



JOINT ANNUAL REPORT 2022-23

Dumfries and Galloway Children's
Services Plan 2020 - 2023

ABSTRACT

This is the third and final Joint Annual Report on Dumfries and Galloway's 2020-23 Children's Services Plan.

Dumfries and Galloway Children's Services Strategic and Planning Partnership.

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Introduction

This is our third and final report on our 2020-23 Children's Services Plan. As this is our final report, we have sought to show what was delivered in 2022-23, and also to summarise the success of the entire 3-year plan, and evaluate how far we have achieved the aims that we agreed in 2020. The report also details any improvement activity that will continue into our 2023-26 planning cycle. Our progress on Whole Family Wellbeing Fund spend will also form part of this report, as set out in Scottish Government's Template at Appendix 1.

Our Children's Services Plan is our overarching plan for services for children and young people in Dumfries and Galloway. The Plan sets out our partnership's joint vision, approach and ambitions for children and young people in Dumfries and Galloway.

The central aims of our Children's Services Plan reflect those set out in statutory guidance, these being to:

- Safeguard and support the wellbeing of children and young people in Dumfries and Galloway.
- Promote early intervention and prevention to address needs at the earliest opportunity or to prevent them arising.
- Deliver services that appear as integrated as possible to the children, young people and families who use them.
- Make best use of resources.
- Ensure that related services, for example Housing and Alcohol and Drug services are also delivered in a way that as far as possible promotes children's wellbeing.

Our Children's Services Plan is a high-level, strategic plan that sets out the shared joint priorities for Dumfries and Galloway and provides a roadmap for delivery. At the beginning of this planning period, in April 2020, we had just delivered an ambitious plan of improvement under our previous plan, with many key successes, and we were well-prepared to build on these improvements and to continue to address challenges – particularly with regard to looked-after children's attainment; and support for children with disabilities. However, at this point, the Covid-19 pandemic was escalating with the first UK lockdown announced in March 2020. The Scottish Government gave partnerships the opportunity to postpone Children's Services Plans that were due to commence in 2020, and to extend their existing plans for another year. In Dumfries and Galloway, we were ready to start delivering our new 2020-23 plan, and after consideration, we decided to continue with this, on the basis that our new priorities and high-level actions were the right ones to be taking forward at that time.

Our six priorities in our 2020-23 plan are that by working together with our children, young people, their families, and communities:

1. Children and young people are safe and free from harm
2. The life chances and outcomes for care experienced children and young people improve
3. The impact of poverty on children and young people is reduced
4. The mental health and wellbeing of children and young people improves
5. Children and young people with complex needs and disabilities are enabled to reach their potential
6. How we support parents and carers to meet the needs of their children and young people improves.

The six priorities have more detailed action plans that sit beneath them and are underpinned by our GIRFEC approach.

The entire three-year delivery period of this plan has been defined by the Covid-19 pandemic, and its impacts on children, young people, families, communities and staff. This report describes challenges that emerged from the pandemic and how we responded to these.

The following sections contain a summary of activity against each priority in the plan, with information on key successes, challenges, and any re-prioritisation that may have been necessary.

Progress against our priorities

Priority 1: Keeping Children Safe

Background to this priority

Child Protection had been a priority in our previous Children's Services Plan, and this continued into the 2020-23 plan. Historically, Dumfries and Galloway had a high proportion of children on the Child Protection Register compared with other similar local authority areas in Scotland. Child Protection cases often involve several inter-linked or concurrent reasons for registration rather than a single issue.

During the reporting period there were 5268 children referred to Children and Families Social Work, reflecting a busy year in which we dealt with some very complex and challenging areas of work, together with the additional impact from COVID 19. Of these referrals, 92% were for children to be considered 'in need' with the remaining 8% related to children in need of protection.

In 2022/2023 a total of 934 children were referred into our Child Multi-Agency Safeguarding Hub (MASH) with 426 children discussed at Interagency Referral Discussion (IRD). We conducted 226 Child Protection Investigations resulting in 99 Child Protection Planning Meetings. 2022/23 has seen no children re-registered within a two-year period.

As of 31 March 2023, there were 27 children on the Child Protection Register with the most prevalent risk factors being emotional abuse, physical abuse, and domestic abuse.

In prioritising keeping children safe, we focused on the aims below:

Our aims

- Children and young people are better protected by continuing to improve our identification and response to harm.
- Children are better protected by the early identification of and response to supporting children and families affected by problematic substance misuse.
- Children and young people can protect themselves through increased awareness of domestic abuse and greater understanding of healthy relationships by children, young people and the wider community.
- Children and young people are better protected through the early identification and response to the impact of domestic abuse.
- Children and young people will benefit from the support of an integrated youth justice service which understands problematic behaviours, avoids unnecessary criminalisation and supports transition to adulthood.

What we set out to deliver by the end of the planning period (31 March 2023)

- We planned to continue to embed our strengths-based approach to working with children and families. We would do this through extensive training and

ensuring we have the right policies, procedures, structures, support and tools in place to support best quality practice.

- With our Alcohol and Drugs Partnership (ADP), we would make sure that staff working in services used by children, young people and families had knowledge and understanding about substance misuse, and how children and young people could be affected by it. This could be substance misuse by parents/carers or by children or young people themselves. We would make sure that staff were more aware of this and had the knowledge and skills to support children and young people who were affected.
- Our ADP had commissioned a needs assessment for children and young people affected by substance misuse (their own, or others'). We would look at the findings and use these to help us plan services that met the needs of children and young people.
- We will work in partnership with the ADP to examine the key findings of the ADP commissioned needs assessment for Children and Young People in Dumfries and Galloway who are affected by their own and other's substance misuse, with a view to determining the service provision required for children and young people and assess the support needs of this population.
- We would carry out a programme of activities to raise awareness of domestic abuse across Dumfries and Galloway.
- We would review the way that we responded to children and young people affected by domestic abuse. We would make continuous improvements to ensure we have the right training, policies, procedures and tools in place to support best practice in responding to children and young people affected.
- We would develop equitable access to diversion and intervention systems across Dumfries and Galloway.
- We would develop and deliver a restorative justice programme which will be aligned to meet the needs of our 16-25 year old community.
- We would explore opportunities to build relationships with children and young people within schools and communities to promote and influence positive behaviours.

