

Dumfries and Galloway

Children's Services Plan

2023-2026



Joint Annual Report
on Year 3 (2025-26)

Dumfries and Galloway

Together is better

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Introduction

This is our third and final Joint Annual Report on our 2023-26 Children's Services Plan. It covers the reporting period from 1 April 2025 to 31 March 2026. 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 2023-26 plan, we prioritised:

- 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 had six workstreams. These were:

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

The purpose of this report is to say:

- What we delivered in 2025-26
- How this made a difference to children, young people and families
- What worked well, what did not work so well, and why.
- Overall, how well we delivered what we set out to achieve in our 2023-26 Children's Services Plan, and what we need to carry on doing in our 2026-29 plan.

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.

Our Children's Services partnership

In Dumfries and Galloway, children's services planning is led by our Children's Services Strategic and Planning Partnership Executive Group (CSSaPP Executive). This is a multi-agency group with high level representation from Third Sector Dumfries and Galloway, Health, Education, Social Work, Scottish Children's Reporter Administration and Police Scotland.

CSSaPP Executive Group are responsible for oversight and scrutiny of delivery of Children's Services Plans in Dumfries and Galloway, and also for delivery of the Promise. Each of the six workstreams in the 2023-26 plan was led by a multi-agency strategic group. These groups reported to CSSaPP Executive Group on delivery of their workstreams, and outcomes for children, young people and families.

CSSaPP report on delivery of our Children's Services Plan to DG Council, DG NHS Board, and our Community Planning Partnership Board.

Child Protection/Keeping Children Safe did not feature as a workstream in the 2023-26 plan as our approach was that this was being addressed by our Public Protection Committee (PPC). Some members of CSSaPP Executive Group also sat on the PPC and links were maintained between wider children's services planning and the work of the PPC on child protection.

In 2025, we worked with Children in Scotland to evaluate how well our local Third Sector organisations were involved in children's services planning. This led to the development of an improvement plan. Some Whole Family Wellbeing Funding from Scottish Government was used to recruit a Lead Officer for Children and Families to Third Sector Dumfries and Galloway (see Appendix 2) to support involvement of the third sector.

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.

Joint inspection

Between September 2025 and January 2026, the Care Inspectorate carried out a joint inspection of services for children and young people subject to compulsory supervision orders living at home with their parents in Dumfries and Galloway.

The inspection provided us with external evaluation of our position with regard to this group of vulnerable children and young people, and highlighted work that needed to

be included in our 2026-2029 Children's Services Plan. However, before and during the inspection period, some staff capacity was diverted to inspection-related activities, and this in turn impacted on capacity to deliver some of the development work in the final year of the 2023-26 Children's Services Plan.

The inspection gave us the following grades:

Quality Indicator 2.1: Impact on children and young people. This quality indicator was evaluated as **Good**

quality Indicator 5.3: Care planning, managing risk and effective intervention. This quality indicator was evaluated as **Good**

quality Indicator 5.4: Involving individual children, young people, and families. This quality indicator was evaluated as **Very Good**

The leadership for strategy and direction. This quality indicator was evaluated as **Good**.

Key messages from the inspection were that:

- Most children, young people and their families benefited from positive and caring relationships with frontline staff in social work, education, youth work services, health and third sector organisations.
- Dedicated staff made a positive difference to the lives of children and young people. The meaningful involvement of children and young people was a key strength of the partnership. Youth workers played a key role in effectively elevating the voice of care experienced young people.
- A range of third sector organisations were providing valuable support for families across the region.
- Multi-agency collaboration at a strategic level was effective.
- The partnership was not consistently gathering data on the impact of services and approaches.
- Due to local reach and capacity of services, there were some gaps in service provision leading to inequity of support.
- There were recruitment and retention challenges across all agencies. In social work this was having an adverse effect on continuity of staff, their relationships with families and joint working.
- The partnership was not consistently ensuring there was meaningful involvement of parents.

The Joint Inspection Report is available [here](#).

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 has three main areas of work led by 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 aim is 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 – Neurodevelopmental Disorders 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 (ND) 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 subgroup

A working group has been reviewing existing transition practice for children and young people with disabilities and complex healthcare needs, and identifying new, consistent ways of supporting these transitions. One of the aims was to create a website that would include information on transition for children and young people as they move from home to post-school. This draws on existing policy and guidance but also includes updated timelines to promote best practice between ages/stages and organisations.

Actions

Healthcare in Schools subgroup

Work to refresh the Healthcare in Schools guidance has been ongoing for the past three years. A revised version of the guidance has been developed collaboratively between Education and NHS colleagues, with the aim of ensuring that staff working in schools, and health professionals supporting them, have access to clear, up-to-date information on roles, responsibilities, and safe practice.

At this stage, the updated guidance has not yet been accepted by teaching or non-teaching trade unions, and therefore remains unadopted. In the interim, the 2013 Healthcare in Schools guidance continues to be the formal document setting out expectations, roles, and responsibilities for school-based staff and health partners.

The intent of the refreshed guidance is to strengthen clarity and protection for staff undertaking medical and personal care tasks in schools. This includes more explicit detail on:

- the training and competence requirements for staff
- the protections and safeguards in place for those delivering healthcare procedures
- the escalation routes where a healthcare task is too complex or staff do not feel confident to undertake it
- the shared responsibilities between Education and Health in supporting children with healthcare needs

The revised guidance aligns with the recently re-drafted job description for the newly titled Pupil Support Assistant, which provides significantly clearer articulation of job activities relating to medical and personal care. The previous job description was overly broad and lacked sufficient detail, creating ambiguity for staff and managers. The refreshed guidance and job description are intended to work together to ensure

staff are protected, supported, and able to deliver appropriate healthcare provision with confidence.

The document is underpinned by the 2017 National Guidance on Healthcare in Schools, which sets out the statutory responsibilities of education authorities and health boards in ensuring that children with healthcare needs can attend school and are not excluded from education because of their health condition.

Engagement with trade unions is ongoing. However, the refreshed guidance remains unadopted pending collective agreement.

Neurodevelopment Disorders subgroup

Each working group has progressed priority areas from year 3 of the plan.

Working Group 1 Education Subgroup –

16 Education colleagues are currently undertaking Social Communication, Emotional Regulation, Transactional Support (SCERTS) training with the National Autism Implementation Team (NAIT) to support equitable implementation of SCERTS across all our severe and complex needs settings. They will join the existing Community of Practice to ensure a joint, supportive approach to implementation.

A priority area of this working group was to progress Neuro-affirming Classrooms as a way of ensuring education settings and staff embed an approach that provides a basis for all neurodivergent learners. Senior Education colleagues have met to create a plan for implementation of the Pathway to Neuro-affirming Classroom Environments and plans are being developed for this to move into the Education Services Plan for 2026-2029.

Working Group 2 – Neurodevelopmental Disorders Assessment Service (NDAS) – In this past year, the NDAS team have moved into a purpose developed clinic known as NDAS hub. This has ensured the team can provide accessible, neuro-affirming space for assessments and maximise their capacity for clinics. Waiting times continue to grow as the team see sustained demand for diagnostic assessment. NDAS has engaged with the Scottish Government to access additional funding made available as part of a nationwide response to service demands. The team will be working with providers on two programmes of work around the use of Early Symptomatic Syndromes Eliciting Neurodevelopmental Clinical Examinations (Essence D) and an allocated number of digital assessments for young people awaiting diagnosis who are nearing the transition to adult services.

Working Group 3 – Family Support - work has progressed significantly since the proposal was approved for a community-led whole system approach to supporting children, young people and families across Dumfries and Galloway. Pivotal to this project is a proposal to develop and implement a

neuro-affirming accreditation system that would see all partners involved in providing services sign up to meeting a minimum standard for understanding, inclusion and provision that represents the key areas identified by children, young people and families.

The first stage has been the development of an ND values and skills framework, which has been codesigned with colleagues from the ND Subgroup reflecting what families say matters to them. This tool, known as “You, Me and ND: A values and skills framework” seeks to define what being “ND Informed” really means and set the standard for being ND skilled, enhanced and expert. By creating a vision for shared valued and skills, partners seeking to be accredited with the Dumfries and Galloway ND affirming standards, will ensure staff have met a minimum training standard. The real value of the framework is its inclusivity, meaning the same standards will be achieved by families and young people seeking to understand ND, removing the perception that knowledge, belongs to specific services.

Family engagement events are planned to take the first draft of this framework to families for review, revision or rewriting. Once approved, plans will be made to present this across stakeholders and seek pledges from teams / services to take the first step in becoming ND Informed. The accreditation system will also ensure environments are ND affirming, a programme of work being developed and delivered across community and third sector organisations by the Third Sector Dumfries and Galloway Project Lead.

A further area of development has been building on previous testing of parent programmes that will provide early access to quality information for families seeking support from specialist services. Following the testing and evaluation of Fife’s Embracing Differences Parent programme, an alternative model of “drop in” parent sessions is being developed as a comparison. The first session, entitled “You, Me and ND – A parent introduction to being ND Informed” is planned for 5th May and feedback will shape the development and future contents of this session and additional “bolt on” sessions that will be developed through a shared calendar.

Child and Adolescent Mental Health Services (CAMHS) have continued with their work to develop and extend their post-diagnosis ADHD parent group and feedback to date has been very positive.

Transitions subgroup

Links and support materials for the Transitions webpage have been refined as the webpage reaches a point when it can be shared.

Alterations have been made to Dumfries and Galloway Child’s Plan template to include a prompt for each Child’s Plan meeting to consider if “Transition” stage is being reached.

Key Successes

Healthcare in Schools subgroup

Considerable collaborative NHS and Education team effort has gone into developing a strengthened training and development programme, supported by detailed resources to equip staff in early years and school settings with the skills and confidence required to deliver healthcare activities appropriately. The training resource will be hosted on Education Training sites and also within the Children's Healthcare in Dumfries and Galloway App which is a free resource for all staff, children and their parents/carers to access evidence-based information relating to children's healthcare needs.

Neurodevelopment Disorders subgroup

Going into 2026-2027 there is a strong, shared commitment to ongoing improvement work for this group of children, young people and their families from across the partnership.

Transitions subgroup

The creation of a single location for Transition information that can be easily updated and amended by several colleagues – no one single point of failure.

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

Each individual activity is gathering its own data to inform improvements. As these are all at a testing stage, there is not yet evidence of wider impacts from this work but this will be built into the 2026-2029 programme of work.

Transitions subgroup

The web development is not yet at a stage where it is possible to demonstrate measurable difference made to the lives of children and young people, but this is an aim with regards to any test of change through the first year of this site and information being accessed by professionals.

Challenges/Issues

Healthcare in Schools subgroup

Engagement with trade unions is ongoing. However, the refreshed guidance remains unadopted pending collective agreement.

Neurodevelopment Disorders subgroup

There remains a significant demand in the system and as this improvement work is being delivered largely within existing resources, this creates conflicting pressures and limitations on the timescale activity can be planned for.

The success of Third Sector Dumfries and Galloway to recruit to the Fixed term Project Lead post has been met with challenge when the post holder moved on for a permanent post in another area leaving this post vacant for several months.

Transitions subgroup

Competing deadlines to meet the end of June deadline to provide opportunities for engagement with families and professionals to review the web site.

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 subgroup

The draft policy is reflective of The Principles of Good Transition, Association for Real Change (ARC) 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 & 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

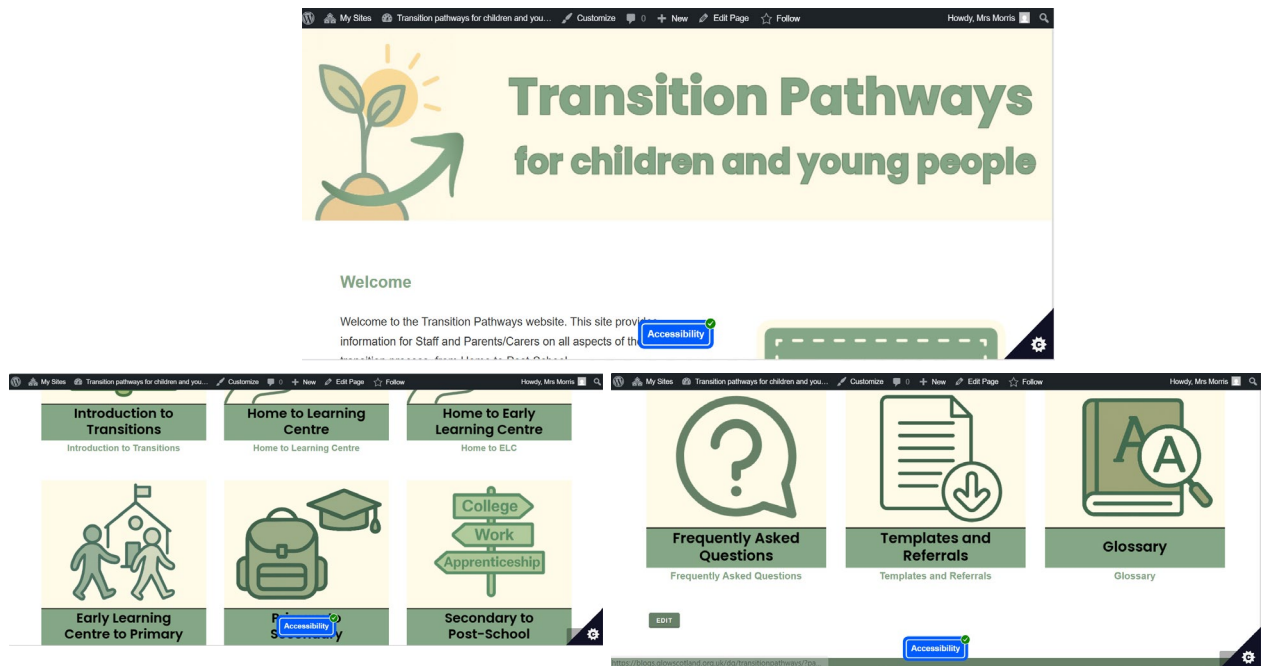
Neurodevelopment Disorders subgroup

There is a shared commitment from across the ND Subgroup, working groups and partner agencies, to progress work started and build on the shared vision for a whole system approach to getting it right for children, young people and families.

Transitions subgroup

Engagement is taking place with children, young people and families up to the end of June 2026, with the aim of sharing with practitioners in August 2026.

Screenshot of Transitions Website



Workstream 2: Mental Health

Introduction

In recent years, we have seen an increase in demand for mental health support for children and young people. There are different levels of mental health support according to the needs of the child or young person. These 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.

In Dumfries and Galloway our approach to mental health provision 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.

Actions

Develop a Mental Health Pathway – this is about ensuring 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 that are available for children and young people. 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.

The Mental Health Pathway was completed in Year 2 of our Children's Services Plan. In 2025-2026 we reviewed the pathway as it contains a great deal of information about all the mental health supports available for children and families. We agreed that while the pathway was accurate, in terms of accessibility it looked very complex, and we needed to do more work on it in partnership with young people to develop a more accessible version. Work on this is continuing, as we need to make sure that we develop a version of the pathway that young people can look at and understand where their needs might fit on it.

Develop web-based resources based on engagement with children, young people and parents/carers. This action was signed off as complete in Year 2 of our plan following the launch of our new CAMHS website that was co-produced with children and young people.

Implement a range of low-level mental health and psychological approaches –

- **The Mental Health Support in Schools Project** was launched in August 2020 with funding from the Scottish Government. This project was developed as a joint initiative between Youth Work Services and Educational Psychology as part of the government commitment to having qualified counsellors in every secondary school. This project is committed to delivering flexible, responsive, early intervention and low-level mental health support for young people in Dumfries and Galloway, making a real difference where it is needed most.

By promoting early identification and intervention, the project aims to boost young people's resilience and help them thrive not just in school, but in their wider lives. The key goal is to prevent mental health challenges from developing in the first place, by equipping young people with the tools and strategies they need to cope. Long term, this should help reduce demand for more formal mental health services, including support from the NHS.

Delivery is led by Youth Information Workers in secondary schools and Youth Workers in primary schools. These staff are trained to spot early signs of mental health issues, offer mental health first aid, and know when to escalate concerns to the designated safeguarding lead within the school or local mental health teams.

One-to-one programme

The 'Blether' programme is our one-to-one low-level psychological support programme that aims to help young people to learn strategies that can help them to cope with their difficult feelings. Blether provides a safe place for young people to feel supported in disclosing anything that is troubling them.

Evidence-Based group work and Issue-Based Programmes

The groups and programmes focus on the overall health and wellbeing of young people and delivered in both primary and secondary schools. They consist of 6-15 young people, and the contents of the sessions are flexible to the needs of each group. These evidence-based groups and issue-based programmes may last up to 9 weeks with a duration of 45-60 minutes per session.

In line with Scottish Government guidance, all Youth Information Workers involved in the project hold the necessary qualifications and training to work with children and young people. Each has completed accredited counselling skills training through COSCA, the professional body for Counselling and

Psychotherapy in Scotland, and have now successfully completed their diploma in Counselling and Groupwork using a Cognitive Behavioural approach. Staff have also completed the Professional Development Award (PDA) in Youth Work, the advanced course for practitioners working with young people.

Secondary School Overview

Reporting takes place at the end of the school year, and we have an annual report available for the 2024-25 school year. During this period, the one-to-one programme remained central to the project, offering weekly support tailored to individual needs. Over the course of the 2024-2025 school year, 3,276 sessions took place within secondary schools with young people accessing this service. In some cases, young people referred to the service will also have previously received assistance from other agencies or are awaiting specialist treatment from mental health teams such as CAMHS. In such cases, parallel support is offered, ensuring all agencies collaborate effectively to meet the young person's needs.

Programs like Living Life to the Full and Mindful Warrior (DNA-V) have been delivered to groups of 4-6 students in several schools. Lunchtime drop-in sessions have continued to attract high levels of engagement. These informal sessions allow students to meet Youth Information Workers, learn more about the support available, and connect with peers in a relaxed setting. For many, this has been a first step toward accessing more formal interventions. Over the past year, lunchtime drop-ins recorded a total attendance of 2,300, with many students attending regularly. These sessions have led to numerous referrals and the creation of new support groups.

Since August 2024, the project received 475 new referrals, in addition to students carried over from the previous academic year. In total, 378 students received and completed their intervention during the school year.

Primary School Overview

Between August 2024 and June 2025, Primary Schools across Dumfries and Galloway were offered the opportunity to have Youth Workers deliver a selection of wellbeing and personal development programmes on an ad-hoc basis. These sessions ranged from one-off inputs on topics such as Online Safety, Confidence Building or Friendships to structured blocks of evidence-based mental health programmes including Living Life to the Full and Mindful Warrior (DNA-V).

A total of 41 schools participated during the academic year. Youth Workers delivered sessions lasting between 45 and 60 minutes, typically over an 8-week period. Group sizes were kept between 6 and 15 young people, with some schools choosing to split classes into multiple groups to maintain this structure. The most frequently selected programme was Living 'Life to the

Full', which provided young people with practical strategies to support their mental health and emotional resilience. The young people explored how to make positive choices and respond differently to difficult situations, developed inner confidence, learned how to break problems into manageable steps, and practiced techniques to cope with challenging emotions such as irritability and anger.

Over the course of the year, a total of 408 sessions were delivered across Dumfries and Galloway, with 1,539 young people participating in these evidence-based programmes. The initiative continues to demonstrate the value of targeted, school-based mental health support and the positive impact of Youth Worker involvement in primary education settings.

Staff have supported individuals dealing with a broad mix of challenges, including school attendance, family issues, anger, and behavioural concerns. There's been a noticeable rise in referrals around coping strategies, anxiety, and emotional support, which are now the top three themes young people are bringing to the service. Other common topics include low mood, emotional regulation, self-esteem, neurodiversity (ADHD/ASD), and worries about the future. These patterns highlight just how complex and varied the emotional experiences of young people can be. With more young people missing school due to anxiety and related challenges, the service has responded by extending support sessions where needed. This helps maintain continuity and ensures each young person can access up to 12 sessions if deemed necessary, giving them the time and space to engage meaningfully with the support offered.

Overall, the service continues to offer a safe and supportive environment where young people can explore their feelings, build resilience, and develop practical strategies to manage life's ups and downs. Feedback shows that many feel happier, more confident, and better equipped to make decisions and solve problems on their own.

Develop perinatal and infant mental health services.

Infant Mental Health:

In 2024 Wee Minds Matter, Infant Mental Health started running Circle of Security - Parenting (COS-P) groups and in 2025 we were looking to expand and develop these and add a drop-in maintenance group for anyone who had completed the COS-P program. We now have an established COS-P maintenance group which runs online once a month on a drop-in basis. We also have a clear pathway for offering and accessing the group to everyone at the end of a completed COS-P program. With regards to developing the COS-P group we have extended the running time for the group which allows a softer start and finish and prevents feeling rushed, which allows for more discussion. Our COS-P groups are well received by those that attend them. They get positive feedback from participants, and we see significant progress in our outcome measures; which measure parental mental

health, parental confidence and parent-infant relationship. In terms of expanding our delivery of COS-P groups we now have an annual rolling group in Stranraer in collaboration with Home-Start. We have also recently had a further 4 clinicians trained in COS-P which will allow further expansion of our COS-P offer, more frequently and more widely.

The biggest barrier to attending COS-P groups is childcare, as it is a parent-only group. We therefore at the end of 2024 looked into parent and infant interventions and in 2025 we hoped to develop a play-based intervention based on 'Watch me Play'. We adapted the 'Watch Me Play' resources which were freely available on-line and created a 4-session package to work through with parents and infants. During the course of 2025 this was piloted with 2 families, with variable success. We continue to assess and adapt the program as we reflect on its strengths and weaknesses. We will continue to work on our offer of play based and parent-infant interventions into 2026.

Early intervention:

The mere nature of Wee Minds Matter as an infant mental health service is all about early intervention. Wee Minds Matter provides therapeutic interventions to parents and infants from birth to 3rd birthday, therefore catching the earliest signs of a trajectory towards problematic social, emotional and cognitive development. For the earliest in early intervention we offer Newborn Behaviour Observations (NBO), an observation tool for babies 0-12 weeks. NBO can identify infant mental health difficulties at these earliest stages and can also promote positive parent-infant relationships. Unfortunately, we don't have the capacity to develop an NBO specific pathway, which would allow us to offer NBO more widely, however we do prioritise referrals of infants below the age of 12 weeks so that we may meet with them and conduct an NBO before 12 weeks of age.

Wee Minds Matter work hard to keep wait times low, with an average wait time of 9 weeks within the reporting period, again allowing for early intervention. Early intervention and short wait times is paramount for the infant population as it is such an important and rapid period of development. Where an 18 week wait or more is a significant period of their life and chunk of their development.

Improving outcomes:

Wee Minds Matter sees the outcomes for infants improving, as shown by our outcome measures. Parents/carers develop a better understanding of their infants and their development through our work. They are therefore more confident and better able to recognise and meet their infant's needs. We therefore see more settled infants and happier and more confident parents/carers. With a focus of our work on infant voice parents/ carers and professionals seem better able to mentalise and see the world through the infant's eye's.

