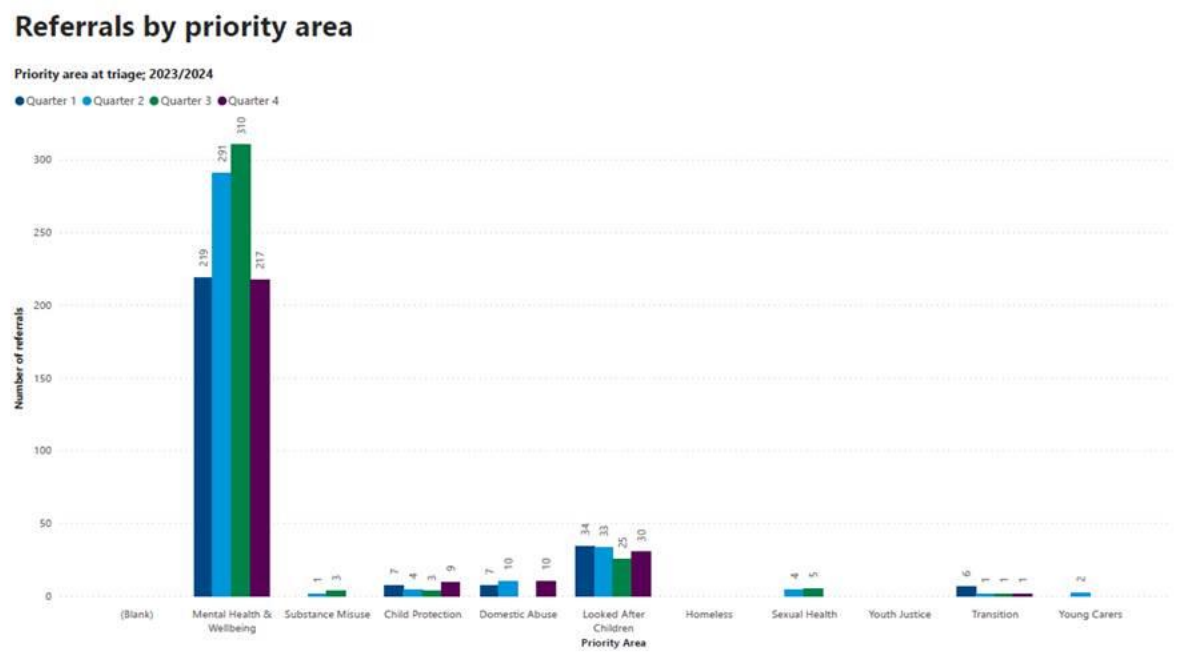
Key Successes

Key successes this year have included:

- Embedding of the Mental Health Pathway
- The continuation of Counselling in Schools
- Improved access to mental health supports for parents and babies.

Demonstrating impact with evidence

Demonstrating impact with evidence
The graph below (from the School Nursing Service) shows the number of referrals that were made to School Nursing in 2023-24 Academic Year. This gives an indication of the amount of need for mental health support in our school-aged population, and also the amount of support that we are providing at a lower level.



There were 1233 referrals into the School Nurse Service. By far the largest numbers of referrals were to support mental health and wellbeing with 1037 referrals over the school year.

Some children are already known to Health Services such as CAMHS or Psychology and there would never be duplication of health services involved. However

consultation happens between services to ensure the child or young person is directed to the best service to support them.

The School Nurses provided low level mental health support through Let's Introduce Anxiety Management (LIAM), a cognitive behaviour therapy (CBT) informed intervention, for anxiety in children and young people, aimed at treating mild-moderate anxiety symptoms in primary and secondary school aged children and young people aged 8 and 18 years, particularly those who have been unable to access psychological interventions because they do not meet the severity criteria for a Tier 3 Child and Adolescent Mental Health Service (CAMHS). There were a total of 146 children and young people supported with LIAM in 2023/24.

We need to do more work to analyse the amount of lower-level work that we do, and how this affects the number of referrals that go on to higher-level services like CAMHS and Psychology.

HealthZones have also been developed across the School Clusters to provide a space for the professional community around children and young people to not only become known to each other but also to the children and young people within their school. These spaces aim to provided early intervention and prevention messages on how to grow up well.

Challenges/Issues

The work of the Mental Health Strategy Group links closely with that of the Early Help and Family Support Group, and the Children with Disabilities and Complex Needs Group, as mental health overlaps with parenting and neurodevelopmental conditions. We need to build the training and confidence of staff in dealing with both mental health and neurodevelopmental conditions, and to support the parenting of children with complex needs.

Conclusion and Next steps

There are actions that we have completed – the CAMHS Website; the Mental Health Pathway; and Perinatal and Infant Mental Health Services have all been developed and are operational.

However, going forward we need to maintain a focus on evidencing the impact of our work. We plan to focus on how we can make more effective links with Parenting work and Neurodevelopmental Service, with the key priority for the Mental Health in Schools Group being the development of a stepped and matched care model for young people with comorbid neurodevelopmental needs and mental health difficulties.

Workstream 3: Care Experience

Introduction

Our Care Experience workstream is about how we deliver our responsibilities as Corporate Parents. Corporate parenting refers to an organisation's performance of actions necessary to uphold the rights and secure the wellbeing of a looked after child or care leaver, and through which their physical, emotional, spiritual, social and educational development is promoted, from infancy though to adulthood.

Effective corporate parenting should result in everyone involved in the looked after child/ young person's life, working together in the best interest of seeking better outcomes for them.

Corporate Parenting applies to:

- Every child who is looked after by a local authority, and
- Every young person who is under the age of 26, and was, but is no longer looked after by a local authority.

Being a corporate parent means providing secure, nurturing, and positive experiences for children and young people in our care wherever they live. Where a child or young person cannot safely stay at home, it is up to us to provide them with the care, support, love, and stability that they deserve. As corporate parents, we should have the same aspirations for our Looked After children and young people as we would have for children of our own.

In Dumfries and Galloway, we are committed to listening to the children and young people who are, or have been, in our care so that we can ensure that their needs are at the centre of everything that we do. We also recognise the importance of support for parents and carers, as they are key in supporting our children, to grow, develop, and contribute to our local communities whilst they are unable to live at home. Ensuring we have the scaffolding of support around parents and carers will allow this to be sustained in the longer term.

Corporate Parenting is everyone's responsibility – it stretches beyond the role of Children and Families Social Work Services and it is for us all to ask the question: 'Would this be good enough for my child?'

If it wouldn't, then we all have a responsibility to challenge each other and to rise to the challenge ourselves to do as much as possible to give our children and young people the very best services, support and love that they deserve and to help them develop and succeed in whatever path they choose for their future.

Actions

In 2024-25 we decided that we needed to refresh our Corporate Parenting Plan to ensure that we had the right workstreams and actions. In this refresh, we also reviewed our governance arrangements for the plan to ensure that we had the right level of leadership to drive forward the plan, and we clarified our arrangements for reporting on The Promise.

The refresh resulted in the agreement of five workstreams as below:

1. **A Safe and Stable Home**: *We will improve and increase the accommodation and care options for our care experienced children and young people to ensure they have the right place to live with the right support when they need it. This will increase their opportunities to have stability and consistency which will allow them to access the other help and support they might need and so allow them to live their best lives.*
2. **Access to Education**: *We will work together across the partnership to improve and increase the opportunities for our care experienced children and young people to access education in a way which best suits their needs, giving them the best chance for success and preparing them for the future that they want and deserve.*
3. **Being Healthy**: *We will work across our partnership to ensure that our care experienced children and young people are able to have their health needs met by attending their health appointments and that health services sufficiently reflect and accommodate the unique circumstances that care our care experienced children and young people experience.*
4. **Being Involved and Included**: *We will ensure that the voices and rights of our care experienced children and young people are meaningfully, and systemically embedded across all areas of activity and development that affect them including their rights to a safe and stable home, accessibly education and good health.*
5. **Moving On/Transitions**: *We will work across our partnership in co-production with our care experienced young people so we can be confident that those moving on from care have an experience that is safe, loving and respectful*

Key Successes

A key success has been the development of a robust governance framework, with leadership at Executive Director Level, with the Executive Director of Enabling and Customer Services taking on the role of Chair of the Corporate Parenting group from 2025.

We have listened to the voices of young people in developing the plan, and we have worked with them to ensure that the language we use is right and appropriate, and that we have captured the areas that are most important to them.

We have introduced a dedicated Fostering and Adoption website containing information about services, what it means to become a Foster Carer, the process and training opportunities for our carers.

We have worked with Registered Social Landlord partners to develop a pathway for young people to access mainstream accommodation which forms part of this refreshed plan.

We have re-designed and implemented a new model of service delivery across our Children and Families Social Work Service to ensure that we can use our resources flexibly and ensure the right resources are targeted at the right children and their families at the right time.

The language used within this plan was and accompanied actions were developed in consultation with our children and young people. Dumfries and Galloway have implemented the nationally recognised 'Keeping the Promise Award' in our schools, with all schools across our region having completed this award by September 2024.

The purpose of the award is to support practitioners, across all levels within schools to develop their awareness and understanding of The Promise, the commitment made by Scottish Government and to improve the educational experiences and outcomes for Scotland's care experienced children and young people. The implementation of this award has provided Dumfries and Galloway an opportunity to showcase our commitment, and to share our voice nationally as Dumfries and Galloway were one of 8 Local Authorities selected to be part of a short life working group in partnership with colleagues at COSLA, The Promise Scotland and Scottish Government to develop The Promise Progress Framework. This framework utilises multiple data sources as well as telling the story of experience, to guide high-level understanding of the national story of progress towards #KeepingThePromise. This framework successfully launched at the end of 2024.

Dumfries and Galloway were selected to be part of a pilot for aligning The Promise with Family Learning Delivery across Scotland. The work created a Continued Professional Learning pack for all practitioners including front line and strategic leaders. This was another exciting opportunity for Dumfries and Galloway to lead on a national initiative and showcase the work that we are doing. The finished resource has been used as a best practice example and shared nationally to support other Local Authorities. This work launched in August 2024

Demonstrating impact with evidence

The Corporate Parenting Group will continue to contribute to fulfil its statutory obligations to the Children's Service's Plan reporting cycle by producing an annual report on the progress of the Corporate Parent Plan. This involves reporting to the Children's Services Strategic and Planning Partnership Executive Group bi-annually, with a joint report being presented to full council and NHS Board for agreement.

The Corporate Parent Group will receive progress reports from each workstream on a quarterly basis that will capture progress towards the actions of the plan. The plan will be a live document and may change over its three-year lifespan to be responsive to the changing needs of our young people.

Workstream Leads will be responsible for ensuring delivery on their workstream's priority area and will have responsibility for the coordination and planning of work, accountability of their workstream members and monitoring of activity towards delivery.

The Promise Progress Framework will be the performance mechanism that monitors and tracks our progress towards fulfilling our Corporate Parent Plan, as well as #KeepingThePromise. Our Corporate Parent Plan will be measured against the national indicators developed of which our data and analysis will be localised. The national indicators that have been developed are aligned with each of the 10 vision statements and their outcomes and will provide a contextualised understanding of progress.

Challenges/Issues

We have spent time on the refresh of our Corporate Parenting Plan, but we recognised that we needed to take the time to get this right. We needed to make sure that we identified the right workstreams, and that we looked further ahead to make sure that the plan aligned with the Promise Plan 2025-30.

We also took time to make sure that we agreed effective governance arrangements for the plan. It was important to identify appropriate leads for the workstreams, and to secure leadership at an executive level to drive forward improvements.

Conclusion and Next steps

Our Corporate Parent Plan will compliment and contribute to the work we undertake to ensure that we deliver on Our Promise Plan 24-30. These two plans together will encapsulate the voices of our children, young people and their families, parents, carers, workforce and partners, and will be aligned to our service delivery.

Workstream 4: Child Poverty

Introduction

Poverty is recognised as a key area within our Community Planning Partnership in Dumfries and Galloway. The 2023-33 Local Outcomes Improvement Plan priority reflects with the commitment that community planning partners will target their resources on tackling poverty and working to eliminate child poverty.

Our Poverty and Inequalities Partnership is key in bringing together partners to tackle the root causes of poverty: sharing resources and expertise; learning from lived experience; targeting support at our most vulnerable and being recognised as the single place for our partnership response to the increased Costs of Living Crisis. The Dumfries and Galloway Local Employability and Skills Partnership complements this work by actively supporting people towards and into employment and therefore increasing household incomes to help combat poverty. The Poverty and Inequalities Partnership includes four subgroups, and subgroup 4 has a specific focus on child poverty.

The Child Poverty (Scotland) Act 2017 introduced an annual requirement for Local Authorities and Health Boards to jointly prepare a Local Child Poverty Action Report (LCPAR) which notes progress and reflects on the work undertaken over the preceding year and also sets out an action plan for the year ahead.

Subgroup 4 of the Poverty and Inequalities Partnership is responsible for coordinating our LCPAR and the associated activity. As part of the annual LCPAR process a Dumfries and Galloway Child Poverty Action Plan was agreed for the period 2022-2026, aligning with the Scottish Government's Tackling Child Poverty Delivery Plan 2022-2026 (Best Start, Bright Futures).

The Strategic Needs Assessment process and separate consultation and engagement activity associated with the development of the 2023-26 Children's Services Plan reaffirmed Poverty as a key issue locally. Poverty was therefore reflected as a key area within the new Children's Services Plan however so as not to duplicate with existing arrangements the strategic group and associated plan are the vehicle being used to make progress in this area.

All four Sub-Groups of the Poverty and Inequalities Partnership have an action plan which contribute to the Poverty agenda and may impact on and reduce Child Poverty, however these are subject to separate reporting arrangements. For the purposes of this report the focus will be on Sub-Group 4 and the associated activity within the Dumfries and Galloway Local Child Poverty Action Report 2023-2024 but also including a forward look at the Child Poverty Action Plan 2024-2026.

Actions

The Dumfries and Galloway Child Poverty Action Plan 2022-26 objectives are to:

- develop, deliver and manage in partnership strategic and operational activities that focus on reducing child poverty in Dumfries and Galloway
- reduce the number of children living in poverty and mitigate the impact of poverty for families with low incomes.

During 2024-2025 the previous 57 actions were evaluated and the most recent Local Child Poverty Action Report published in October 2024 summarised the status of the actions:

Complete	51
In progress, on schedule	2
In progress, not on schedule	1
Not started	0
Superseded	3

Following this review, a new Action Plan was developed through a partnership approach involving the Child Poverty Sub-Group , Public Health Scotland and the Improvement Service, while taking account of the views of children and young people shared as part of the 'Big Question', 'Through Young Eyes' and other local and national engagement activity.