The position in April 2022

The Multi Agency Safeguarding Hub (MASH) had continued to work remotely during the pandemic. Monthly Initial Referral Discussion (IRD) Review demonstrated that the remote working had not impacted adversely on partnership working and decision making for our most vulnerable families. IRD Review (undertaken jointly by Police, Social Work, NHS, and our Lead Officer Public Protection (Child Protection) consistently concluded that the right families were being referred for discussion at IRD and when they proceed to full IRD, the right safeguarding decisions were being made.

At the start of the reporting period, the Scottish Child Interview (SCIM) Model had been introduced, with decisions about whether a Joint Investigative Interview (JII) is needed being made within the Initial Referral Discussion process.

Because of developments in relation to implementation of the Scottish Child Interview Model and the Age of Criminal Responsibility (Scotland) Act 2019, Social

Work had been leading on some joint work with the Scottish Government's Leading Improvement Team to review and further improve Child Inter-Agency Referral Discussions using improvement methodology and small tests of change.

What we succeeded in delivering by the end of March 2023.

Joint actions with the Children's Reporter

Work was carried out between the Police and the Children's Reporter from April 2022 to reduce the number of non-offence ground referrals that may be deemed as inappropriate. Guidance was issued to Police staff and overseen by Police Public Protection Unit Sergeants. This led to a reduction in non-offence ground referrals received by the Children's reporter with referral figures more stable. Ongoing monthly quality assurance between the Police and SCRA is undertaken to ensure referral rates are monitored and any issues highlighted at the earliest opportunity.

Signs of Safety – findings of our progress audits

As part of our work to implement a Signs of Safety approach in Dumfries and Galloway, we have undertaken a total of 3 audits to inform progress. The most recent audit in 2022 has, despite COVID, provided evidence of the following:

- Assessments of a higher quality with increasing use of tools with children and families
- Overall auditors were impressed with the general standard of practice and language used in reports and recordings.
- We have much better involvement of children in development of plans and using child friendly versions.
- We are now undertaking much more direct work with children.
- When making service referrals we evidence that we involve the right people at the right time.
- There is evidence of wider networks and supports involving family and friends with clear roles identified/practical strategies in place.
- There is a big improvement in the inclusion of family and network ideas and solutions within plans with friends of the child also being included in these.
- Of 23 parents who feedback on their experiences, 65% felt that their Social Worker listens to them/ wants to understand their family, 70% felt they and their worker agreed the key concerns and felt included in making their child's plans.
- Of the 9 children who feedback on their experiences, 78% felt their worker explained what was happening, 78% felt their worker listened to their feelings, 78% felt their worker helped them.

We have worked hard to build relationships with families and to develop plans that keep children safe. We are getting more confident using tools to work with children and writing their version of plans and can evidence that multi-agency practice has improved. Areas for development have been identified and will continue to be improved. Our electronic MOSAIC system continues to be developed to ensure that this new approach can be recorded accurately.

Pilot of new Child Protection Investigation process

In May 2022, Social Work staff piloted a new Child Protection Investigation (CPI) process which means the CPI is completed timeously and a decision made on relevant information, followed by longer time for initial work with the family. Initial feedback from families and professionals has been positive, and has supported decision-making at Child Protection Planning meetings. Quarterly Social Work CPI Audits continue to see grades of good or higher for the overall quality of practice and decision-making at CPI stage. This provides assurance to managers and the Public Protection Committee.

Audit of Pre-Birth processes

In Spring 2022, an audit of Pre-Birth records was carried out following changes made to Pre-Birth Processes in February 2021. The purpose of this was to provide reassurance that the changes to process were meeting the desired aim of improving practice.

Overall, the self-evaluation concluded that there had been no adverse impact from implementation of the new process which was ultimately about improving families' experiences by aligning pre-birth processes with other referral, assessment, planning and child protection processes. The changes were also aimed at addressing potential disproportionate sharing of information about pregnant women, by removing the unwieldy process of Pre-Birth Referral Discussions and freeing up more staff time to focus on their face-to-face time with families. The positive findings are even more significant given that the period under review presented significant challenges to practice as outlined in Section 5.

In summary, we found real strengths in the involvement of families and our use of language when writing about them, the ability of practitioners to assess impact in relation to unborn children and the use of the Signs of Safety assessment and planning framework and tools.

The Pre-Birth Steering Group communicated these findings to frontline staff and developed an improvement plan clearly linked to other improvement activity and planning which they will continue to oversee. The revised Pre-Birth Guidance which includes learning from this self-evaluation will be published in Spring 2023.

Multi-agency Child Protection training

COVID has impacted on the ability to deliver multi-agency training over the last few years however in 2022/23 we have delivered 6 multi-agency training events, 4 one-day child protection training events, 1 half-day on Injuries to non-mobile children and a five-day child protection training event. Also, four online modules have been delivered to staff on Safe and Together Core Training, with 44 staff attending. Following reference to trauma informed focus for child protection training in last year's report, this is being led by the Trauma Champion and the PPP are committed to support this when appropriate.

Missing Person Protocol

The Dumfries and Galloway Missing Persons Protocol was launched in June 2022. It aims to capture what the Missing People Charity promote – prevention, response,

support and protect. The aspiration is to build on the existing good work in Dumfries & Galloway by preventing people from going missing in the first place and limit the harm associated with people going missing. Implementation is in its infancy it is acknowledged that there remain challenges. In order to support the implementation of the Protocol the Missing Person Operational Group and Missing Persons Steering Groups were established and set with the task of measuring outcomes, how we know we are making a difference, and obtaining “lived experience”. While both groups are reassured missing people in Dumfries and Galloway continue to be well supported during and after a missing episode, we do recognise that there remain challenges in addressing the disconnect between policy and practice. For example, ensuring the tools within the Protocol such as the risk assessment and return discussion templates are tested, remain user friendly and are helpful for those who go missing as well as frontline practitioners. The protocol will be reviewed in June 2023.

Implementation of National Child Protection Guidance

Since the publication of the National Guidance for Child Protection in Scotland in September 2021 and the Scottish Government’s ambition for all local authorities across Scotland to revise their local guidance within an 18-24 months’ timescale, Dumfries and Galloway developed a local Child Protection Guidance implementation group whose membership include representatives from across the partnership who have met on a monthly basis since January 2022. This has allowed the group to look at the national guidance, compare it with local child protection practice and identify the key themes, challenges and opportunities. A variety of existing or newly developed workstreams have been focusing intensively on different practice elements and in February 2023 a writing review group was established in order to start drafting Dumfries and Galloway’s Multi-Agency Child Protection Guidance. Our aim is that this will be within the September 2023 timeframe and Multi-Agency Child Protection Training materials will be developed and rolled out thereafter.