Meaningful engagement:

Wee Minds Matter promotes infant voice at every opportunity. We do this in our direct work with parent/ carers and in our indirect work with professionals by speaking for infant and being curious about what infant might be thinking, feeling and believing as a result of their experiences. We encourage observation and interpretation of infant behaviour as their first language. This has

probably been most profound during Children Hearing proceedings, where Wee Minds Matter has listened to parental/carers and professionals' reflections and observations of an infant and we have then been able to interpret how we might understand that from the infant's perspective, what those behaviours might be telling us based on what we know about infant development and infant behaviour.

Wee Minds Matter also promotes infant voice through the training that we offer. During the reporting period we ran a series of 5 webinars on 5 different infant mental health topics: Brain Development, Infant Observation, Dad's and Infant Mental Health, Circle of Security - parenting and Talking about Infant mental health. Over the reporting period we trained 196 people from a range of professions including, education, health, third sector, council and social services.

During the reporting period Wee Minds Matter received 57 referrals of which only one was not accepted and the remaining 56 were offered some form of input from Wee Minds Matter. Of those offered input 1 moved out of area before they were seen, for 2 the problem resolved before they were seen, 2 never attended for their first appointment, 8 were offered our group but did not attend the group, 4 were open to the service for consultation only and the remaining 39 engaged in a piece of direct therapeutic infant mental health work.

Outcome measures of the difference our work is making:
Wee Minds Matter sees significant improvement in our outcome measures; which measure parental mental health, parental confidence and parent-infant relationship.

Participant feedback

"I have a better understanding of my children's needs and behaviours and know this is going to help me and them."

"I feel very enlightened and see things totally different in my parenting. I have a better understanding of my daughter's needs and have been given the tools to continue being the best version of myself as a mum to all my children."

"It's made me realise there is calmer and easier ways to deal with you and your child's needs/emotion"

Perinatal Mental Health Team,

At the start of April 2025, no group work programme was offered to women accessing the service. By the end of March 2026, the team had introduced two groups. The first, developed by Occupational Therapy is a 6-session group focused upon Recovery through Activity. The second group developed by Psychology and facilitated by Psychology and Nursing is a four session Cognitive Behavioural Therapy based group focused upon Intrusive Thoughts in the Perinatal Period.

Group work has the added value of reducing stigma and of increasing access to therapy across the region. Both groups were remote so women across Dumfries and Galloway could participate. These groups support parental mental health to promote improved mental health and improved parent infant relationships. Co

production has been important with members of the Intrusive Thoughts group meeting to review the material and develop it further.

Meetings have commenced to develop a cross NHS Board group with NHS Forth Valley. This group is called the Compassionate Mind Group and will be a 10 session group focused upon developing self-compassion in the perinatal period. It is planned to commence in August 2026 with 5 women from each region.

The Perinatal Mental Health Team has had continued positive feedback from parents who have engaged with the service.

This service has been invaluable. It's completely transformed my postnatal experience — from something I was just surviving to something I'm now truly enjoying and thriving in. I was seen quickly and that early support made a huge difference. The impact of this service goes far beyond mums — it supports babies too, helping to build healthier bonds, more secure attachments, and brighter futures. I'm so grateful for everything it's given me and my family.

When we have asked for feedback about the impact upon baby, one woman said

"mummy is more relaxed and present in the moment with me during play etc, she is more confident in her own decisions and allows me to explore the world through more independent play and time spent with others, I feel safe, secure and loved knowing that mummy is always there to return to when I need her"

You helped my Mummy have a safe place to land when she has been going through so much grief and this has helped Mummy be present for me and enjoy and cherish all of our time together

These comments reinforce the importance of working alongside mother and infant to support maternal and infant mental health.

Key Successes

A key success has been the Mental Health Support in Schools Project. This was externally evaluated by researchers in 2022 and the evaluation report with the findings is available [here](#).

Within this project, a particular success in 2025-26 has been the establishment of Clinical Supervision arrangements for the Youth Workers delivering the Mental Health Support in Schools Project. This project had been developed with young people's input, and young people were very clear that they wanted a Youth Work approach rather than a clinical approach. However, guidance around the funding for the project required those working with young people to hold accredited counselling skills training through COSCA, the professional body for Counselling and Psychotherapy in Scotland, and to complete a diploma in Counselling and Groupwork using a Cognitive Behavioural approach.

All our Youth Information Workers and Youth Workers delivering the project have this training and diploma, but this meant that they required Clinical Supervision and we needed to develop arrangements for this. Clinical supervision was initially outsourced to an external organisation, but in 2025-26 arrangements were made to transfer this role to staff within NHS Dumfries and Galloway, and these arrangements are working well.

Infant Mental Health

What has worked well and why?

Infant mental health interventions are very strengths-based which means they tend to be well received by parent/carers. They feel less judged and are therefore more open to seeing things from a different perspective.

Wee Minds Matters collaboration with Third Sector organisation Home-Start has also worked really well. This has allowed us to directly access a population of families most in need, through the trusting relationships they already have with their local Third Sector organisation. Home-Start was also able to offer childcare which is often a barrier for parents attending our parents only group. Having a Home-Start staff member trained in our group intervention COS-P has also helped us offer groups in our more isolated areas as it has therefore required less Health staff having to travel to deliver the group.

Perinatal Mental Health

Introducing a group work model in the service has worked well. This model reduces stigma and encourages women to see that they are not alone in their experiences. We offered a remote option to enable access across the region

Feedback from a Recovery through Activity group member:

“Just having to space to talk helped me to find the skills I already had, to figure out how to apply them and gave me some confidence. It helped me identify additional sources of stress and remove them and gave me confidence. I found it so helpful to speak to other mums about my issues and perhaps some shared stories from mums who have had difficulties and have come through it may help other mums who experience difficulties.”

Feedback from a Health Visitor who had referred a woman into the Perinatal Intrusive Thoughts Group

‘I’ve just been to visit a family and the mum has been taking part in group sessions for parents with intrusive thoughts. I just wanted to feed back that she is finding the group really useful and is using some of the techniques she has learned with great success.’

Demonstrating impact with evidence

Staff have supported individuals dealing with a broad mix of challenges, including school attendance, family issues, anger, and behavioural concerns. There has been a noticeable rise in referrals around coping strategies, anxiety, and emotional support, which are now the top three themes young people are bringing to the service. Other common topics include low mood, emotional regulation, self-esteem, neurodiversity (ADHD/ASD), and worries about the future. These patterns highlight just how complex and varied the emotional experiences of young people can be. With more young people missing school due to anxiety and related challenges, the service has responded by extending support sessions where needed. This helps maintain continuity and ensures each young person can access up to 12 sessions if deemed necessary, giving them the time and space to engage meaningfully with the support offered.

Overall, the service continues to offer a safe and supportive environment where young people can explore their feelings, build resilience, and develop practical strategies to manage life's ups and downs. Feedback shows that many feel happier, more confident, and better equipped to make decisions and solve problems on their own.

Infant Mental Health

Over the last year: Wee Minds Matter has made strides in the last year in terms of our group offering i.e. having a rolling COS-P group in Stranraer in collaboration with Home-Start, and creating provision for that to continue to develop with the significant increase in NHS clinicians trained in COS-P, allowing scope for even more groups in the future.

Over the last 3 years of the 2023-26 Children's Services Plan we have made enormous strides with Wee Minds Matter. This was only open to referrals in January 2023 and during those 3 years we have seen our referrals increase every year (2023 - 25; 2024 - 34; 2025 - 59) as awareness of Infant Mental Health and our service has increased. We have delivered a significant amount of training to a range of professionals, which has significantly raised awareness of infant mental health generally and Wee Minds Matter's profile specifically.

We also welcomed a Specialist Paediatric Occupational Therapist (0.2 sessions) in 2024, which has further expanded the range of interventions we can offer and turned us into a Multi-disciplinary Service, even if only one day a week). However, combining OT and Psychology skills and knowledge has been invaluable.

Perinatal Mental Health

The Perinatal Mental Health Team via coms, training and developing relationships with services across the NHS, Social Work and Third Sector, have increased awareness of Perinatal Mental Health and how to refer into our service. This has led to an increase in referrals to the service year on year.

In the year April 2025 to March 2026, there were 166 appropriate referrals to the Team. This included 79 referrals to Psychology and 87 referrals to Mental Health Nursing. In terms of patient contact, outcome measures, routinely used in Psychology, show a significant reduction in anxiety and low mood as assessed by the CORE 10.

In 2025, 6 women were admitted to Midpark Hospital with two of these women then being admitted to Levensdale Mother and Baby Unit (MBU), Glasgow. Links with Midpark and the MBU have been positive. We have also developed strong relationships with the Crisis Team and Liaison Psychiatry who will link in with us when needed and support women to maintain stability and reduce Mental Health Hospital Admissions.

Referrer feedback about the Perinatal Mental Health Team:

“My experience of the service has been excellent. The provision of care that the service provide are of very high standards. A highly skilled and efficient team.”

Challenges/Issues

A significant challenge has involved staffing and capacity across the partnership. This has been a challenge over the entire three years of the 2023-26 Children's Services Plan, but particularly so in 2025-26. Unplanned staff absences due to sickness for example, and the need to cover service delivery, has inevitably impacted on our capacity to carry out development work and deliver projects and small tests of change. This has led to some delays, but work will continue through 2026 in the 2026-29 Children's Services Plan.

Infant Mental Health

The barriers which Wee Minds Matter has faced over the years has been limited capacity to develop the service as much as we would like due to minimal staff provision. As our referrals have grown, we have not had the same capacity for service development. Although we could increase our waiting times and still fall within Government targets of 18 weeks, we do not believe this to be in the best interest of our population, who are at a critical stage in their development, where every week makes a significant difference.

Wee Minds Matter can also struggle to recruit parents/ carers to our Circle of security - Parenting Groups (COS-P). The main barrier to this is childcare as it is a parent only group and the population we are working with are not of school age and are often not in nursery. The most unfortunate situation has been the group we have tried to run in collaboration with Action For Children in Upper Nithsdale. Despite having facilitators, room and childcare we have not been able to recruit parents/carers. This therefore requires more time and effort to build relationships and

raise the profile of Wee Minds Matter in the area, time we just have not been able to prioritise as that would mean dropping something else i.e. clinic time elsewhere.

We are also mindful of the absence of Wee Minds Matter on the Neo Natal Unit, which has again been due to a lack of staffing capacity and will continue to be a working point.

Perinatal Mental Health

Over the last year, there has been a reduction in capacity in Psychology due to maternity leave and then the loss of this Maternity and Neonatal Psychology post due to Outcomes Funding cuts

There have also been challenges to providing specialist Perinatal Mental Health Nursing due to additional essential training within the service. Occupational Therapy has also been impacted upon by long term leave.

As a service we are exploring alternative ways to deliver the service with the offer of group work. We are also reviewing the training we offer and to focus on specific group who have not had specialised Perinatal Mental Health training. This includes Obstetrics colleagues. Despite capacity issues, we continue to offer a weekly Professional Advice Telephone line, offer consultation when needed and provide supervision to Midwives in the WINGS team who support vulnerable women in pregnancy

Rights

Peri-natal and infant MH

As previously mentioned, we promote Infant Voice in Children's Hearings. We have also been promoting the 'Manifesto for babies in Scotland' in the run-up to the up-coming election. This is asking politicians to 'Speak up for babies'. In previous years we had former MSP Finlay Carson visit our service and hear about the work we are doing across Perinatal and Infant Mental Health.

Conclusion and Next steps

Infant Mental Health

Wee Minds Matter has made great progress in the last 3 years, establishing as a completely new service, raising awareness of infant mental health and promoting infant voice. We have delivered a significant amount of training on infant mental health topics; we have established the regular delivery of Circle Of Security Parenting groups across the region and support the training of a further 7 facilitators both in Health and the Third Sector. We are seeing ever increasing referrals to the service which further highlights the increasing awareness and understanding of infant mental health and growing reach of the service. We are also building a positive reputation for the service which is well received by parents/ carers and professionals.

What is outstanding that still needs to be achieved – what needs to be carried forward into the 2026-29 Plan? What do you see as being the challenges over the next few years?

Perinatal Mental Health

Overall we are satisfied by the progress we have made as a group given the constraints of reduced capacity and increased demand. The introduction of group work has offered an innovative approach to delivering care across the region and has had positive feedback from participants and referrers alike. Feedback from parents and referrers has continued to be positive. Despite a year on year increase in referrals to the service, Psychology strive to see women within a 6 week time frame as timely access to this service is paramount for both mother and child (children) Perinatal Mental Health Nursing aims to see women within 4 weeks in accordance with Community Mental Health Nurse Teams.

What is outstanding that still needs to be achieved – what needs to be carried forward into the 2026-29 Plan? What do you see as being the challenges over the next few years?

Infant Mental Health

What remains outstanding? What do you hope to achieve over the next 3 years? Over the next 3 years Wee Minds Matter hopes to have more people, out with the NHS, trained in COS-P so that we can work towards this being a universal offering. In the short term however, within Child Psychology we also hope to have established a yearly running program of COS-P, more widely and equitably delivered across the region.

Wee Minds Matter also hopes to establish a more robust infant mental health offering to the Neo Natal Unit and its population.

Wee Minds Matter has plans to work with the Neurodevelopmental Assessment Service to think about the needs of the infants on their waiting list.

Wee Minds Matter is also developing webinars on a range of infant mental health topics which will be readily available to professionals and the wider public.

Perinatal Mental Health

The group work model will be expanded in 2026-2027 and innovative service delivery plans include a cross NHS Board 10 session Remote Compassionate Mind Group led by Psychology in NHS Dumfries and Galloway and NHS Forth Valley

Challenges to the Perinatal Mental Health Service include the loss of a Maternity and Neonatal Psychology post (0.5wte) due to financial pressures. The service is small and relies on a small multidisciplinary staff group who cover the region. The service is looking towards how to mitigate risks in the event of potential staff absences. The team operates using a Dispersed Model which means women referred into Mental Health Nursing will also be supported by the local Community Mental Health Teams. Referrals to Occupational Therapy and Psychology may not have CMHT input and

contingency plans are being developed should staffing change within these professions.

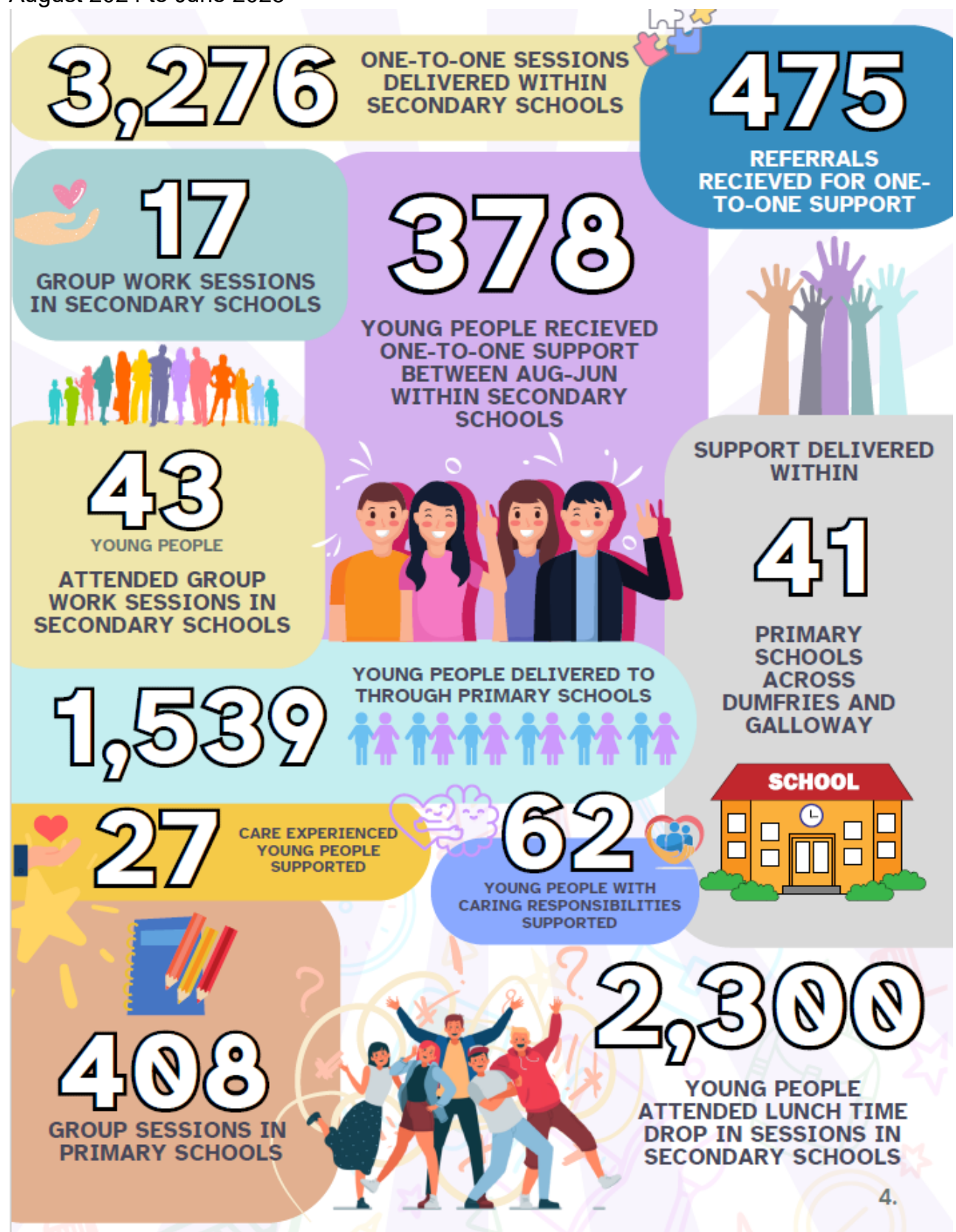
Overall:

‘Supporting Children and young people to be healthy’ is one of four priorities in our 2026-2029 Children’s Services Plan, and one of our main outcomes under this priority is that ‘our children, young people and families receive the right mental health support at the right time’.

Next steps include revision and re-launch of the Mental Health Pathway, and developing mental health supports for children with neurodevelopmental needs, as data shows that an increasing percentage of children with neurodevelopmental needs also have mental health needs.

It is expected that over the next three years of the Children’s Services Plan, challenges will continue to be around staffing and capacity.

MENTAL HEALTH SUPPORT IN SCHOOLS PROJECT – Key facts and figures
August 2024 to June 2025



Workstream 3: Care Experience

Introduction

The purpose of our Corporate Parent Group is to provide strategic leadership, oversight and collective accountability for how Dumfries and Galloway Council, working with partners, fulfils its statutory corporate parenting responsibilities to our care experienced children and young people. The Group exists to ensure that care experienced children and care leavers are supported, protected and enabled to thrive, with the same ambition and commitment that any good parent would want for their own child.

Actions

During 2025/2026 we have refreshed and launched our 2025-2028 Corporate Parent Plan. This progressed from planning and self-assessment into active delivery and assurance of our refreshed Corporate Parent Plan 2025-2028. The year marked a shift from preparation and design towards embedding accountability, strengthening our corporate parent culture and ensuring that the voice of our children and young people is central to monitoring our improvement.

Strengthening the foundations of Corporate parenting

At the start of the period, Dumfries and Galloway undertook a corporate parent self-assessment to understand how effectively partners were meeting their statutory duties under the Children and Young People (Scotland) Act 2014. This work helped to:

1. Identify strengths and areas for improvement across the system
2. Inform the final shape and priorities of the Corporate Parenting Plan 2025–2028
3. Clarify the need for stronger shared ownership across council services, NHS and partners

This reflective phase ensured the plan was firmly grounded in evidence, feedback and lived experience.

Launch of the Corporate Parent Plan 2025-2028

The refreshed Corporate Parent plan is structured around 5 workstreams, each with a pledge made directly to our children and young people. The action plans for each workstream set out the key areas of focus for the duration of the plan.

Areas of delivery to highlight from within each workstream:

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 allow them to live their best lives.

A key action within this workstream has been to ensure that we have our Kinship Team in place who will support friends and family who look after our children so that things work well, and we know that they are safe and well cared for throughout their childhood. The Kinship Team is now fully established and embedded within Social Work Services and is a fundamental element to ensuring that our children, young people and their families receive the support that they require, when they require it further strengthening our early intervention agenda. This is further aligned to Dumfries and Galloway's commitment to Keep the Promise by 2030 (please see key successes for further information).

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.*

A key action under this workstream is to support our children and young people's attendance at school by developing a new Dumfries and Galloway Attendance at School Policy. This action is now complete as the policy has been created.

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 our care experienced children and young people experience.*

A key action for this workstream is that we will support our children and young people to attend their appointments, even if their family lives are busy and complicated or they live in rural areas. The progress that has been made includes awareness sessions for health departments have been developed in line with the launch of the "Was Not Brought" guidance. The purpose of this guidance is to ensure that children and young people receive the support that they need and is particularly relevant for those children who miss planned appointments without a parent or carer present. The guidance aims to identify vulnerable children and ensure a consistent approach to managing their needs.

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.*

A key action for this workstream is that we will ensure that our children and young people are fully involved so that we make good decisions as corporate parents and we will let our children and young people know what we have done so that they can

tell us how things are working. Our children and young people were involved in developing a scorecard system to help us as corporate parents understand what priorities are most important to them and to give them a platform to hold us as corporate parents accountable for progressing the plan.

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.*

An action for this workstream is that we will provide you when you need it support with your mental health. We have been able to put in place a transitions mental health nurse to try to bridge the gap and to support to help train our workers so that they have the right skills to help our young people when things are difficult.

Co-Production and Meaningful Participation

A key deliverable of our 2025/2026 journey has been translating our consultation into co-production with children and young people with lived experience of care. This was undertaken through:

- a) Bright Spots Engagement. This programme supported us a local authority to listen to our children in care and care leavers about what was important to them. Key findings showed that children's understanding, voice and emotional experience are central to their wellbeing.
- b) Annual #WeCare events that brings together our looked after children to provide them with an opportunity to have their voices heard and influence decision making when it comes to services they access through facilitated interactive workshops.
- c) 10,000 Voices. This project consults with young people aged between 10 and 25 years old and the results have formed the development and progression of our action plan.
- d) What our data is telling us about our looked after children. At the time that we published our refreshed plan, Dumfries and Galloway had a total of 349 Looked After Children and Young People, an increase of 13% on the previous year.
- e) Key findings from The Promise. At this time, we were 5 years into #KeepingThePromise for Scotland's children and young people. Dumfries and Galloway have made significant progress towards #KeepingThePromise (please see Key Successes). Plan 24-30 identified 5 key areas that were acting as both the bridges and the barriers to The Promise agenda being kept and lifts these areas and illustrates how they relate to #KeepThePromise and how they are interlinked, each having an impact on the other. These 5 areas, together with foundations of The Promise have been reviewed and aligned with our Corporate Parent delivery activity to ensure that we #KeepThePromise for the children and young people within our region.