The Action Plan now contains 12 actions structured around the 3 recognised key drivers of Child Poverty: increasing income from employment; reducing the cost of living; and increasing income from Social Security Benefits and benefits in-kind. There are 5 enablers and supporting actions.

These enabling actions include:

- Lived experience
- Data-driven
- Partnership working
- Communication and Awareness
- Building capacity

2024 – 2025 delivery

At the end of 2024 - 2025 the status of the new action plan is mainly on track or scheduled for later completion:

Action	**Status**
Increasing income from employment	3/4 on track
Reducing the cost of living	5/6 on track
Increasing income from Social Security benefits/benefits in kind	2/2 on track
Enablers and supporting action	5/5 on track

Some actions have been delayed - actions relating to study spaces mapping and NHS anchor role are not yet started and some need to be reviewed as measures are not available, for example results of Maternity Services referrals to Citizens Advice. The subgroup has undertaken a service design led improvement workshop and agreed a comprehensive review for improvement.

Child Poverty work contributes to the priorities in the Children's Services Plan as follows:

Improving outcomes for children and young people most in need of support:
Initial evaluation has been undertaken of the action to align work to reduce the region's Disability Employment Gap and Child Poverty by delivering dedicated support to households with a disabled family member. Young people and their families were positive about the support provided through a whole family approach to school transitions. Although the project is at an early stage ,positive impacts reported include increased confidence about the future, shifted perspectives and feeling comfortable about starting work placements.

Meaningful engagement with, and involvement of children and young people:
The Council's Youth Work Team supported a group of young people in Dumfries and Galloway to produce a short film, 'Through Young Eyes', that explores how young people in our region perceive poverty, and their own lived experiences of poverty.

Early intervention – by identifying needs and providing support at the earliest opportunity:
Through empowering communities Dumfries and Galloway's Local Employablity and Skills Partnership is taking a person-centred approach to transforming employability services. Involving communities in the design process creates innovative, sustainable solutions that enhance employment opportunities and strengthens community bonds. Improving parental employment through this type of multifaceted approach addresses both immediate and long-term needs of families. It enhances economic stability, supports child development, breaks the cycle of poverty, and reduces reliance on social security.

Key Successes

The most recent Local Child Poverty Action Report published in November 2024 highlighted the following achievements:

- 348 clients were supported to obtain financial assistance to the value of £220,000.

- Of these 95 clients had a successful intervention which prevented their situation progressing to eviction, with an average Homeless case costing the local authority £12,000 this potentially saved a total of £1.14 million.
- Over 219 tonnes of food delivered through Fareshare which in turn enabled foodbanks to provide essential supplies for 522, 448 meals. This is an equivalent food costs of over £816, 670 with 211 tonnes of food diverted from landfill.
- School clothing grants provided for 2,215 local children and young people and over 650 children and young people were assisted with 'back to school' and separately 'warm winter' clothes. Over 5150 items of school uniform and 3500 items of donated warm winter clothing were distributed at 7 events across the region.
- An expansion of the opportunities to access free sanitary products across council, health and third sector partners sites, with thousands of local families benefiting from the service
- Dumfries and Galloway Council works in partnership with Dumfries and Galloway Citizens Advice Service to provide information services throughout the region. The LCPAR noted that this commission delivered income maximisation measures resulting in additional income of over £9.5 million for 3348 clients.
- The Youth Work team supported young people to produce a short film "Through Young Eyes" which explores how young people in our region perceive poverty and their own lived experience of poverty.

2024 – 2025 delivery key successes extract:

1. Increasing income from employment – supporting parents
   - Annual increases in the number of parents registered on and receiving support as part of the DG Works pipeline from 193 parents in 23-24 to 421 parents in 24-25 (an increase of 118%)
   - Annual increases in parents from the priority families registered on and receiving support as part of the DG Works pipeline:

Priority Group	23-24	24-25	Increase
Lone Parents	77	164	113%
Child with disability	21	43	105%
Ethnic minority	21	49	133%
Child younger than 1	13	23	77%
Parent with a disability	17	43	153%
Young parent	13	34	162%
3+ children	38	83	118%

   - Annual increases in parents registered and receiving support as part of DG Works progressing into employment, work experience, volunteering, education and self-employment. – from 38 in 23/24 to 90 in 24/25 an increase of 137%
   - Opening of Stranraer and Kirkconnel and Kelloholm Employability HUBs

- 31 families and 81 young people supported by whole family support (case study 2)
- Delivery of 166 affordable homes through the Strategic Housing Investment Plan
- Community Midwives are using the Financial and Welfare advice pathway by referring to Citizen's Advice. There have been 23 women referred to CAB.

Demonstrating impact with evidence

Case studies were collated from energy advice providers, Dumfries and Galloway Rape Crisis and Sexual Abuse Support, Education, Dumfries and Galloway Citizens Advice Service, Dumfries and Galloway Health and Social Care Partnership, Health Visitors, Welfare and Housing Options Team and Whithorn Trust which demonstrated the positive impact that actions are having on families affected by poverty.

Public Health Scotland facilitated two stakeholder workshops with the Child Poverty subgroup where the most up to date data in relation to Dumfries and Galloway was considered in order to inform future planning. As a result of this the use of data has been identified as a key enabled in the delivery of the Action Plan 2024-26. By taking an improved data-driven and evidenced based approach we will be better placed to ensure our work is targeted at families living in our most deprived communities and experiencing the greatest inequalities

Rights

Tackling child poverty helps protect children's rights under the UNCRC by:

- Ensuring they have food, housing, and clothes (Article 27)
- Supporting their right to go to school and learn (Articles 28 & 29)
- Improving their health and access to healthcare (Article 24)
- Giving them time and space to play and relax (Article 31)
- Protecting them exploitation (Article 32)
- Helping them have a voice in decisions that affect them (Article 12)

In short fighting poverty helps children live safer, healthier, and more equal lives.

Challenges/Issues

Once again despite significant activity locally the most recent data released details that the level of child poverty in the region is 26.9% which equates to 6,841 local children and young people living in poverty. This is a 0.9% increase on the previous year, and is 3.6% higher than the earliest available trend data from 2014-2015. This is also 2.9% higher than the Scottish average of 24%.

To address this challenge the Child Poverty subgroup undertook a service design led review workshop to understand how the group might support the achievement of

better outcomes. work better together rearticulating the group purpose, vision and commitment and setting out next steps.

Conclusion and Next steps

Positive progress has been made in terms of refining and streamlining the local child poverty action plan. Practically, work will be undertaken to align the reporting functions of the subgroup to streamline work enabling a focus on impact and building on the themes identified in the workshop which were Direction, Partnership, Resources, Roles, Rurality and Humanity. Further partnership improvement work is planned to consolidate that progress and further develop the enabling and supporting actions with a focus on realistic measures, a responsive but not reactive partnership approach all building on the voice of lived experience.

Workstream 5: Getting it right for every child implementation

Introduction

Getting it Right for Every Child (GIRFEC) is a Scottish approach that aims to ensure that children and young people have good wellbeing. 'Wellbeing' means that children are Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included.

The GIRFEC approach is about how we identify, assess, and plan to meet children's needs so that they get the right help at the right time to secure their wellbeing.

Children's Rights are the foundation of the GIRFEC approach and by delivering the GIRFEC approach, we are contributing to the realisation of children's rights in Dumfries and Galloway.

In Dumfries and Galloway, all agencies and services are committed to working together to get it right for every child. The GIRFEC workstream is about making sure that we have everything in place to support staff to work in this way, and the role of the GIRFEC Leadership Group is to oversee this. This means having guidance, procedures, and learning and development provision for staff across our partnership. It also involves having quality assurance and performance information in place so that we can see how well the GIRFEC approach is working, and the difference that it is making to the wellbeing of children in our region.

This workstream and associated activity helps us achieve our priorities as below:

- Priority 1: Early intervention – by identifying needs and providing support at the earliest opportunity.
  The GIRFEC approach is all about identifying needs and providing support at the earliest opportunity.

- Priority 2: Improving outcomes for children and young people most in need of support.
  GIRFEC aims to improve wellbeing outcomes for children and young people, including those most in need of support.

- Priority 3: Meaningful engagement with, and involvement of children and young people.
  Children's Rights are the foundation of the GIRFEC approach, and these include the rights to be involved in decisions that affect children's lives. GIRFEC is a child-centred approach that places the child or young person at the centre of all support given.

Actions

Our key actions in 2024-25 were to:

- Continue to deliver Practice-Sharing sessions across Dumfries and Galloway
- Develop and launch a Children's Services website with information and resources for children, families, and staff
- Review and launch our GIRFEC Guidance for practitioners
- Review and launch GIRFEC policies and procedures
- Review our GIRFEC Locality Groups
- Provide learning and development resources for multi-agency staff.

Delivery of Actions:

In November 2024, we held a further Practice Sharing Roadshow in Castle Douglas. The roadshow was an opportunity to allow services from the Stewartry locality to come together, share the work that they do, network and get to know each other. The Practice Sharing roadshows have been welcomed by staff from across our partnership and have been well-attended. At the roadshows, staff were asked about the sort of information and resources that they needed to support them in partnership working around a child. We received very useful feedback on this from staff, and we used this to shape the development of our Children's Services website.

Our Children's Services website was launched in November 2024. The website contains information for children, young people and families on the GIRFEC approach in Dumfries and Galloway. A Service Directory is hosted on the site with information for families on local services and supports in Dumfries and Galloway. The practitioner element of the website contains information for multi-agency staff on our local GIRFEC approach, with links to all our tools, guidance and policies as well as learning and development modules.

Following the Scottish Government's GIRFEC Refresh in 2022, the GIRFEC Leadership Group decided to review our local guidance and paperwork. We launched our revised GIRFEC Practitioner Guidance in November 2024 at our website launch. We also used this event to release our revised Request for Assistance Form (RfA form). This form is an important element of our GIRFEC approach. Services use an RfA form when they want to contact another service to get help for a child or young person. We updated our RfA form to make it easier for services to use, so that they could seek timely help for children and young people.

Our revised Children's Services Resolution and Escalation Framework was launched in May 2024. This framework sets out a process for staff to follow when they are working in partnership to help a child or young person, and they have issues or disagreements that could get in the way of providing timely help. The Resolution and Escalation Framework is important because it helps staff to resolve disagreements at the earliest stage, so that planning for the child is not delayed.

In 2024, we reviewed the way that our GIRFEC Locality Groups operate, and we are now ready to relaunch these as GIRFEC Partnership Groups. The aim of GIRFEC Locality Groups was that they would act as GIRFEC champions tasked with addressing practice delivery issues at a local level in:

- Wigtownshire
- Stewartry
- Nithsdale
- Annandale & Eskdale

The Locality Groups faced some challenges with membership and capacity. Workshops took place with existing groups to find ways of addressing these. The groups have continued to take place but will be refreshed in 2025 with updated Terms of Reference. The groups will continue to seek to include all partner agencies including Third Sector partners

We needed to establish a suite of multi-agency learning and development opportunities for staff across our partnership. We reviewed materials that were publicly available, and decided to use materials produced by NHS Education for Scotland. These are on our Children's Services website. Our intention is that all staff will have an understanding of GIRFEC at an informed level, and that staff working directly with children and young people will have a skilled level.

Key Successes

Practice-Sharing Roadshows

The Practice-Sharing Roadshows have worked particularly well. These events were attended by a large range of services, many of which had stalls where they shared information about the supports that they provided. The roadshows were held in each locality and were well-attended by staff. Feedback from staff was very positive: some staff reported that they had not realised how many local services and supports were available for children and families, and they found the events very helpful in raising awareness of these. The networking opportunities provided by these events helped to build local relationships and promote local partnership working.

A further schedule of events are planned for parents, carers, and young people in clusters throughout 2025. We are successful in having the first three schools lined up for 2025.

Demonstrating impact with evidence

Demonstrating impact through performance and quality information is one of our main actions for 2025-26.

One of our challenges has been around data on Child's Plans: we can get figures from SEEMiS, the Education IT system, but the picture in Health is more complicated as there is a risk that plans could be double-counted across different services. We

have identified a potential way of resolving this, and this will be one of our Quality Assurance actions in 2025-26.

We are also looking at carrying out a repeat audit of GIRFEC processes. This would include for example, costing the amount of time that headteachers and deputes spend on GIRFEC-related tasks.

Rights

GIRFEC is fundamentally a rights-based approach, and our implementation of GIRFEC is promoting the realisation of children's rights. Providing an interim update on Rights in advance of next Rights Report in 2026 that will cover 23-26.

Challenges/Issues

A particular challenge was with provision of learning and development to staff. Pre-Covid, we had a multi-agency Children's Services Learning and Development programme, with a calendar of learning and development opportunities across the partnership that were available to staff from across our partnership. Our provision was supported by a network of staff across our region who had capacity to provide training.

During Covid, our learning and development programme was put on hold, and then post-Covid, changes to staffing, roles and structures made it difficult to reinstate this. One of our priorities was that we needed training materials that provided a basic overview and explanation of the GIRFEC approach for those who might have no experience with it – for example we have staff moving to work in Dumfries and Galloway from other parts of the UK who are not necessarily familiar with GIRFEC. We decided to address this challenge firstly, by identifying GIRFEC resources produced by the Health and Social Care Alliance Scotland, and directing staff to these; and secondly by deciding to take an informed and skilled approach to GIRFEC learning and development, and directing staff to NHS Education Scotland modules:
Getting it right for every child (GIRFEC) : informed level | Turas | Learn
Getting it right for every child (GIRFEC) : skilled level | Turas | Learn

Learning and Development presents further challenges with regard to staff capacity. Staff are willing to do training, but they may find themselves needing to cancel at short notice due to operational pressures against a background of increased need. We need to think about the flexibility of our offer in order to manage this. Anecdotally, there is a perception that staff feel that thresholds have changed, and that plans that might have previously sat with Social Work now sit with universal services. Private providers can find it difficult to attend training during the day. The Leadership Group are considering the use of different ways of providing training through for example, pre-recorded training sessions.

Conclusion and Next steps

The group is satisfied with the amount of progress made over the reporting period. Over the final year of the plan, we need to focus on quality assurance and on demonstrating impact.

We need to continue to look at how we can make our learning and development offer more flexible and responsive to the different needs of staff across our partnership.

We need to gather feedback and make use of the GIRFEC Partnership Groups for this.

We will evaluate and review our Children's Services Website in 2025-26, and continue to raise awareness of this through communications and attendance at partnership events.

We had planned to review our Child's Plan document in 2025-26. However, there has been some discussion on the National GIRFEC Group about the possibility of Scottish Government developing a national version of this. Our existing Child's Plan document is working and functional, so the group is considering holding off on the review until there is further information on that national direction of travel.

Workstream 6 Early Help and Family Support

Introduction

The Early Help and Family Support Workstream focuses on supports available to families at an early stage when they recognise that they need some help. This workstream is very much based on the intentions of The Promise and the section on Family.