In July 2022 a further development of the local implementation of the National CP Guidance included the review of the way that Child Protection Planning Meetings are carried out. Not only will this embrace the Signs of Safety approach but, this also aims to strengthen the resources that exist within families to build safety for children who have suffered, or are likely to suffer, significant harm. Implementation for all Initial and Review CP Planning meetings was completed by the end of 2022. From 1 November 2022, all referrals for young people aged 16 – 17 years at risk are now taken through Child Protection processes, in line with the National Guidance.

System changes to embed the new language and terminology in terms of how we record and report on child protection, particularly in respect of impact on/abuse of the child and vulnerability factors, have been made to help with identification of themes and key messages which will enhance our understanding and provide direction on public protection priorities.

Quality Assurance

We continue to undertake systemic multi-agency quality assurance of our Initial Referral Discussions on a monthly basis and the findings are used to help analysis of performance data on a quarterly basis.

We have also undertaken a multi-agency child protection self-evaluation in 2022/23. This activity has included multi-agency file reading involving 85 cases, by file readers from across the partnership. Surveys to children, young people and families to ask about their experiences, and staff focus groups are currently being held, and a Leadership Focus group will also be undertaken. We have ensured that staff from across all partner agencies have been kept informed of what we were doing, why we were doing this, and progress so far. The findings are being collated and it is hoped the final report will be ready in May 2023.

Service user and engagement group

A short-life working group was established to look at gaining service user feedback more creatively and meaningfully and have this embedded into practice as opposed to episodic occurrences. The SMART Survey has to date been the focus of this group and now has been updated post Covid. This will now become part of core CP business the results being fed into the CP scrutiny Group and Performance Quality and Improvement Sub Committee. There have been 25 responses to the initial survey of children and families experiences of social work services, and a further 7 responses from the new survey implemented in Sept 2022. Reporting from this will be undertaken in June 2023. Development of a 'you said' 'we did' response so children and families understand what we do with their feedback.

Moving forward the group will revisit the Terms of Reference and with a view to moving on to look at the wider monitoring, update and review existing local service user engagement and participation methods in Public Protection on behalf of the Communication and Engagement Subcommittee and to plan and introduce future engagement activity. The 'lived experience group' will also consider how we can include voices of experience into PPC and its work on a strategic level.

A scoping exercise will be recirculated for partners to complete in order to capture the pockets of good practice already happening in relation to "lived experience" so this can be built upon.

Domestic Abuse and Violence Against Women partnership actions

In this part year, Violence against women and girls continues to be a pervasive issue throughout the world including Dumfries and Galloway.

It is recognised that increased awareness of domestic abuse and other forms of violence against women should be ongoing and will not be completed during the period of the Children's Services Plan. Understanding of healthy relationships (and recognition of gender-based violence) will continue to be an ongoing priority.

The Violence Against Women Subcommittee (which includes representatives from statutory and specialist services) identified (from anecdotal feedback) that children and young people are not always able to identify healthy relationships and abusive

behaviour which has reinforced the importance of focusing on domestic abuse and other types of violence against women.

In 2022/2023 the VAWG Subcommittee undertook a community survey with 350 responses. Although this was not aimed at young people specifically, responses identified that there is a varied understanding of the continuum of violence against women reinforcing the need to continue raising awareness.

Specialist services continue to raise awareness of healthy relationships and sexual violence with young people in schools. Dumfries and Galloway Rape Crisis's Sexual Violence Prevention Officer delivered 187 reaching 4675 pupils/students young people in the period 2022/23.

Wigtownshire Women's Aid deliver sessions on healthy relationships/domestic abuse to the two Secondary schools in their area. In 2022/2023 they provided of 6 sessions to Secondary years 1, 3 and 4, as well as a session to Stranraer College, reaching a total of 1117 young people. Feedback from the sessions include:

"It helped me strengthen my understanding of domestic abuse & how to notice it"

"I can't think of anything. It was well done, concise and informative. The local example is impactful"

"I know to tell someone now if it happens to me"

"I found this useful as they've informed us that there is a place to go in this situation"

"I found it very useful as I know where to go if I ever needed support in the future"

"I think everything was ok and very interesting"

"It helped me strengthen my understanding of domestic abuse & how to notice it"

During 16 Days of action (25th November to 10th December) there was daily information on social media aimed at raising understanding of violence against women which provided a reach of over 250,000.

For the first time, Tik Tok was used to engage with young people. In addition to the benefits from reading the messages on social media, Peer Educators Group (Youth Work) are hoping to build on the work they did during 16 Days through these videos and continue to address the key issues identified as part of their ongoing work. Youth Work Services worked alongside roughly 30 young people from various projects including Dumfries and Galloway Youth Council, The Young Women's Network, The Toon, Dumfries and Galloway Peer Educators from across Dumfries and Galloway to develop a series of 16 videos tackling issues important to young people related to Violence against Women and Girls. The videos which were posted across Instagram, Facebook, Tik Tok, Twitter, Snapchat and YouTube prompted conversations and provided an opportunity for young people to be open about their own experiences and learn where they could go for support.

The videos reached over 5,000 people through social media and more through youth groups and face to face conversations. A highlight of some of these have now been added to the Youth Enquiry Service Website offering year-round information and links to organisations who can offer support.

<https://youthenquiryservice.org/toolbox/16-days>

Youth Work also used domestic abuse as one of the themes for the Toon which was delivered by young people at Youth Beatz. This raised awareness for the young people who developed the script and acted in the Toon as well as the young people who attended (both from local schools and attendees at Youth Beatz).

Information on where victims can access support was also posted on social media over the festive period and on Valentine's Day (along with encouragement to participate in the community survey).

It is recognised that there are ongoing challenges for raising awareness of healthy relationships being faced by children and young people. The Violence Against Women and Girls Subcommittee are aware that social media can pose challenges with the promotion of pornography; misogynistic ideology and unhelpful relationship messages. Prominent "celebrities" promote ideologies and can encourage radicalisation (including Incel ideology) which can be challenging to recognise and respond to.

Children and young people are better protected through the early identification and response to the impact of domestic abuse.

Safe and Together training and awareness raising has continued in the past year to improve the response to domestic abuse. There were two additional overview sessions on Safe and Together in 2022/23.