Introduction of the Young Person's Scorecard

During 2025/26, our young people developed and introduced the Young Person's Progress Scorecard as a core quality assurance mechanism. The scorecard enables young people to:

- Review updates provided by workstream leads.
- Score progress against the priorities and actions within the plan.
- Share feedback on whether change was being felt in their day-to-day lives.

This represented an important cultural shift towards lived-experience-led accountability, providing both challenge and reassurance to corporate parents and strengthening the credibility of progress reporting.

Embedding Governance and Performance Reporting

Given the strategic significance of our Corporate Parent Plan, and our statutory requirements to fulfil these responsibilities as outlined in the Children and Young People (Scotland) Act 2014; to ensure accountability and engagement it was agreed that the Chair of the group should sit at Executive Director Level with Lorna Meahan, Executive Director of Enabling and Customer Services taking on the role from 2025.

The Promise Progress Framework is the performance mechanism that will allow us to track and monitor our progress towards fulfilling our Corporate Parent Plan as well as #KeepThePromise. Our progress will be measured against the national indicators developed of which our data will be localised for analysis. Further work on this will be progressed through 2026/27.

Position at the end of 2025/2026

By the end of 2025/2026 our Corporate Parenting journey had reached a point where:

- Our Corporate Parent Plan and delivery action plan was live and active.
- Clear governance and leadership arrangements were in place.
- Young people were directly involved in reviewing and influencing progress.
- There was increased transparency in relation to what is working well and where further improvement was needed.

Key Successes

Embedding The Promise within our refreshed Corporate Parent Plan

During 2025/26, Dumfries and Galloway strengthened its system-wide commitment to The Promise through the launch and active delivery of the Corporate Parenting Plan 2025–2028, co-produced with children and young people with experience of care. The year marked a shift from planning into delivery, with clearer governance, defined workstreams and improved accountability across partners. This ensured that The Promise was embedded into day-to-day practice and decision-making.

Investment in Early Intervention

A significant achievement has been the investment in our Kinship and Intensive Support Outreach Team that align strongly to The Promise's commitment to keeping children with their families wherever it is safe to do so:

Our Kinship Team is now fully embedded within Social Work Services and is a fundamental element to playing a key role in supporting children to remain within their wider family networks by providing dedicated, consistent support to kinship carers. The team currently supports around 300 kinship families, caring for approximately 192 children, offering statutory oversight alongside practical, emotional and financial assistance. This includes regular check-ins with carers, support to participate in child planning and review processes, completion of kinship assessments, and help to access wider services and resources. The overall focus of the team is to strengthen family capacity, promote stability, and improve outcomes for children by enabling them to grow up safely within their own families wherever possible.

Our Intensive Support Outreach Team is now fully embedded within Social Work Services and is a fundamental element to ensuring that targeted support is provided through, relationship-based support to children, young people and families experiencing high levels of need, with a focus on preventing family breakdown, reducing the need for statutory escalation, and supporting children to remain safely within their families and communities wherever possible. The team delivers flexible, intensive interventions, including crisis support, therapeutic and practical assistance, and relationship-repair work aligned to The Promise. In its first year of operation, the team received 114 referrals for children and young people (including sibling groups), supporting families at critical points to stabilise situations, strengthen care arrangements and create safer, more sustainable outcomes. This approach has also contributed to reunification activity and reduced reliance on external or high-cost care placements, supporting both improved experiences for families and better long-term outcomes for children.

Together, the Kinship Care Team and the Intensive Outreach Team provide practical and tangible ways in which Dumfries and Galloway Council fulfil its Corporate Parenting duties under the Children and Young People (Scotland) Act 2014. By supporting family-based care, intervening early when risks emerge, and ensuring children and young people are heard, supported and able to access the right help, both services contribute directly to improved wellbeing, stability and long-term outcomes for care-experienced children and young people.

Strengthening the Voice of Our Children and Young People

The introduction of lived-experience-led assurance through mechanisms such as the Young Person's Scorecard, developed with young people through advocacy and participation routes. This enabled children and young people to directly review and comment on progress against Corporate Parenting priorities, ensuring their views influenced planning, scrutiny and improvement activity. This directly supports The

Promise commitment to listening to children and treating them as experts in their own lives.

Expanding Accommodation Options for our Children and Young People

Work continues to progress in partnership with a Registered Social Landlord on the development of two children's houses, one located in the west of the region and one in the east. Suitable sites have now been identified following appraisal of location, accessibility and alignment with service needs. This ensures the homes are trauma-informed, child-centred, accessible and aligned with current regulatory and sustainability standards.

Supporting our children and young people to attend their appointments, even if their family lives are busy and complicated or they live in rural areas. The progress that has been made includes awareness sessions for health departments have been developed in line with the launch of the "Was Not Brought" guidance. The purpose of this guidance is to ensure that children and young people receive the support that they need and is particularly relevant for those children who miss planned appointments without a parent or carer present. The guidance aims to identify vulnerable children and ensure a consistent approach to managing their needs.

Introduction of the Care Experienced Education Team, developed through Scottish Attainment Challenge funding, providing targeted teaching and pastoral interventions; improved use of data to identify and prioritise vulnerable children and strengthened multi-agency working between education, social work, health, and youth work

These developments form a key element of the region's commitment to Keeping the Promise by increasing high-quality, local, homely accommodation for children and young people and reducing reliance on out-of-area placements.

Demonstrating impact with evidence

- Stronger governance and accountability
- Co-production of the plan shaped by lived experience
- Embedding our children and young people's voice in assurance as well as consultation

Challenges/Issues

Embedding Corporate Parenting as everyone's responsibility

Over the lifetime of the plan, one of the main challenges has been achieving consistent understanding and ownership of corporate parenting responsibilities across the full range of services and partners. While there is strong commitment at a

strategic level, staff engagement activity and inspection feedback have highlighted that some frontline teams have limited visibility of how corporate parenting activity connects to their day-to-day roles, and how individual workstreams link together at a whole-system level.

In the last year, we have strengthened our governance arrangements and clearer leadership of the Corporate Parenting Group has helped to refocus activity and promote shared ownership across services. The refreshed Corporate Parenting Plan 2025–2028 provides clarity around priorities, pledges and workstreams, helping partners to align their activity more effectively.

Service pressures and workforce capacity

A greater emphasis has been placed on workforce development and communication, including the development of accessible resources, a child-friendly plan, and training from *Who Cares? Scotland* e-learning module. These actions were intended to improve understanding, build confidence and strengthen day-to-day corporate parenting practice.

Consistency of engagement with Care Experienced Children and Young People

While co-production has been a clear ambition throughout the plan, maintaining consistent and meaningful engagement with care experienced children and young people has required sustained effort and capacity. Engagement activity has sometimes been affected by reduced capacity and by the need to take a more trauma-informed, paced approach to participation.

The Corporate Parenting Self-Assessment and associated improvement actions deliberately focused on inclusive language, co-production and reflecting lived experience. This included reviewing how care experience is defined and communicated, and ensuring young people's voices inform both strategic direction and messaging.

Conclusion and Next steps

Our Corporate Parenting Plan will sit alongside and complement Our Promise Plan 2024–2030. Together, the plans will capture the voices of children, young people and their families, parents, carers, the workforce and partners, and support alignment with service delivery.

Workstream 4: Child Poverty

Introduction

Poverty is a central priority within the Dumfries and Galloway Community Planning Partnership. The 2023-33 Local Outcomes Improvement Plan commits partners to target their collective resources towards tackling poverty and eliminating child poverty.

The Poverty and Inequalities Partnership plays a key role in delivering against this priority by bringing partners together to address the root causes of poverty. It supports a coordinated, system wide response through shared resources and expertise, embedding learning from lived experience and targeting support where it is most needed. The partnership is also the focal point for our strategic response to the increasing cost of living issue. 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. This year the work has been further strengthened through the implementation of the Fairer Futures Partnership, which supports a collaborative, place-based approach to reducing inequalities and improving long-term outcomes for communities across Dumfries and Galloway.

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 2024-2026, 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 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.

Actions

Our key actions in 2025-26 were to:

- Deliver the actions agreed within the 2024-2026 Child Poverty Action Plan;
- Progress partnership improvement work;
- Deliver the Fairer Futures Programme; and
- Refresh and renew Child Poverty Sub-Group to become the Fairer Futures (Child Poverty) Partnership

Key Successes

The preparation of the Dumfries and Galloway Local Child Poverty Action Report 2025-2026 is ongoing. This will provide full details of child poverty related activity during 2025-2026 and key successes. This report will be presented to NHS Board and the Council's Tackling Poverty and Inequalities Sub Committee later in 2026, before being shared with the Community Planning Partnership Board and Scottish Government.

One of the key developments within 2025-2026 has been the deployment of four FTE additional Fairer Futures Key Workers as part of the Fairer Futures programme to support families in the six priority groups at risk of poverty. These staff are now accepting referrals from the SIMD priority areas of Upper Nithsdale, Summerhill, Summerville, Lochside, Lincuden, Dumfries Town centre, Locharbriggs, Stranraer and Annan. The team are providing various supports including:

- Someone who listens and advocates, and supports voices to be heard;
- Maximising income and providing help to understand benefit entitlement;
- Accessing other supports and help with transport to get there; and
- Practical support such as filling in forms, making applications and budgeting and managing debt support.
- Signposting and referrals to existing services and support
- Using the Scottish approach to service design to support work which will enable partners to co-design more effective accessible services with families.

Demonstrating impact with evidence

The preparation of the Dumfries and Galloway Local Child Poverty Action Report 2025-2026 is ongoing, and this will demonstrate the impact of our work using evidence. This report will be presented to NHS Board and the Council's Tackling Poverty and Inequalities Sub Committee later in 2026, before being shared with the Community Planning Partnership Board and Scottish Government.

Challenges/Issues

Dumfries and Galloway now has the 15th highest rate of child poverty in Scotland, having previously ranked 8th. The most recent data shows that 22.7% of children and young people in the region are living in poverty, equating to 5,672 individuals. This represents a 4.2 percentage point reduction from the previous year, and is 0.6 percentage points lower than the earliest available trend data from 2014–2015.

While this reduction is a positive development, the overall number of children affected remains significant.

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.

Conclusion and Next steps

Despite significant activity locally, child poverty continues to be a persistent and substantial challenge within Dumfries and Galloway. Sustained, targeted and collaborative action is therefore required to further reduce poverty levels and mitigate its impact on children, young people, and their families. In response, the Fairer Futures (Child Poverty) partnership will lead the development of a person-led approach to support services designed for and by those that use them, embedding continuous improvement in delivery.

A new Dumfries and Galloway Poverty and Inequalities Strategy is to be prepared for commencement in 2027. It is the strategic intention that tackling child poverty will be a central component of this strategy, with strong alignment to ongoing delivery work and existing partnership priorities.

The process of developing the Dumfries and Galloway Local Child Poverty Action Report for 2025-2026 will also involve agreeing actions for 2026-2027, bridging the period prior to the introduction of the new Poverty and Inequalities Strategy. As previously noted, this report, inclusive of actions for 2026-2027, will be presented to NHS Board and the Council's Tackling Poverty and Inequalities Sub Committee for agreement later in 2026, before being shared with the Community Planning Partnership Board and Scottish Government.

Workstream 5: Getting it right for every child implementation

Introduction

Getting it right for every child (GIRFEC) is an approach to working with children, young people and their families that was established in Scotland 20 years ago. For years, in Dumfries and Galloway, GIRFEC has underpinned the way that we work with children, young people and families across Health, Council and other partner agencies. Our local approach is driven by the application of Scottish Government policy on GIRFEC.

By 2022, the GIRFEC approach was embedded in Dumfries and Galloway, but in late 2022, the Scottish Government published a revised Policy Statement on GIRFEC, as well as statutory and non-statutory guidance. In Dumfries and Galloway, we decided that we needed to review our local GIRFEC approach to make sure that it reflected the revised guidance, so GIRFEC Implementation became one of the priorities in our 2023-2026 Children's Services Plan.

This workstream and associated activity is important as it contributes to how well children, young people and their parents or carers can access to the right support at the right time. It also has the potential to influence how effectively practitioners and services work together in support of children, young people and parents and carers.

Children's Rights are the foundation of the GIRFEC approach, and there is clear alignment between GIRFEC wellbeing indicators and each of the Articles of the UNCRC. It can therefore be said that by delivering on GIRFEC we will very positively contribute to the realisation of children's rights in Dumfries and Galloway.

Actions

Our key actions in 2025-26 were to:

- Build on the success of our 2025-26 Practice-Sharing Events for staff, by delivering events for children, young people and families in school clusters across Dumfries and Galloway.
- Review our GIRFEC tools and templates – specifically the Child's Plan template and the Request for Assistance form.
- Continue to develop GIRFEC Locality Groups
- Work on quality assurance
- Continue to develop the Children's Services website, promoting it at the Cluster events for families, and using it to help promote engagement in the development of the 2026-29 Children's Services Plan.
- Identify GIRFEC Learning and Development materials for multi-agency staff.

Key Successes

Cluster-based children, young people and families events

The cluster-based children, young people and families events followed on from initial Sharing Practice Festivals that were held in 2023-24. The initial events were led by a partnership of Health and Education, and were aimed primarily at those who work in services for children and young people across Dumfries and Galloway. The premise for the festival was to allow agencies across the region to come together, share the work that they do, and to provide an opportunity to network and get to know each other. Sharing practice and getting to know each other was also an action and vision of the Whole Family Support (Service Integration) Workstream of the 2023-26 Children's Services Plan and the Promise.

The Sharing Practice Festival was very successful, and feedback highlighted the need for the following actions:

To create a service directory that will be available on our new Children's Services website once this has launched. This was launched in November 2024 and is available [here](#).

For Health to continue to work with Education Framework for Inclusion colleagues and the GIRFEC Locality Forum to develop smaller locality-based sharing practice events.

The locality-based events took place in localities in 2024, and it was agreed that events would continue within school clusters, and would be targeted at children, young people and families.

The children, young people and families events took the format of the initial practice-sharing festival – with services setting up information stalls – and took this out to school clusters across Dumfries and Galloway, usually from 4.00 to 6.00 pm. The events were promoted by the cluster schools as an opportunity for children, young people and families to come into an event and find out information about a range of services and supports available to them. These also included opportunities for volunteering and other forms of community engagement and participation.

Since May 2025, the events have continued across Dumfries and Galloway.

So far, we have 534 children, young people and parents attending over 12 events. Events have had a range of services and organisations represented from NHS, Education, Third Sector and other community organisations bespoke to each cluster. The number of services and organisations that has been represented at each event ranges from 15 to 38, with usually at least 30 stalls present.

The Children's Services Team have been present at every event to present information on GIRFEC in Dumfries and Galloway. The Children's Services Website displayed on a large screen at events, and when families approach, we use the

opportunity to show them the website and the range of information that is available to them. We also use these events to engage with children, young people and families on children's services planning, and the issues that are important to them within their communities. These events formed part of our engagement process with children and families in the development of our 2026-2029 Children's Services Plan.

Impact on the community

Footfall from children, young people and families has varied, with very high levels at many schools, but lower levels in a few places. Organisers have constantly looked at promotion, and how to increase opportunities for families to attend. Timing of the events has been carefully considered (for example to align with Parents' Evenings) and transport in areas like Upper Nithsdale has been arranged, with the Community Bus being made available. Local businesses have been involved in sponsoring the events by providing prizes for prize draws. As people arrive at the events, they are given an A5 sheet of paper with 9 boxes (see end of the document), and the idea is they will interact with at least 9 of the stalls to be entered into the prize draw. The stall-holder signs one of the boxes to say the attendee has been there. This then goes into a prize draw box and a winner will be picked out at the end of the event. As above, these events provide an opportunity for children, young people and families to engage with children's services planning within their communities and give their views on issues of importance to them.

Impact on individuals

From a GIRFEC perspective, we have had a very positive response to our website, with many parents saying that they had not realised that there were so many different services and supports available within Dumfries and Galloway. We were also able to listen to families' views on GIRFEC, and about what they wanted to see in our Children's Services Plan. There was a link on our website to the consultation on the 2026-29 Children's Services Plan which was hosted on the Council's Have Your Say page, and the QR code for this was shared with families. Families that we spoke to said that they welcomed the information, and also the opportunity to give their views online.

Review of GIRFEC tools/paperwork

The group has been evaluating the Request for Assistance form that was revised in 2024, to assess whether staff have found the revised form more effective and user-friendly when making and/or receiving requests for assistance. Feedback indicates that we need to better communicate changes to tools/templates, and work is underway in 2026 to address this.

Work is also underway to update our Child Plan template, as we had divergence with the introduction of the Signs of Safety approach. A short-life working group has been established to progress this work and will continue in 2026 to ensure that we return to a single plan approach.

GIRFEC Locality Groups were reviewed, and a new Terms of Reference developed in which the groups would be known as GIRFEC Partnership Groups. Regular meetings are being held across each of the four former district areas and are open to practitioners from any service working with children.

Quality Assurance

There is no single framework to support GIRFEC quality assurance however services share a commitment to effective partnership working and continuous improvement. The 'joint inspection of services for children and young people subject to compulsory supervision orders living at home with their parents in Dumfries and Galloway' was the most significant relevant quality assurance activity during the reporting period. This was carried out between September 2025 and January 2026 and involved:

- 370 surveys from frontline staff and first line managers
- 99 surveys from children and young people
- 29 surveys from parents
- Meetings with 85 children and young people
- Meetings with 19 parents or other family members
- Review of the multi-agency records of 60 children and young people who had been subject to compulsory supervision orders while living at home with their parents over the past two years
- Meetings with 283 staff and leaders
- Three structured discussions with senior representatives from the partnership
- Review of written information

Relevant to GIRFEC, the inspection found that almost all children and young people had an up-to-date multi-agency plan, and the majority of plans were 'good or better', with good examples of child focussed planning and collaboration across agencies. There was lots of other good practice found as well as some areas for improvement, which will be used to help guide future activity. Further local quality assurance activity is planned within 2026 which will focus more specifically on early help and also GIRFEC.

The **Children's Services website** has continued to be updated, and promoted to children, young people and families.

In November 2025 forty-five practitioners and managers from services across the Community Planning Partnership attended a Southwest GIRFEC Learning Event in Ayr. This provided an opportunity for reflection, to share practice, and to think about how we continue to develop GIRFEC in the future. The output from this has informed discussions about partnership working opportunities with North, South and Est Ayrshire Partnership, with a follow up session scheduled in June 2026.

We identified a suite of online **Learning and Development** materials, and these are available on Turas with a link from our website. A multi-agency briefing was circulated to promote these materials and requesting staff to complete the learning. It is anticipated that additional face-to-face opportunities will be re-introduced in the new academic year.

Demonstrating impact with evidence

The following case study from Family Nursing illustrates the impact of the GIRFEC approach in Dumfries and Galloway.

Getting it right for Abi.

Abi is now in her 20's living in Dumfries and Galloway. Growing up, she was witness to domestic violence within the home between her parents. She also suffered emotional and physical abuse when living within the family home and chose to leave to live independently when she reached 16. She attempted to hold down a job but found herself drinking excessively when her shifts finished. She entered into an abusive relationship herself and attempted suicide on two occasions. Abi had a number of chronic health conditions which also added to her inability to continue her employment. She found herself unemployed and struggling to stay on top of finances.

Abi was referred into Family Nursing by her midwife due to being aged 18 at conception with her first pregnancy. Abi was in a very new relationship with a male she had met online. She had a fractious relationship with her parents and was in arrears with some of her household bills. Abi had little in way of support but did voice aspirations to be the best mum she could be and was keen to make positive changes in her own life to support this.

Abi engaged very well with her midwife (Named Person during pregnancy) and her Family Nurse (Named Person once her baby was born). A safeguarding referral was made in early pregnancy in view of her recent poor mental health and the adversity she had been exposed to. There were also a number of unknowns around the father of the baby at this time. Abi was not keen to engage as well with the Social Worker but was accepting of the input when supported by her Midwife and/or Family Nurse. This allowed a mapping exercise to take place with a coordinated pre and post birth plan. The plan allowed for most of the work to be completed by the professionals Abi had built therapeutic relationships with or in conjunction with social work. Abi was then more supportive of the plan and confirmed she wanted what was best for her unborn baby. All professionals involved were able to advocate for what was best for unborn baby and Abi was in agreement.

Abi was able to stop smoking and drinking alcohol. She took better care of her long-term health conditions and became more active. She was able to remove herself from friendships that were not positive to her and her baby's future. The Child's Plan was reviewed shortly after her baby was born (around 6-8 weeks post partum) with a consensus that there was no longer a need for social work involvement. Abi managed her own mental health extremely well during the post partum period. She breastfed her baby until almost 2 years old.

Abi's self-esteem grew and she was able to share emotional and financial abuse in her new relationship. She ended the relationship fairly quickly after baby was born and always prioritised the needs of her baby. Her mental health remains well.

She continues to abstain from smoking or drinking alcohol. Abi has built up a small group of other young mums locally who she trusts. Her relationship with her parents is better and she has moved to stay closer to them, and they offer them both great support. Abi now has aspirations to learn to drive, go to college and pursue a career as a paramedic. She attends all her own health appointments. Abi is now confident in recognising what a healthy relationship looks like and how an abusive relationship can not only impact her but her little one. Abi and her baby are now safe and healthy. Her 2-year-old child is comfortably meeting developmental milestones with a great aptitude for verbal language and is preparing to begin at nursery. They enjoy lots of fun days out with their wider maternal family particularly to farms and zoos as she loves animals.

In this case, including Abi in writing the co-ordinated plan worked well. It allowed her to feel heard and the work that needed to be done was done by the professionals she chose to work with, ultimately, having a better and sustained impact. All professionals were still able to work together and the direct work done with the Midwife, Family Nurse and Abi was fed back into the social work assessment with a really positive outcome.

Challenges/Issues

Staff capacity has been an issue with some activities – particularly the work with GIRFEC Locality Groups as the operation of these groups is dependent on the capacity of the membership. Capacity issues also impact on development work generally: we always aim to have key services/agencies represented in any piece of work that involves updating existing products, or developing new ones, but this has been increasingly difficult over the last 3 years.

A challenge with learning and development is that we are not able to get direct information on the number of staff who have accessed this on the Turas site. We have communicated to managers the need to ensure that staff carry out the appropriate level of training, but the expectation is that managers will be responsible for ensuring that this happens.

Rights

GIRFEC is a rights-based approach, and this entire workstream contributes towards embedding children's rights.

Conclusion and Next steps

The GIRFEC Leadership Group have focused over the last three years on ensuring that systems and tools are in place to support practitioners to work in a GIRFEC approach; and to ensure that within Dumfries and Galloway we are sighted on Scottish Government policy and national developments. Dumfries and Galloway continues to be represented on the National GIRFEC Group by our Child Health Commissioner (NHS) and Children's Services Manager (DG Council). We will continue to build closer links within the Southwest Region with authorities in

Ayrshire, and to share knowledge and information with them. GIRFEC Implementation is not a standalone priority in the 2026-29 Children's Services Plan, but remains central to the way that we work, and we will continue with existing activities including quality assurance and communications.