Our workstream has two sub-groups:

- Family Support
- Parenting Groups

Early on in this workstream we identified what Family supports were available across Dumfries and Galloway, including: those provided by universal services; focused services; the third sector and communities. Our plan has focused on how we make these supports more accessible to families. Families were asked what parenting support they needed and how they would like to access this. Feedback from families was that they sometimes struggle with getting parenting right at two stages: in early childhood and then again when they are parenting teenagers, so our focus has been on developing support for this. Families ask for a mix of in-person parenting groups and on-line groups, so they are not excluded by their circumstances. Our steering group has wide representation from partners who provide support to families through their services. Our sub- groups are made up of a range of professionals and third sector providers.

Routemap and National Principles of Holistic Whole Family Support

In our work to provide early help and family support, we are following the Scottish Government's Routemap and National Principles. The aim of this is that 'every family that needs support gets the right family support at the right time to fulfil children's right to be raised safely in their own families, for as long as it is needed'. The Routemap and National Principles set out what needs to change for this to be achieved, and what success would look like.

As a strategic leadership group, we are aware that there can be overlap between areas of our work and other areas of work in our Children's Services Plan – like the work of the Neurodevelopmental Disorders group, and the Mental Health group. We maintain links with the other groups so that we can complement and not duplicate other work.

A case study of a Whole Family Support project is attached as well as some examples of supports to families from Senior Family Support Workers.

Our workstream delivers on the 3 priorities in the Children`s Services Plan:

- Early intervention – by identifying needs and providing support at the earliest opportunity.
- Improving outcomes for children and young people most in need of support.
- Meaningful engagement with, and involvement of children and young people.

Whilst we have made slower progress in some areas due to structural changes and staffing challenges, there are some areas that have seen significant development including early and effective intervention from Youth Justice and our piloted work on Self-Directed Support assessments which has allowed families to have assessments in a more timely and consistent way meaning that supports are in place sooner.

Actions

- **Families will be able to access supports when they need them**
  We recognise that families may need additional supports at certain times in their lives and they need to be able to access these in a non-stigmatised way. Our Family Support sub-group has met with Third Sector providers of family centres, group work, support within homes, and other services. We have looked at supports across Dumfries and Galloway to identify what is working well and any gaps in provision. Providers are keen to work with each other and learn from one another. The third sector providers respond to the needs of communities and also use volunteers, many of whom have lived experience of the issues faced by families.

- **Services will work closely together to provide supports to families, criteria/ thresholds will be clear so that we know what is the right support at the right time**
  Services have developed clear criteria which is published on the Children`s Services website. Some services still have criteria to complete and some redesign within services has caused some delay. We recognise staffing challenges in some of our universal and statutory services. Services are meeting for discussions around criteria. This has been supported by the GIRFEC refresh.

- **Family Support will be available to families in their own homes and in their communities**
  We are limited as to what services can be delivered within family homes. There are some third sector services that have workers going into family homes; and housing support services, outreach from Family Centres and Home Start have volunteers going into homes.

  One of the primary services working in family homes is Social Work. Clearly Social Work does not provide early support as early as third sector services operating in communities can do, but the spread of Family Support Workers across Dumfries and Galloway enables support to be provided wherever families live. This is largely on a voluntary basis but can also include situations where children are on a statutory order living at home or children are returning to live at

home. Work with families can be intensive. These are some of the ways that Family Support Workers can support families:

- Helping families to establish early morning and evening routines
- Support at weekends
- Help to link with and access other services (such as support for mental health and drug and alcohol use) also with safety-planning and addressing domestic abuse.
- Support to make sustained changes in the home.

Direct work is undertaken with children, sometimes within the family home, sometimes in the community and sometimes in school. Where families are receiving early support, Social Work may not be the lead professional but will be involved in the Child`s Plan.

Our teams have had a presence in schools across Dumfries and Galloway, this has varied depending on the needs of schools and the focus has been on developing relationships between Pupil Support Staff and Social Work staff, understanding thresholds and what help can be provided.

The Youth Justice team have worked closely with schools and are planning to increase the presence of their workers in schools with a half- day each month in secondary schools. A proposal will be circulated to schools. The Youth Justice Senior Family Support Workers have been delivering group work in schools alongside Youth Work. We have a worker who leads on Early Intervention and group work in the East and are about to recruit to a corresponding post in the West. We currently have a worker who is running a girls' group in Stranraer Academy with Youth Work Services. This group is focusing on the pressure girls are under from Social Media and how they can manage this. Youth Justice, Youth Work and Police Scotland have worked in Dumfries town centre and closely with families to disrupt the challenging behaviour of some young people, and to prevent some young people who are on the edge of anti-social/offending behaviour from going further in this. This has led to the Nithsdale Challenge being developed with includes group work with young people and a parenting programme.

We have girls' groups running in Stranraer, Newton Stewart, and Dumfries, and the Nithsdale Challenge groups.

For the period 2024/25 a total of **1226 referrals** were made to Social Work on a Child in Need (voluntary) basis. Referrals came from midwives, health visitors, specialist drugs and alcohol services, teachers, youth workers, the police, third sector, the community, and self-referrals from families.

770 children have received family support as part of early help and support during this year. This includes:

- short term work (up to 12 weeks) undertaken by our duty teams,
- longer term support from our Family Support teams,
- 66 early support from the Youth Justice Team
- 15 young people under 18 supported by the Transitions Team.

In addition, **219 children with a disability** and their families are supported on a child in need/voluntary basis, undertaking assessments and receiving support either direct from our family support workers or through a self-directed support package.

From the total number of referrals, around half require no further support from Children and Families Social Work, as most of these are resolved either by a visit from our staff or sign posted to the named person or third sector supports.

For those referrals we do support, **240 were for children already being assessed** with **155 of these children progressing** to an assessment and plan, with support and completion of assessment and plan by one of the Family Support Teams based across Dumfries and Galloway in Stranraer, Newton Stewart, Kirkcudbright, Dumfries and Annan. In addition to these, 25 were with Youth Justice for assessment and 41 were dealt with by diversion.

- **Families should be involved in the development of supports available to them**
  All the third sector groups that are part of the Family Support group use feedback from families to develop their services. Many have families contributing to service design and use Lived Experience adults as volunteers or staff.
  The universal and statutory services do request feedback from families to inform service development, mostly the challenge is not asking families the same thing too often.
  Our Parenting group undertook a lot of consultation with families prior to developing parenting groups and NHS Education Scotland requires evaluation of all groups delivered.

- **We need to avoid a "missing middle" in supports available between universal and statutory services**
  We believe we are making progress in this area, it is challenging due to short-term funding, staff vacancies and demands on services. We are looking at our commissioned services in Social Work to make sure we are as joined up as possible.

- **We need to link with other services and help families access supports from one place where possible**
  The Family Centre model is an excellent one for families to go to for support without stigma and where other services can use the premises to deliver support including benefits and housing advice, employment support etc we have been exploring Family Centre outreach to more rural areas where a town or village hall

can become a family centre for a day, some services already use this method of delivery in some small towns.
Within our workstream we have seen some good examples of joined up support to families (see attached Whole Family Support Wigtownshire case study). A full evaluation of this project is currently being completed.

- **Identify programmes and groups currently running and any gaps in provision, consider programmes required following consultation with parents. This will be supported by the Lifelong Learning Parenting Co-Ordinator**
  In Dumfries and Galloway, we used some of our Whole Family Wellbeing funding from Scottish Government to recruit a Parenting Co-ordinator. The reason for this, is that in order to provide evidence-based parenting programmes in Dumfries and Galloway we needed to enter into an agreement with NHS Education Scotland (NES). NES are the national educational provider of evidence-based parenting programmes. An agreement with NES means that Dumfries and Galloway can access free training for practitioners delivering the parenting programmes, however, a requirement of NES is that we have a Parenting Co-ordinator to co-ordinate our parenting work. This involves the following activities:
    - Engaging with families to find out what sort of parenting support they want.
    - Mapping all the different parenting supports that are currently available in Dumfries and Galloway and identifying gaps in provision.
    - Agreeing as a partnership which parenting supports we need in Dumfries and Galloway, and where they are needed.
    - Co-ordinating staff training, so that we have practitioners across our region who have increased skills, and are trained in delivering parenting programmes to families.

  Over the reporting period, we have agreed to run the following key evidence-based programme:
    - Peep Learning Together Programme
    - Circle of Security for under 8s provision
    - Teen Triple T for teenage provision.

  We have seen increased collaboration over the last year between NHS, Council and third-sector partners. This has included shared resources, data, and feedback form families.

  We are already seeing early evidence of improved access to services within communities with the Peep Learners Together programme following the training of staff. In the reporting period, 24 delegates have been trained in Ante-natal Peep; 42 delegates trained in Peep Learning Together programme; and 11 delegates trained in Peep Progression Pathway. There are now trained staff in services across our children's services partnership.

Appendix 2 contains a detailed report on the role of the Parenting Co-ordinator, and the work carried out in 2024-25.

Evaluation
We have begun some evaluation work, and we know that we are preventing legal orders being needed for some families and for those where they are in place there is evidence of work being completed and orders being terminated. This will be a focus over the next 6-9 months. We have examples of participation work, but we are keen that we are not going back to the same families to ask the same questions.

Key successes
Training a large staff from partner agencies to deliver parenting programmes which families had highlighted as areas of need.

Developing early help and supports for young people at risk of becoming involved with offending behaviour, another example of joint working and listening to the needs of young people and families.

Developing close relationships with third sector providers of Family Support.

Demonstrating impact with evidence
We have seen a good response to the Youth Justice early intervention, good progress with early interventions and either preventing or terminating Compulsory Supervision Orders.

Rights
Our services are varied as to how well we deliver on Children`s Rights but in general we are making good progress, particularly within Youth Work Services, health and Young Peoples Transitions (Leaving Care) and with Unaccompanied Asylum-Seeking Children.

Challenges/issues
The challenges include time and capacity and staffing, however there is a much better retention of staff in Family Support roles and families benefit from more consistency. The geography of Dumfries and Galloway will always be challenging, meaning that more rural areas continue to have less access to supports, although there are good examples of services reaching out to these families. Wee Minds Matter have delivered group work but have struggled with numbers in smaller towns. There has been better success when delivering in pre-existing Family Centre settings such as Action for Children in Upper Nithsdale.

Conclusion and next steps

Over the next year we would like to improve our evaluation and reporting. We do want to evidence the benefits of the delivery of parenting programmes. We would also aim to report on our Youth Justice groups.

We want to develop our Family Support services to ensure we can evidence that families can access this support across Dumfries and Galloway when they need it. We are developing our plan for the next year. In terms of the wider Children`s Services plan, the need is to ensure we don't have too much duplication over groups which is easy to do as our work is so closely linked.

Measuring Success

In Dumfries and Galloway, our approach has been to monitor a suite of high levels indicators of wellbeing that have aligned with our priorities and with outcomes of wellbeing (that children and young people are safe, healthy, achieving, nurtured, active, respected, responsible and included – often referred to as 'SHANARRI').

We selected this suite of indicators because taken together, they present a global picture of the wellbeing of our child population. Most of them have data going back a number of years, allowing us to identify trends over time, and most of them allow us to compare our performance with the National position, as well as other local authorities that have a similar profile to Dumfries and Galloway.

This suite of indicators is attached, (see Appendix 1), however, these will be reviewed as part of the planning process for our 2026-29 Children's Services Plan.

Our Challenges

There are challenges that we have faced regarding specific pieces of work within workstreams, but there are also global challenges that we face as a partnership.

The first global challenge relates to poverty and the ongoing cost-of-living crisis. This is a challenge that impacts on all our work with vulnerable families and not just the Child Poverty work. Poverty, together with parental mental health is a significant factor in pushing families towards the 'edge of care'. Dumfries and Galloway is a low-wage economy with the lowest weekly wage of all local authorities in Scotland. There are elements of Poverty that we can do something about – but there are also elements that we have no control over. For example, we can do work aimed at increasing the uptake of benefits to which people are entitled, but we have no control over benefit rates or eligibility criteria. In our work with vulnerable families, it can be difficult to unpick the impact of the cost of living crisis from the impact of poverty more generally; and also the impact of other factors like mental health. This makes it challenging to evaluate the impact of our actions as there is not necessarily a clear linear link between a piece of work that we do, and outcomes for children, young people and families.

Since the Covid-19 pandemic, the demand for services has greatly increased. We have to manage this significant extra demand, while at the same time we need to change the way that we deliver services to children and young people. In particular, post-Covid, we have seen an increase in the number of children entering primary school with dysregulated behaviours. As yet, it is not clear whether this is now a 'new normal' that we need to plan for and allocate resources to, or whether this is a specific cohort of children who have been affected, and who will be followed by younger children with fewer issues. At the time of reporting, we are starting the planning process for our 2026-29 Children's Services Plan, and we will seek to assess this through the Strategic Needs Assessment for our next plan.

Some of our work in this plan is about direct service delivery and this is relatively straightforward to evidence. For example, when we setup and deliver peri-natal and infant mental health services or youth counselling services, we can say how many staff we employed/trained; how many children and families we worked with; and we can give examples of how service-users have benefited from these services. However, much of our work is 'development work'. This is about working together with families and other stakeholder to look at the services we provide; and how our systems and processes work for children, young people and families; and then making changes to our systems, processes and services.

Development work can present challenges for two reasons. Firstly, it can be more difficult to evidence the delivery and impact. Secondly, development work requires staff capacity. It requires staff from across our children's services partnership to be available to take part in multi-agency working groups to review systems and processes. Staff capacity is a major challenge for us. We have had success in recruiting staff to perinatal and infant mental health posts, but more widely, recruitment and retention of staff continues to be a challenge across our partnership. We have a relatively small number of key staff who tend to be involved in working groups across several of our workstreams. Over the last year we have taken action to address this by reviewing our children's services planning structures and streamlining these to reduce the number of multi-agency groups.

Rurality continues to present challenges. Dumfries and Galloway has a low population density, but a feature of this is that the population is not concentrated in urban areas but spread out across a wide geographic region, with approximately a third of the population living in villages of fewer than 500 people. This presents challenges for service delivery. Our staff are spread across a large geographic area which involves significant travel times and reduces staff capacity to take part in development work.

Summary and Conclusions

Our effectiveness as a multi-agency partnership

Our position is that we have seen positive progress across all areas of our Children's Services Plan. We have reviewed our partnership arrangements and structures throughout the reporting period, and we are functioning effectively as a partnership. Our CSSaPP Executive Group repeated the partnership self-evaluation exercise that had been carried out in previous years, and this showed improvement in our partnership working at an executive level. Supported by Children in Scotland, we have carried out an evaluation of how well our third sector are involved in our children's services planning and we are developing an improvement plan for this.