There has been work to increase understanding of the principles of Safe and Together:

- Keeping children Safe and Together with the non-offending parent
- Partnering with the non-offending parent as the default position
- Intervening with the perpetrator to reduce risk and harm to children

Due to the need to establish a baseline in practice around domestic abuse, self-evaluation was merged with the Multi-Agency Child Protection Self Evaluation which was taking place. This involved reading the police, health, social work and education records of 18 families using the same Care Inspectorate Tool being used for the

overall record reading with additional questions incorporated as agreed by the Safe & Together Steering Group. The period under review was from May 2022 backwards which included a pandemic context and took us up to the beginning of Safe & Together being launched within the region.

Initial findings from the Case File audit confirmed that staff are confident in working with non-abusing parents and developing safety plans to keep them and their children safe, but less confident in working directly with children to support their recovery and with abusing parents in terms of holding them to account in how they have harmed their children. In the period of time covered by the audit there appeared to be an improvement in domestic abuse informed language and we would expect to see further improvement in the repeat audit following further implementation of Safe and Together.

Core Training for Safe and Together has been rolled out as four online modules followed by remote knowledge transfer sessions for each module led by a Safe and Together Institute trainer. There have been three cohorts of trainees with the majority from Children and Families Social Work. As of the end of March, 44 out of a possible 102 staff have completed the core training (with the remaining expected to do so).

In addition to Safe and Together training, Domestic Abuse Overview and Response was offered via the Public Protection's Learning and Development programme. There were 4 multiagency sessions provided in the last year with 180 attendees. The sessions covered information on the impact of coercive control on survivors and children as well as Police Scotland's response to domestic abuse, including the Domestic Abuse Scotland Act; Multiagency Tasking and Coordination; Multiagency Risk Assessment Conferences and Disclosure Scheme for Domestic Abuse Scotland (DSDAS). Increasing awareness and understanding amongst staff working with children aims to help with the response to children impacted by domestic abuse.

Multi Agency Risk Assessment Conferences (MARACs) continued to meet every 4 weeks to action plan for those at highest risk of serious harm and death due to domestic abuse. In 2022/23 there were 113 cases discussed (33 of these were repeat cases) with 156 children living in the households.

A working group has been established to progress a Domestic Abuse Policy that will include the Safe and Together approach, including tools and resources to support staff to work in a domestic abuse informed way. Training for Supervisors is being arranged in late summer.

Alcohol and Drugs Partnership actions

Alcohol and Drugs featured as a theme in The Toon at Youth Beatz 2022. Alcohol and Drug Partnership (ADP) Support Team members had a stall which had a range of information and resources. Staff were able to talk to young people and their parents about various aspects of drugs and alcohol.

Two sessions of “Everyone Has a Story” training were provided to Education staff. Everyone Has a Story was an action research project that was born from conversations with projects that identified a need to understand how parental recovery from problematic alcohol and drugs affected children and young people. The findings illustrated the importance of positive relationships and actively listening to the experiences of young people. Recommendations were made to practitioners, policy makers and academics, and these continue to be taken forward.

Training on Sex, Drugs and Vulnerable Young Children was provided to teaching and non-teaching staff; Youth Services staff; and Third Sector staff. The Scottish Drugs Forum provided resources for staff to use in lesson-planning.

Online drug and alcohol awareness training was made available for everyone in Public Protection.

We have taken the Practitioners Guide and Toolkit from the national guidance – *“Getting our Priorities Right: Updated Good Practice Guidance For All Agencies and Practitioners Working With Children, Young People and Families Affected By Problematic Alcohol and/or Drug Use”* (Scottish Government: April 2013), and developed this into a localised format for Dumfries & Galloway. It has been developed in partnership with frontline practitioners and managers, across a wide range of services and/or agencies who are working directly with children, young people and families affected by problematic alcohol and/or drug use. These included: Education, Children and Families Social Work, Adult Social Work, Women and Children’s services, Community Justice, the Specialist Drug and Alcohol Service and the ADP Support Team.

Our ADP supported Aberlour Children’s Charity in their bid to the Corra Foundation, which was successful. Aberlour is now delivering targeted services to children and families affected by problematic substance use across the region.

The ADP will be reinstating the Young People, Children and Families Sub Group as part of the overall governance structure regarding drugs and alcohol.

The Strategic Drug and Alcohol Death Group is exploring the needs of families who have been bereaved due to the death of a loved one as a result of a fatal drug overdose or alcohol related death.

How what we delivered made a difference to children, young people and families in Dumfries and Galloway.

We have feedback from young people to indicate that the work to raise awareness of healthy relationships/domestic abuse is well-received and is increasing their understanding and awareness.

The training on alcohol and drug awareness provided to multi-agency staff has increased capacity within our workforce to recognise signs that children or young people may be at risk of harm, and to be aware of the resources and supports available.

Our continued work on relationship-building, and strengths-based practice, together with a focus on maintaining face-to-face contact with children and young people, has supported the development of trusting relationships with children and young people. Through our Family Support Service, children and families are receiving support before situations escalate, and we can see the impact of this on our continued low numbers on the Child Protection, and in the number of children on compulsory supervision orders.

Practice Example

Practice Example: Alcohol and Drugs Training
<p>What was the identified need/ area for improvement?</p> <p>As the result of a training self-assessment completed by education staff, a need was identified for training around alcohol and drugs for teaching and non-teaching staff in schools.</p>
<p>What actions did we take to address this need?</p> <p>Two of the four sessions of training provided by the national provider to the Alcohol and Drugs Partnership (ADP) for the year 2022 were prioritised for education staff. This training provision called "Everyone has a story" looks at the impact of parental substance use on children and young people.</p> <p>The other two sessions being provided to the ADP were made available on the Public Protection training calendar, ensuring this could be shared with education staff also.</p> <p>An in-person training session on sex, drugs and vulnerable young people was sourced and a session held in March 2023. This was attended by teaching, non-teaching staff, youth services staff and youth workers from the third sector. This training also provided information for all attendees to use in lesson-planning and information sessions.</p> <p>Education and the Alcohol and Drug Partnership continue to work together to look at how further training could be made available to education staff, to ensure staff understand the impact of substance use (their own and others) on children and young people and react in the most informed and evidence-based way.</p>
<p>How has this made a difference?</p> <p>Education staff involved in the training developed a greater understanding of the impact of parental substance use on children and young people. This increase in knowledge and skills on this area enabled them to understand the impact of parental substance use on children and young people and the child's change cycle in parental use and recovery. They learned to practice the assessment of risk for children affected by parental substance use and identify ways to actively engage</p>

with, and hear young people's stories. The training provided them with information and resources for future lesson planning.