Workstream 6 Early Help and Family Support

Introduction

Our planning within Early Help and Family Support has been based on the National Principles for Holistic Whole Family Support

1. **Non-stigmatising:** Support should be promoted and provided free from stigma and judgement. Services should be as normalised as accessing universal services.
2. **Whole Family:** Support should be rooted in GIRFEC and wrapped around the whole family. This requires relevant join up with adult services & whole system, place based, preventative addressing inequalities.
3. **Needs based:** Support should be tailored to fit around each individual family, not be driven by rigid services or structures. It should cover the spectrum of support from universal services, more tailored support for wellbeing and intensive support (to prevent or in response to statutory interventions). Creative approaches to support should be encouraged.
4. **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'. Support must be explicitly connected to locations that work for local families and the community, such as schools, health centres, village halls and sports centres.
5. **Timely and Sustainable:** Flexible, responsive and proportionate support should be available to families as soon as they need it, and for as long as it is required, adapting to changing needs.
6. **Promoted:** Families should have easy, well understood routes of access to support. They should feel empowered to do so and have choice about the support they access to ensure it meets their needs.
7. **Take account of families' voice:** At a strategic and individual level, children and families should be meaningfully involved in the design, delivery, evaluation and continuous improvement of services. Support should be based on trusted relationships between families and professionals working together with mutual respect to ensure targeted and developmental support.
8. **Collaborative and Seamless:** Support should be multi-agency and joined-up across services, so families don't experience multiple 'referrals or inconsistent support.
9. **Skilled and supported workforce:** Support should be informed by an understanding of attachment, trauma, inequality and poverty. Staff should be supported to take on additional responsibilities and trusted to be innovative in responding to the needs of families.
10. **Underpinned by Children's Rights:** Children's rights should be the funnel through which every decision and support service is viewed.

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.

Actions

• Families will be able to access supports when they need them

Our Family Support sub- Group is well represented by services that allow us to identify the needs of families and provide them in a variety of ways. 3rd sector providers including HomeStart, Action for Children and Aberlour are represented on this group.

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. We listened to families when they told us about their need for parenting groups for early years and for managing the issues teenagers bring confidently. We are asking families if the supports available are right for them, and what they want to access in their areas. Fairer Futures have been working in communities and listening to the needs of families, we can learn from the questions they have asked, and there is representation on the Early Help and Family Support Group from the Employability and Skills partnerships. Working closely with midwives, health visitors and early years in education allows for parents to have discussions about what help they need and the Parental Engagement Lead Officer brings views from parents to our group.

• 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 redesign within services has caused some delay. We recognise staffing challenges in of our universal and statutory services. Services are meeting for discussions around criteria. This has been supported by the GIRFEC refresh.

In our plan for the next year, we want to improve on this with easier access to services and more consistency/ availability across Dumfries and Galloway. We know there is some potential overlap in our services, but we are gaining a better understanding of what is offered by all services and in all communities. We have mapped services, but availability can change with funding often being short term. We are developing our plan for 2026-27 and beyond. We have clear links to the GIRFEC leadership group and the ADP, particularly the Children and Families sub-group. Work with the Corporate Parenting group and the Disabled Children with Complex Care Needs is also important.

• **Family Support will be available to families in their own homes and in their communities**

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 as early support 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.

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.

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 workers who lead on Early Intervention and group work in the East and 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 with young people 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 which includes group work with young people and a parenting programme. The most recent 26 -week programme will be completed in June 2026, this group has been very successful including young people achieving awards including the Duke of Edinburgh Award, food hygiene, activity achievements including climbing, boxing etc, the attendance is part of their education plan. We are currently trying to identify funding for 3 groups for the next academic year, taking this programme to other areas in Dumfries and Galloway.

We have girls' groups running in Stranraer, Newton Stewart, and Dumfries, Castle Douglas and Annan and Eskdale.

Data for Family Support within Social Work

We have 26 Senior Family Support Workers and 6 Social Workers delivering Family Support across our Early Help and Family Support teams as well as workers within Youth Justice and Children with Disabilities. 16 of these have their main focus on Early Help and Family Support.

1 Age Profile of Children in Need (CIN)

Age group	Number	% of total
Under 1	105	7.1%
1–4	251	16.9%
5–9	391	26.4%

10–15	561	37.9%
16–17	141	9.5%
18+	32	2.2%

✓ Key insight

- **Over half of all CIN cases (51%) are children aged under 10**
- **The largest single cohort is 10–15 year olds (38%)**
- **Infants under 1 remain a significant safeguarding group (7% of all cases)**

2 Locality Distribution

Locality	Number	% of total
Nithsdale	558	37.7%
Wigtown	380	25.7%
A&E coded locality	331	22.4%
Stewartry	181	12.2%
Out of Region	22	1.5%
Not Known	9	0.6%

✓ Key insight

- **Nearly two-thirds (63%) of CIN cases are in Nithsdale and Wigtown**

3 Referrals by Source (Health Combined)

Referrer category	Number	% of total
Police	207	14.0%
Health (all combined)	185	12.5%
Education	142	9.6%
LA services – internal	64	4.3%

Anonymous	59	4.0%
Family member / relative / carer	46	3.1%
Other / voluntary & independent agencies	26	1.8%
Individual acquaintance / neighbour	26	1.8%

(Remaining cases relate to less frequent referrer categories.)

✓ Key insight

- **Police remain the largest single referrer (14%)**
- When combined, **health services become the second-largest source of referrals (12.5%)**

👤 At-a-glance Summary

👶 Early years pressure

- **24% of all CIN cases are aged under 5**
- Strong link to **health and safeguarding referrals**

🏫 School-age demand

- **64% of CIN cases are aged 5–15**
- Education and police referrals dominate this cohort

This data does not include Youth Justice, Children with Disabilities or young people transitioning from care. It also does not include children who have been on a Compulsory Supervision Order or the Child Protection Register who are supported for focused work or following that more complex involvement on a step-down basis. It is purely based on referrals for Family Support delivered by Social Work Services between January 2025 and January 2026.

From our data we are able to evidence that with Family Support very few children and families escalate to referrals to The Scottish Children's Reporter's Administration (SCRA) or to Child Protection processes. We are able to support children to remain in the care of their families.

Data for Parenting sub-Group

Current data for Peep as follows:

- Practitioners trained: 179 from Lifelong Learning, Health Visiting, Early Years and Social Work
- Practitioners currently delivering: 46
- Areas Peep is being delivered: DG post Codes 1,2,3,4,7,8,9,10,11,12

There are 4 practitioners trained in Teen Triple P - 3 from Lifelong Learning and 1 from SW.

There is good multi-agency representation in the Parenting sub-group. We are just about to split off and have 2 additional groups for the implementation and delivery of Peep and Teen Triple P. Membership will be made up of those involved with the delivery and their line managers.

The PEEP groups delivered by Lifelong Learning are open to all families on a universal basis. There are other groups delivered within Social Work and Health Visiting that are more focused, and families are identified who would benefit from the group and matched well, these are families who need more support and might not engage well or cope with a universally available group, an example is a group running in Stranraer. This group is highlighted as an area of good practice below.

Our aim is that all parents can access parenting support wherever they live across Dumfries and Galloway, a mix of universal groups and targeted groups make this a good model.

Key Successes: we are including the PEEP group in Stranraer that has developed into a support group for parents, addressing needs identified by them. We also have two Family Support Case Examples.

1. PEEP 2026 Stranraer

The purpose of our PEEP group is to:

- Focus on promoting healthy attachment between parent and child and enabling parents to be attuned to their child's needs.
- Offers interactive sessions to help families to use daily activities like singing, reading, and talking to boost child development
- Early intervention for families to try and proactively reduce the need for referral to social work, or escalation of plans through role modelling, education and peer support.
- Provide a safe and comfortable group environment that is accessible to parents who maybe do not feel confident going to baby/toddler groups in the community.
- Aids in evidence for parenting assessments and intensive support plans.

We are onto our second block of PEEP for the year. The sessions are working well with having a focus for each block. The children are aged 0 – 2 years. Our families consist of:

- 5 children that are Child in Need
- 3 that were referred to the group by the Health Visiting team for early intervention
- 1 that is Child Protection
- 1 that is Looked After

At the moment, there are no children who have supervised contact with their parents when at PEEP. This is always available if required. It has previously proven to assist in parenting assessments and support in making family time for children and their parents be of good quality. We do currently have a baby attending in which workers are undertaking an intensive support plan assessment, so PEEP works really well as being included as an opportunity to assess the parents' care for their baby in a different environment to the home.

We have started our block as we always do in setting group agreements. The parents are involved in suggesting their ideas. Our current group agreement is:

- Be kind, respectful and nice to each other.
- Support and encourage each other.
- Be non – judgemental.
- There is no such thing as a silly question.
- Respect confidentiality. However if there are any worries please share with workers as we do have a duty of care.
- Help the workers to maintain a safe environment.
- No talking over others.
- Take part and be present.
- Start and finish on time – 10.30am – 12pm.
- Mobile phones ideally should be on silent and out of sight (unless there is an important call to take).
- Make the most of tea/coffee and biscuits time at the end.

At the end of each session, workers evaluate how it went and what we would like to improve on. At the end of each block, we take on feedback from the parents. This is their opportunity to share what they liked and what they would like to change, and also to give ideas of topics/activities they would like to learn more about and do with their children whilst at peep. This forms our planning for future blocks. Feedback continues to be positive, with our families enjoying coming to peep and looking forward to it each week.

We also have a Health Visiting Assistant Practitioner involved with peep. This has been beneficial as it provides us with the opportunity for multi-agency working which has opened up to more families on an early intervention stage. The expertise knowledge of the Health Visiting Assistant Practitioner has also proven to be greatly beneficial for our families when learning about child development. This ensures correct and safe advice is shared with parents. Social Work staff have also learned new knowledge that they can introduce for their other families out with peep.

Next steps:

- The PEEP Progression Pathway is a nationally recognised (SCQF levels 3-5) program in the UK that allows parents and carers to gain qualifications by reflecting on how they support their children's learning in everyday life. It helps build confidence, improves the home learning environment, and can act as a pathway to volunteering or employment for parents. We are hoping to develop this opportunity with the group, if there is enough interest to do this.

We have completed one block this year so far and are now into our second block.

Case Study A

Reason for Referral

The case transferred from MASH (Multi-Agency Safeguarding Hub) to Child in Need services after the child alleged physical assault by his mother and her partner. A safety plan placed the child with his grandfather, and he had no contact with his mother for 19 weeks. Police investigation and JII did not substantiate the allegations. Although the ICPPM recommended referral to the Scottish Children's Reporter's Administration (SCRA) who determined the threshold for compulsory measures was not met, so support proceeded on a voluntary basis.

Work Completed

- **Advocacy Support:** A referral was made to an advocacy service to ensure the child's views were gathered independently. Although he did not fully meet the threshold, short-term advocacy was agreed to support his participation in planning.
- **Direct Work with the Child:** Relationship-building sessions helped the child feel safe to express his views. Work with the child around being kind and big emotions, visual supports to help manage big feelings, work around becoming a big brother and his role as a big brother
- **Family Time and Reunification Work:** Supervised contact was introduced and progressed to supported sessions. The child presented as relaxed and affectionate with both his mother and her partner, contradicting concerns raised by grandfather. A structured six-week plan increased time with his mother and her partner in preparation for returning home.

- **Response to Further Allegations:** When new allegations arose, social work and education completed joint discussion with child. No injuries were observed, and a further police investigation resulted in no charges. A safety plan required the mother's partner to temporarily reside elsewhere while work continued.
- **Parenting and Therapeutic Support:** The mother engaged in PACE-based parenting work, and Theraplay was offered to support attachment. Behaviour strategies, routines, and boundaries were introduced. The child was placed on the NDAS waiting list due to behavioural and emotional regulation concerns.
- **Monitoring Family Dynamics:** Over time, the mother recognised that the child's behaviours escalated after time with grandfather, including threats to make further allegations when boundaries were enforced. Parents were supported to implement consistent, age-appropriate routines and consequences.

Outcomes Achieved

- The child safely returned to his mother and her partner's care.
- Advocacy ensured his views were gathered independently during key decision-making stages.
- Parenting capacity improved significantly, with consistent routines and boundaries in place.
- Multi-agency working across all partner agencies was vital in supporting the family, safety planning and assessing risk.
- The child's behaviour stabilised, and he developed positive relationships within the home.
- He adjusted well to becoming a big brother.
- Social work involvement was gradually reduced, and at the most recent Child's Plan Meeting, the multi-agency team agreed that social work support could end. Ongoing informal support will continue PEEP sessions.

Case Study B

Case Study for family working under child in need with Senior Family Support Worker –

Reason for referral – Struggles with children's behaviours, school attendance & exclusions– Domestic Abuse behaviours– substance misuse, Mental Health issues and parent in jail. Parent with heightened anxiety, family bereavement, inappropriate housing.

Work Completed – built good working relationships with all family members adults and children, 1 to 1 time with adult and 1 to 1 time with children. Adult support regarding respectful relations, understanding Domestic Abuse behaviours and the impact, freedom programme information, Solihull approach parenting course access and understanding. Support to refer to CaMHs/NDAs and support to attend appointments for diagnosis Autism. Arrange attend & Chair Child Plan Meetings in school. Support Housing application and letter, support to move properties. Support option of different school, support school move and transition and transportation to

settle in. Support supervised contact with parent when out of jail. Continue arrange attend chair CP meetings in school to support transition to senior school. Support children to access activities in local area. Promote good school attendance and engagement. Revisit DA behaviours/relations offer suggest women's aid support, refused. completed 1 to 1 work with parent re DA to upskill parent. Support help communication with extended family members & schools/professionals.

Outcome - Family moved and settled into new home, Children all settled in school and managing well & accessing activities in local community. Better managed relations with parents. Plan in place if struggles appear, better relations with schools. Family life more settled and managed.

Demonstrating impact with evidence

- Improved awareness and co-ordination of supports across Dumfries and Galloway listening to families, offering access at different points of need, connecting with 3rd Sector and communities as well universal and focussed support.
- High number of staff trained in delivering PEEP, 4 staff trained in delivering Teen Triple P with more identified. Allowing access to parenting groups both universally and those with identified need requiring additional support to engage.
- Evaluation of Family Support/ Child in Need within Social Work to begin on the 5th May with file reading, evaluations with children, parents and partners and focus groups. Leading to further GIRFEC evaluation and revisiting Supporting Families- A National Self-Evaluation Toolkit which has been revised since we used this in 2022- 23.

Challenges/Issues

- We are keen to have a 'no wrong door' approach but we still have some work to do with this, it is a priority for our 2026-27 plan. Our large, rural area impacts on this, our capacity staff wise to deliver and identifying the best way to make this non-stigmatising for families. We are exploring a Hub model or pop- up Family Centres or linking onto other things being run in each area. A phone line is also an option to consider.
- The Whole Family Wellbeing Fund has allowed us to employ a parenting group co-ordinator which is a condition of NES for delivering PEEP and Teen PPP, we will need to identify continued funding for this post to continue. We would also like to move towards groups for parents of children with neurodiversity.
- We have seen an increase in the complexities families face and there is also a clear impact of poverty on families.
- 3rd Sector providers tell us that the complexities of families of families mean that their thresholds have altered and they are now delivering support to children who have Child's Plans and some who are involved with Social Work including those on legal orders and the Child Protection register which impacts on their capacity to work with families when they first identify needs.

Rights

Our group is aware of the importance of protecting Children's Rights and build our plans around this.

- **Relax and play** (Article 31)
- Freedom of **expression** (Article 13)
- **Be safe** from violence (Article 19)
- An **education** (Article 28)
- Protection of **identity** (Article 8)
- **Sufficient** standard of **living** (Article 27)
- **Know** their **rights** (Article 42)
- Health and **health services** (Article 24)

Conclusion and Next steps

We have begun developing our plan for 2026-2029 which sits within Priority 2 of the 2026-29 Children's Services Plan, ensuring families receive support when they need it we believe we have the right professionals at our group, we are involving families in our planning by listening to them. We are linking with Poverty and Inequalities, with the Alcohol and Drug Partnership (ADP), Violence against Women and Girls, GIRFEC, Employability and Skills Partnerships and Fairer Futures, communities, Corporate Parenting and other areas as well as being aware of national work such as The Promise route map and we are learning from ideas in other areas by taking part in national meetings and learning.

We aim to support children to remain with their families and in their communities and want to explore options such as pop-up family centres/ hub model, building on supports already available in communities or a possible phone line.

Measuring Success

In Dumfries and Galloway, our approach has been to monitor a suite of high-level 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).

Out of the 21 indicators, 7 are showing improvement, and a further 7 are stable/showing some improvement while not reaching the target. Seven are not improving. These are:

- Our rate of children on the Children Protection Register
- The percentage of children in Primary 1 at risk of being overweight and/or obese
- Percentage of LAC School Leavers who enter a positive Destination
- Proportion of looked-after primary pupils achieving expected levels in all three Literacy organisers (The proportion of looked-after primary pupils achieving expected levels of numeracy has improved, while being below target).
- Number and percentage of children being referred to the Children’s Reporter on offence grounds, (Section 67 j grounds).
- Primary school attendance rates for looked after children
- Secondary school attendance rates for looked after children.

The seven indicators listed above, are indicative of priority areas in our 2026-29 Children’s Services Plan (see Next Steps below) and our Corporate Parenting Plan.

Priority 1, Children are kept safe will complement child protection work led by the Public Protection Committee by focusing on broader aspects of keeping children and young people safe, including bullying and offending behaviour. The Education Workstream in our Corporate Parenting Plan is delivering actions to improve attainment outcomes for our looked after children and young people. This is reflected within *Priority 4* of our 2026-29 plan - *Children and young people are able to access learning opportunities which meet their aspirations*. This priority is about supporting children and young people who may be facing barriers to attending school. Barriers could include looked-after status, additional support needs including neurodevelopmental needs, and mental health needs. Child Healthy Weight is a complex issue and is a challenge nationally, and not just for Dumfries and Galloway, and our work on holistic family support (Priority 2 in 2026-29) will complement the Health-led work to promote child healthy weight.

Our Challenges

There are challenges that we have faced during the reporting period regarding specific pieces of work within workstreams, but there were also global challenges that we faced as a partnership.

The first global challenge related to poverty and the cost-of-living crisis which continues. This is a challenge that impacted 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 had to manage this significant extra demand, while at the same time we needed to change the way that we deliver services to children and young people. In particular, post-Covid, there has been an increase in the number of children entering primary school with dysregulated behaviours. Much of our information on this is anecdotal and we need to look at how we can evidence this so that we can understand whether this is now a 'new normal' that we need to plan for and allocate resources to. We also have an issue with an increase in the number of children and young people who are not attending school for a variety of reasons. This has led to the inclusion of **“children and young people are able to access learning opportunities which meet their aspirations”** as the fourth priority in our 2026-2029 Children's Services 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 course of our 2023-26 Children's Services Plan we took action to address this by reviewing our children's services planning structures and streamlining these to reduce the number of multi-agency groups, but this will continue to be an ongoing issue for us as we move into delivery of our 2026-29 plan.

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.

Key Successes and Impact on Children, Young People and Families

Our position is that while we have faced various challenges, and some pieces of work may have been slower than planned due to capacity issues, 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 do not have to wait to go through referral and assessment processes in order to get help. Staffing changes have led to some delay, but development work has continued and we are confident that this initiative will lead to positive outcomes.

Our development of peri-natal and infant mental health services is a success, and we have successfully engaged service users in these developments, including the recruitment of two Lived-Experience Volunteers to support service-delivery. Service-users and staff have provided very positive direct feedback about the difference that these services have made in improving the experiences of women and infants.

With regard to Child Poverty, a key success over the course of the 2023-26 plan 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.

A further key development within the Child Poverty workstream in 2025-2026 has been the deployment of five additional Child Poverty Key Workers as part of the Fairer Futures Whole Family Support project. These staff are now accepting referrals from the SIMD priority areas of Upper Nithsdale, Summerhill, Summerville, Lochside, Lincluden, Dumfries Town centre, Locharbriggs, Stranraer and Annan. The team are providing various supports including:

- Someone who listens and advocates, and supports voices to be heard;
- Maximising income and providing help to understand benefit entitlement;
- Accessing other supports and help with transport to get there; and
- Practical support such as filling in forms, making applications and budgeting and managing debt support.

With regard to GIRFEC Implementation, we delivered a programme of events aimed at families throughout 2025 and early 2026. These events took place in school clusters across Dumfries and Galloway. They involved a range of services from across our partnership attending the events to provide information about supports available to children, young people and families. The events also included opportunities for volunteering and other forms of community engagement and participation. The Children's Services Website was presented at each event, and families welcomed the website and gave us positive feedback about the range of information that is available to them. These events were also used to engage with children, young people and families on children's services planning, and the issues that were important to them within their communities.

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. We have evidence 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 who are able to stay with their families.

The Healthcare in Schools Guidance has been completed, and a great deal of work has been done in preparation for its implementation. Discussions about the guidance are still taking place and it has not yet been launched, but while we do not yet have this formal agreement, we still have operational arrangements in place on

the ground, backed up by staff training, to support children in schools with their healthcare needs.

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.

We need to revise the way our Mental Health Pathway is presented, as we understand that it needs to look more accessible to children, young people and families. While there have been some delays with this due to staffing changes and capacity issues, this work will continue under Priority 3 in our 2026-29 plan (see next steps below).

Next steps – our 2026-2029 Children’s Services Plan

Some of the work in our 2023-26 plan will continue into our 2026-29 Children’s Services Plan which was developed following a process of strategic needs assessment and consultation with children, families and young people.

The 2026-29 plan contains four priorities:

- **PRIORITY 1: Children and young people are kept safe**
This priority does not duplicate the work of the Public Protection Committee, rather, it is about broader work around keeping children safe that includes bullying, digital neglect and contextual safeguarding. This will complement the child protection work led by the PPC.
- **PRIORITY 2: Ensure families receive the support they need when they need it**
This priority is about continuing our work to embed holistic whole family support in Dumfries and Galloway ensuring stigma free early help, multiple points of access, rights led participation, and shared accountability across partners, supporting the enhancement of community capacity for local family support at the right time.
- **PRIORITY 3: Children and young people are supported to be healthy**
This priority will continue some of the work in our 2023-26 plan, with a focus on children and young people with neurodevelopmental needs; mental health; and children with disabilities.
- **PRIORITY 4: Children and young people are able to access learning opportunities which meet their aspirations.**
This priority focuses on children and young people experiencing barriers to learning – especially those with additional support needs and those who are not attending school for a range of reasons.

Strategic groups will be established to deliver the four priority areas, and CSSaPP will continue to provide oversight and scrutiny of delivery of outcomes for children, young people and families.

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	2026	
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	Rate was 2.2 in 2024/25	National rate was 2.0 in 2024/25
Emergency hospital admissions for Unintentional Injuries for children aged under 15 in Dumfries and Galloway (number of children)	No target – aim to reduce	2018/19 207	2019/20 181	2020/21 184	2021/22 197	2023/23 169	2023/24 196	2024/25 188	Highest category in 2024/25 was for 'Falls' - this accounted for 100 admissions, 44 of them in the 5-9 age range.