Key Successes

Our position is that we have faced various challenges, and some pieces of work may have been slower than planned due to capacity issues, but we have seen positive progress over many areas of our plan.

Our Neurodevelopmental Disorders subgroup, in partnership with Third Sector Dumfries and Galloway, have been successful in gaining Whole Family Wellbeing Funding to develop a community-based model of support for children and young people with neurodevelopmental disorders. This funding means that statutory services can work in partnership with the Third Sector to build skills within our workforce and our wider communities so that both are more ND-informed. This will help families to find practical support with ND issues from people within their communities so that they don't have to wait to go through referral and assessment processes in order to get help.

The stated outcome of developing a Mental Health Pathway has been completed. The next step will be to evaluate the effectiveness of this.

Our development of peri-natal and infant mental health services is a success. In Dumfries and Galloway recruitment can be challenging, but the services have successfully recruited to posts, and have also recruited two Lived-Experience Volunteers to support service-delivery.

With regard to Child Poverty, a key success has been the significant increase in the number of parents who are being supported towards employment, volunteering or education through the DG Works Pipeline, and the number of individuals supported to obtain financial assistance, and other supports such as school clothing grants. Figures do show a slight increase in child poverty in Dumfries and Galloway, but many of the drivers of poverty are outwith local control, and our local partnership is working to mitigate these drivers.

With regard to GIRFEC Implementation, our Practice-sharing events have been very positively received by staff, and we are about to deliver a programme of events aimed at families over the coming months. These events were well-attended by staff representing services across our children's services partnership, and staff reported that the events were very helpful with regard to raising awareness of other supports and services that are available for families in Dumfries and Galloway, and our forthcoming events aimed at families will help to signpost families to these. Our Children's Services website and Service Directory has also been well-received as a source of information and support for both families and staff in the region.

Our Early Help and Family Support group have listened to what families have said – families highlighted that parenting programmes are an area of need, and the group have been successful in training a large number of staff from partner agencies to deliver these. The group has also worked well in developing early help and supports for young people at risk of becoming involved with offending behaviour – this is

another example of joint working and listening to the needs of young people and families.

Impact on children, young people and families

We can either demonstrate impact across the workstreams, or have confidence that the work in progress will lead to positive impacts.

We have evidence in our Family Support workstream of how families have benefitted from Intensive Family Support, and from involvement in programmes such as PEEP Learning Together. We need to do more work to evidence how involvement with Intensive Family Support is leading to an increase in the number of children on the edge of care are able to stay with their families.

We are confident that the work underway to support Children with Disabilities and Complex Care needs will have direct, positive impacts on children and their families.

The impact of our Low-Level Mental Health Support Project (also known as 'Youth Counselling in Schools') has been evidenced by an independent evaluation report which found that young people taking part the project in Dumfries and Galloway benefit by developing skills for wellbeing, increased confidence and self-esteem - and building improved attitudes about and attendance at school. Our perinatal and infant mental health services are improving the experiences of women and infants.

We are confident that implementation of our Mental Health Pathway will lead to positive impacts. One of the challenges with evaluating the impact of our Mental Health Pathway is that at the further end of the pathway, where children and young people receive clinical interventions for more severe mental health problems, it is easier to evaluate the impact of interventions. However, the start of the pathway is more challenging to evaluate as it involves provision of, for example, training and other supports to schools. If the earlier stages of the pathway work well, then we would expect to see fewer higher-level interventions further on. However, we have had such a large increase in demand for mental health services post-Covid, that this has skewed our 'normal baseline'. We have data from the School Nursing Service that clearly shows the amount of lower-level work being done with children and young people – like managing anxiety – but with the overall increase in mental health demand it is difficult to directly measure the impact of this.

While there has been a slight increase in child poverty statistics in Dumfries and Galloway, this is due to external factors outwith our control, and we have data that demonstrates how many families have benefited from the supports that we provide through our anti-poverty work.

Through our GIRFEC Implementation Workstream we are helping families through the development of a website and service directory that provides guidance and information, and signposts families to supports. The update of our GIRFEC tools and processes makes it easier for schools to request help for children from other

services. A framework is in place to make sure that we can avoid situations where planning for individual children could get delayed by professional disagreements.

Next steps

We are now entering the final year of our 2023-26 Children's Services Plan, and we are starting the process of developing our 2026-29 Plan. There are key pieces of work that will shape this as follows.

In developing our next Strategic Needs Assessment, we need to focus on specific areas where we know we need more information from across our partnership. A particular issue is the number of children presenting in primary school with distressed and/or distressing behaviours. This number increased following Covid, but it is not yet clear whether this is a discrete cohort of children or whether these higher numbers are the 'new normal' going forward. Our Strategic Needs Assessment seek to answer this.

We have a Consultation Mandate for the development of our next Children's Services Plan, but a key element of consultation will be the involvement of our partners in the third sector. We have received excellent support from Children in Scotland to use their self-evaluation tool to evaluate how good our third sector involvement is. The Improvement Plan currently in development will shape involvement in our children's services planning processes going forwards, as well as in development of the next plan.

Looking ahead, we may need to consider our approach to Transition. Our workstream for disabled children and young people with complex care needs has transition as one of the three strands of this workstream. However, transition is a huge and complex area, and it is difficult to detach and focus on transition for children and young people with disabilities and complex care needs when there is overlap with mental health and parenting. For the next plan, we may need to look at whether we need a wider thematic focus on transition.

We have used the Scottish Government's Whole Family Wellbeing Funding to fund a number of initiatives that have contributed to the priorities in our Children's Services Plan. We have funding for 2026-27 and we are evaluating these initiatives with a progress report due to be submitted to Scottish Government by the end of June. This evaluation will help to determine funding spend for 2026-27. Progress reports from the funded initiatives are attached at Appendix 2.

APPENDIX 1 - Performance Indicators

The indicators below are a high-level suite of indicators that we have monitored over several years. Taken together, they give us a global picture of the wellbeing of our children and young people in Dumfries and Galloway against SHANARRI (Safe, Healthy, Achieving.

SAFE

Indicator	**Target (if applicable) or direction of travel**	**Data over time (the year that the data was published)**						**Comment**
		2020	**2021**	**2022**	**2023**	**2024**	**2025**	
Number of children on the Child Protection Register as rate per 1000 population aged 0-15 years	No target.	Rate was 0.8 in 18/2019	Rate was 1.1 in 2019/20	Rate was 1.5 in 2020/21	Rate was 1.8 in 2021/22	Rate was 2.1 in 2022/23	Rate was 2.0 in 2023/24	Historically, our rate was higher, and there has been a change of -2.1 since 2014.
Emergency hospital admissions for Unintentional Injuries for children aged under 15 in Dumfries and Galloway	No target – aim to reduce	2018/19 207	2019/20 181	2020/21 184	2021/22 197	2023/23 169	2023/24 137	Unintentional injuries can occur in any age group, but children and the elderly are generally more vulnerable.

HEALTHY

Indicator	Target (if applicable) or direction of travel	Data over time (the year that the data was published)						Comment
		2020	2021	2022	2023	2024	2025	
Primary immunisation rate by 12 months of age – 5-in-1/6-in-1	Aim to maintain	2018-19-97.7%	2019-20-97.4%	2020/21 97.0%	2021/22 97.4%	2022/23 97.0%	2023/24 96.3%%	Dumfries and Galloway continues to maintain a high level of vaccination coverage.
Primary immunisation rate by 12 months of age - PVC		2018-19-97.9%	2019-20-97.9%	2020/21 97.8%	2021/22 97.7%	2022/23 97.6%	2023/24 97.1%%	
Primary immunisation rate by 12 months of age – Rotavirus		2018-19-95.3%	2019-20-94.9%	2020/21 94.2%	2021/22 94.7%	2022/23 93.9%	2023/24 94.2%	
Primary immunisation rate by 12 months of age - MenB		2018-19-97.6%	2019-20-97.4%	2020/21 97.3%	2021/22 97.3%	2022/23 96.9%	2023/24 96.3%	
The percentage of 27-30 months reviews completed	Aim to increase	2018-19-93.6%	2019-20-95.2%	2020/21 94.1%	2021/22 94.6%	2022/23 92.3%	2023/24 93.8%	
The percentage of children in Primary 1 at	Aim to reduce	DG rate was 25.7% in 2018/19, National	DG rate was 24.2% in 2019/20 but National	2022 – reviews have re-started but	DG rate was 28.2% in 2021/22	DG rate was 25.8 in 2022/23	DG rate was 3.3/%	

risk of being overweight and/or obese		rate was 22.4%.	reviews are incomplete.	we do not have data for 2020/21	(13.2 % at risk of overweight, and 15% at risk of obesity)	Rate for all Health Boards was 21.9%	in 2023/24 Rate for all Health Boards was 22.2%	

ACHIEVING

Indicator	**Target (if applicable) or direction of travel**	**Data over time (the year that the data was published)**						**Comment**
		2020	**2021**	**2022**	**2023**	**2024**	**2025**	
Percentage of LAC School Leavers who enter a positive Destination P2C3M05Q&C_PI03	87.2%	66.7% in 2018/19	84% in 2019/20	90.32% in 2020/21	86.21% in 2021/22	87.5% in 2022/23	85.71% in 2023/24	
The percentage of children meeting developmental milestones at the 27-30 month review. (% with no concerns across all domains, and % with no concerns recorded but some	80%	84% in 2018/19	85% in 2019/20	84% in 2020/21	79% in 2021/22	79% in 2022/23	79% in 2023/24	

domains incomplete/missing)								
Skills Development Scotland Participation Measure Percentage of young adults (16-19 year olds) participating in education, training, or employment	92.2 in 2018	91.2% in 2019	91.9% in 2020	93.1% in 2021	93.3% in 2022	94.0% in 2023	94.4% in 2024	The Scottish Government's Opportunities for All commitment offers a place in learning or training to every 16-19 year old who is not in employment, education or training. Nationally, in 2024, 92.7% of 16-19 year olds were participating in education, employment, or training. This was a 0.1% increase nationally from 92.6% in 2023. We continue to see gradual improvement in DG since 2019.
Proportion of Primary pupils achieving expected levels in all three Literacy organisers		2018/19 - 69%	2019/20 – no data	2020/21 59%	2021/22 62.5%	2022/23 65%	2023/24 71%	For 2020 the absence of external assessment information, and the Ministerial direction to award estimated grades, led to a different pattern of attainment than we have seen in previous years. The results for 2020 should not be directly compared to

								those in previous years or future years
Proportion of Primary pupils achieving expected levels in Numeracy		2018/19 - 77%	2019/20 – no data	2020/21 69%	2021/22 72%	2022/23 74%	2023/24 77%	
Proportion of Primary pupils achieving expected levels in all three Literacy organisers (LAC)	68%	2018/19 – 31%		2020/21 – 25%	2021/22 – 31%	2022/23 42%	2023/24 36%	Education CfE PIs were not recorded in 2020 and S3 were not recorded in 2021.
Proportion of Primary pupils achieving expected levels in Numeracy (LAC)	75%	2018/19 – 41%		2020/21 – 43%	2021/22 – 47%	2022/23 52%	2023/24 44%	

NURTURED

Indicator	Target (if applicable) or direction of travel	Data over time (the year that the data was published)						Comment
		2020	2021	2022	2023	2024	2025	
Number and percentage of children being referred to the Children's Reporter on care & protection grounds.	Aim to reduce	484 (of total 588) Children referred in 2018-19. 82.3%	2019-20- 456 (of total 534), 85.4%	2020-21- 538 (of total 587). 91.6%	2021/22 – 620 (of total 659)	2022/23 307 (of total 370) children referred	2023/24 313 out of total 370 84.6%	
Balance of care for Looked After Children: % of children being looked after in the community	Aim to increase	94.2% in 2018/19	93.4% in 2019/20	92.4% in 2020/21 Rate for Scotland was 90.3%	92.7% in 2021/22. Rate for Scotland was 89.8%	92.6% in 2022/23 Rate for Scotland was 89.2%	91% in 2023/24 Rate for Scotland was 89%	In Dumfries and Galloway the proportion of children looked-after in the community has fallen slightly, but remains higher than that of our comparator authorities. Looked-after in the community means that children are looked-after at home with parents/carers; with other family members or friends; or with foster carers or prospective adopters.

RESPONSIBLE

Indicator	Target (if applicable) or direction of travel	Data over time (the year that the data was published)						Comment
		2020	2021	2022	2023	2024	2025	
Number and percentage of children being referred to the Children's Reporter on offence grounds, Section 67 j grounds.	No target – aim to reduce	2018-19- 148 (of 588). 25.17%	2019/20- 139 (of 534) 26%	2020/21- 107 (of 587) 18.2%.	2021/22: 90 out of 659 (13.65%)	2022/23: 94 out of 370	2023/24: 80 out of 370 (21.6%)	

INCLUDED

Indicator	Target (if applicable) or direction of travel	Data over time (the year that the data was published)						Comment
		2020	2021	2022	2023	2024	2025	
Attendance Rate, Primary School, Dumfries and Galloway for Looked after Children.	94.1%	95.7% in 2018/19	93.58 in 2029/20 94.53% in 2020/21	2021/22 91.81%	2022/23 92.59%	2023/24 90.31%	87.4%	We have a Care-Experienced Team in Education who track and monitor attendance (and exclusions) of children and young people on a monthly basis.
Attendance Rate, Secondary School, Dumfries and Galloway	85.4%	84.87% in 2018/19	83.23% in 2019/20	84.24% in 2021/22	78.25% in 2022/23	74.09% in 2023/24	71.2%	

for Looked after Children.			87.75% in 2020/21		87.9% all children			
Number of homelessness applications from applicants who were looked after as a child by the local authority within the last 5 years.	20	20 in 2018/19	20 in 2019/20 28 in 2020/21	27 in 2021/22	35 in 2022/23	28 in 2023/24	30 in 2924/25	The statistic includes all those who have presented within the last five years regardless of which local authority area they were looked after in. The main reasons for presentation are - asked to leave (10) and Dispute within household (non violent) 7

APPENDIX 2: Whole Family Wellbeing Funding Updates

2.1 WFWF Annual Report: Parenting Co-ordinator

1 April 2024 to 31 March 2025

Please complete this template with details of your funded activity.

Activity Title Please insert title of your activity or project
Lifelong Learning Team Leader – management service of WFS Parenting post

WFWF Funding How much WFWF funding was spent on this activity in 2024-25?	
Funding for a Band 9 post for a Parenting Co-ordinator of £45K per year.	