The stigma training offered on the training calendar enabled staff to understand the importance of language to be used when discussing substance use and understand the impact of the stigma on children whose parents have a substance issue.

The training on sex, drugs and vulnerable young people upskilled staff on drug trends, recognising signs of young people at risk of harm and information on what services and support are available. They also received a number of resources to be used with the young people they work with. As well as the training the Education staff were giving information on what support they can tap into locally from the other delegates in attendance.

Education and ADP continued to work together to look at how further training could be made available to education staff.

What is planned for the future in this area?

Funding was made available through the ADP specifically for education staff in 2023. There are two sessions of "Everyone has a Story" and two multiple risk training planned, this is aimed at education staff on the impact of parental substance use and how to recognize the risks facing young people using substances themselves.

In addition to the ring-fenced training above there is also more training open to staff on The Public Protection training calendar, including stigma training, Staying Alive training and a drug awareness session.

Discussion is taking place with the national provider to provide another session of sex, drugs and vulnerable young people in Dumfries and Galloway later this year.

Discussions are being held between ADP and the lead for Youth Services on developing further training and support to youth services staff who operate within the secondary schools in Dumfries and Galloway

Any additional training or information on any substance use issue is shared with the Education safeguarder.

The challenges we faced, and how we managed these.

With regard to the action being led by the Alcohol and Drug Partnership, there were some challenges here in terms of representation of children and young people on ADP and subgroups due to changes in personnel. There were also increased demands around services for adults, especially with regard to drug related

deaths/MAT. This led to an increased focus on adult services. There had been momentum prior to the Covid pandemic that saw a Needs Assessment being commissioned by the ADP to look specifically at the needs of children and young people. It was planned that a significant element of the needs assessment would involve direct engagement with young people on their lived experience of substance misuse. Unfortunately the pandemic slowed the progress on the report, and in particular on the planned engagement activity. The ability to support prevention and education work through the schools and youth work was curtailed due to Covid.

Relationships were then re-established with services and individuals with a remit for children and young people, leading to the ADP identifying areas of concerns and gaps in service provision. The need for staff training and development was addressed through the Public Protection Learning and Development group. Resources and information on substance use were shared with the group and training provision was rolled out.

Overall evaluation of progress

Throughout the Covid-19 pandemic, we had to refine and rethink our Public Protection Committee priorities and the impact of the pandemic continues to influence our collective approach to protect vulnerable children and families in our communities.

Notwithstanding the pandemic, we continued to build on many improvement areas to better support our practice in keeping children, young people and their families safe.

Improvement activity has been focused on feedback, evaluation and the findings of the needs assessment for Children and Young People in Dumfries and Galloway, determining the service provision direction, together with ensuring equitable access to diversion and intervention in our youth justice service. The development and delivery of our restorative justice programme is aligned to the needs of our 16–25-year-old young people within our local communities, delivering focused and targeted interventions while ensuring assessments and interventions are holistic and rights-based.

Other improvement activity has included continuing to work on the Minimum Dataset for Child Protection Committees across Scotland; and working in partnership with the Centre for Excellence for Looked After Children in Scotland (CELCIS).

We continued to maintain face-to-face contact for our vulnerable children and young people, especially those that were on the Child Protection Register. In maintaining face to face contact with our children and young people, we have been able to continue to build trusting relationships with our children and young people that allowed us to promote, model and influence positive behaviours. Our Child Protection procedures required to be amended and updated to allow us to implement the changes as set out in the newly published National Child Protection Guidance.

In addition, we have been able to put in place our Family Support Service. This service focuses on early and effective intervention and prevention so that situations

do not escalate to a level where statutory measures are required. This is now embedded into operational service delivery, and we can evidence improvement through the reduction of numbers on Child Protection Register and the number of Compulsory Supervision Orders.

We have delivered strength and relationship-based training to upskill our practitioners, and we have evidence of increased quality of planning; and improvements in the direct work to support the safety of children and young people, either at home and across the community.

We have continued to develop our partnership arrangements within locality areas throughout Dumfries and Galloway, including collaboration with the third sector where possible. The Alcohol and Drug Partnership provided Social Work with funding towards the Family Support in recognition of the impact that drugs and alcohol can have for vulnerable families. This collaborative working is ensuring that there is equitable access to diversion and intervention systems.

We continue to acknowledge the rights of our children and young people, and where required, review our policies and practice including our Youth Justice practices, to ensure that there is both legal and ethical compliance together with a consistent working approach.

Our next steps

A Children, Young People and Families subgroup of the Alcohol and Drugs Partnership is in the process of being established. This will ensure all areas of ADP work with children, young people and families will be implemented via a work plan. Training is already in place for this year and discussions are taking place regarding future training needs.

Naloxone training is planned for Youth Work staff in September 2023 and information resources are being sourced for Youth Work and Education services.

The ADP is developing a lived experience partnership and this will include the lived experience of children, young people and families which will help shape alcohol and drugs services.

The work around drug-related deaths highlighted the impact of parental deaths on children and young people. A mapping exercise was carried out and a gap was established around a clear pathway for children and young people impacted by a parental death as a result of substance use. This is currently in the action plan of the strategic alcohol and drug related death group.

Priority 2: Corporate Parenting

Background to this priority

The Children and Young People (Scotland Act) 2014 and the Statutory Guidance on Part 9 sets out a range of duties for corporate parents.

The term 'Corporate Parenting' is defined in the Statutory Guidance as: 'an organisation's performance of actions necessary to uphold the rights and secure the wellbeing of a looked after child or care leaver, and through which physical, emotional, spiritual, social and educational development is promoted, from infancy through to adulthood. It is a role which should complement and support the actions of parents, families and carers, working with these key adults to deliver positive change for vulnerable children'.

Scottish Government emphasises the importance of Corporate Parenting by stating: '...those children who are looked after, your council has a legal and moral duty to try to provide the kind of loyal support that any good parent would give to their children.... To make sure that children in care get a good start in life

Put simply, the term 'Corporate Parent, means the collective responsibility of the council, elected members, employees and partner agencies, for providing the best possible care and safeguarding for the children who are looked after by us.