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	2026	
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	2024/25 95.9	Dumfries and Galloway continues to maintain a high level of vaccination coverage.
Primary immunisation rate by 12 months of age - PCV		2018-19-97.9	2019-20-97.9	2020/21 97.8	2021/22 97.7	2022/23 97.6	2023/24 97.1	2014/25 96.5	
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	2024/25 93.8	
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 95.7	2024/25 95.9	
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	2024/25 93.4%	

The percentage of children in Primary 1 at risk of being overweight and/or obese	Aim to reduce	DG rate was 25.6% in 2018/19, Rate for all Health Boards was 22.4%.	DG rate was 24.1% in 2019/20 but National reviews were incomplete.	No Data for 2020/21	DG rate was 28.2% in 2021/22 Rate for all Health Boards was 24.2%	DG rate was 25.9 in 2022/23 Rate for all Health Boards was 22.0%	DG rate was 23.0% in 2023/24 Rate for all Health Boards was 22.2%	DG rate was 26.9% in 2024/25 Rate for all Health Boards was 24.4%	DG rates remain slightly higher than national rates.
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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	2026	
Percentage of LAC School Leavers who enter a positive Destination	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	78.6% in 2024/25	
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	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	80.5% in 2024/25	We are on target.

some 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	94.3% in 2025	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 2025, 93.3% of 16-19 year olds were participating in education, employment, or training. This was a 0.6% increase nationally from 92.7% in 2024.
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%	2024/25 72%	We continue to make steady improvement. For 2020 there were estimated grades, and 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%	2024/25 78%	We continue to make steady improvement
Proportion of Primary pupils achieving expected levels in all three Literacy organisers (LAC)	68%	2018/19 – 31%	2019/20 – Education CfE PIs were not recorded in 2020 and S3 were not recorded in 2021	2020/21 – 25%	2021/22 – 31%	2022/23 42%	2023/24 36%	2024/25 36%	.
Proportion of Primary pupils achieving expected levels in Numeracy (LAC)	75%	2018/19 – 41%	2020/21 – Education CfE PIs were not recorded in 2020 and S3 were not recorded in 2021	2020/21 – 43%	2021/22 – 47%	2022/23 52%	2023/24 44%	2024/25 52%	Improved, but still below target.

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	2026		
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%	2024/25 236 Out of total 340 69.4%	Referrals overall have fallen, and fewer children were referred on care & protection grounds.	
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%	90.5% in 2024/25 Rate for Scotland was 88.3%	In Dumfries and Galloway the proportion of children looked-after in the community has fallen slightly, but remains higher than that for Scotland. 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.
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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	2026	
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%)	2024/25 120 out of 340 (35.3%)	Referrals overall have fallen, but the number and percentage being referred on offence grounds has increased.

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	2026	
Attendance Rate, Primary School, Dumfries and Galloway for Looked after Children.	94.1%	2018/19 95.7%	2029/20 93.58	2020/21 94.53%	2021/22 91.81%	2022/23 92.59%	2023/24 90.31%	2024/25 87.4%	We have a Care-Experienced Team in Education who track and monitor

Attendance Rate, Secondary School, Dumfries and Galloway for Looked after Children.	85.4%	2018/19 84.87%	2019/20 83.23%	2020/21 87.75%	2021/22 84.24%	2022/23 78.25%	2023/24 74.09%	2024/25 71.2%	attendance (and exclusions) of children and young people on a monthly basis.
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 2024/25	29 in 2025/26	Please note that this figure includes children from all over the UK and not specifically D&G that presented to the Service where the children were deemed as looked after children by a LA.

APPENDIX 2: Children's Services Connectivity

Dumfries and Galloway Children's Services Plan and associated partnership structures are connected to other multi-agency work with children and young people in Dumfries and Galloway as outlined in the table below. Please note, this list is not exhaustive and there are other formal and informal connections through Community Planning Partnership arrangements and other structures.

Partnership	Partnership details	Summary of connectivity
Dumfries and Galloway Alcohol and Drugs Partnership	Dumfries and Galloway Alcohol and Drug Partnership (ADP) is a body made up of representatives from a wide range of partners across the region. This includes Health, Social Work, Housing, Police, Procurator Fiscal Service and the Voluntary sector. The ADP is responsible for planning and joining up the various initiatives across the region to tackle alcohol and drug use, and to try to prevent it becoming a problem for people.	A number of officers from the Council and partners sit across both the ADP and Children's Services Partnership. Strong operational links exist through Child Protection, Family Support and GIRFEC arrangements, particularly where parental substance use impacts on children and young people. A recent example of collaboration between the ADP and Children's Services has been exploration of the Planet Youth approach.
Dumfries and Galloway Public Protection Partnership	The Public Protection Partnership (PPP) is the multi-agency partnership responsible for the strategic leadership and oversight of services that protect vulnerable people from harm. This includes child protection, adult protection, violence against women and girls, and offender management. The partnership is supported by the Public Protection Committee, which provides oversight of policy, practice, performance and improvement activity across protection services.	There is significant overlap in membership between the PPP and Children's Services Partnership, particularly at Chief Officer and senior leadership level. The PPP provides strategic leadership, scrutiny and assurance in relation to child protection, which forms a core element of Children's Services Planning. Data, learning from reviews, and inspection activity from PPP directly inform Children's Services priorities and improvement activity.

Dumfries and Galloway Poverty and Inequalities Partnership	The Poverty and Inequalities Partnership brings together multi-agency partners to address poverty, social inequality and their impact across Dumfries and Galloway. The partnership focuses on prevention, early intervention and coordinated action to reduce child poverty and improve outcomes for families.	Strong alignment as the Child Poverty related Sub Group of the Poverty and Inequalities Partnership also links directly to the Children's Services Partnership. Shared membership and joint activity ensures that actions to reduce poverty and inequalities are embedded within children's services planning. Data and insights from this partnership inform Children's Services priorities, particularly around early intervention, family support and addressing disadvantage.
Dumfries and Galloway Community Learning and Development Partnership	The Community Learning and Development (CLD) Partnership brings together partners from education, third sector and community organisations to deliver learning, employability, youth work and community capacity building. It focuses on improving life chances, skills and community resilience.	There are clear links with Children's Services priorities, particularly around youth work, family learning and community-based early intervention. Shared delivery at locality level supports engagement with children, young people and families. CLD contributes to preventative approaches and supports the delivery of GIRFEC and wellbeing outcomes. A number of officers from the Council and partners sit across both the CLD and Children's Services Partnership.
Dumfries and Galloway Employability and Skills Partnership	The Employability and Skills Partnership coordinates activity across partners to improve employability outcomes, skills development, and access to education, training and employment opportunities for local people, including young people.	The partnership aligns closely with Children's Services priorities relating to young people's outcomes and positive destinations. Joint working supports transitions for young people, particularly those with additional support needs or care experience. Shared data and planning ensure alignment between education, skills and wider children's services. A number of officers from the Council and partners sit across both the Employability and Skills and Children's Services Partnership.

APPENDIX 3: Whole Family Wellbeing Funding Updates

WFWF Report: Social Work Family Support

Project/activity title:

1. Social Work Family Support

Author name(s):

Sarah Mcgarva

Question 1: Activity description:

Please provide a detailed, clear description of the activity funded. For example this should include details of numbers of staff and relevant costings. It should also include a clear description of the tasks which specified staff are engaged in relating to this funding so that a clear case can be made that this is likely to reduce crisis intervention and lever funding to early intervention. In the event that funding is for part costs of staff please be clear about this and how these activities are contributing.

the Whole Family Wellbeing Fund has been used by Children and Families Social Work to develop the Family Support provided to families across Dumfries and Galloway. Whilst some family support workers support children who are looked after away from home, supporting assessment and allowing children to maintain contact with their families the WFWF was used to support families that come through our Early Help (Duty) teams and our Family Support Teams that are based across Dumfries and Galloway. The funding is used for the posts below:

8 full-time Senior Family Support Workers

1 Senior Social Worker

1 Development Officer

The uplift of Band 7 Family Support Workers to Band 8 Senior Family Support Workers to allow for more complex work to be undertaken with families enabling the use of specific assessment tools and models of delivery.

Referrals

Breakdown of spend (include details of any other funding sources):

Narrative	Spend
Upscaling of family support role	£297,250 annual cost

Expansion of family support (2 Senior social workers at band 12 to develop service and manage staff, one development officer at band 9 to help with development of service, and 8 family support workers at band 8)	£516,604 annual cost
Third sector investment	£35,000 (£70,000 for years 23/24 24/25 25/26, 26/27)
Total annual cost	£883,854

Children and Families Social Work Early Help and Family Support/ Children in Need Data

Purpose

This report provides a high-level analysis of Early Support/Children in Need (CIN) data, identifying key patterns, themes, risks, and implications for service delivery. It is intended to support strategic planning, performance oversight, and quality improvement activity.

1. Executive Summary

The CIN dataset demonstrates high-volume demand (1481 referrals for early help and Family Support), predominantly driven by health and police referrals, with a significant concentration in early years (0–4) and adolescent cohorts (13–17). The majority of cases do not escalate to Child Protection (CP) only 4% or Looked After Children (LAC) status only 12%, indicating CIN's role as a threshold-management and support system which usually prevents statutory escalation. More than half of referrals lead to a short period of involvement from Children and Families Social Work, approximately 8 -12 weeks, enabling families to deal with crisis, identify ongoing supports needed and help them to engage with universal services or supports available in their communities. 677 children received support for up to approximately 9 months following a period of assessment and planning. Whilst this number identifies individual children and it is important to look at their individual needs, families are worked with as a whole, considering the challenges parents face, the supports and demands of their wider family and listening to what families say will help them.

2. Volume and Demographic Overview

2.1 Age Profile

A large proportion of CIN activity (356) relates to babies and very young children (0–4), including unborn children. This is what we would expect and

helps to ensure support in early years. Work is done alongside midwives, health visitors and nurseries as well as 3rd sector providers.

A secondary but notable group consists of adolescents (465), often associated with police or youth-related concerns. This does not include numbers of young people who are supported when transitioning from care. Supports to young people vary, in addition to work with the whole family, focussed work is undertaken using specific tools and programmes. There are good connections with youth work services, education and the police.

Implications:

- Early identification is functioning well, particularly via health referrals.
- Adolescents entering CIN often present with higher complexity, requiring longer engagement and specialist input.

2.2. Family Patterns and Repeat Involvement

Often sibling groups are referred and work is carried out with the whole family as well as with individual children.

CIN involvement is often recurrent rather than episodic.

Implications:

- True workload demand is underestimated when viewed per child, as practice is largely family-based.
- Some recurrent Family Support suggests that early interventions may not always be addressing root causes of need.

2.3. Geographic Distribution

Family Support cases are held across Dumfries and Galloway:

- Nithsdale (558)
- Wigtown (380)
- Annandale and Eskdale (331)
- Stewartry (181)

Nithsdale accounts for the highest overall volume, particularly among early years cases, this is to be expected with the population of areas and poverty rates.

Implications:

- Demand is geographically predictable.
- There is strong potential for place-based prevention, targeted early help, and community partnership work.

3. Referral Sources

Health services account for the highest number of referrals: A&E, Health Visitors, Midwives, GPs, School Nurses. Particularly dominant for babies and young children

Police: Often incident-led. Common for adolescents and domestic incidents.

Education: Attendance, wellbeing, behavioural concerns (primarily primary-aged children)

Implications:

- Family demand is primarily externally generated, but does not currently include a self-referral process.
- Strong multi-agency engagement exists but also creates high intake pressure. This describes a front door system that is managing a high, steady flow of urgent referrals from partner agencies, particularly health and police. These referrals arrive with strong expectations of immediate response, often sit just below child protection thresholds, and require rapid decision-making.

4. Assessment Timeliness and Workflow

Many assessments within Early Help are completed very quickly (0–5 days), often following police or health referrals.

Barriers and Implications

- CIN/ Family Support thresholds and exit planning may lack clarity.
- Prolonged CIN involvement may risk normalising chronic neglect or adversity rather than resolving it.
- There is evidence of some children being rereferred for further support

5. Workforce and Service Pressure

Heavy reliance on:

- Early Assessment & Help Teams
- Family Support Services

Identified Issues/ risk:

- High volumes per worker
- Family Support cases drifting into longer-term involvement

6. Data Quality and Performance Risks

Key Issues Identified:

- Data needs to be clearer regarding intervention and supports offered
- Focus of need and supports required needs to be clearer
- Our recording of CP and LAC is better supported and clearer

Implications

- Performance data is currently limited for external reporting.
- Data quality issues limit the authority's ability to evidence:
 - Timeliness
 - Drift
 - Threshold compliance
 - Focus of work
 - Achievements and outcomes

8. Key Strategic Themes

- There is a high demand for Family Support
- Family Support is working with high levels of chronic need that sit below CP thresholds but above universal/early help capacity.
- Significant Early Years need
- Health-led early identification is effective but significantly increases the Family Support workload.
- Data collected could improve

9. Recommendations

Strategic

- Improve the Family Support model with defined purpose, timescales, and exit criteria.
- Strengthen early help and preventative pathways, particularly for 0–4s.

Operational

- Introduce routine CIN/ Family Support duration audits to challenge drift.
- Review sibling/family allocation models to reflect true workload.

Workforce

- Address capacity and role clarity between Early Help, CIN, and Long-Term Teams.
- Use locality data to inform staffing and resource deployment

Data and Performance

- Implement a data quality improvement plan with management oversight.
- Remove reliance on placeholder dates and improve mandatory field validation.
- Align recording practice with statutory reporting requirements.

10. Conclusion

The CIN dataset reflects a service working hard to manage rising and complex demand, particularly for young children and vulnerable families. While escalation rates remain low, some children are rereferred. It is important that the Family Support model is strengthened through early help, clear thresholds,

and improved data integrity, this will help ensure families get the right sort of report.

Evaluation

A planned self-evaluation will begin on the 5th May 2026, this will involve file reading with the plan of looking at 10% of children referred for Early Help and Family Support. This will be followed by evaluations with children and parents and focus groups with families and partner agencies.

Self-Evaluation of Early Support and Child in Need Practice in Children and Families Social Work – to be carried out May-June 2026

1. Purpose

This self-evaluation assesses the effectiveness of support for children and families receiving Early Support or Child in Need (CIN) social work support in Dumfries and Galloway.

It forms part of the newly developed Dumfries and Galloway Children and Families Social Work Improvement and Quality Assurance Framework and supports assurance and continuous improvement against GIRFEC principles.

The evaluation is designed to:

- Assess the quality of assessment, planning and review for children in need
- Understand how effectively need is identified and responded to
- Evaluate the impact of interventions on children's wellbeing
- Identify strengths, gaps and priority areas for improvement
- Inform an agreed social work improvement plan

The work aligns with the *Supporting Families: National Self-Assessment Toolkit for Change* and addresses:

- How good are we now?
- How do we know?
- What do we plan to do next?

2. Scope

The evaluation focuses on:

- Children currently subject to Child in Need planning with social work as the lead professional, and
- Children referred to social work where another partner may be lead professional but there is a time-limited role for social work. This is termed Early Support.
- The review considers activity and outcomes across a 12-month period, 01/01/2025-01/01/2026.

The self-evaluation does not include children who were subject to a legal order or child protection processes in the previous year and are now being

supported through Child in Need. This is termed 'step down' support and out with the scope of this self-evaluation.

The self-evaluation does not include children supported through Child in Need processes by the Children with Disabilities team as these children will be considered through the Children with Disabilities self-evaluation.

3. Methodology

The self-evaluation draws on three interconnected sources of evidence.

3.1 Record Reading (Case File Audit)

- Dates: Record reading will take place on 5 and 6 May 2026
- Senior Social Workers and Social Workers involved in providing Early Support and Child in Need support
- Approach: Due to timescales, the record reading will be social work-led, rather than multi-agency as originally hoped.
- Sample size: up to 10% of total number

A structured audit tool will be used to review a sample of Early Support and Child in Need cases, focusing on:

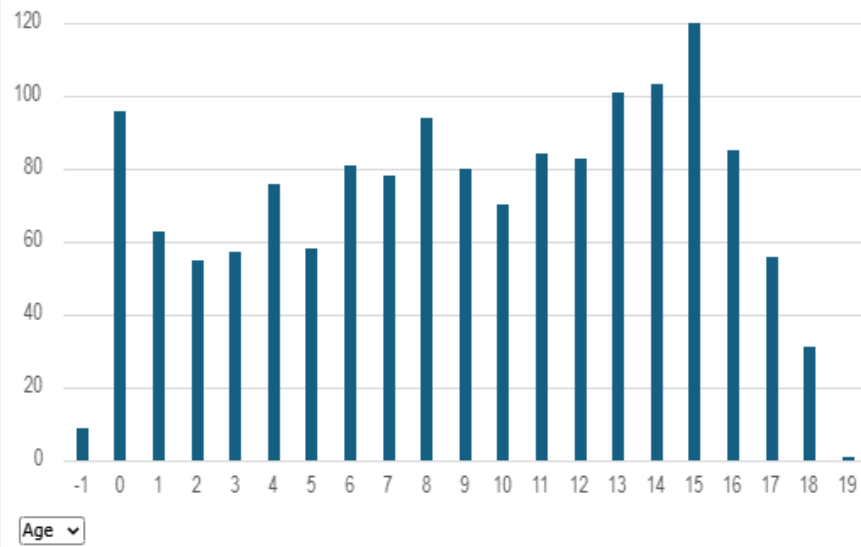
- The support in place at the time of referral to social work
- The child's voice and evidence of participation
- Quality of assessment and analysis of need and risk
- Effectiveness of planning, review and oversight
- Evidence of impact on wellbeing outcomes

While partners will not participate directly in the record reading, there is an opportunity for partners for the case sample to be shared with relevant partner agencies, enabling them to review their own records and support for the children identified. This will support shared reflection and triangulation of findings.

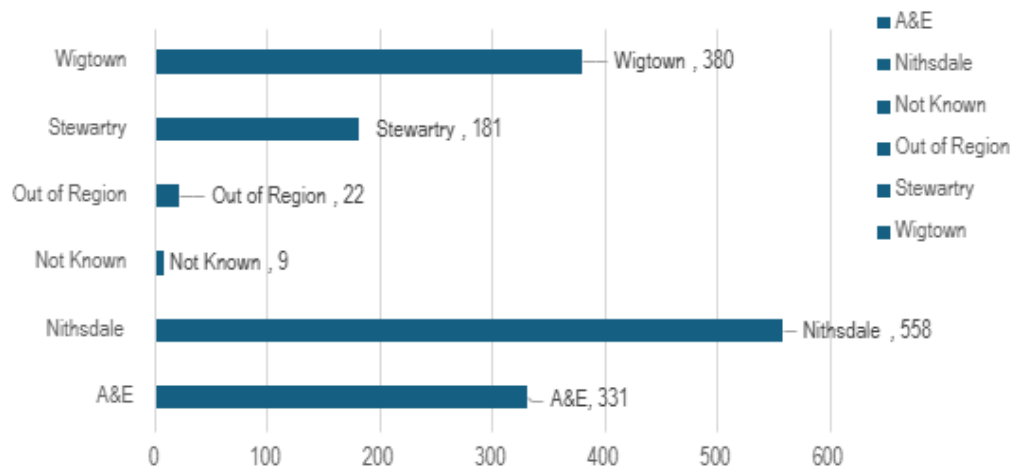
3.2 Data Analysis

Management information has been analysed to provide context on demand, pathways and patterns of CIN involvement. Headline themes include:

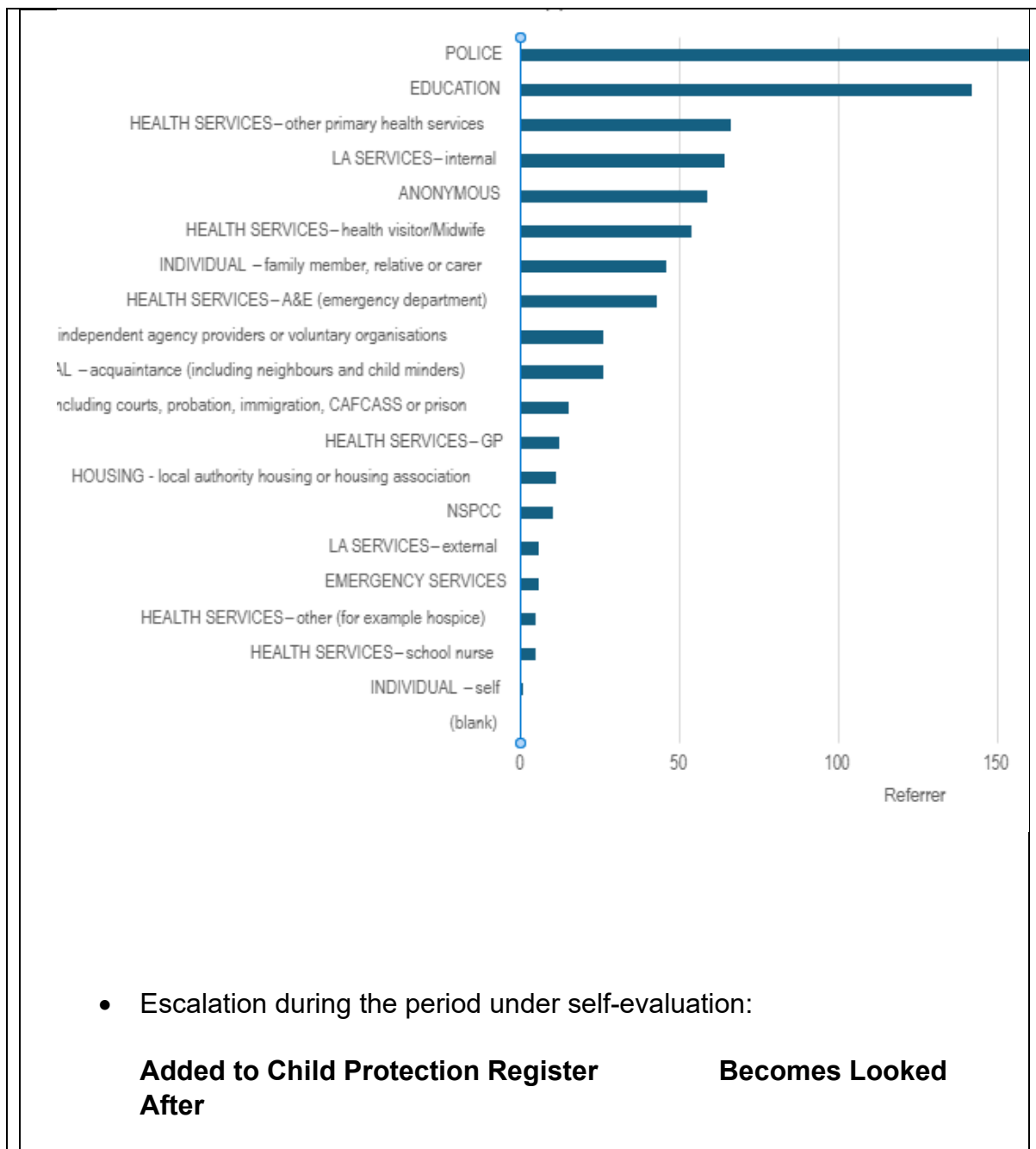
- 1481 children and young people supported through CIN and Early Assessment ranging from unborn babies through to young people aged 18 in 2025, highlighting the breadth of need and high number.