Other sources of funding Please detail any other sources of funding for this activity in 2024-25?	
N/A	£0
	£0
	£0
	£0
	£0

Activity Description Please insert a short and clear description of the activity or project. This could be copied from your funding proposal or previous reporting and updated where required. Please specifically mention where activities have changed or are no longer relevant.
The proposal was for funding to train and coordinate parenting programmes across Dumfries and Galloway, virtually or in person. Funding would be in the form of recruiting a Band 9 Co-ordinator which is essential to enter into an agreement with NES, who are the national educational provider of evidenced based parenting programmes. This would mean Dumfries and Galloway could access free training for practitioners delivering the programmes. The post would be managed by the Lifelong Learning Team. This will ensure that – ▪ All families will have support across a range of issues, so that accessing the support is seen as something that a range of parents may need throughout life at the time they need it.

- Programmes are accessible in every community for parents to meet other local parents, to stay and play with their children and get support and advice.

Stakeholders
Please insert a short and clear description of how the activity was identified, informed by, and/or developed by different stakeholders (including third sector partners and children and families). Please cite any evidence sources. Please also reference number and groups of children and families engaged (be specific as to which groups), the way in which they were engaged and how that influenced the activity, where applicable.

A Parenting Co-ordinator role is essential as a requirement of NES to implement any parenting programmes in Dumfries and Galloway Council. Psychology of parenting project (PoPP) is developed by NES to work collaboratively with local authorities across Scotland with the aim of improving the availability of evidence-based parent-child relationship focussed interventions. This was agreed through the strategic Early Help and Family Support group which sits in the CSSaPP framework where all relevant stakeholders are represented.

WFWF Spend
Please insert a short and clear description of the what the 2024-25 WFWF monies were specifically used for.

Recruitment of a band 9 Parenting Co-ordinator.

WFWF Spend (continued)
Please insert a breakdown of what the 2024-25 WFWF monies were specifically used for.

Staff costs at band 9 plus oncosts	£45K
	£
	£
	£
	£

WFWF Logic Model outcome(s)
Please list which early, intermediate, and long-term outcomes from the WFWF Logic Model that this activity contributes to. Please also include a sentence after each outcome to explain how this activity contributes to the specific outcome.

Early Outcomes (Years 1–2)
System and Workforce Development:

- Parenting Coordinator has worked at embedding key principles of holistic whole family support within their role, the Lifelong Learning service and partners.
- Undertook an Intensive consultation period with children and families across whole D&G region. As well as a partner mapping exercise, see below –

Family Support Review.pdf

Dumfries and Galloway.docx

- Established a Parenting subgroup as required by NES and begin redesign with partners of new evidence-based programmes focusing on removing access barriers for children, young people, and families. We are following the required NES Implementation guides –
  Implementation Guide 1 pdf.pdf
  Implementation Guide 2 .pdf

- Key evidence-based programmes that have been identified and agreed upon is – Peep Leanring Together Programme and Circle of Security for under 8s provision and Teen Triple T for teenage provision.
- Increase collaboration among NHS, Council and third-sector partners, including shared resources, data, and feedback form families.
- Implementing the development of a holistic workforce approach, emphasizing staff skill development.

Service Accessibility and Engagement:

- Early evidence of improved access to services within communities with the Peep Learners Together programme following the training of staff -
  24 delegates trained in Ante-natal Peep; 42 delegates trained in Peep Learning Together programme; 11 delegates trained in Peep Progression Pathway. There are now trained partners in the following organisations –

  - Lifelong Learning
  - Social Work Senior Support Assistant
  - NHS – Health Visitor Assistants
  - Nurture Teachers
  - SEND Teacher
  - Early Years Practitioners
  - Social Work Senior Family Support Assistants
  - Aberlour
  - Home-Start
  - Quarriers
  - Early Years Scotland
  - Families Outside
  - Primary School Learning Assistants
  - Nurture Teachers
  - Nursery Practitioners
  - Family Nurse Practitioners

- Circle of Security is currently being delivered by NHS through TS Home-Start and Action for Children across the region.
- Triple P has only just been agreed through the Parenting group and implementation will start from May onwards.
- As service delivery is implemented, we hope that feedback will starts to inform related services planning and delivery.

- Initial signs of a shift towards non-siloed and aligned family support offer that matches the scale of need.

Intermediate Outcomes (Years 3–4)
Enhanced Service Delivery:

- Services become more accessible and are perceived as providing early help and support where and when it suits families.
- An increase in families receiving whole family support.
- Commissioning and procurement processes transform to support holistic service delivery.

Empowered Families and Workforce:

- Parents and carers gain improved access to employability and other supports to enhance their financial situations.
- Workforce wellbeing is improved and becomes integral to the delivery of family support.

Long-Term Outcomes (By 2026 and beyond)
Sustainable Family Wellbeing

- Improved overall family wellbeing.
- Reduced inequalities in family wellbeing across communities.
- A decrease in families requiring crisis intervention.
- Fewer children and young people living away from their families.
- An increase in families taking up wider supports, such as employability services.
- Sustainable whole family support service provision maintained through budget allocations.

Progress and Evaluation
Please insert a short and clear description of what has been achieved to date and how this compares to what was planned (i.e. is the activity on track?), including specific partners who have been involved in delivery, particularly third sector organisations (if applicable). Where relevant, please indicate how this activity aligns with other policy priorities (i.e. mental health, child poverty, The Promise). As part of this please highlight the impact of this activity in 2024-25, including qualitative and quantitative data where applicable. Please also provide an evaluation of the effectiveness of the activity based on any available evidence and highlight any planned next steps, areas for development and challenges.

Achievements to Date -

1. Enhanced Service Accessibility and Coordination:
The Parenting Coordinator has been instrumental in streamlining services to engage with the WFS approach in terms of offering a consistent suite of programmes for families, ensuring that programmes offered to families receive timely and appropriate assistance.

By acting as a central liaison, the coordinator has facilitated better communication among various service providers, leading to more cohesive support plans for families.

2. Strengthened Family Engagement:
Efforts have been made to actively involve families in the design and evaluation of support services.
Feedback mechanisms have been established, allowing families to voice their needs and preferences, which are then integrated into service planning.

3. Workforce Development:
Training sessions and workshops have been organized to equip staff with the skills necessary for delivering holistic family support. Data outlined in previous section.

4. Funding exploration:
Funding has been explored through LEP to try and gain additional staff to take away the capacity issues from partner services. See funding bid below –

Funding Proposal.doc.docx

Alignment with Planned Outcomes -

Early Outcomes:
The coordinator's activities align with the early outcomes outlined in the WFWF logic model, such as improving service accessibility and fostering collaborative approaches among service providers.

Intermediate Outcomes:
Progress is evident in areas like increased family participation in service design and enhanced coordination among agencies, which are key intermediate outcomes of the WFWF programme.

Integration with Policy Priorities -

Mental Health:
By facilitating access to mental health services and promoting early intervention, the coordinator supports the broader mental health objectives of the Scottish Government.

Child Poverty:
Through initiatives aimed at improving employability and financial literacy among parents, the coordinator contributes to the goals of the Tackling Child Poverty Delivery Plan.

The Promise:
The coordinator's role in ensuring that children and young people are heard, and their needs are met aligns with the commitments of The Promise Scotland initiative. This has been evident in national work undertaken with Education Scotland to implement family learning work with The Promise –

How to use this exemplar | Aligning family learning and The Promise - A guide for family learning professionals and GIRFEC strategic leads | Resources | Education Scotland

Keeping the Promise Award Programme | Resources | Education Scotland will be rolled out with our co-ordinator in May/June, this aligns with Education staff who received the roll out of the Promise Award later last year.

Evaluation of Effectiveness -

Quantitative Data:

We are currently working on a tracking system with the Peeple Organisation to implement to ensure we have all accurate data for Peep groups. Once established this will also be used for Circle of Security and Triple P ensuring robust data gathering arrangements are in place.

Qualitative Data:

Please see practitioner feedback –

"I am now a trained Peep Practitioner thanks to the FLT programme. For many years I worked in the nursery environment and although I wasn't trained to deliver the programme, I supported others who were Peep Practitioners. I witnessed the difference that Peep can make to parents and children. Peep is a fantastic opportunity to help parents gain skills to support their child's learning, but it also encourages parents to think about their own learning. I have seen parents, who have completed the Peep Progression Pathway move into employment as learning assistants and to college to undertake HNCs and HNDs in Early Childhood studies. Without Peep I wonder what those parents would be doing now! The Peep programme certainly has the ability to change lives!"

Please see parent feedback –

"I felt confident in helping my child's progress but Peep has definitely helped and showed me different ways to support his learning at home."
"Peep has helped to boost my son's confidence."
"My child looks forward to coming every week and shows this by asking constantly!"
"Peep has helped me to understand how individual children develop differently."
"Peep have given me more ways to help my child's language development."
"Supportive environment to learn with my child, I liked seeing and speaking to other parents and getting to join in learning activities with my child."
"I liked learning new things to do with my child and that I'm not alone with how my child acts (behaviour wise)."
"Peep has given my child more confidence and he is now getting involved in discussions."
"This is our second Peep group. Pre-school Peep gave me so much confidence and a platform for Primary 1 Peep – it is extremely helpful for activities to do at home with my daughter."
"Peep has given me the confidence to use the right activities to develop my child's skills."

"Peep gives you the understanding that everything we do in our daily routines is helpful in a child's development and the knowledge and confidence to create more learning opportunities to suit my child."

Next Steps and Areas for Development -

1. Data Collection and Analysis:

Implement more robust data collection methods to better assess the impact of services and identify areas for improvement.

2. Continuous Family Engagement:

Establish ongoing forums for family feedback to ensure services remain responsive to changing needs.

3. Strengthen Partnerships:

Enhance collaboration with third-sector organizations to broaden the range of support services available.

4. Address Challenges:

Tackle issues related to short-term funding cycles that may hinder long-term planning and sustainability of services.
Work towards reducing bureaucratic barriers that can delay service delivery.

Conclusion

The Parenting Coordinator has played a pivotal role in advancing the objectives of the WFWF funding, particularly in enhancing service accessibility, fostering collaboration among service providers, and ensuring that family voices are central to service design. Continued focus on data-driven decision-making, sustained family engagement, and strengthened partnerships will be essential in building on the progress made and addressing existing challenges.

Key success(es)
Please describe the main success(es) in relation to this activity and how any specific factors enabled this/these.

Main Success:
The standout success of the Parenting Coordinator activity to date has been the significant improvement in coordinated, timely access to holistic family support, particularly for families facing complex, multi-agency needs. This has resulted in more joined-up planning, reduced duplication of services, and a clearer pathway for parents and carers navigating support systems, ultimately enhancing the wellbeing and resilience of families.

Key Achievements within This Success:

Families report feeling more “seen and heard” through tailored support planning and continuity of contact with one trusted person.
Increased uptake of early intervention mental health services and parenting programmes, particularly in areas of high deprivation.
Service providers report fewer missed referrals and improved collaboration between children’s services, adult services, and third-sector partners.

Role of Expenditure in Enabling Success -

1. *Dedicated Staffing Resource:*
Funding allowed for the recruitment of a full-time Parenting Coordinator, ensuring consistent availability and relationship-building capacity with families and practitioners.

2. *Training and Development:*
Investment in workforce training has equipped the coordinator and staff with the skills needed to train and deliver evidence based supported whole family support, supported by NES.

4. *Partnership Development:*
Budget allocations enabled regular multi-agency meetings and joint service planning sessions, key for embedding the coordinator’s role within the wider system.

Summary

The Parenting Coordinator’s impact—especially on coordinated service delivery and improved family engagement—has been significantly enabled by targeted WFWF expenditure. Investment in staffing and training, has laid a strong foundation for integrated, person-centred support, directly contributing to the early and intermediate outcomes of the WFWF logic model.

Key challenge(s)
Please describe the main challenge(s) in relation to this activity and how any specific factors contributed to this/these. Please also describe how this has been mitigated.

Main Challenges in Parenting Coordinator Activity (Year 2)

The primary challenge has been sustaining systemic change in service integration amid short-term funding cycles and variable local buy-in, which has limited the pace and depth of transformation intended by the Parenting Coordinator role. This challenge has been compounded by capacity constraints, inconsistent referral pathways, and some resistance to shifting traditional service delivery models.

Contributing Factors and Expenditure-Related Issues -

1. Short-Term Funding Cycles:

Challenge: Uncertainty about continued funding beyond Year 2 has hindered long-term planning and the development of stable, sustainable partnerships.
Impact: The coordinator's ability to embed change at a strategic level is constrained, as partners are cautious to commit to initiatives without longer term sustainability. This also impacts on the contract with NES.

2. Limited Capacity Across Services:

Challenge: Budget allocation primarily funded the coordinator role, but did not sufficiently bolster the capacity of other key services to deliver parenting programmes.
Impact: This has led to delays and lack of commitment to free up staff capacity and a misunderstanding of mismatch targeted and universal support, parental recruitment and assessed need.

3. Inconsistent Infrastructure Investment:

Challenge: Digital tools and data systems has been uneven across partners.
Impact: The coordinator has faced difficulty in tracking outcomes or ensuring smooth information-sharing, which limits the effectiveness of joint working.

4. Variable Engagement Across Agencies:

Challenge: Funding did not explicitly cover time for partners to engage in co-design and evaluation work.
Impact: Some agencies perceive the role as "add-on" rather than embedded within existing strategies, reducing integration and buy-in.

Summary

While WFWF funding enabled key aspects of the Parenting Coordinator's role, its scope was often too narrow to fully address system-level barriers. Expenditure limitations—particularly in relation to cross-agency capacity, long-term financial planning, and shared infrastructure—have contributed to implementation challenges. These issues need addressing in any future funding phase to unlock the full potential of the role.

Sustainability
Please insert a short and clear description of how this activity will be sustained once WFWF monies cease if it is evidenced to be effective. If there are no plans for sustainability at present please provide some suggestions.

Maintaining the Parenting Coordinator role beyond the lifetime of WFWF funding will require strategic integration into core service delivery, diversification of funding

streams, and demonstrating clear value-for-money through outcomes. Below are the key approaches and considerations for sustaining this role:

1. *Integration into Core Budgets and Structures*
Embed within statutory services: Position the coordinator within existing children's services, family support teams, or health and social care partnerships, making the role part of mainstream provision rather than an externally funded initiative.
Justify with outcome data: Use quantitative evidence (e.g. improved access, reduced crisis intervention) and qualitative feedback (e.g. family satisfaction, staff testimonials) to build a business case for continuation within local authority or NHS budgets.

2. *Leverage Alternative Funding Sources*
Pupil Equity Fund (PEF) and Attainment Scotland Fund: If the coordinator's impact aligns with educational outcomes, funding from school-based sources may be viable.
Child Poverty and Mental Health Programmes: Apply for grants under local or national strategies targeting family poverty, mental health, or early intervention.
Third sector or trust partnerships: Explore co-funding with voluntary organisations that benefit from or contribute to the coordinator's outcomes.