Section 58 of Part 9 of the Act sets out the following duties for all Corporate Parents:

- a) To be alert to matters which, or which might, adversely affect the wellbeing of children and young people to whom this Part applies;
- b) To assess the needs of those children and young people;
- c) To promote the interests of those children and young people;
- d) To seek to provide those children and young people opportunities to participate in activities designed to promote their wellbeing;
- e) To take such action as it considers appropriate to help those children and young people –
 - To access opportunities it provides in pursuance of paragraph d) and
 - To make use of services, and access support which it provides and
- f) To take such other action as it considers appropriate for the purpose of improving the way in which it exercises its functions in relation to those children and young people.

Corporate Parenting is the formal and local partnership between all services responsible for working together to meet the needs of our looked after children, young people and care leavers. All Scottish Local Authorities should have a plan that sets out how the partnership will work together in collaboration to achieve this. Our current plan sets out actions against these duties.

In 2020 we developed our Corporate Parenting Plan with agreed aims, these were further revised following ongoing participation and engagement with our children and young people to identify what was most important to them. In doing so, this allowed us to take into account their views together with a fundamental shift to delivering on Scotland's Promise to ensure that all our children and young people grow up loved, safe and respected.

Our areas of focus

- Housing and accommodation
- Interaction with young people
- Raising attainment improvement focus
- Improving access to Health

What we set out to deliver by the end of the planning period (31 March 2023)

Housing and Accommodation

- We will be confident that our services are as effective as they can be when they are shaped by the voices of children, young people and care leavers.
- We will ensure that all transitions from birth to young adulthood will be well planned and children and care leavers will experience safe, secure and stable placements, with as few moves as possible and to avoid homelessness and prevent homeless presentations.
- We will work with all young people who require accommodation to access and sustain the accommodation they choose and is available to meet their needs when they need it most.
- We will work with Housing providers to ensure there is a range of safe and comfortable accommodation choices to meet the needs of all young people at a time when they need this most for as long as they need this.
- We will ensure that a range of housing options will be available to vulnerable young people to access permanent accommodation options, or temporary accommodation if permanent is not immediately available, to meet their individual needs when they need this most to enable them to make a successful transition when they are ready to do so.

Interaction with young people

- We will ensure that our Looked After Children and Young People are given the same opportunities that any good parents would provide for their child, and that we have the same expectations and aspirations as we would for our own children.

Raising attainment improvement focus

- We will develop and promote the role of Corporate Parents for raising academic attainment and promoting wider attainment and participation.
- We will contribute to Dumfries and Galloway's aspiration that young people will be in positive and sustained destination, and as part of the Young Person's Guarantee, support 100% of them to move into and sustain positive, meaningful destinations beyond school and be supported by appropriate training.
- We will improve the educational attainment of care experienced children by removing barriers to learning, improving tracking and monitoring, improving attendance, reducing exclusion and providing equal access to opportunities.
- We will develop, deliver and support intervention and prevention initiatives targeted at children and young people, aged between 0 – 26 to improve their wellbeing and attainment levels

Improving access to Health

- We will be confident that all children and young people who are looked after are invited to a health assessment within 4 weeks of the initial request and have a clear understanding for the reasons of this assessment - what this will look and feel like to them.
- We will ensure that each individual health assessments meet the individual needs of all children and young people.
- We will increase the uptake of appointments by ensuring that children, young people and families understand the value for them as well as remove any barriers

The position in April 2022

The position at the start of the reporting period, was that through our strengths-based work with children and families, and building better, more trusting relationships; we had reduced the number of children on the Child Protection Register, and the number of children on Compulsory Supervision Orders.

We are one of three local authorities in Scotland that have piloted the Bright Spots programme in Scotland. One of our aims for this reporting period was to respond to what children and young people told us through Bright Spots.

What we succeeded in delivering by the end of March 2023.

We recognise the demonstrable progress that we have made whilst recognising there is still lots to do.

Our Corporate Parent Group and Promise Partnership have worked in collaboration to delivery on The Promise's priority areas – A Good Childhood; Whole Family Support; Supporting the Workforce; Building Capacity and Planning; to focus on making significant and substantive changes to the lives of care experienced children, families and young people across our region.

We have seen a significant reduction in the number of children and young people that are subject to statutory measures (including Child Protection Registration and Compulsory Supervision Orders). This is due to the more trusting relationships that our staff have been able to build with our families to allow the meaningful and holistic work we undertake. We are supporting our families to identify their own support networks within their local communities. Whilst this has not reduced the work that we do with our families, it has improved their outcomes and the interventions and offers of support are less stigmatising and more welcomed.

We have made significant progress in listening to our children and young people including carrying out a Health and Wellbeing Survey and various multi agency collaborative audits. In terms of listening to the Voices of our children, young people and families, we have increased our offerings of participation and engagement including participating in the Bright Spots Programme. Currently official statistics only provide a partial picture of children in care and care leavers' lives. Data focuses on adult perspectives using objective outcome measures, such as where children live, or educational results. None of this information was telling us about how children feel: are they happy, safe and feel they are doing well? The Bright Spots programme addresses these gaps by measuring children and young people's subjective wellbeing – putting our children and young people's experiences and voices at the heart of how we measure subjective wellbeing.

Our overall response rate of 62% for the views of our children in care age 4 to 18 years and 43% for our leaving care young people reflects a good return rate to allow us to inform decision making and planning, supporting us in shaping our refreshed Corporate Parent Plan, and also help improve the health, wellbeing and future outcomes of our children and young people.

We have seen some improvement in number of children and young people receiving medical assessments but we need to do more to talk to children and young people about their lived experience of health care and identifying and removing of barriers in attending assessments. We have now introduced mechanisms in the tracking of health outcomes to further support this work.

Attainment continues to be a major focus for us. We have made some progress in supporting our looked after children and young people in pre-school settings, but more work is required as the attainment gap to their wider peer group remains wide and will form one of our Council's priority in going forward. We are helping young people to improve their chances of a positive destination including gaining further education and or employment but recognise more work from all partners is required to accelerate this work.

One of our most significant challenges is accommodation. We have made some progress with this, including managing to secure funding to keep Holm Park View open. (Holm Park View is our supported accommodation residence for care-experienced young people). We have made some progress in finding appropriate accommodation for those leaving formal care setting; However, we need to be

ambitious in determining what support accommodation might look like for young people in Dumfries and Galloway, and how this can be funded.