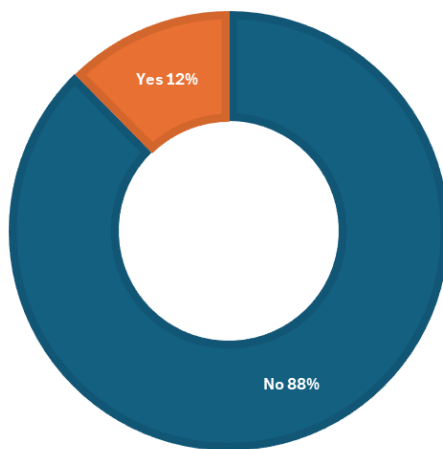
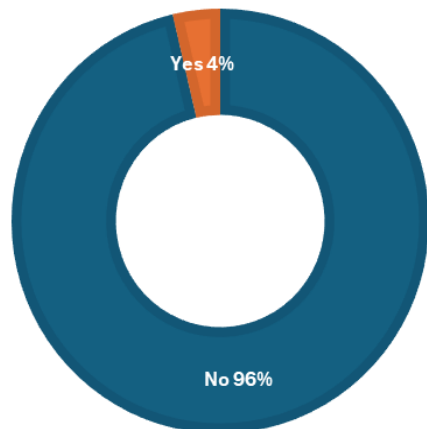


- Locality of families as follows:



- Referral route:





The CIN and Early Support dataset demonstrates high-volume demand, predominantly driven by health and police referrals, with a significant concentration in early years (0–4) and adolescent cohorts (13–17). The majority of cases do not escalate to Child Protection (CP) or Looked After Children (LAC) status, indicating CIN's role as a threshold-management and support system rather than a pathway to statutory escalation.

3.3 Views and Experiences

The evaluation will incorporate the experiences of children, young people and families who have received support with a short survey for parents and young people who are part of the sample.

There will also be a short survey for partners to consider what support effective multi-agency working, barriers to coordinated support

This will support understanding of:

- Whether families felt listened to and involved
- Clarity of planning and expectations
- How well services worked together from the family perspective

4. Information Governance

- Case information is accessed under the lawful basis of public task
- Record reading is conducted within secure systems
- Findings are recorded and reported anonymously
- Individual consent is not required for case file audit; participation in feedback activity is voluntary

5. Outputs

The self-evaluation will produce:

- Thematic findings from record reading and data analysis
- Identified strengths and areas for improvement
- A social work improvement plan

6. Leadership Oversight and Next Steps

Findings will be reported to the GIRFEC Leadership Group and the Social Work Governance Group.

Following this we will revisit self-evaluation with the multi-agency Early Help and Family Support Group using the **SUPPORTING FAMILIES: A NATIONAL SELF ASSESSMENT TOOLKIT FOR CHANGE**

Question 2:

a) Which WFWF Logic Model outcome(s) does this activity contribute to? Please indicate the relevant early, intermediate, and long-term outcomes (see updated Logic Model).

b) For each outcome above, what specific **qualitative** or **quantitative** evidence from this financial year (2025-2026) shows how these outcomes are progressing? In your response, please describe how this has happened (processes/mechanisms) and who has been involved (i.e. CSPP staff roles and, where applicable and available, the types and numbers of families receiving support – particularly the six priority family types of the Tackling Child Poverty Delivery Plan). *Please include WFWF Logic Model outcomes used in response to question 2 of your previous WFWF annual report template. You may wish to update these based on the latest version of the logic model. Embed in this template any sources of evidence used like published reports or URLs, or publicly shareable self-assessments. Responses for each activity should be up to 250 words.*

CYPF say they feel positive and trusting of services as result of implemented changes to service design:

Work with families is completed using a relationship- based model, considering the views of the family on what help they believe they need, the worries from the referrer, what has already been done to support the family. Children and Families are involved in planning their support based on the times when they most need help. Trust takes time to build and families are naturally wary of Social Work

involvement, but the Family Support model promotes good relationships with families. Families are also supported to engage with other services they that have struggled to do including education, health appointments and support services to address the needs of parents. Practical work is often done in the home alongside families which promotes good relationships. Families appreciate support to enable their children to remain at home, this frequently involves building wider support networks to sustain change and to support with future times of crisis.

4. CYPF needs are met by the right support for their needs (spectrum between universal and targeted, intensive services) Sometimes families need some support from Family Support within Social Work to address times of crisis and complex needs assessment and support can lead them to reengaging with universal services but can also help them receive more targeted help. Within Social Work some specific tools are used such as the Assessment of Care tool, Safe and Together perpetrator mapping tool, Signs of Safety tools and tools and programmes used by Youth Justice. Group Work is available which includes targeted parenting groups and groups for girls and boys to prevent involvement with offending and ant-social behaviour. Training is soon to be delivered on criminal exploitation. Last year workers were trained in Time to Grow, a programme for working with teenagers. Most Senior Family Support Workers have been trained in Theraplay and PEEP.

5. CYPF individual outcomes improve (e.g. confidence; social capital/connections; attendance at school; parental financial literacy) Whilst it is important to assess and support the needs of the whole family it is also important to identify individual outcomes. Social Work have used a different Assessment and Plan from other services within GIRFEC, this is being reviewed so that there can be one plan that meets the needs of everyone and makes it easier for when Social Work Family Support ends and universal services take the lead on Child's Plans.

Improved family wellbeing, in line with the CYPF Outcomes Framework and core Wellbeing Indicators. Wellbeing is measured using the GIRFEC SHANARRI indicators and these are identified in plans. Families can understand goals and outcomes and are involved in identifying and agreeing these.

Reduction in families requiring crisis intervention through a shift in investment towards prevention and early intervention. Helping families develop strategies and plans that help them now and also give them confidence to manage future times of crisis with the support of their network is essential and can prevent future referrals. We are reviewing our commissioned services to make sure we have the right supports right across Dumfries and Galloway so families can get the right support when they need it. This should reduce referrals and prevent re-referrals.

Reduction in the number of children and young people living away from their families, by strengthening and supporting families to stay together where children are safe and feel loved. We have seen a reduction in the number of children on Compulsory Supervision Orders by increasing support and voluntary support and we have seen a reduction in the number of children in residential care. We know that our supports to children Looked after at Home are working well, following our

own self-evaluation and recent inspection, this has lead to a self-evaluation of our Child in Need/ Family Support services.

Question 3: Estimate of WFWF funding spent on this activity in this financial year (in pounds):

Please provide the best estimate of this figure for the activity. This greatly helps to provide an understanding of how WFWF is supporting these activities.

What our Funding is used for: £883,854 has been used for additional, experienced and competent Family Support Staff to work directly with families. Some case studies are attached. Work is done directly with children and families, in their homes, at school, and the community. Work can be done in the mornings, evenings and at weekends to support routines and relationships and preferences of families. Staff numbers are detailed above.

Question 4:

Based on your evidence provided in Section 1, please describe how the activities are supporting services to shift towards (1) more preventative support and (2) early support.

Whilst we do have Senior Family Support Workers at all levels of Social Work involvement, the WFWF has enabled more support to be available as soon as families are referred to Social Work, this is accessible in all area and for all ages. This includes individual and group work.

Many children referred to Social Work are having difficulty attending school and can be on reduced timetables, early support helps to unravel the barriers and issues and build relationships with school.

Frequently parents need support for the challenges they face including poor mental or physical health, drug and alcohol use and domestic abuse. Support enables them to access supports, build confidence and develop routines at home.

Question 5: Describe the main successes to delivery and how specific factors enabled these successes.

Please cite your evidence sources. May include: other programmes or funding sources which contributed to activities and outcomes, resourcing, skill development, planning or engagement, activities, or emerging outcomes. Evidence of economic/budgetary impact may also be included.

Assessment Tools to understand issues families face.

Delivery of Programmes.

Individual work.

We have had programmes delivered to staff and trained our own trainers.

We have accessed free training from a range of providers and accessed some specific funding for programmes.

We have delivered programmes alongside other services.

Question 6: Describe the main challenges to delivery, and how these have been mitigated or plans to mitigate them. Please include any details on any activities which have not progressed as expected and any challenges in reaching particular types of families. This is a space to reflect on any lessons learned and how these might inform future work. The logic model context, assumptions, and risks, as well as any locally monitored risks may be useful to consider in this response. *Please cite your evidence sources. May include: resourcing, skill development, planning or engagement, activities, or emerging outcomes. Evidence of economic/budgetary impact may also be included.*

As yet, we have not managed to achieve a `no wrong door approach` as fully as we would like. The development of the Children's Services website has allowed families and professionals to access information about services available and the open sessions across the area have allowed each locality to share what is available in each cluster area.

The main challenges are:

- workload and capacity, this has meant we have not been able to develop hubs in each area where families can just go in and access services.
- The rurality of Dumfries and Galloway limits easy access for everyone, although we are considering ways to overcome this such as a phone line or pop-up hubs
- The complexities families face
- Poverty and the economic challenges families face
- Limited support networks for some families, particularly when they have needed to relocate
- Different resources available in across Dumfries and Galloway, whilst we would want a community focussed response to the needs of families, it can be difficult to navigate what supports are available for families in the area they are based. Criteria, thresholds etc can make this complicates for professionals to easily lead them to the right service.

Question 7: Please describe progress or challenges towards planning for sustainable delivery of this activity should funding come to an end.

This may include plans around core budgets, additional funding sources, workforce development plans, etc.

Establishing funding for services providing early help can be a challenge when there is a complexity of need but this is essential for preventative work and so that families can access help when they need it.

Working alongside partner agencies and 3rd sector providers with clear criteria is essential moving forward. We are reviewing our commissioned services to enable more consistency across Dumfries and Galloway and identify any gaps to access to services, clarity of criteria and a pathway that families and professionals understand.

Additional: Any other comments, innovative work, relevant learning, or unexpected changes or unanticipated outcomes/results identified during this year? *May include: any progress not captured elsewhere in the table, or questions for Scottish Government. Please indicate any related local evaluation work in progress here.*

Our planned self-evaluation will more fully evidence what we are doing on a Family Support basis and will help us understand what we are doing well and where there are gaps or what we can do better.

We will be developing our plan further for the next year following our evaluation and discussion in the Early Help and Family Support Group and GIRFEC Leadership group.

We have clear links to the GIRFEC leadership group and the ADP, particularly the Children and Families sub-group. Work with the Corporate Parenting group and the Children with Disabilities group is also important.

WFWF Report: Children's Healthcare in Dumfries and Galloway (formerly known as the Complex Care Needs App)

Project/activity title:

Complex Care Needs App (now known as Children's Healthcare in D&G)

Author name(s):

Fiona Paton, Lead Nurse/Child Health Commissioner

Question 1: Activity description:

Please provide a detailed, clear description of the activity funded. For example this should include details of numbers of staff and relevant costings. It should also include a clear description of the tasks which specified staff are engaged in relating to this funding so that a clear case can be made that this is likely to reduce crisis intervention and lever funding to early intervention. In the event that funding is for part costs of staff please be clear about this and how these activities are contributing.

Funding for this app has been renewed to support the license fee of £9000 over the next 3 years.

The Complex Care Needs app was developed in 2022 by NHS Dumfries and Galloway Community Children's Nursing Team to provide a source of information for parents, carers and staff who support children with healthcare needs. The information contained on the app is evidence based and supports children, young people and their families to get the right support at the right time. It promotes self-help and early intervention methods, to ensure families can access support before requiring extra help from health services.

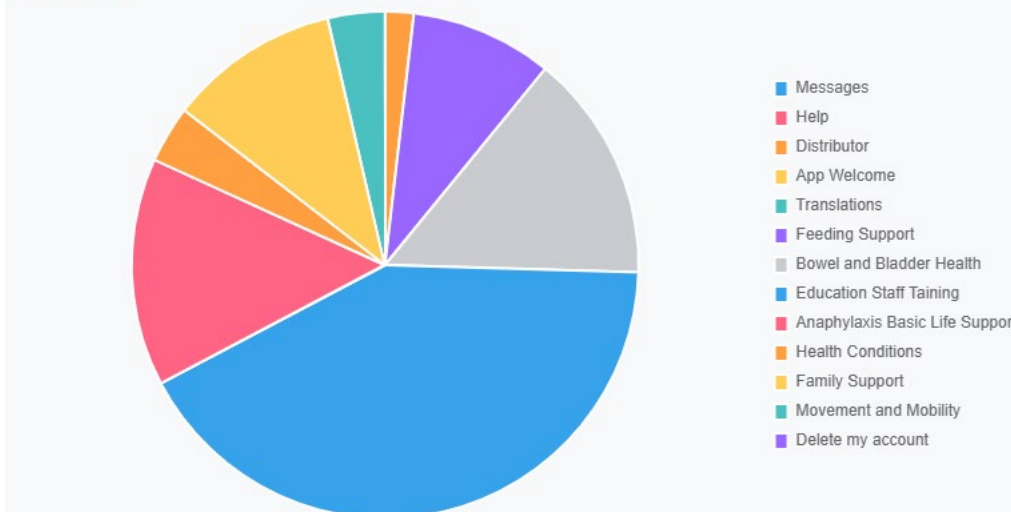
Question 2:

a) Which WFWF Logic Model outcome(s) does this activity contribute to? Please indicate the relevant early, intermediate, and long-term outcomes (see updated Logic Model).

b) For each outcome above, what specific **qualitative** or **quantitative** evidence from this financial year (2025-2026) shows how these outcomes are progressing? In your response, please describe how this has happened (processes/mechanisms) and who has been involved (i.e. CSPP staff roles and, where applicable and available, the types and numbers of families receiving support – particularly the six priority family types of the Tackling Child Poverty Delivery Plan). *Please include WFWF Logic Model outcomes used in response to question 2 of your previous WFWF annual report template. You may wish to update these based on the latest version of the logic model. Embed in this template any sources of evidence used like published reports or URLs, or publicly shareable self-assessments. Responses for each activity should be up to 250 words.*

- a) Improved family wellbeing/ Increase in families taking up wider supports.
- b) The chart below demonstrates the use of the various elements of the app during April 2026

2026-04



There are currently 362 users with average of 13 active users per month interacting with an average of 100 elements available.

There has been steady growth of the app since its launch in 2022, however there has been a change in management administrators in the CCN team, therefore a refresh of the app is required when new staff come into post during May 2026. No user feedback/qualitative data has been sought in the past year, this will be a priority action before any changes are made.

Question 3: Estimate of WFWF funding spent on this activity in this financial year (in pounds):

Please provide the best estimate of this figure for the activity. This greatly helps to provide an understanding of how WFWF is supporting these activities.

£3000 annually

Question 4:

Based on your evidence provided in Section 1, please describe how the activities are supporting services to shift towards (1) more preventative support and (2) early support.

The app provides parents and carers with evidence based resources and links to support and manage their child's health needs to prevent escalation to health and social care services. The app also provides a space for the Education training materials available for all Learning Support Assistants in early years and Education settings; this ensures early support for children whose health needs are supported within education.

Question 5: Describe the main successes to delivery and how specific factors enabled these successes.

Please cite your evidence sources. May include: other programmes or funding sources which contributed to activities and outcomes, resourcing, skill

development, planning or engagement, activities, or emerging outcomes. Evidence of economic/budgetary impact may also be included.

Recent multi-agency collaboration to support the Healthcare In Schools training element, using this free app as a method of sharing educational material.

Question 6: Describe the main challenges to delivery, and how these have been mitigated or plans to mitigate them. Please include any details on any activities which have not progressed as expected and any challenges in reaching particular types of families. This is a space to reflect on any lessons learned and how these might inform future work. The logic model context, assumptions, and risks, as well as any locally monitored risks may be useful to consider in this response. *Please cite your evidence sources. May include: resourcing, skill development, planning or engagement, activities, or emerging outcomes. Evidence of economic/budgetary impact may also be included.*

Staff movement has prevented any recent development of the app (apart from the education training resources).

New managers will take ownership of the administration to review all content and develop a feedback survey for children, parents, carers and staff.

Consideration of new elements (noted from feedback surveys)

Promotional/Communications activity will be required following review of all content.

Question 7: Please describe progress or challenges towards planning for sustainable delivery of this activity should funding come to an end. *This may include plans around core budgets, additional funding sources, workforce development plans, etc.*

The cost for this app will require to be found within core Health budgets.

Additional: Any other comments, innovative work, relevant learning, or unexpected changes or unanticipated outcomes/results identified during this year? *May include: any progress not captured elsewhere in the table, or questions for Scottish Government. Please indicate any related local evaluation work in progress here.*

WFWF Report: Neurodevelopmental Family Support Model

Project/activity title:

Neurodevelopmental Family Support Model

Author name(s):

Alan Webb, Julie Hogg, Joanne Service

Question 1: Activity description:

Please provide a detailed, clear description of the activity funded. For example this should include details of numbers of staff and relevant costings. It should also include a clear description of the tasks which specified staff are engaged in relating to this funding so that a clear case can be made that this is likely to reduce crisis intervention and lever funding to early intervention. In the event that funding is for part costs of staff please be clear about this and how these activities are contributing.

Based on the feedback from family experiences and our understanding of how expert and clinical services are used, the ambition of the ND Community-Led Support Model is to improve education, awareness, support and inclusion by:

1. Addressing access to trusted information, advice and resources at an appropriate level and time.
2. Understanding how local and peer support opportunities to share practical advice and experiences on everyday matters can create trusted spaces of support for ND families.
3. Learning from experiences through the lenses of children, parents, carers and whole families and their interactions of systems and services, which are often designed in a neurotypical way.
4. Promoting inclusion, community understanding and reducing compliance-led demand for parents and carers.
5. Creating inclusive spaces to celebrate neurodiversity – promoting strengths-based conversations at every interaction level and developing opportunities for communities to come together (vs being driven into neurodivergent spaces which can further reinforce stigma).
6. Reduce the expectation/need/demand for assessment and diagnosis as a means to understanding neurodivergent children, parents and families.
7. Build a community-led pathway to advice and support, including expert input, that is accessible and easy to navigate. Ensure this takes known critical periods into account (e.g. early years parenting, and key transitions such as starting school or transitioning from primary to secondary education).
8. Adopting the trauma-informed principles in how we design ND Support with families and communities – Safe, Trusted, Choice, Collaboration, Empowerment.

The initial allocated budget was to invest in:

- A TSDG Project Lead, who would join the ND Subgroup and lead the development of the work.

- A fund to enable families and community groups to join the scoping, development and delivery stages.
- The development of training, 'accreditation' and evaluation models over time.
- The ND Subgroup would continue to be the core delivery vehicle, which includes colleagues and expertise from across the partnership.
- The total allocation was £120k. Due to some delays from approval, the programme began in July 2025.

Question 2:

a) Which WFWF Logic Model outcome(s) does this activity contribute to? Please indicate the relevant early, intermediate, and long-term outcomes (see updated Logic Model).

b) For each outcome above, what specific **qualitative** or **quantitative** evidence from this financial year (2025-2026) shows how these outcomes are progressing? In your response, please describe how this has happened (processes/mechanisms) and who has been involved (i.e. CSPP staff roles and, where applicable and available, the types and numbers of families receiving support – particularly the six priority family types of the Tackling Child Poverty Delivery Plan). *Please include WFWF Logic Model outcomes used in response to question 2 of your previous WFWF annual report template. You may wish to update these based on the latest version of the logic model. Embed in this template any sources of evidence used like published reports or URLs, or publicly shareable self-assessments. Responses for each activity should be up to 250 words.*

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*

Question 3: Estimate of WFWF funding spent on this activity in this financial year (in pounds):

Please provide the best estimate of this figure for the activity. This greatly helps to provide an understanding of how WFWF is supporting these activities.

The total spend to date is £20k in the last financial year. There are a number of factors as to why the expenditure is not as originally forecast early 2025, however important to note that the budget was reforecast as part the 26/27 commitments. The funds are allocated, however the timeline for spend has slipped slightly across financial years.

- A significant element of project spend is on external investments (not staff) which are in the delivery, development and learning phases. In the original plan for 25/26, these would have happened December to March in the main.
- When the extended investment was confirmed to allow longer implementation, the plan was re-designed into an 18-month programme. Significant investment is due into training, community organisation development and delivery models; however, this new plan gave longer for scoping and modelling.
- Small amounts of underspend are connected to delayed start / staff vacancy factors, which has meant a slight delay in moving to the next phase, although we are confident, we will remain on track overall.
- We will re-forecast the spend again early Summer 2026 for assurance through to March 2027. We remain committed to the outcomes and model proposed, but at that point will be clear should we foresee any predicted underspend.

Question 4:

Based on your evidence provided in Section 1, please describe how the activities are supporting services to shift towards (1) more preventative support and (2) early support.

We have expanded on section 1 and provided a statement marked with a 1 or 2 which represents a shift towards 1) more preventative support and 2) early support.

- 1. Addressing access to trusted information, advice and resources at an appropriate level and time.**

We have used a variety of engagement events in schools and planned for those within the wider community to draw out this lived experience so that it can truly shape and steer what trusted information, advice and resources look like. (1)

2. *Understanding how local and peer support opportunities to share practical advice and experiences on everyday matters can create trusted spaces of support for ND families.*

There has been much research and promotion of (local and national) placed based services within local communities which CYP & their families trust to seek out as and when needed. As a focal point with a commonality in need, peer support and the opportunity to share experiences, challenges and successes begin to build organically the support networks that our CYPF's are craving. (1 & 2)

3. *Learning from experiences through the lenses of children, parents, carers and whole families and their interactions of systems and services, which are often designed in a neurotypical way.*

As a project we are championing the start point SHOULD & MUST always be in planning for and meeting the needs of our children, young people, families and carers through their lived experience. If services by design get it right for our non neuro typical community, by default they ARE getting it right for all. (1 & 2)

4. *Promoting inclusion, community understanding and reducing compliance-led demand for parents and carers.*

With the support of our ND Subgroup as well as clinical leads and commissioners for children and families services, we acknowledge that families would benefit from and indeed want to tell us about what requests they have faced and if compliant, what this was designed to enable in terms of support whether that be financial or otherwise.

5. *Creating inclusive spaces to celebrate neurodiversity – promoting strengths-based conversations at every interaction level and developing opportunities for communities to come together (vs being driven into neurodivergent spaces which can further reinforce stigma).*

We have developed an ND Affirming Community Spaces and Places Checklist for our ND community. The intension is to provide the whole standard / best practice on a single side of A4 but stacked beneath each. (1 & 2)

6. *Reduce the expectation/need/demand for assessment and diagnosis as a means to understanding neurodivergent children, parents and families.*

With the support of our ND Subgroup as well as clinical leads and commissioners for children and families services we acknowledge that families would benefit from and indeed want to tell us about what requests they have faces and if compliant, what this was designed to enable in terms of support whether that be financial or otherwise. (1 & 2)

7. *Build a community-led pathway to advice and support, including expert input, that is accessible and easy to navigate. Ensure this takes known critical periods into account (e.g. early years parenting, and key transitions such as starting school or transitioning from primary to secondary education).*

As in 1. we will be seeking to understand both the experiences including successes and challenges that our CYP & Families are telling us within first 1000 days and at other key transition stages.