3. *Embed Role within Multi-Agency Planning and Commissioning*
Strategic alignment: Demonstrate how the role supports delivery of The Promise, the Child Poverty Strategy, GIRFEC, and mental health improvement.
Joint commissioning: Advocate for joint investment by children's services, adult services, and third-sector partners who benefit from reduced duplication and better outcomes.

4. *Upskill Existing Staff for Continuity*
Build system capacity: Where full retention of the role is not possible, train existing practitioners (e.g. family workers, key workers) in coordination practices piloted by the Parenting Coordinator.
Develop tools and frameworks: Document processes, templates, and lessons learned to ensure legacy and replicability of the role's approach.

5. *Policy Advocacy*
Influence local Children's Services Plans: Ensure sustainability of the role is considered in the next round of strategic planning, highlighting its alignment with national directives and cross-cutting priorities.

Summary
To sustain the Parenting Coordinator's impact beyond WFWF, local authorities must prioritise integration, co-funding, and embedding systemic learning, while making a strong data-driven case for the role's long-term value. Proactive planning

and advocacy during the remaining funding period are essential to avoid loss of progress and fragmentation of support.

2.2 WFWF Annual Report: Dumfries and Galloway Inclusion Team – Primary Inclusion Project

1 April 2024 to 31 March 2025

Please complete this template with details of your funded activity.

Activity Title Please insert title of your activity or project
D&G Inclusion Team – Primary Inclusion Support

WFWF Funding How much WFWF funding was spent on this activity in 2024-25?	
	£240 920

Other sources of funding Please detail any other sources of funding for this activity in 2024-25?	
	£0
	£
	£
	£
	£

Activity Description Please insert a short and clear description of the activity or project. This could be copied from your funding proposal or previous reporting and updated where required. Please specifically mention where activities have changed or are no longer relevant.
PROJECT VISION - “Through multi-agency working, we aim to provide learners with a personal learning pathway which offers opportunities in and around their local community which will reignite their love for learning, promote success and develop lifelong skills thus enabling learners to reach their full potential.” To achieve this vision, we developed a skills-based learning approach which enables children and young people to access a curriculum that meets their needs developmentally, develops their full potential, is pupil centred, challenging and allows them to fulfil their aspirations within their local community. We aim to ensure accessible skills development for all children and young people, through learning and teaching opportunities and working in a multi-agency capacity to support children and young people and their families. Our curriculum focuses on the child as the learner, breadth and depth of learning and offer challenge and enjoyment through taking part in activities. This offer provides choice and personalisation as well as progression, allowing success, wider achievements, empowerment and experiential learning. This project has helped to recognise that school education is not just about exams results and attainment. It also aims to improve children’s and young people’s health and wellbeing and support wider outcomes such as vocational qualifications.

Stakeholders

Please insert a short and clear description of how the activity was identified, informed by, and/or developed by different stakeholders (including third sector partners and children and families). Please cite any evidence sources. Please also reference number and groups of children and families engaged (be specific as to which groups), the way in which they were engaged and how that influenced the activity, where applicable.

Self-evaluation processes involving a range of stakeholders informed the direction of travel. Pupils and parents spoke at length about different perceived barriers and explained the importance and value of being involved and included in their own school and community.

Feedback led us to question the impact of a specific central location given the geographical area of Dumfries and Galloway. Some parents highlighted their own negative experiences of school which impact on their level of engagement in education establishments. They reported that another school like building would not encourage them to reengage and this would not be their preferred way to engage as a family. The cost and environmental impact of travel and transport was also a consideration in terms of sustainability. Consultation and examples of success suggested that we needed to develop a universal offer so that any learner/family within Dumfries and Galloway who, despite a significant amount of adaptation and resource, were still experiencing barriers to inclusion could access an inclusive, multiagency approach which was built around their needs and voice.

Active links with our school nurse, Police Scotland colleagues, social work colleagues, youth justice, SCRA colleagues and Quarriers have all contributed to the success of this project. These partnerships support us in providing a creative curriculum which will meet the needs and interests of our young people wherever their education takes place.

We started engaging with 8 children and their families, ages ranged from 5 -14. This developed into a total of 30 young people and their families benefiting directly from the project and a significant number of other young people and their families benefiting indirectly, mainly through staff training and building capacity within existing structures.

So far, we have supported developments within 6 mainstream schools deliberately targeting young people who are disengaged and at risk of exclusion.

WFWF Spend

Please insert a short and clear description of the what the 2024-25 WFWF monies were specifically used for.

The monies have been used to mainly pay for staffing to support our young people and their families in their local communities. There has been a significant investment in outdoor equipment to support the educational offer which can be provided. All of the young people who have engaged in the outdoor learning sessions have reported on the value of this investment.

WFWF Spend (continued)
Please insert a breakdown of what the 2024-25 WFWF monies were specifically used for.

Project Manager	£80 000
1fte Outdoor Education Instructor	£31 000
0.6fte Outdoor Education Instructor	£7 000
0.6fte Outdoor Education Instructor	£7 000
Family Support Workers (1fte and 0.4fte)	£55 000
Money for Food and activities/outings/trips	£1 500
Quarriers Input	£6 000
Andrew Fuller. Behaviour Specialist Input	£18420
Outdoor Activities Centres	£15 000
Outdoor Equipment	£20 000
TOTAL	£240 920

WFWF Logic Model outcome(s)
Please list which early, intermediate, and long-term outcomes from the WFWF Logic Model that this activity contributes to. Please also include a sentence after each outcome to explain how this activity contributes to the specific outcome.

Early (year 1):

- *meaningful and ongoing participation by children, young people and families in service design which ensures choice and control.*
  Self-evaluation procedures and processes ensured that stakeholders were able to use their voice to influence the direction of travel so that this project was meaningful, relevant and meets their individual needs. Feedback and consultation evidence has been collated.

- *embedded key principles for holistic whole family support within their own systems and structures*
  Curriculum Rationale provides the key structure so that all stakeholders have a shared understanding of what we are trying to achieve and how we will achieve it together.

- removal of barriers to accessing support
  Partnership working is reducing barriers. A seamless, joined up approach is beginning to ensure that rather than individual services working in isolation, we are utilising the expertise and contacts/links that exists within each service and providing true multiagency working to support the holistic needs of the family.

- early evidence of improved points of access to service
  We have clear links, referral procedures between the Police, School Nurse, Quarriers, Social Work and Education. Multiagency approaches have been further developed to include Family Support Workers and other relevant agencies.

Early (year 2-4):

- more collaborative work across multi-agency partners including sharing of resources, data, feedback and information – We need to embed links and ensure that all services are using procedures for multiagency approaches.
- support is stigma-free, needs/rights led. Continue to explore how our engagements are non-judgemental and empower our families and young people.

Intermediate:

- development of holistic workforce approach and workforce wellbeing is improved and integral to delivery – Successes and challenges will be used to inform a sustainable way forward. This will inform service design. Evidence will be gathered and used to inform next steps. Impact on learners and their families will form the basis of future discussions and next steps.
- service shift to needs and rights-based planning and participation – Data and evidence of impact will be used to inform next steps. Rights of young people will be central to and at the forefront of planning and design.
- proactive service where families receive whole family support at the right time and delivered where and when suits families – Feedback from pupils/parents/families will support development in this area. Multiagency working so that the family receive timely support from all applicable agencies utilising the expertise which exists individually and collectively.

Long-term:
Through multi-agency working, we aim to provide learners with a personal learning pathway which offers opportunities in and around their local community which will reignite their love for learning, promote success and develop lifelong skills thus enabling learners to reach their full potential.

We will have a multiagency approach in place to offer locality-based solutions to the challenges our families face to improve family wellbeing, reduce inequalities and limit the number of families reaching the need for crisis intervention.

Progress and Evaluation

Please insert a short and clear description of what has been achieved to date and how this compares to what was planned (i.e. is the activity on track?), including specific partners who have been involved in delivery, particularly third sector organisations (if applicable). Where relevant, please indicate how this activity aligns with other policy priorities (i.e. mental health, child poverty, The Promise). As part of this please highlight the impact of this activity in 2024-25, including qualitative and quantitative data where applicable. Please also provide an evaluation of the effectiveness of the activity based on any available evidence and highlight any planned next steps, areas for development and challenges.

Outdoor education has improved engagement with education and services in the 3rd sector for our young people. Increase in attendance, partner feedback has been positive. We have also seen an increase in referrals to supporting learners for outdoor education and partnership working with Kayantics and Barcaple, Outdoor Education Centres. Pupil voice is at the heart of all input. Additional staff enabled us to build capacity and extend the offer of outdoor education to adventurous, bushcraft, mountaineering, rural and life skills. Outdoor education has created many opportunities for our young people, such as creating opportunities to explore positive destinations, volunteering within the local community, and development of skills for lifelong, learning and work. This is tracked and monitored through The Skills Builder Hub. The skills builder framework is embedded throughout the multi-agency approach and is the responsibility of all partners to the plan.

Working in partnership with Police Scotland has supported the decline of police concern reports for specific individual young people. This support has assisted in developing positive relationships with parents, carers and their communities. These sessions provided rich opportunities to explore career options and aspirations, whilst discussing the prevention of crime and offending. In relation to next steps, we need to look at individuals to determine if this is the right input for them, as not all young people referred to our service are known to the police. We need to extend the parameters of community officers to support east and west pupils.

Family support workers were able to support families and young people by visiting them in their local communities. Working in partnership with FSW, allowed us access to information that education wouldn't usually have access to. This enabled us to support the family at the right time and signpost the right services at the earliest opportunity (D&G Children's Service Plan). This reduced the stigma around social work and formed a positive relationship within the family/carers surrounding the young person. FSW supported the YP in school, around the community and reduced barriers around the systems and structures.

Quarriers provided a service with specialist emotional health and wellbeing support for children with autism and other learning disabilities as well as mental health issues. Providing Resilience Practitioners to support young people to learn about the issues affecting them, through a trauma informed approach, building self-worth, identity, increase confidence and resilience. Through partnership working we have developed a fast-track approach for referrals from the inclusion service, providing access at the time of when it is needed. Thus, supporting the

improvement of children and young people's mental health and wellbeing (NIF). Through the intensive and consistent support with primary pupils, we have seen an increase in language development and emotional literacy. However, some secondary schools were more challenging due to the lack of flexibility and engagement.

During the research stage, we looked into other authorities and what they had put in place to support trauma, prevent young offending and the development mental health and wellbeing. Andrew Fuller, Behaviour Specialist, provided an opportunity for young people to explore their experiences, process their emotions, and develop healthy coping mechanisms. This environment created a safe space to breakdown the psychology of trauma and gave them a better understanding of neuroscience. These sessions allowed the pupils to be heard and seen, one pupil shared that he only felt listened too during these sessions. This intervention explored different areas of success, focusing of self-worth, challenging negative thoughts, practising compassion and meaningful activities.

This framework/ pathway promotes the principles of the promise and UNCRC, pupils voice, feedback.

Key success(es)
Please describe the main success(es) in relation to this activity and how any specific factors enabled this/these.

- True partnership working has been vital to reduce stigma for families and to ensure that the right support is offered to our young people and their families at the right time by the right people.
- By integrating services and resources service delivery has been enhanced by creating a more seamless and supportive framework for our young people and families.
- Offering the right support at the right time in the right environment leads to better outcomes/improved life chances for our young people and their families.
- Effective partnerships can expand the reach and impact of services by leveraging the networks and resources of different agencies. This ensures effective resource utilisation. In the current financial climate this is vital for all service providers.
- Impact on individual children and families which has led to increased attendance and engagement.
- Impact on individual children in terms of self-worth and aspirations.

Key challenge(s)
Please describe the main challenge(s) in relation to this activity and how any specific factors contributed to this/these. Please also describe how this has been mitigated.

The main challenge is that there are still some young people and families who we have not been able to encourage to engage with this project. Considerations need to be given on how to target young people and their families when they have disengaged with all services and have highly complex needs.

Further work needs to be undertaken to explore what multiagency working could be offered to ensure that these young people are able to continue to live safely with their families, in their local communities. This should also include a heavy focus on early intervention and what this looks like with Dumfries and Galloway.

Sustainability

Please insert a short and clear description of how this activity will be sustained once WFWF monies cease if it is evidenced to be effective. If there are no plans for sustainability at present please provide some suggestions.

Sustainability of this project has been at the forefront of all planning since the very early stages. A year-long review/self-evaluation process of existing delivery model of the Secondary Inclusion Service has enabled us to take account of all learning from the project. The Secondary Inclusion Service have a clear vision and is now a fair and equitable service which offers learners the opportunity for engagement and success in their own local communities. There is much stronger partnership working to ensure that the young people referred to the Secondary Inclusion Service receive the right support, at the right time to ensure that they are included, engaged and involved.

The processes for partnership working will be finalised before June 2025. This will involve Police Scotland, Social Services/Family Support Workers. All staffing resource currently sits within existing budgets. The Secondary Inclusion model which is operational from August 2025 attached will be updated before June 2025 to reflect the way forward with our partners and demonstrate how they fit into service delivery.

2.3 WFWF Annual Report: Social Work – Family Support Workers

1 April 2024 to 31 March 2025

Whole Family Wellbeing Fund – Progress Report	
Lead Service	**Social Work – Children and Families**
Lead Officer	**Charles Rocks, Head of Children and Families and Justice Services**

Brief Description of Proposal

Upscaling the role of family support workers within Children and Families Social Work Services and expansion of current service to meet demand including:

- Doing all we can to keep children with their families
- Increasing the support for families, based in the communities where they live
- Significantly reducing the number of children and young people in care by helping families to overcome challenges before they reach crisis point
- Mitigating the impacts of poverty for Dumfries and Galloway's children, families and communities
- Ensuring that intensive family support is available, proactive and characterised by the 10 family support principles.

Progress to date, including key successes

Family Support and Children and Families Social Work

The funding received for 2024/25, **total sum of £883,854,** was targeted to continue the upscaling of those staff in the role of Senior Family Support Worker (SFSW), a total number of 56 to be upscaled and embedded across Dumfries and Galloway meaning access to Family Support to all families wherever they live, at the time this is needed. The number of staff below includes those who provide early help and support and those who provide family support at other stages such as supporting family time (contact) or supporting a rehabilitation plan or supporting young people who have left care or who are unaccompanied asylum- seeking children.