As a partnership, we have worked effectively over the last year. The membership of the Corporate Parenting Group has been revised, and the plan has been refreshed in response to national developments and to make links with the work of the Whole Family Support Group together with Delivering on Our Promise. .

Successful in securing funding through the Summer Fund Activities Programme; Poverty Monies; Mental Health Monies and external funding through Scottish Government's Promise Partnership and Scottish Government's Health Care Improvement Scotland.

Our Champions Board has been reinvigorated, and is looking at specific targeted focus groups with involvement of our Youth Council.

How what we delivered made a difference to children, young people and families in Dumfries and Galloway.

Children and families now have more of a voice and are better engaged in decision-making.

The number of children on the Child Protection Register has remained low as families have received the support they need, when they needed it.

Addressing barriers to attending medical assessments has improved children and young people's health and wellbeing.

Practice Example

Practice Example: Enhancing our Workforce to be more Trauma-informed
<p>What was the identified need/ area for improvement?</p> <p>We know that for our children and young people, trauma results from an event, or a series of events/circumstances that has been harmful or in some cases, life threatening to them. Whilst the experience of trauma will differ across our children and young people, the effects of trauma can be lasting and limit their ability to achieve mental, physical, social or emotional well-being.</p> <p>In order for our workforce to be able to support our children and young people who are experiencing trauma in their life, we have to ensure that we provide them with the appropriate skills and knowledge so that they are trauma informed and can adopt and implement trauma informed approaches in the work that they do. In</p>

doing so, we are building a well-equipped trauma informed workforce that support our children and young people to feel safe, and to develop trusting relationships.

What actions did we take to address this need?

We know that one of the Calls to Action set out by The Promise Scotland is that we ensure that our children who have been removed from their family and live in and around the care system they must have a good and loving childhood. We must ensure that where our children cannot remain at home, that they remain with their brothers and sisters.

To support our workforce, we have purchased a virtual reality training programme that allows the user to experience life through the eyes of the child. We are one of only two Scottish local authorities that are using this creative and immersive tool as a different approach to the way in which we traditionally work, and how we train and upskill our workforce.

In addition to our workforce, we have delivered this training to our foster carers. It is important that we support them in the understanding of the impact of trauma and neglect has on our children so that when our children are placed with them, they can support them from a perspective of understanding and empathy which in turn supports our placements to be sustained creating a stable environment.

How has this made a difference?

The programme can be used as a learning and development tool, and as an intervention tool in any safeguarding context. Due to the immersive nature, users are able to experience the impact of trauma, abuse and neglect first hand, through technology that has been carefully designed to enhance the adults understanding of the child's emotions, trauma and potential triggers to be able to improve the care and guidance that they provide. When we enhance our understanding, we then change our behaviours in how we respond to the needs of our children and young people, the outcomes for them improve significantly and we see sustainable long-term change.

The use of the programme is focussing on staff and our foster carers to allow them to support our most vulnerable.

The use of this technology is supporting our staff and carers to:

- Improve their understanding of our children's behaviours and needs to ensure that the decisions made, reflect the best interest of the child.
- Increase their empathy and understanding of the trauma, abuse and neglect that our children have experienced and allow for the right supports to be identified at the right time.

- Increasing the resilience of our foster carers by allowing them to respond to the behaviours of our children and young people who are struggling with their mental health, trauma and experiences of neglect.

We are currently evaluating and measuring the changes that the use of this programme has supported and the impact that it has had so that the learning and development can be aligned to our current services and support operational practise to ensure that we “*give all children and young people – who are the experts in their lives – influence and shape the services which are being provided for them to make sure that they get the right help at the right time*”.

What is planned for the future in this area?

The training programme has been used initially in Social Work, and will now be rolled out to staff throughout the partnership, including the Third Sector so that we build the capacity of the workforce across our partnership to become more trauma-informed.

Overall evaluation of progress including challenges

Overall, our evaluation is very positive, this includes the outcome of a self-assessment that we carried out using a national toolkit for evaluating Family Support.

Despite significant challenges, for example with recruitment; the increase in the number of children and young people needing support with mental health; poverty, and the Cost of Living Crisis, we have been successful in driving forward our development and transformation work throughout the aftermath of the pandemic.

Our next steps

Over the coming months we are revisiting our participation and engagement with our children to shape our refreshed Corporate Parent Plan for 23/26

Priority 3: Poverty

Background to this priority

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. Scottish Government also highlight six priority family types as being at higher risk of child poverty and these are: lone parent families; minority ethnic families; families with a disabled child or adult; families with a younger mother (under 25); families with a child under 1; and larger families (3+ children). As such Child Poverty has been a continued focus and featured within our 2017-20 Children's Service Plan as part of a previous wider priority about addressing barriers, and in our 2020-23 Plan Child Poverty was a priority in its own right.

Poverty is also recognised as a key area within our Community Planning Partnership in Dumfries and Galloway. Previously as part of these arrangements a Tackling Poverty Co-Ordination Group in conjunction with public and third sector partners across Dumfries and Galloway were assigned responsibility for delivery of this priority area in the 2020-23 Plan, however this was superseded by new arrangements which seen the creation of a Poverty and Inequalities Partnership. It is this new partnership model which is now responsible for coordinating our LCPAR and the associated activity. The new Partnership also has four Sub-Groups with Sub-Group 4 having a specific focus on Child Poverty.

Our aims

The key aims in this priority area align with the three key drivers of child poverty as follows:

Increase income from employment (availability of jobs, hours and level or earnings, barriers to taking up work)

Reduce costs of living (including housing, food, fuel, poverty premium, cost of the school day, unavoidable costs of disability, living in a rural area)

Maximise income from social security (design and generosity of benefits, benefit sanctions, barriers to accessing financial support).

What we set out to deliver by the end of the planning period (31 March 2023)

At the outset of the planning cycle our partnership ambition was to focus on the importance of increasing family income to decrease the impact of child poverty. We sought to support and challenge the work of relevant groups to increase income from employment in particular to the priority families. It was also our intention to focus on the importance of decreasing the costs of living to decrease the impact of child poverty and deliver specific actions related to housing, costs of disability, rurality,

travel, fuel and the costs of the school day. Furthermore we planned to target increased uptake of benefits and other financial supports by again supporting and challenging the work of relevant groups.

As part of the Local Child Poverty Action Report process we also planned to publish an action plan for activity in this area subject to annual review as part of the process.