8. *Adopting the trauma-informed principles in how we design ND Support with families and communities – Safe, Trusted, Choice, Collaboration, Empowerment.*

This will be referenced in all engagement, including our responses to CYP and families' experiences as well as in the Framework we are developing and any training materials/ presentations. (1&2)

Please refer to additional comments for further information regarding our innovative approach to realising family support for our ND Community.

Question 5: Describe the main successes to delivery and how specific factors enabled these successes.

Please cite your evidence sources. May include: other programmes or funding sources which contributed to activities and outcomes, resourcing, skill development, planning or engagement, activities, or emerging outcomes. Evidence of economic/budgetary impact may also be included.

August 2025 to January 2026

As both the Project Lead and Lead Officer were new to Dumfries & Galloway, time was meaningfully spent seeking opportunities for engagement, partnership working and developing our awareness of where our ND community resided within D&G to inform and support a targeted outreach and engagement model.

Exploration of Parenting / Peer Support Models

The Lead Officer invited three organisations whom she had previously worked with as part of Local Authority approach to early intervention and family support with children who were neurodiverse.

- Investors in Play [invest in play - Invest In Play](#)
- BUSS Model [The BUSS Model](#)
- NVR Training [Home | NVRTraining.com](#)

A score card was designed that we could measure the merits fairly of each project looking especially at its potential for scalability, region wide and peer to peer training and support.

Reviewing and ensuring CYPF's Voices to date

- We reviewed the work of our Health Colleagues especially the feedback from our CYP and Families who had been willing to engage prior to the funding being secured.
- Our school engagement events that we attended enabled us to collect further voices and experiences using our participatory appraisal tool 'Pants & Tops'. Participants were encouraged to 'rate (tops) or slate (pants) their experiences in relation to their experiences and support needs.

Engagement

- Our school engagement events that we attended enabled us to collect further voices and experiences using our participatory appraisal tool 'Pants & Tops'. Participants were encouraged to 'rate (tops) or slate (pants) their experiences in relation to their experiences and support needs.

Question 6: Describe the main challenges to delivery, and how these have been mitigated or plans to mitigate them. Please include any details on any activities which have not progressed as expected and any challenges in reaching particular types of families. This is a space to reflect on any lessons learned and how these might inform future work. The logic model context, assumptions, and risks, as well as any locally monitored risks may be useful to consider in this response. *Please cite your evidence sources. May include: resourcing, skill development, planning or engagement, activities, or emerging outcomes. Evidence of economic/budgetary impact may also be included.*

August 2025 to January 2026

- As both the Project Lead and Lead Officer were new to Dumfries & Galloway, time was meaningfully spent seeking opportunities for engagement, partnership working and developing our awareness of where our ND community resided within D&G to inform and support a targeted outreach and engagement model.

Delays in implementation and service delivery

- The Project Lead left in January 2026 to a Family Support role with Dumfries and Galloway Council. Recruitment is underway and at the time of

writing, we hope to confirm a start date for the new Project Lead shortly. We have identified additional capacity within TSDG whilst we await the outcome of recruitment so as not to impact the project delivery further.

Time to engage / community buy-in

- We fully recognise that building community confidence in a new model takes time. Whilst we had factored this into the latest model, it was clear later 2025 that giving more time to the scoping and connecting work than was in the original plan, and backloading more of the implementation work, would likely be best for the sustainability of the community-led approach. The extension of funding allowed this to happen.

Question 7: Please describe progress or challenges towards planning for sustainable delivery of this activity should funding come to an end.

This may include plans around core budgets, additional funding sources, workforce development plans, etc.

Unforeseen Circumstances

- The project has experienced delays in getting started and with the loss of the Project Lead part-way through this first year, we have not made all of the progress we had hoped at this time.
- Partners remain committed to implementation and delivery; therefore, we will shortly revisit the plan through to March 2027, the allocation of resources and the investment and report an updated plan and any forecast underspend to the CSSaPP as soon as possible.
- These circumstances have made it more difficult at this stage to better understand the optimal operating models, range of partners across communities and our ability to develop and implement the training.
- Whilst we are committed to these, we recognise the important loss of time will provide a shorter window of development and operating to evaluate, although we did consider these in the new longer delivery plan.
- We will maximise the resources allocated to mitigate the impact, including considering whether other resource (remaining within the full project budget scope) might help us make progress more quickly and potentially pick up lost time.

Additional: Any other comments, innovative work, relevant learning, or unexpected changes or unanticipated outcomes/results identified during this year? *May include: any progress not captured elsewhere in the table, or questions for Scottish Government. Please indicate any related local evaluation work in progress here.*

Innovation and partnership across D&G

Neuro-diverse affirming community spaces and places checklist

- Creation of a neuro-diverse affirming community spaces and places checklist which will be signed off by our CYP and Families.

- The roll out of this will be expert led in that CYP & Families will be encouraged to 'mystery shop' and complete a short audit in terms of their experience against the checklist.
- Third Sector organisations will be encouraged to self-audit and submit their findings so that they can be added to a directory and display a logo (similar to LGBTQ+, UNICEF Baby Friendly Breast Feeding) so that they know from the start what to expect.
- D&G Youth Council and our YP open to non-mainstream services will be invite to mystery shop also with expenses being refunded for the CYP and carer.
- We are in the process of identifying additional funds that may help TSO's to meet some of the specific criteria such as ensure lighting can be upgraded so that it is conducive to our ND community.

Whole Family Art Sessions – facilitated by DEKKO COMICS & TSDG (June 2026)

- We have commissioned two whole family art session with a comic book animator to create an animation to be hosted on a social media platform to first and foremost shift the stigma and marginalisation of being non neuro typical by the creation of a comic book.
- By our approach and its design, it will be a creative and credible visual for CYP and families who are struggling to articulate their lived experience as we are using the voices and lens to create this medium.
- The content will also include in the story, some of the myths that we need to eradicate for this community when being considered by wider society.

Raising ND awareness with partnership with Chamber of Commerce

- We are seeking community spaces and places to identify their quieter customer periods so that instead of reducing hours we can encourage our ND community to access as quieter is conducive to their needs thereby contributing to the local economy.

Framework of Support

- We are seeking to consult with parents on our multi-level framework of support so that the language and structure of support preferred and requested is mirrored throughout all levels.

Parental Support within the Community

- We met with several evidenced based Parent and Child supporter organisations to ascertain what training would potentially be available to support parents and carers individually as well as peer support workers.

WFWF Report: Parenting Coordinator – Lifelong Learning

Project/activity title:

Parenting Coordinator – Lifelong Learning

Author name(s):

Olly Driver – Team Leader Lifelong Learning

Question 1: Activity description:

Please provide a detailed, clear description of the activity funded. For example this should include details of numbers of staff and relevant costings. It should also include a clear description of the tasks which specified staff are engaged in relating to this funding so that a clear case can be made that this is likely to reduce crisis intervention and lever funding to early intervention. In the event that funding is for part costs of staff please be clear about this and how these activities are contributing.

Whole Family Wellbeing Fund (WFWF) support during 2025–2026 has been used to further develop, embed, and deliver a coordinated, whole system approach to parenting and family support across Dumfries and Galloway. The activity builds on previous years' investment in a Parenting Coordinator role and focuses on strengthening delivery capacity, improving data and evaluation systems, and embedding parenting provision within early help and prevention pathways.

During this financial year, activity has centred on leading and coordinating evidence based parenting programmes aligned with NES requirements, including Peep Learning Together Programme (early years), Teen Triple P (teenage years), and Circle of Security (early years). The Parenting Coordinator has provided leadership, governance, and quality assurance while supporting workforce development and multi agency planning across education, health, social work, youthwork and third-sector partners.

WFWF funding contributes wholly to the Parenting Coordinator role (Band 9) and supports system leadership functions including strategic planning, workforce development, coordination of training and accreditation, partnership working, referral pathway development, and implementation oversight. Complementary National Lottery funding (Communities Fund) of £79k has enabled the recruitment of a Band 6 Parenting Practitioner for a 23 month period, strengthening the capacity to deliver and reducing reliance on a single post. The post holder started on the 15th March 2026 following external recruitment.

Collectively, these activities aim to shift the system towards earlier, more preventative family support, reduce escalation to crisis services, and ensure families can access consistent, evidence based support when issues first emerge.

Question 2:

a) Which WFWF Logic Model outcome(s) does this activity contribute to? Please indicate the relevant early, intermediate, and long-term outcomes (see updated Logic Model).

b) For each outcome above, what specific **qualitative** or **quantitative** evidence from this financial year (2025-2026) shows how these outcomes are progressing? In your response, please describe how this has happened (processes/mechanisms) and who has been involved (i.e. CSPP staff roles and, where applicable and available, the types and numbers of families receiving support – particularly the six priority family types of the Tackling Child Poverty Delivery Plan). *Please include WFWF Logic Model outcomes used in response to question 2 of your previous WFWF annual report template. You may wish to update these based on the latest version of the logic model. Embed in this template any sources of evidence used like published reports or URLs, or publicly shareable self-assessments. Responses for each activity should be up to 250 words.*

Early Outcomes – System and Workforce Development

The activity continues to contribute to improved system coordination and workforce capability. Evidence from 2025–2026 includes the ongoing leadership of a multi agency Parenting Subgroup, accredited training of practitioners in Peep and Teen Triple P, and improved governance and delivery planning aligned with NHS Education for Scotland (NES) implementation guidance.

We now have four newly accredited practitioners (3 Lifelong Learning practitioners and 1 Social Work practitioner) able to deliver Teen Triple P following 5 days of training (February and March 2026) funded and supported by NES. We are able to support the training of further practitioners over the coming year which will increase workforce development (discussed in the Early Help and Family Support strategic group meeting in April) and enable a wider reach to support more families through a multi-agency approach to delivery (Social Work, Health and Education are providing a list of practitioners).

Workforce engagement has increased, with greater clarity around roles, responsibilities, and referral pathways. The Parenting Coordinator has also trained in delivering The Promise Award and successfully delivered this to the Lifelong Learning team, awarding the team the “We Promise” badge from Education Scotland. She is booked on to receive training in May to be able to deliver Connecting with Parent’s Motivations training to the rest of the Lifelong Learning Team. Both trainings will enable the team to have a better understanding of the needs of our families, leading to increased engagement and allowing us to ensure families receive the right support at the right time.

Intermediate Outcomes – Enhanced Service Delivery

There is evidence of progress towards more accessible and coherent parenting support. Peep provision is being expanded across localities, including planning for delivery in 11 community venues. 3 sessions are already established in the West and 1 is being delivered in Dumfries (a multi-lingual group). The 7 new sessions will be starting in May. Based on current data, there are 179 practitioners trained across Lifelong Learning, Social Work, Health, Education and Third Sector. Of

these, 46 are currently delivering (in DG post codes 1,2,3,4,7,8,9,10,11 and 12). Work is underway to gather information about the barriers to delivery and support will be offered through refresher training, a dedicated Practitioners Network, session observations and further guidance from trainers to increase delivery and provide a consistent offer to families across the region.

The 4 Teen Triple P practitioners are fully accredited, with an online pilot planned to increase accessibility for families experiencing barriers to face to face delivery. These practitioners are from Lifelong Learning and Youth Justice. We are working in partnership with Education who have identified families where the support would be very much welcomed. This will also enable us to gather parent feedback which will inform future delivery.

Early data indicates increased consistency in programme delivery and improved pathways into support. Delivery will be supported by the Parenting Subgroup and additional Implementation groups for each programme. Membership of the Implementation Groups will be based on those delivering, to enable the planning and implementation of a consistent and cohesive multi-agency delivery calendar.

Longer-Term Outcomes – Sustainable Whole Family Support

Foundations for long term sustainability have strengthened. Parenting coordination is increasingly embedded within GIRFEC and Early Help and Family Support structures rather than operating as a standalone funded activity. Improved data collection processes introduced this year will support future evaluation of impact on family wellbeing and reductions in escalation to crisis intervention. Peep tracking is underway with the ability to gather data from all sectors. In addition to this a Practitioner Network is being established to provide ongoing support to practitioners across the region.

Quantitative evidence, from the Parenting Coordinator's attendance at the Children, Young People and Parent's roadshows, indicates a whole family support approach to engagement which enabled support and information to reach at least 534 individuals (children and parents) over the last reporting period.

Within Lifelong Learning alone, Family Learning, of which Peep plays an integral role, has shown that 373 adults and 574 children and young people have engaged in Family Learning in just the first few months of this year. In addition to this, 105 parents and 255 children have reported improved mental health and wellbeing (*Lifelong Learning KPI data for January to March 2026*). This suggests that support is reaching families and improving outcomes.

Qualitative evidence continues to show improved parental confidence, strengthened parent-child relationships, and increased workforce confidence in delivering early intervention support.

“Peep has helped me build confidence in making my own choices. The small group makes me feel comfortable. I can feel anxious going to the supermarket, but when I come here, I don’t feel anxious or judged. I find Peep is very informative and encouraging. I particularly enjoyed the sensory food session as it gave me permission to put food on my child’s highchair tray that he may not eat and let him feel, smell and play with food. Following the session on the child developing a ‘Sense of Self’ I now know how to support my child to know he is separate from me and we use the mirror at home to look at our faces and say this is your nose, this is mine.” - quote from parent, 2026

“I have really enjoyed delivering Peep over the last 6 weeks. Getting to know the mums/carers and their children and finding out how they are already supporting the home-learning environment. Through Peep sessions we value parental strengths and build on them. I found having a ‘talk time’ allowed mums/carers to ask questions, share ideas, knowledge and skills with other mums, this helped to form closer relationships within the group of mums.

I loved how mums/dads/carers fully engaged in rhyme/song time and story time and have reported that they feel that this has resulted in them feeling a closer relationship with their children. This is my first time delivering Peep, I highly value it as an effective way to support parents and value this crucial time in a child’s learning.” - quote from practitioner, 2026

Question 3: Estimate of WFWF funding spent on this activity in this financial year (in pounds):

Please provide the best estimate of this figure for the activity. This greatly helps to provide an understanding of how WFWF is supporting these activities.

£45,000 - WFWF contribution to Band 9 Parenting Coordinator staff costs including on-costs. Note that the funding does not cover a full year of salary and on-costs. The post holder is contracted to the end of December 2026.

Question 4:

Based on your evidence provided in Section 1, please describe how the activities are supporting services to shift towards (1) more preventative support and (2) early support.

The activity directly supports a shift towards preventative and early intervention by ensuring families can access evidence-based parenting support at the earliest opportunity, before difficulties escalate. Clearer referral pathways and improved coordination reduce delays and confusion for families navigating services.

Embedding parenting programmes within community settings and offering flexible delivery models (including online provision) directly supports the needs of families based on the voice of parents from the Parent Survey. This improves access for families who may otherwise disengage and shows we are listening to parental need and acting on it. Workforce training also ensures practitioners can identify emerging needs earlier and provide appropriate support without escalation to statutory or crisis services.

Overall, the activity strengthens early help capacity across the system, reducing reliance on reactive responses and supporting families to build skills, confidence, and resilience.

Question 5: Describe the main successes to delivery and how specific factors enabled these successes.

Please cite your evidence sources. May include: other programmes or funding sources which contributed to activities and outcomes, resourcing, skill development, planning or engagement, activities, or emerging outcomes. Evidence of economic/budgetary impact may also be included.

A key success during 2025–2026 has been the transition from system design and collaboration to a point where the implementation of the programme has started in April and May 2026.

Our expansion from a single parenting coordinator role to a small Parenting Team has strengthened resilience, increased delivery capacity, and reduced single point dependency.

Strong multi-agency leadership through the Parenting Subgroup has improved shared ownership and buy in across partners, while NES-aligned training and support has helped to increased workforce confidence and consistency of delivery. This is pivotal to our ability to deliver and implement the identified programmes for parents and our families at a universal level. Challenge remains in terms of the dedicated capacity from partners to meet this delivery aim.

Implementation Groups for PEEP and Teen Triple P will enable a coordinated, multi-agency approach to the delivery of universal programmes, ensuring wider reach, improved outcomes and consistency of delivery. Each of the implementation groups will still report back to the Parenting Subgroup and into the Early Help and Family Support group as per the current governance arrangements.

Success has been enabled by targeted investment in skilled LLL staff, alignment with national policy priorities (GIRFEC, The Promise, child poverty), and the willingness of partners to commit time and resources to joint working and training.

Question 6: Describe the main challenges to delivery, and how these have been mitigated or plans to mitigate them. Please include any details on any activities which have not progressed as expected and any challenges in reaching particular types of families. This is a space to reflect on any lessons learned and how these might inform future work. The logic model context, assumptions, and risks, as well as any locally monitored risks may be useful to consider in this response.

Please cite your evidence sources. May include: resourcing, skill development, planning or engagement, activities, or emerging outcomes. Evidence of economic/budgetary impact may also be included.

Challenges identified in previous years—particularly capacity constraints, variable engagement, and limited data infrastructure—have informed focused improvement work from the parenting coordinator during 2025–2026. While some pressures remain, particularly in releasing staff time across partners, mitigation has included recruitment of additional delivery capacity within Lifelong Learning, clearer planning of roles, and stronger governance arrangements.

Data collection and evaluation had previously limited the ability to demonstrate impact. This year, structured tracking systems for Peep have been implemented, with plans to extend consistent data collection across all programmes.

Engagement across agencies has strengthened through sustained leadership through the Parent Subgroup and GIRFEC Locality Groups. Continued communication, and a clearer articulation of the balance between universal and targeted parenting support has been a challenge. This has now helped to renew focus toward the delivery of programmes in a community or universally accessible way. Learning from these challenges continues to inform future planning and will shape the next phase of implementation.

A challenge remains in terms of universal capacity from partners to be able to provide staffing capacity to delivery within the community and pre-referral or threshold levels within some services/partners.

Implementation groups have been agreed with partners at the Parenting Subgroup. Each group will still report back to the Parenting Subgroup and into the Early Help and Family Support group as per the current governance arrangements. This will be focused around operational discussion to increase the pool of trained practitioners within PEEP and Teen Triple P, and will allow for evaluation and monitoring of provision.

Question 7: Please describe progress or challenges towards planning for sustainable delivery of this activity should funding come to an end.

This may include plans around core budgets, additional funding sources, workforce development plans, etc.

The development of a Parenting Team supports continuity, flexibility, resilience and sustainability but the nature of short-term funding for the Parenting Coordinator puts this post and provision at risk.

Sustainability planning needs to progress significantly during 2026–2027 to ensure that the coordination of parenting support and provision is increasingly embedded within core structures and strategic planning rather than dependent solely on WFWF funding.

Improved data collection will strengthen the business case for ongoing investment, while alignment with wider priorities such as child poverty reduction, mental health, and early years intervention provides opportunities for a future blended funding approach.

Further focused workforce development and shared multi agency ownership can further support long-term sustainability should WFWF funding cease.

Additional: Any other comments, innovative work, relevant learning, or unexpected changes or unanticipated outcomes/results identified during this year? *May include: any progress not captured elsewhere in the table, or questions for Scottish Government. Please indicate any related local evaluation work in progress here.*

An important learning has been the value of investing sufficient time in system development to support sustainable delivery. While this delayed visible outputs in earlier years, it has resulted in stronger foundations, improved buy-in, and a more consistent and measured approach to the planned implementation and delivery of the evidence-based parenting support provision.

Further maturation of the system places Dumfries and Galloway in a stronger position to sustain whole family support over the longer term and into the next phase of the Children's Service Plan.

Note that there is a NES requirement for a parenting coordinator (PoP) to be employed and continue to allow the local authority to receive funding, resources and from training NES. Whilst this post currently sits with the Lifelong Learning Service, future funding of the post needs to be a Council wide consideration going forward.

WWF Report: Primary Inclusion Support

Project/activity title:
D and G Inclusion Team – Primary Inclusion Support
Author name(s):
Ruth Cubbon, Supporting Learners Manager, Inclusion

Question 1: Activity description:

Please provide a detailed, clear description of the activity funded. For example this should include details of numbers of staff and relevant costings. It should also include a clear description of the tasks which specified staff are engaged in relating to this funding so that a clear case can be made that this is likely to reduce crisis intervention and lever funding to early intervention. In the event that funding is for part costs of staff please be clear about this and how these activities are contributing.

This report marks the second full financial year of funding. In April 2024–2025, we initiated a small-scale test of change based on our shared vision. This small test of change continued from April 2025–April 2026 and our most recent progress is reflected in this report.

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 of learning, promote success and develop lifelong skills thus enabling learners to reach their full potential”.

To achieve this vision, we have developed a skills-based learning approach that enables children and young people to access a curriculum which meets their developmental needs, builds their full potential, and is pupil-centred with appropriate challenge. This approach supports learners to fulfil their ambitions within their local community.

Support through this project is targeted, relationship-based intervention designed to remove barriers to learning for children and young people whose needs are not being fully met within traditional classroom environments and are experiencing challenges within their family lives. All engagement is underpinned by the principles of the **UNCRC** and the **five foundations of The Promise**.

Engagement through this project provides a **skills-based, experiential curriculum** delivered in outdoor, community and home settings. Learning is purposeful, progressive and personalised, enabling young people and their families to re-engage with education through meaningful, real-life contexts. Activities are carefully planned to develop:

- emotional regulation, resilience and wellbeing
- communication, teamwork and problem-solving skills
- confidence, independence and positive risk-taking

- transferable skills aligned to the Broad General Education to develop within the four capacities; Successful Learners, Confident Individuals, Effective Contributors and Responsible Citizens

There has been a particular focus on supporting children and young people with social, emotional and behavioural barriers, school-based anxiety, reduced attendance or fractured relationships with different agencies. By learning outside the classroom, children and young people have opportunities to experience success, restore trust with adults, and rebuild their identity as learners.

Pupil /family voice is central to our engagement. Children and young people are actively involved in shaping their learning activities, setting personal goals and reflecting on progress. Baseline and review tools are used to track engagement, wellbeing and skills development over time, ensuring our involvement remains responsive and purposeful.

Our engagement also plays a preventative role, reducing the likelihood of escalation to crisis point, compulsory measures, or long-term disengagement. It acts as a **bridge back to learning**, supporting reintegration to school, reengagement with wider services, progression to positive destinations, or a planned transition to longer-term support when required.

Strong and trusting relationships with families are a key strength of our engagement. Time is strategically built into the role of outdoor education staff to allow for regular and meaningful contact with parents and carers. This proactive engagement supports effective communication, builds trust in the service, and enables families to be supported alongside the young person through a **co-ordinated multi-agency approach**.