3 SFSWs are involved in screening referrals
4 West Initial assessment and support
4 East Initial Assessment and support
7 West Family Support Teams- Stranraer, Newton Stewart and Stewartry
11 East Family Support Teams- Dumfries, Upper Nithsdale, Moffat, Lockerbie, Annan and Gretna
8 West and 10 East SFSWs to support working with Looked after Children and facilitate family contact.
4 SFSWs to support early intervention within the Youth Justice Team
4 SFSWs to support families with a child with disabilities
6 SFSWs to support young people transitioning to adulthood (Care Experienced up to age 26)

The increase from Band 7 to Band 8 allowed for more assessments to be completed and plans lead by Senior Family Support Workers without the need for Social Workers to be allocated. Social Workers are always allocated to Looked after Children and Child Protection cases and all complex families, particularly when children are on the `edges of care` and we are supporting them to remain at home as outlined in the Promise:

> Where children are safe in their families and feel loved they must stay – and families must be given support together to nurture that love and overcome the difficulties which get in the way. Scotland must listen to and absorb the overwhelming evidence of the lasting pain that removal has caused children, families and communities. This must result in a fundamental shift of thinking about when a child should be removed from their family. That statement is not made lightly. Nurturing and supporting families to stay together will take far more than what Scotland currently provides.

This has ensured services are more accessible, better collective awareness of services, reducing 'missing middle' between universal and statutory services, together with cross-sectoral commitment and innovation which empowers and support the workforce to provide family centred holistic support across multi-agency partners including D&G Alcohol and Drugs Partnership and third sector organisations.

For the period 2024/25 a total of **1226 referrals** were made to Social Work on a Child in Need (voluntary) basis. Referrals came from midwives, health visitors, Specialist drugs and alcohol services, teachers, youth workers, the police, third sector, the community, and self-referrals from families.

770 children have received family support as part of early help and support during this year. This includes:

- short term work (up to 12 weeks) undertaken by our duty teams,
- longer term support from our Family Support teams,
- 66 early support from the Youth Justice Team
- 15 young people under 18 supported by the Transitions Team.

In addition, **219 children with a disability** and their families are supported on a child in need/voluntary basis, undertaking assessments and receiving support either direct for our family support workers or through a self-directed support package.

From the total number of referrals, around half require no further support from Children and Families Social Work, as most of these are resolved either by a visit from our staff or sign posted to the named person or third sector supports.

For those referrals we do support, **240 were for children already being assessed** with **155 of these children progressing** to an assessment and plan, with support and completion of assessment and plan by one of the Family Support Teams based across Dumfries and Galloway in Stranraer, Newton Stewart, Kirkcudbright, Dumfries and Annan. In addition to these, 25 were with Youth Justice for assessment and 41 were dealt with by diversion.

The family support teams are currently working with 143 children:

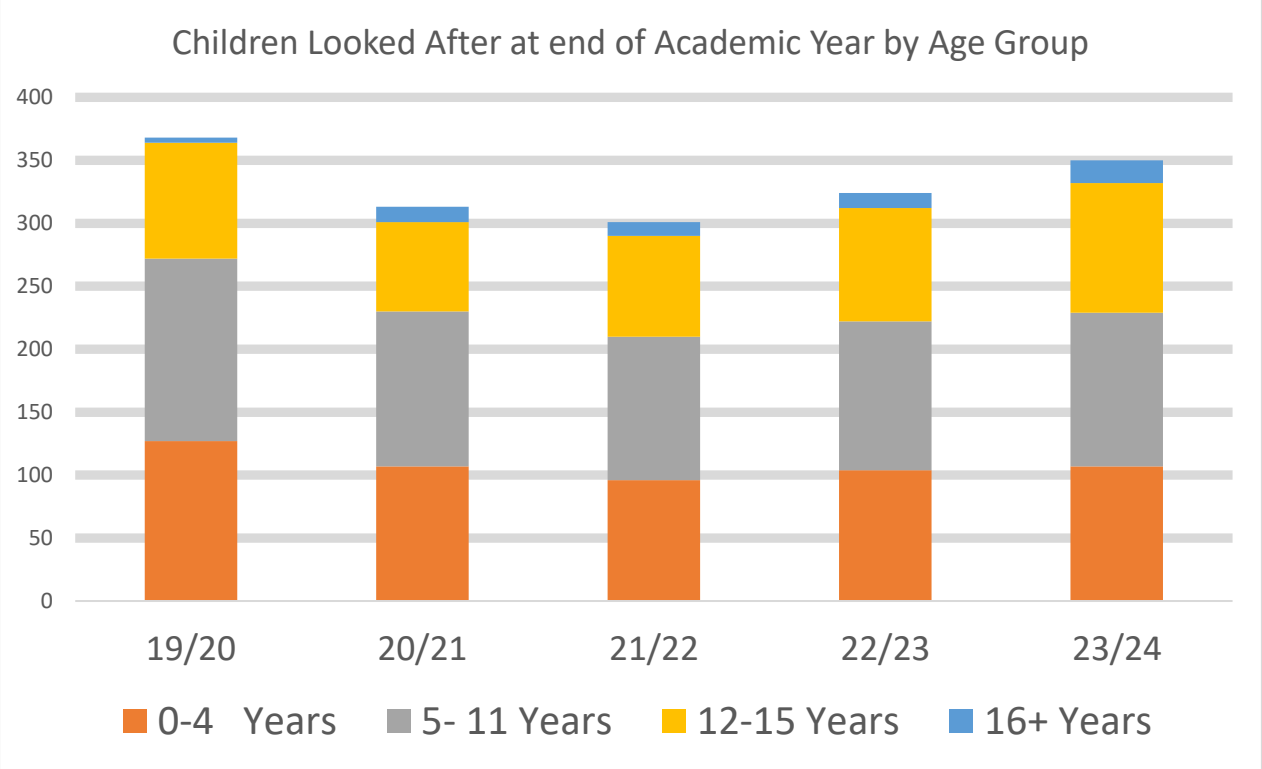
No. of Children	Locality
48	Annan and Eskdale
25	Nithsdale
11	Stewartry
59	Wigtownshire

No. of Children	Age Range
2	pre-birth
12	age 0-2
13	age 3-4
28	age 5-8
29	age 9-11
54	age 12-15
6	age 17-18

The majority of support is provided for a period of 3 and 6 months but can continue up to 2 years in some circumstances.

Group work is undertaken by the Youth Justice team alongside our colleagues in Youth Work Services together with the Police both in the community and in schools. Further work is continuing to evaluate the impact of this collaborative work.

The involvement of family support does prevent many children becoming subject to a Compulsory Supervision Order, we currently have 90 children looked after at home. Working with a family on a voluntary basis allows for building good relationships and reaching good outcomes. During the last 5 years we have seen a fairly steady reduction in the numbers of Looked after Children, over the last 2 years this has seen an increase, but there are a number of factors that has impacted on this including an increase in referrals for offending. Changes in legislation that means that children can now be referred to SCRA post age 16 and therefore there are more young people aged 16-18 on a CSO, the benefit of this is that they are regarded as children rather than entering the adult justice system too early. The Children (Care and Justice) (Scotland) Act has made some changes to how we manage young people who have become involved in offending behaviour.



Recruitment of experienced workers to undertake family support work is usually successful and enables this to be delivered across Dumfries and Galloway so that families have access to support wherever they live.

Various models of work are used to support families including Signs of Safety and Safe and Together. Workers are trained in national tools for assessing risk and neglect. They are trained in various parenting programmes and Theraplay with the Time to Grow Programme of Work most recently switched on to be delivered over the next period.

Family Support is more widely recognised as part of Social Work and less stigmatising for families, they tell us how valuable the support they receive is and how it makes them more confident to engage with other services, to develop their own support network and to deal with any future crisis or challenge. Family support is embedded within our service and it is essential that this continues to be a priority. The impact of this work is now very much evident, with data showing us that half of the referrals allocated are worked with on a Family Support (Child in Need basis). Last year, although 102 children were made subject to a Compulsory Supervision Order (CSO), 82 orders were terminated, work being done with families enables progress to be made. The majority of work allocated to the Youth Justice team is dealt with on an early intervention basis. Most support to families with Children with a disability is delivered on a voluntary basis, we have recently moved 2 SFSW posts to complete all the Section 23 initial SDS assessments so that we can progress this quicker and get supports to families where they need them.

Our children and families are at the centre of service design through various mechanisms of engagement and consultation including together with our Youth Work Service and Listen2Us Youth Advocacy, as part of the Youth Beatz Fringe Programme we hold an event specifically for our care experienced children and young people from across Dumfries and Galloway. This event is held at no cost to our young people, and

provided with transport, food and drinks throughout the day, and more importantly encouraged to have fun. The purpose of this project is to provide opportunities for young people with experience of care in Dumfries and Galloway and for young people to have their voices heard and influence decision making when it comes to services they access.

Availability and Access – children, young people and families tell us they feel positive and trusting of services as a result of upscaling our family support workers and staff and services more accessible. They feel positive about the early help and support, with no stigma attached and meet their specific needs. This support is wide ranging depending on need and it is evident that this is now improving parental support, embedding routing, increasing confidence and attendance at school.

Whole System Approach – redesign of service delivery including improving access to support, development and introduction of children and families commissioning strategy, increase in families taking up wider supports, collaborative audits, responding to needs assessment to identify and mapping out services across the region to identify any gaps in service provision together with our education colleagues, hosted school cluster workshop for professionals 'Who's Who?', linking with 3rd Sector and DG Locator App.

With staff operating out with the traditional 9 to 5, by working flexibly at times when families need support with early morning routes, bedtimes and at weekends when no other support available, we are better able to understand the challenges families face and help them. By working in collaboration with multi agency partners, third sector organisations including D&G Drugs and Alcohol Service, we can support whole families with issues including neglect, poor home conditions and poverty, physical abuse, sexual abuse, poor parental mental health, domestic abuse, drug / alcohol misuse, parenting capacity, help with routines and boundaries and managing challenging behaviour. In addition to these reasons, some children have been referred because of poor school attendance, reduced timetables, children's mental health and isolation. We are also working with some families from pre-birth supporting with early parenting.

The upscaling and upskilling of staff is allowing our family support workers to concentrate on the lower-level preventative work with the locality operational teams concentrating on higher level support for families where there are complex needs, legal orders and child protection plans.

Our third sector investment has allowed these organisations to further their developments in Stranraer and Annan to enable a consistent and accessibility of services across the Region.

Leadership, Workforce and Culture – key success factors include

- strategic buy-in from elected members and senior leaders
- cross-sectoral commitment that enables collaborative working with multi-agency partners and third sector organisations
- over 40% of our families we are supporting have been affected by drugs and alcohol, with some children starting to explore drugs and alcohol in a chaotic way, with investment from our Alcohol and Drugs Partnership allowing for additional support to families

- increased provision to our third sector
- additional funding to our third sector organisations has attracted additional funding into the area, allowing for the leverage of external investment further in working collaboratively
- training our staff and multi-agency partners including the Signs of Safety approach and more recently Time to Grow.

Issues/Barriers/Concerns

The main issues faced are

- the complexities that families are living with, domestic abuse, mental health challenges and children can be living in neglectful situations.
- Families can move around to escape abuse which means starting at new schools.
- The diverse needs of children means that schools can struggle to meet their needs and many have reduced timetables which puts further pressure on families.

The result of these challenges means that the families we support are facing more issues than we would have liked at the point of our involvement meaning that in some cases it is not early support. However, we are working closely with 3rd sector providers to prevent gaps in provision.

Access to resources is a barrier and the geography of D&G will always present a challenge for families without access to transport and to the delivery of services.

Matters which require CSSaPP Executive Group consideration, escalation, or decision

Continued funding enabling us to continue to support large numbers across Dumfries and Galloway enabling our families access to our service and other appropriate resources at the time needed.

Is any other action required outwith the group e.g. multi-agency briefing

The funding available to Children and Families Social Work from the Whole Family Wellbeing Fund has enabled us to work intensively with more families and prevent referrals to SCRA. Offering Family Support at the point of referral has meant positive outcomes for more children who can then move onto support from 3rd sector providers or from their community.
Our Senior Family Support Workers are a crucial part of our service and the WFWF has enabled us to prioritise early assessment and support to families.

Any other comments or feedback for CSSaPP Executive Group

Children and Families Social Work Services work closely with 3rd sector providers that offer families support at an earlier level which enables us to prioritise our time to work with more complex need.

Our overall assessment clearly sets out

- that more children, young people and families receive whole family support through referrals or self-referrals, with our evaluation evidencing that they feel positive and trusting of our services.
- Working more collaboratively with our partners and third sector organisations including internally with our adult services and how we are experiencing whole system approach
- This funding has allowed us to shift towards non-siloed and alignment of family support service delivery that matches current and future scale of need

2.4 WFWF Annual Report: Social Work – Lead Officer, Third Sector Dumfries and Galloway

1 April 2024 to 31 March 2025

Please complete this template with details of your funded activity.

Activity Title Please insert title of your activity or project
Lead Officer, Third Sector Dumfries and Galloway

WFWF Funding How much WFWF funding was spent on this activity in 2024-25?	
	45000

Other sources of funding Please detail any other sources of funding for this activity in 2024-25?	
	£
	£
	£
	£
	£

Activity Description Please insert a short and clear description of the activity or project. This could be copied from your funding proposal or previous reporting and updated where required. Please specifically mention where activities have changed or are no longer relevant.
Investment in TSDG capacity building resource, with specific focus over 2 years on alignment with the national principles of holistic whole family support and the structure of the Whole Family Wellbeing Fund as follows: • Active engagement with, and development of, third sector capacity to collaborate and align with regional outcomes for family support will support the fund aim of supporting the whole system transformational change required to reduce the need for crisis intervention. • Aligning outcomes and support the sector to understand and demonstrate their impact will support the potential for investment in Dumfries and Galloway, further enabling more work in the early support and intervention stages and reducing the need for professional, crisis driven responses. • Whole Family: Support should be rooted in GIRFEC and wrapped around about the whole family. This requires relevant join up with adult services & whole system, place based, preventative addressing inequalities. • Assets and community based: Support should be empowering, building on existing strengths within the family and wider community. Families should be able to 'reach in' not be 'referred to'. The primary focus for Year 1delivery was:

- Coordination of How Good Is Our Third Sector (HGIO) evaluation model with Children in Scotland to better understand the sector's connection to/involvement with children Services Planning.
- Re-establishment of a Children and Families Third Sector Forum.
- Identifying opportunities for third sector involvement in wider working groups or projects.

Stakeholders

Please insert a short and clear description of how the activity was identified, informed by, and/or developed by different stakeholders (including third sector partners and children and families). Please cite any evidence sources. Please also reference number and groups of children and families engaged (be specific as to which groups), the way in which they were engaged and how that influenced the activity, where applicable.

There has been significant engagement with the Children's Services Manager in the scoping and delivery of the year one priorities. Through the evaluation and development work, 19 third sector organisations and colleagues from across NHS, youth services, community learning and development, social work and employability participated in the HGIO evaluation. Third sector involvement included a range of organisations covering family support, arts and culture, VAWG, youth work, health and wellbeing, housing, advice services and employability. At this stage, there was no direct involvement of children and families in the evaluation, given the focus is on third sector involvement in children's services planning. However, as we move to acting on the recommendations from the evaluation, we recognise that involvement of families will be crucial to understand how they engage with third sector organisations and how the sector can best represent their needs and experiences.

WFWF Spend

Please insert a short and clear description of the what the 2024-25 WFWF monies were specifically used for.

The funding only covers the salary and employment costs for the Lead Officer post. Our reliance is on the appointment of an expert in third sector children and families planning, design and delivery, who can build effective cross-sector relationships, who understands our national policy and priorities for children and families and who can bring a range of experience and insights to our developments.

WFWF Spend (continued)

Please insert a breakdown of what the 2024-25 WFWF monies were specifically used for.

	£
	£
	£
	£

WFWF Logic Model outcome(s)
Please list which early, intermediate, and long-term outcomes from the WFWF Logic Model that this activity contributes to. Please also include a sentence after each outcome to explain how this activity contributes to the specific outcome.

Early outcomes:

- CSPPs plan to shift towards non-siloed and aligned FS funding that matches scale of need. *This project will allow better understanding and integration of third sector to regional priorities and therefore make more informed investment decisions.*
- Increased WFS service capacity among CSPP partners – plans available for integrating scaled and new services. *This project will allow better understanding and integration of third sector to regional priorities and therefore make more informed service priority decisions.*
- Strategic leaders, FS managers and practitioners (inc. 3rd Sector) and SG have clear & shared understanding of families' needs and how services are experienced across whole system. *The integration of third sector, including data and insights, should mean decision-makers are better informed of the needs and preferences of families.*
- FS managers and practitioners say that there is cross-sectoral commitment that enables them to collaborate to deliver HFS and that children's services culture empowers them to innovate to deliver HFS. *The HGIO evaluation will help us understand the developments required to achieve this cross-sector ambition.*

Intermediate outcomes:

- CYPF needs are met by the right service for their needs (spectrum between universal and targeted, intensive services). *Understanding of third sector connections to priorities, the range of advice/support/services provided by the sector and that families can access the support they want and need (not always statutory services).*
- All CSPP partners (inc. 3rd Sector) and SG agree that they are equal partners in collaborative, multi-agency delivery of family support. *The aim of the HGIO evaluation and resulting development work is to make clear the Executive's commitment to equal partnership.*
- Strategic leaders, FS managers (inc. 3rd Sector) and SG demonstrate a collaborative, co-productive approach to planning, working culture, and delivery. *The aim of the HGIO evaluation and resulting development work is to support improved cross-sector collaboration and co-design with families at the centre.*

The project is also intended to contribute to WFWF long-term outcomes:

- Improved family wellbeing – *more families are clear on the support and services available from local third sector groups and organisations.*
- Reduced inequalities in family wellbeing – *families have a choice of support and services that can help meet their needs and respect their agency in their lives*
- Reduction in families requiring crisis intervention – *families can access help, support and advice as early as possible at or close to home*

- Increase in families taking up wider supports – *with a wider understanding of third sector options available across communities, families will have greater choice and control over the advice, support and services they wish to engage with*
- Sustainable Whole Family Support service provision maintained through budget allocations – *decisions to invest in whole family support are more informed by availability of third sector models of advice, support and services*

Progress and Evaluation

Please insert a short and clear description of what has been achieved to date and how this compares to what was planned (i.e. is the activity on track?), including specific partners who have been involved in delivery, particularly third sector organisations (if applicable). Where relevant, please indicate how this activity aligns with other policy priorities (i.e. mental health, child poverty, The Promise). As part of this please highlight the impact of this activity in 2024-25, including qualitative and quantitative data where applicable. Please also provide an evaluation of the effectiveness of the activity based on any available evidence and highlight any planned next steps, areas for development and challenges.

The HGIO evaluation and development process has identified four key themes that will inform development in partnership between CSSaPP and the third sector; Relationships, Networking and Communication; Capacity of the third sector; Geography of Dumfries and Galloway; Collection and utilisation of data. The progress report contains fuller detail. Progress on the evaluation is on target for Year 1, with further development and implementation planned for Year 2. The final Improvement Report is expected by Autumn 2025, at which point CSSaPP will be requested to approve a further proposal for change/implementation. By this point, it is already expected that some actions will be in progress with the third sector actively involvement in the development of the next Children's Services Plan.

Good progress has been made on engaging third sector organisations in the re-building of the sector forum, The CYPF Sector Network. With 20 members to date, work continues to encourage involvement and participation, which we expect will further improve with the publication of a workplace and thematic participation. This will continue through Year 2, with a plan to build thematic forums as well as communities of interest, peer/practitioner support spaces and identify how the sectors work with families informs decision making. To date, the first forum focussed on UNCRC and children's rights. Upcoming forums will focus on Keeping the Promise, Partnerships and Collaboration and Action on Child Poverty.

Key success(es)

Please describe the main success(es) in relation to this activity and how any specific factors enabled this/these.

Levels of engagement and participation at the early stage and progress on establishing the sector forum from a standing start.
HGIO evaluation show key themes and progress toward the commitment timeline.

Key challenge(s)
Please describe the main challenge(s) in relation to this activity and how any specific factors contributed to this/these. Please also describe how this has been mitigated.

Increasing reach and forum membership – making spaces valuable and impactful, where the sector can see the value it's adding and/or gaining is essential to ongoing engagement by individual organisations and to expanding the network. In Dumfries and Galloway, at least 60 organisations identify their primary purpose as supporting children and families – this reflect direct support and does not include wider wellbeing, participation, education or care services or activities, so the potential for a vibrant and active network is significant.
Capacity of the sector to participate – many small and medium organisations do not have the capacity to participate in meetings and forums, or at least have to be very selective in what they attend or contribute to. We must consider more digital spaces, more constructed models of support between different organisations (i.e. larger organisations with some capacity offering support to smaller TSOs in their area) and how we maximise the learning from voices, experiences and expertise in our locally based organisations and groups.
Consistency of colleagues – with time and capacity pressures, we also must find ways to secure consistency of participation, especially when most of our TSOs focus is on delivery for children and families, rather than strategic planning with partners. This means even having the same people in the room for a series of discussions and collabs can be challenging.
Ambitious forward planning, but uncertainty over future/long-term funding is risk – without a longer-term commitment to hold onto the sector capacity we are building, some will hold back on their involvement and ambitions due to uncertainty of what impact they can have and lack of clarity over the long-term commitment to the sector, both funding and active involvement in decision making. The sector needs to know that partnership are willing to invest in resources to maintain representation and sector development.
Transfer between Lead Officers – as our Lead for CYPF moves on, we require time to bring on board our new LO to pick up this work. We had identified this risk early, which helped us put in place some mitigations and re-asses our Year 2 plan, which remains achievable overall.

Sustainability
Please insert a short and clear description of how this activity will be sustained once WFWF monies cease if it is evidenced to be effective. If there are no plans for sustainability at present please provide some suggestions.

Third sector organisations rely on funding for their activity and we will require to secure long-term investment in the TSDG capacity we are creating. There is a risk that without this, we will lose all the work so far and will limit the ambitions of the sector without knowing that we will be able to continue our facilitation and leadership of the sectors CYPF collaborative work. It is a key feature of the sector and there is much evidence of hesitation and limitations applied to potential due to lack of long-term commitment. Active endorsement of Fair Funding, as well as commitment to investment in sector development, should help maintain the active involvement of the sector and ultimately contribute to our shared, long-term outcomes and impact for children and their families.

SECTION 2: Progress Narrative for your overall WFWF plans

Question 4:
Please consider the key recommendations from the Year 2 Evaluation report that are most relevant for your area. These include the topics of:

Planning for sustainability of the activity beyond WFWF;
Sustainability of the Primary Inclusion project has been at the forefront of all planning since the very early stages. A year long review/self evaluation process of existing delivery model of the Secondary Inclusion Service has enabled us to take account of all learning from the project. The processes for partnership working will be finalised before June 2025. This will involved Police Scotland, Social Services/Family Support Workers. All staffing resource currently sits within existing budgets.

Developing a whole systems approach;
Over the remaining funding period, we need to reach a collective agreement on an investable model of effective family support. To achieve this, we need a comprehensive evaluation that would involve families, and also staff from universal services. We need to more explicitly incorporate the work of healthcare and third sector partners into our final collective, hybrid model of whole family support.

Outcomes related to leadership, workforce and culture;
We have invested funding in a Third Sector Children's Services Lead Officer post. Work is taking place with Children in Scotland to develop an improvement plan based on the findings of the How Good is Our Third Sector Involvement self-evaluation tool. The HGIO process has identified four key themes that will inform development in partnership between Children's Services Strategic and Planning Partnership (CSSaPP) and the third sector; Relationships, Networking and Communication; Capacity of the third sector; Geography of Dumfries and Galloway; Collection and utilisation of data.
Progress on the evaluation is on target for Year 1, with further development and implementation planned for Year 2. The final Improvement Report is expected by Autumn 2025, at which point CSSaPP will be requested to approve a further proposal for change/implementation. By this point, it is already expected that some actions will be in progress with the third sector actively involvement in the development of the next Children's Services Plan.

Question 5:
Based on your evidence provided in Section 1, please describe how the activities of the WFWF Programme overall are supporting services to shift towards (1) more preventative interventions and (2) early interventions.

We have used funding to upscale the role of children and families current social work assistants and family support workers and expand existing service to meet demand. WFWF has funded a transformational journey in which our staff roles have developed to help achieve the aims of #ThePromise. Previously, our social work assistants and family support workers were working to outdated job descriptions which involved working Monday to Friday 9-5. Our staff now operate outwith a 9-5 approach, with no concept of an 'out of hours' service. These staff now hold caseloads of lower-level Children in Need

cases, and undertake assessment and provide tailored support seven days a week when children and families need this. They also support social workers with higher level cases where additional support is required.

The upscaling and upskilling of staff is allowing family support workers to concentrate on the lower-level preventative work with the locality operational teams concentrating on higher level support for families where there are complex needs, legal orders and child protection plans.

By facilitating access to mental health services and promoting early intervention, the Parenting Coordinator supports the broader mental health objectives of the Scottish Government.

Question 6: Describe the main successes to delivery and how specific factors enabled these successes.

The funding available to Children and Families Social Work from the Whole Family Wellbeing Fund has enabled the service to work intensively with more families and prevent referrals to SCRA. Offering Family Support at the point of referral has meant positive outcomes for more children who can then move onto support from 3rd sector providers or from their community.

Our overall assessment clearly sets out

- that more children, young people and families receive whole family support through referrals or self-referrals, with our evaluation evidencing that they feel positive and trusting of our services.
- Working more collaboratively with our partners and third sector organisations including internally with our adult services and how we are experiencing whole system approach
- This funding has allowed us to shift towards non-siloed and alignment of family support service delivery that matches current and future scale of need.

The standout success of the Parenting Coordinator activity to date has been the significant improvement in coordinated, timely access to holistic family support, particularly for families facing complex, multi-agency needs. This has resulted in more joined-up planning, reduced duplication of services, and a clearer pathway for parents and carers navigating support systems, ultimately enhancing the wellbeing and resilience of families.

Key successes for our Primary Inclusion Project included:

- True partnership working has been vital to reduce stigma for families and to ensure that the right support is offered to our young people and their families at the right time by the right people.
- By integrating services and resources, service delivery has been enhanced by creating a more seamless and supportive framework for our young people and families.
- Offering the right support at the right time in the right environment leads to better outcomes/improved life chances for our young people and their families.

- Effective partnerships can expand the reach and impact of services by leveraging the networks and resources of different agencies. This ensures effective resource utilisation. In the current financial climate this is vital for all service providers.
- Impact on individual children and families which has led to increased attendance and engagement.
- Impact on individual children in terms of self-worth and aspirations.

Question 7: Describe the main challenges to delivery, and how these have been mitigated or plans to mitigate them.

The geography and rurality of Dumfries and Galloway presents barriers; and will always present a challenge for families without access to transport and to the delivery of services. A further issue is that we can be required to follow specific models/approaches which work well in the Central Belt, but do not transfer well to rural Dumfries and Galloway – an example of this is the NES requirements around parenting models. As a partnership, we need to be prepared to challenge such requirements when appropriate.

Despite concerted efforts to engage with families, there have been some young people who could not be encouraged to engage with services offering support. We need to give further consideration as to how to target young people and their families when they have disengaged with all services and have highly complex needs.

Funding for initiatives can lead to pressures on other services that have not received additional funding, for example increased referrals or limited capacity to engage in work. For example, funding was used for the Parenting Co-ordinator role, but did not bolster the capacity of other services to deliver parenting programmes. Our Executive Group is sighted on this; and has requested further information.

Question 8: Please give details of your spend for 24/25 and your expected spend in the following financial years:

FY 24/25: £1,178,596
FY 25/26: £1,178,046 (estimated)
FY 26/27: £1,252,717 (estimated)
FY 27/28: unknown – WFWF only confirmed up until 26/27

Additional: Any other comments, innovative work, relevant learning, or unexpected changes identified during this year?

We have been working with Children in Scotland to use the self-evaluation tool: How Good is Our Third Sector Involvement. The Third Sector Lead Officer, funded through WFWF has a key role in this. An Improvement Plan is in development, and this will shape more meaningful involvement of Third Sector partners in our 2026-29 Children's Services Plan.

By investing in the Third Sector role, we are building capacity to draw more funding from other sources into Dumfries and Galloway.

If you would like help understanding this document or you need it in another format or language please contact us by telephone on 030 33 33 3000, email ChildrensServices@dumgal.gov.uk, or contact us through Contact Scotland BSL, the on-line British Sign Language interpreting video relay service.

To access the British Sign Language interpreting video relay service please visit: **https://contactscotland-bsl.org/**

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Arabic

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ChildrensServices@dumgal.gov.uk 3000 33 33 030 بلع لاصتالا وأ

Polish

Jeśli potrzebujesz pomocy, by zrozumieć informacje zawarte w tym dokumencie, lub jeśli otrzebujesz go w innym formacie lub języku, skontaktuj się z **ChildrensServices@dumgal.gov.uk** lub zadzwoń pod numer 030 33 33 3000

Simplified Chinese

如果您希望帮助理解本文档，或者您需要采用其他格式或语言编制的本文档，请联系

ChildrensServices@dumgal.gov.uk 或致电030 33 33 3000

Spanish

Si desea obtener ayuda para entender el documento o lo necesita en otro formato o idioma, contacte con **ChildrensServices@dumgal.gov.uk** o llame al teléfono 030 33 33 3000

Turkish

Bu belgeyi anlama konusunda yardım isterseniz veya belgeye başka bir biçimde ya da dilde ihtiyaç duyarsanız lütfen **ChildrensServices@dumgal.gov.uk** ile iletişime geçin veya 030 33 33 3000 numaralı telefonu arayın

For further information about Children’s Services Planning in Dumfries and Galloway, please contact **ChildrensServices@dumgal.gov.uk**