From April 2025 to the present, the service has maintained **active engagement with 85 learners** and has successfully supported at least one learner from **each of the 15 secondary school clusters**. This demonstrates both the reach and equitable distribution of support across the authority, as well as its capacity to respond flexibly to a wide range of needs

Question 2:

a) Which WFWF Logic Model outcome(s) does this activity contribute to? Please indicate the relevant early, intermediate, and long-term outcomes (see updated Logic Model).

b) For each outcome above, what specific **qualitative** or **quantitative** evidence from this financial year (2025-2026) shows how these outcomes are progressing? In your response, please describe how this has happened (processes/ mechanisms) and who has been involved (i.e. CSPP staff roles and, where applicable and available, the types and numbers of families receiving support – particularly the six priority family types of the Tackling Child Poverty Delivery Plan).

Please include WFWF Logic Model outcomes used in response to question 2 of your previous WFWF annual report template. You may wish to update these based on the latest version of the logic model. Embed in this template any sources of evidence used like published reports or URLs, or publicly shareable self-assessments. Responses for each activity should be up to 250 words.

EARLY AIMS

- *meaningful and ongoing participation by children, young people and families in service design which ensures choice and control.* (Core component - CYPF at centre of service design)
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.
- *embed key principles for holistic whole family support within their own systems and structures* (Core component – Whole System Approach)
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* (Core component – Whole System Approach)
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* (Core component – Whole System Approach/Availability and Access)
We have clear links, referral procedures between the Police, School Nurse, Quarriers, Social Work and Education.

INTERMEDIATE OUTCOMES

- *development of holistic workforce approach and workforce wellbeing is improved and integral to delivery.*
Successes and challenges are being used to inform a sustainable way forward for young people as individuals. Impact on learners and their families have been evidence. Learners, parents/carers, stakeholders state that they are more aware of how to access relevant family support.
- The service demonstrates a clear shift towards needs- and rights-based planning, with meaningful participation embedded throughout the referral and engagement process. The effective use of pupil voice is a key strength, ensuring that the rights of children and young people are central to planning, decision-making, and improved outcomes. Learners report increased motivation as a result of being supported to use their voice to influence and drive positive change. Children and young people consistently state that they feel positive, respected, and trusting of services due to their active participation. Evidence for each individual learner demonstrates increased engagement, improved attendance, and measurable development of transferable skills, as tracked through the Skills Builder framework.

- proactive service where families receive whole family support at the right time and delivered where and when suits families – Feedback from pupils/parents/carers evidence that when this happens, it improves outcomes. Learners and parents/carers state that involvement through our service has improved family wellbeing. Strategic leaders and practitioners and working more collaboratively to improve outcomes for learners.

LONG TERM OUTCOMES

Long-term evidence will be gathered for all families who have received input. This evidence will demonstrate how the impact of this small test of change has contributed to the achievement of longer-term outcomes. All data will be collated and analysed in April 2027

- Improved family wellbeing
- Reduced inequalities in family wellbeing
- Reduction in families requiring crisis intervention
- Reduction in the number of children and young people living away from their families
- Increase in families taking up wider supports

Quantitative evidence

- **Reach and early engagement**
From April 2025 to the present, the service has had active engagement with **85 learners**, with at least **one learner supported from each of the 15 secondary school clusters** across the authority. This demonstrates both reach and equitable access.
- **Reduction in escalation and crisis-led responses**
Evidence of our involvement has reduced the likelihood of escalation to **crisis point**, compulsory measures or long-term complete disengagement.
- **Sustained family engagement**
Time is deliberately built in to enable **regular and meaningful contact with parents and carers**, supporting ongoing engagement rather than short-term or episodic involvement. This sustained contact supports preventative planning and continuity of support.

Qualitative evidence

- **Improved trust and confidence in services**
Families report increased confidence in engaging with services due to consistent communication, joint planning and the informal, relational nature of contact. Families who had previously been reluctant to engage with more formal processes are supported to participate as equal partners in planning and review, strengthening early intervention and shared responsibility.
- **Deeper understanding of family context**
Engagement enables practitioners to gain a richer understanding of individual family circumstances, strengths and challenges, ensuring that support is personalised, responsive and grounded in real-life context. This supports identification of emerging needs and timely preventative action.
- **Re-engagement with learning and wellbeing**
Delivered in low-pressure, outdoor and community settings, the approach

supports young people to experience success, rebuild trust with adults and re-establish a positive learner identity. This has been particularly effective for learners experiencing anxiety, reduced attendance or disengagement, helping to prevent further escalation.

- **Stronger multi-agency coordination**

Proactive family engagement through engagement facilitates more effective communication and coordinated planning with partner services, reducing duplication and ensuring that support is **child-centred, needs-led and preventative**.

Question 3: Estimate of WFWF funding spent on this activity in this financial year (in pounds):

Please provide the best estimate of this figure for the activity. This greatly helps to provide an understanding of how WFWF is supporting these activities.

Outdoor Education Staff (2.2fte Outdoor Instructors) - April – August 2025

£50 000 then brought into existing budget.

Project Lead – April – August 2025 –

£20 000 then brought into existing budget.

Outdoor Education Providers – April – August 2025

£15 000 then brought into existing budget.

Therapeutic approaches (Quarriers input/Sensory Circuits/Draw and Talk Therapy)

£5 000

Family activities/food / essentials / equipment

£5000

Approx £95 000

Overview of All Spending

Year 1 - £30 000 Year 2 – £160 000 Year 3 - £95 000 (£285 000 approx.)

Question 4:

Based on your evidence provided in Section 1, please describe how the activities are supporting services to shift towards (1) more preventative support and (2) early support.

A key preventative strength of our approach is the time dedicated to building and sustaining trusting relationships with young people and their families. Practitioners engage proactively with parents/carers through regular communication and joint planning, strengthening confidence in services and promoting shared responsibility for wellbeing and progress.

This relational approach enables practitioners to develop a deeper understanding of individual family circumstances, strengths and challenges, ensuring that support is responsive, personalised and firmly grounded in real-life context. The depth of these relationships supports families who may be reluctant to engage with more formal processes, increasing their confidence to participate as equal partners in planning and decision-making.

At present, the majority of our intervention is triggered once needs have escalated to a level of concern, often in response to reduced attendance, behavioural incidents, or significant wellbeing issues in the family home and community. While this ensures children and families receive support at the point of greatest need, it does not always allow for early, preventative measures to be established. Moving forward, there is a clear need to strengthen our approach to earlier identification, proactive engagement and partnership working, enabling support to be offered before difficulties become entrenched and require more intensive intervention.

This collaborative approach empowers families by increasing their confidence in accessing support and contributes to a shared understanding of roles and responsibilities. As a result, families are more actively involved in planning and reviewing support, promoting shared ownership of children's progress and wellbeing. Evidence indicates that families who feel listened to, respected and supported are more likely to engage positively with services and to sustain involvement over time, strengthening outcomes for children and young people.

Question 5: Describe the main successes to delivery and how specific factors enabled these successes.

Please cite your evidence sources. May include: other programmes or funding sources which contributed to activities and outcomes, resourcing, skill development, planning or engagement, activities, or emerging outcomes. Evidence of economic/budgetary impact may also be included.

Since April 2025, **85** pupils have received multi-agency support as part of this project. Of these, 68 children and young people engaged through a combination of outdoor learning experiences and therapeutic input, while 10 children and young people engaged in therapeutic work only. Although family support workers have not been funded during this period, social work and education have built on partnership working from the previous session and have continued to work collaboratively to support 46 of these children and young people.

Training in Sensory Circuits was delivered to staff across 19 schools. Early evidence indicates an improvement in children's ability to self-regulate, supporting increased readiness for learning and engagement.

Schools can request Draw and Talk therapy where a non-invasive, trauma-informed therapeutic approach has been identified as required to support children and young people with social, emotional and behavioural needs. To date, 25 children and young people have completed this 12-week intervention, which has been delivered by staff trained using part of this budget. Early outcomes indicate improved self-understanding, reduced levels of anxiety, and a decrease in escalated behaviours.

In addition to the 85 young people described above, there are seven children who did not engage with any of the supports offered. Of these, three have since left school, including one who is now in full-time employment, and two young people have re-engaged through part-time education provisions supported by the Autism Outreach and the Care Experienced teams.

Evidence of individual successes demonstrates that the majority of the 68 young people participating in outdoor learning experiences and targeted therapeutic input have shown improved attendance at mainstream school and increased engagement with learning. The development of transferable skills for life, learning, and work has been systematically monitored using the Skills Builder framework, providing clear evidence of individual progress. Supporting qualitative and quantitative data are collated within evidence folders and will be shared with the oversight group to ensure robust scrutiny and accountability.

Question 6: Describe the main challenges to delivery, and how these have been mitigated or plans to mitigate them. Please include any details on any activities which have not progressed as expected and any challenges in reaching particular types of families. This is a space to reflect on any lessons learned and how these might inform future work. The logic model context, assumptions, and risks, as well as any locally monitored risks may be useful to consider in this response.

Please cite your evidence sources. May include: resourcing, skill development, planning or engagement, activities, or emerging outcomes. Evidence of economic/budgetary impact may also be included.

A key challenge to delivery is the structural separation between social services and education, with partnership working too often reliant on individual relationships rather than being embedded within service design. This reduces sustainability, creates variability in practice, and limits the system's capacity to deliver consistent, fully integrated preventative whole-family support at scale. Consideration needs to be given to job roles and associated terms and conditions, with a view to creating a dedicated bridging role that operates across both education and social work. Such a role would be designed to support integrated, preventative whole-family working, reduce reliance on informal relationship-based collaboration, and embed joint responsibility within service design rather than individual practice.

In total there were 92 children and young people referred to the service and 7 of these young people declined to engage at any level. No consistent locality-based or family-specific factors were identified across these cases, indicating that disengagement was not attributable to a particular context or family dynamic. In each instance, available evidence shows that referral and intervention occurred at a stage where needs had already escalated significantly, limiting opportunities to establish relationships and engage preventatively. This clearly reinforces the importance of earlier identification and timely support, as the likelihood of engagement diminishes once difficulties become entrenched.

Question 7: Please describe progress or challenges towards planning for sustainable delivery of this activity should funding come to an end.

This may include plans around core budgets, additional funding sources, workforce development plans, etc.

Service Development and Future Considerations

Current development plans are being delivered within the existing budgetary framework; however, further work is required to reduce silo working across services in order to maximise impact and improve outcomes for children and families. While individual teams continue to provide effective support, there are opportunities to strengthen coherence, shared ownership, and joint accountability.

A key area for exploration is the positioning of **wellbeing** within the service landscape. At present, wellbeing sits across multiple remits, which can lead to duplication, fragmented responses, or uncertainty for families about where responsibility lies. A more integrated approach would support clearer pathways, improved consistency, and more holistic planning around children's needs.

There is potential to explore the development of a **blended role** that brings together strengths from both education and social work. Such a role would combine educational insight, relational practice, and safeguarding expertise with a strong focus on early intervention, engagement, and family support. This could enable more flexible, preventative responses, reduce thresholds for support, and ensure that wellbeing is addressed alongside learning, attendance, and inclusion.

Exploring this approach would support:

- Earlier, more joined-up responses to emerging need
- Improved communication and shared planning across services
- Clearer accountability for wellbeing and engagement work
- More efficient use of existing resources

Further consideration and consultation will be required to determine how this approach could be developed in a way that complements existing roles, avoids duplication, and remains sustainable within current budgets.

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

May include: any progress not captured elsewhere in the table, or questions for Scottish Government. Please indicate any related local evaluation work in progress here.

WWF Report: Lead Officer, Third Sector Dumfries and Galloway

Project/activity title:

Lead Officer, Third Sector Dumfries and Galloway

Author name(s):

Alan Webb, Julie Hogg

Question 1: Activity description:

Please provide a detailed, clear description of the activity funded. For example this should include details of numbers of staff and relevant costings. It should also include a clear description of the tasks which specified staff are engaged in relating to this funding so that a clear case can be made that this is likely to reduce crisis intervention and lever funding to early intervention. In the event that funding is for part costs of staff please be clear about this and how these activities are contributing.

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 2 (25/26) was:

- Conclusion 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, including development plan.
- Working across sector portfolios to ensure Children & Family priorities, and those contributing to them, reflected sector insights and capacity – including internal working across health and wellbeing, employability, community transport.
- Contribution to national and regional policy and framework development to include sector insights on impact on children and their families, including

Whole Family Support, community planning, population health and local budget consultations.

- Sector contribution to the development of the new Children's Services Plan.
- Oversight and support of ND Family Support project (NOTE: no additional funding is allocated to the role for this purpose, so there is no duplication with the ND programme)

Question 2:

a) Which WFWF Logic Model outcome(s) does this activity contribute to? Please indicate the relevant early, intermediate, and long-term outcomes (see updated Logic Model).

b) For each outcome above, what specific **qualitative** or **quantitative** evidence from this financial year (2025-2026) shows how these outcomes are progressing? In your response, please describe how this has happened (processes/mechanisms) and who has been involved (i.e. CSPP staff roles and, where applicable and available, the types and numbers of families receiving support – particularly the six priority family types of the Tackling Child Poverty Delivery Plan). *Please include WFWF Logic Model outcomes used in response to question 2 of your previous WFWF annual report template. You may wish to update these based on the latest version of the logic model. Embed in this template any sources of evidence used like published reports or URLs, or publicly shareable self-assessments. Responses for each activity should be up to 250 words.*

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*

Question 3: Estimate of WFWF funding spent on this activity in this financial year (in pounds):

Please provide the best estimate of this figure for the activity. This greatly helps to provide an understanding of how WFWF is supporting these activities.

£45000

Question 4:

Based on your evidence provided in Section 1, please describe how the activities are supporting services to shift towards (1) more preventative support and (2) early support.

- 1. 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.**

There has been much activity regarding engagement with a series of workshops that have enabled the amplification of TSO's voices in response to CS planning. This work has been supported and at times driven by Children in Scotland. (1&2)

- 2. 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.**

With the recent sign off the Children's Services Strategic Plan and the HGIO action plan, the intention is to revisit the HGIO plan now that the CS Plan is complete to ensure that one is aligned to the other. A next steps meeting has been scheduled in the next week. (1&2)

- 3. 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.**

The Lead Officer is a member of the GIRFEC Leadership group and is currently exploring the training needs of our TSO's across Dumfries & Galloway. (1&2)

4. *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'.*

Anecdotally we are aware of the support that our TSO's are providing in the spaces and places that our children and families frequent and feel safe in. we have designed a facilitated day that, if requested, could be facilitated to enable a deeper understanding of place-based need and resources for our children and families. (1&2)

Question 5: Describe the main successes to delivery and how specific factors enabled these successes.

Please cite your evidence sources. May include: other programmes or funding sources which contributed to activities and outcomes, resourcing, skill development, planning or engagement, activities, or emerging outcomes. Evidence of economic/budgetary impact may also be included.

- The strategic partnership have been welcoming to the newly appointed Lead Officer.
- Attendance to Public Protection Committee, Family Support, Fairer Futures Partnership, Parenting Support, ND Subgroup and GIRFEC Leadership has been welcomed and informative.
- The CYPF Third Sector Mailing List that is updated regularly ensures the timeliness and opportunity for TSO's in DUMGAL to be informed and updated on the CS Partnership and working together.
- The Lead Officer is the TSI Representative to sit on the Children's Services Planning Strategic Leads Network with Children Scotland.
- Attendance to all CS Partnership planning events, helping to shape the priorities for 26-29 CS Strategic Plan.
- Attended the following National events including:
 1. TSI Children's Services Network Meeting
 2. Best Practice in Community Engagement & Consultation Training Children's Services Third Sector Engagement Event
 3. Whole Family Support - Working Together to Get It Right Conference Supporting TSI's
 4. Scotland GORFEC Leadership Conference
 5. The Gathering SCVO
 6. TSI Children's Services Network Meeting
 7. COSLA: Children in Scotland Event

Question 6: Describe the main challenges to delivery, and how these have been mitigated or plans to mitigate them. Please include any details on any activities which have not progressed as expected and any challenges in reaching particular types of families. This is a space to reflect on any lessons learned and how these might inform future work. The logic model context, assumptions, and risks, as well as any locally monitored risks may be useful to consider in this response. *Please cite your evidence sources. May include: resourcing, skill development, planning or engagement, activities, or emerging outcomes. Evidence of economic/budgetary impact may also be included.*

- Our geographical reach for TSO's to attend a workshop / meeting can be problematic at times. Although they are keen to be updated, the geographical and backfill challenges experienced can impact significantly on attendance.
- We have quarterly CYPF Forums planned and are trying a new model of it being a larger part of the day, providing updates and contact with keynote speakers on relevant topics.
- Our TSO's have responded to our surveys on newsletter structure and format as well as agenda for CYPF Forums. Staff capacity has impacted some of this

Question 7: Please describe progress or challenges towards planning for sustainable delivery of this activity should funding come to an end.

This may include plans around core budgets, additional funding sources, workforce development plans, etc.

- We know that up to £30m of annual investment in our community and voluntary sector aligns with the priorities of the Partnership, from family support, services for children and young people, clubs, activities and education.
- There is an important role for our Lead to coordinate this input, understand how we maximise our collective impact, align skills, experience and resources and ensure that our community and voluntary organisations – and the communities they belong to – can contribute to local decision making about what's needed in a place-led and place-based way.
- The Lead role is essential to this activity; however, we recognise funding through WFWF is time limited. We'll ask the partnership to consider other models of investment in this important interface role for the long-term.
- This may also mean learning from other models across the wider partnership, like shared investment across partners shown in Community Transport, a Strategic Alliance like in Health and Social Care, or a standing

commitment to the direct resource as seen with the Employability Partnership.

Additional: Any other comments, innovative work, relevant learning, or unexpected changes or unanticipated outcomes/results identified during this year? *May include: any progress not captured elsewhere in the table, or questions for Scottish Government. Please indicate any related local evaluation work in progress here.*

- Although we had specific areas of priority for this role from the outset, the wider benefits have been seen in having a dedicate Lead who can help join the priorities and activities across partnerships in our sector context.
- Having a post that both represents and informs our sector's future role across Children's Services, FFP, Tackling Poverty, Public Protection and Employability – either directly or through other colleagues – brings much great benefit and avoids duplication that would otherwise be seen. We will see our sector playing a greater delivery and leadership role in national and regional policy delivery, from service reform to population health.

SECTION 2: Progress Narrative for our overall WFWF plans

Question 4: How activities of the WFWF Programme overall are supporting services to shift towards (1) more preventative support and (2) early support.

Use of WFW funding to upscale the role of children and families social work assistants has allowed family support workers to focus on lower-level preventative work 7-days a week, around the clock with children in need. This has allowed locality operational teams to concentrate on higher-level support for families where there are complex needs.

The use of funding for recruitment of a Parenting Co-ordinator has directly supported a shift towards prevention and early intervention by ensuring that families can access evidence-based parenting support at the earliest opportunity. Workforce training has also supported practitioners to identify emerging needs earlier and provide appropriate support without escalation to statutory or crisis services. Overall, the work co-ordinated using this funding is strengthening early help capacity across the system, reducing reliance on reactive responses and supporting families to build skills, confidence and resilience.

Our Primary Inclusion Support Project provides targeted interventions once a level of need is reached. However, a key preventative strength of the project's approach is the time dedicated to building and sustaining trusting relationships with young people and their families. Evidence indicates that families who feel listened to, respected and

supported are more likely to engage positively with services and to sustain involvement over time, strengthening outcomes for children and young people.

Our Neurodevelopmental Family Support Model aims to work with children, young people and parents/carers to build capacity within families and communities to support children and young people with neurodevelopmental issues.

Question 5: Main successes

In late 2025/early 2026 we had a positive Joint Inspection of services for our children and young people who are looked after at home, and the inspection findings showed that our supports to these children and young people are working well. Use of WFW funding to expand the role of our family support workers in We have seen a reduction in the number of children in residential care, and a reduction in referrals to SCRA on care and welfare grounds.

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.

Our Primary Inclusion Project can demonstrate improved evidence of improved attendance at mainstream school, and increased engagement with learning. The development of transferable skills for life, learning and work has been systematically monitored using the Skills Builder Framework, and this has provided clear evidence of individual progress. Key to the success of this project has been our partnership working, with collaborative working between Education and Social Work.

In Dumfries and Galloway, partnership working is one of our strengths, and those working in services for children, young people and families will often cite good working relationships as a major success factor. However, this partnership working can sometimes be dependent on good individual relationships rather than being systemically embedded, and in considering success factors across all our WFW-funded programmes, our assessment is that while the embedding of partnership working within service design remains a challenge, we have collectively made progress towards this across all of our WFW-funded programmes.

Question 6: Main challenges to delivery

A challenge for us is the achievement of a 'no wrong door' approach. We have made some progress towards this, but we have not achieved it as fully as we would like. The development of our Children's Services website has allowed families and professionals to access information about services available within Dumfries and Galloway, however we know through our Fairer Futures engagement work, that families are telling us that signposting to information is not enough, and that realistically, families facing a range of

challenges need us to actively support them to access services. Our 100 Voices Project funded through Fairer Futures is helping to inform our wider holistic family support work. Some challenges have involved staffing, with staff moves leading to some delays. Some work requires recruitment of a lead officer/co-ordinator, and a significant issue with short-term project funding is that staff on temporary contracts may leave to take up permanent posts.

Engagement of some children and young people remains a challenge. Our Primary Inclusion Project for example, has focused on taking time to build trusting relationships with children and families, and this has been a key strength of this project's approach, but despite this, the Primary Inclusion project found that 7 of the 92 children referred to the project declined to engage at any level. Reasons for this were explored, but there were no consistent factors that could be identified, other than that needs had already escalated significantly when referral was made.

We have previously identified a challenge with the way that funding for initiatives can lead to unintended pressures on other services that have not received additional funding. This continues to be a challenge. An example is that we have a significant number of practitioners across our partnership who are trained to deliver PEEP, but many are not actively involved in delivery for a variety of reasons including staff capacity. Our Children's Services Executive Group have highlighted this as an area for improvement under in our 2026-29 Children's Services Plan under our 'Support for Families' priority.

Question 7: Specific updates on local progress or challenges towards planning for sustainable delivery of holistic family support beyond WFWF.

The majority of our WFW funding has been used within Social Work Services to expand our family support work with families where children and young people are on the edge of care. We are conducting a full evaluation of this from May 2026, and this will inform our final model of holistic family support.

Delays due to staffing changes have meant that while work has continued to progress, we are not at a point with initiatives such as the Neurodevelopmental Family Support Model where we are able to evaluate the effectiveness of the approach.

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. A feature of the rurality in Dumfries and Galloway is that around a third of the population live in small villages with fewer than 500 people and limited public transport, and this population profile can make it especially challenging to run group-work programmes. As a partnership, we need to be prepared to challenge such requirements when appropriate.

There is a NES requirement for a parenting coordinator (PoP) to be employed and continue to allow the local authority to receive funding, resources and from training NES. Whilst this post currently sits with the Lifelong Learning Service, future funding of the post needs to be a Council-wide consideration going forward.

Additional:

The evaluation of our Social Work family support work is taking place from May 2026.