The position in April 2022

Following the publication of our 2020-23 Children's Services Plan and the onset of the COVID-19 pandemic our Children's Services Partnership and the wider Community Planning Partnership had to very quickly respond to the challenges that were presented which had the potential to exacerbate Child Poverty locally. For example children faced disruption to schooling and lack of access to services, while many parents faced challenges with childcare and employment. Our focus throughout this period was to mitigate the impact of the pandemic. Our actions included a shift to online learning, remote service delivery, delivery of childcare hubs and employment support. Throughout this period we prioritised the most vulnerable by, for example, ensuring that vulnerable children received a weekly face visit and by ensuring that vulnerable children were also able to access face-to-face services in addition to our core childcare offer. An action plan was also in place from 2020-2022 as part of the Local Child Poverty Action Report process which seen a number of other relevant actions progressed as reported in previous annual reports.

Throughout the planning cycle there has been other factors which have exacerbated the cost of living. In addition to the impact of the pandemic, Brexit, the war in Ukraine and scarcity have also resulted in unprecedented financial challenges for families.

What we succeeded in delivering by the end of March 2023.

Following the 2021-22 Local Child Poverty Action Report process, a separate self-assessment process, work to map our child poverty system, and further development of our Child Poverty Sub-Group of the Poverty and Inequalities Partnership, a new Child Poverty Action Plan for 2022 to 2026 was developed which included 58 individual actions. The focus of this Plan is on delivering activities which will make a real and sustainable difference to the lives of children and families in Dumfries and Galloway who are experiencing financial hardship, and this was agreed through the approval process of the 2021-22 LCPAR. It also takes cognisance of, and compliments, the action plans of the other three Sub-Groups of the Poverty and Inequalities Partnership, which all contribute to the poverty agenda. The development of the 2022-23 LCPAR is ongoing and as part of that separate reporting process detailed updates in relation to all of the actions in the new Plan will be published.

In addition to the actions within the Child Poverty Action Plan for 2022 to 2026 there has also been separate actions progressed in relation to the cost of living. This has included the launch of a new website which is hosted by Dumfries and Galloway Council and provides links to local and national support for families who are struggling.

How what we delivered made a difference to children, young people and families in Dumfries and Galloway.

The actions that have been progressed in relation to child poverty have made a real difference to local families. For example all schools in Dumfries and Galloway have worked to minimise or remove all costs associated with the school day. When considered alongside initiatives such as free school uniform events that were hosted across the region in advance of the 22/23 academic year and offered free school uniform for children, parents of school age children have seen some reduced costs which may have gone a small way to help with the increased costs of living. Where feasible we have adopted a cash first approach in order to ensure the dignity of families. This is also exemplified by our period dignity project which makes sanitary products available in ways that are acceptable to those who need them.

The development of the 2022-23 LCPAR is ongoing and as part of that separate reporting process detailed updates in relation to all of the actions in the new Plan and the difference these have made will be published.

Practice Example

Practice Example: Child Poverty - Increasing support through income related free school meals and other associated payments

What was the identified need/ area for improvement?

Data analysis by Local Authority officers highlighted lower than expected uptake levels in relation to income related free meals, school clothing grants and holiday food payments.

What actions did we take to address this need?

Local Authority staff developed a process to match data of families in receipt of free school meals and council tax reduction in order to identify children who were in one data set and not the other (as being in receipt of free school meals on financial grounds). Where children were found to appear in only one data set staff subsequently proactively contacted and engaged with families to invite an application, providing support as required.

How has this made a difference?

This approach has increased the uptake of income related free school meals which has a direct financial benefit to local families. It has also increased the uptake of means tested council tax reduction which has had a positive financial impact by reducing the families liability to pay council tax, water and waste water charges. Through these activities we identified and awarded £384,399 additional payments to families and reduced Council tax liabilities by a further £68,062.

What is planned for the future in this area?

We will operate and promote a 'single claim' to access multiple forms of support approach in order to capture financial circumstances and assess multiple supports through a single contact. This will include generalised marketing campaigns to target families who are not currently known to any services and may benefit from support.

The challenges we faced, and how we managed these.

One of the most significant challenges we have faced is the continued increases associated with the cost of living during the reporting period. Despite our best efforts to support families in need, families continue to tell us that they are struggling to make ends meet. Services are also reporting coming into contact with many families who have not previously had to ask for help. We continue to reflect on the emerging needs of local families and respond accordingly with a recent example of this being the establishment of our 'Cost of Living' website which provides a link to local and national supports.

Listening to those with lived experience and supporting them to participate continues to be at the heart of our approach. This requires an investment of time and resource and as such we have continued to work with groups such as the Tackling Poverty Reference Group, empowering the voices of those best placed to help develop our activity in this area.

Overall evaluation of progress

We have made progress through our actions by increasing the level of support to local families who are facing poverty however the increased costs of living and other economic challenges have reduced the impact that these measures would have otherwise had. We recognise that there is much work still to do with our local and national partners to deliver on the Scottish Government targets to reduce the number of children experiencing the effects of child poverty by 2030. The newly established Poverty and Inequalities Partnership has positioned us to deliver on this agenda moving forward while appropriately involving those with lived experience.

Our next steps

Going forward, we plan to prioritise actions that will deliver the biggest impact to local families. There are things like Cost of Living that we have no influence over, so we need to focus on what we can mitigate, and the tangible, practical things we can do to try to support children from following the previous generation into poverty. Sub-Group 4 of the Poverty and Inequalities Partnership has identified priority actions from the 2022-26 action plan which are to be a focus during 2023-24. These will

also be considered as part of the 2022-23 Local Child Poverty Action Report process to make sure that our future actions address the areas of emerging need.

Priority 4: Mental Health

Background to this priority

In early 2019, a total of 8,287 school pupils in years P5 to P7 (3,749) and S1 to S4 (4,538), accounting for 79% of all eligible primary pupils and 74% of all eligible secondary pupils in Dumfries and Galloway, agreed to take part in an online health and wellbeing survey. The aim of this survey was to better understand the wellbeing needs of children and young people so that we could better plan and deliver services that meet their needs. The findings from the survey gave us a great deal of information about the lives and needs of children and young people in Dumfries and Galloway.

One of the issues that emerged from the survey, was that children and young people, especially girls, needed support with their mental health. As a result, it was agreed that Mental Health would be a priority in our 2020-23 Children's Services Plan. We had already agreed this in 2019, before the onset of the Covid-19 pandemic, and since then, mental health has become even more of a priority, with increased demand for mental health services as a result of the ways that children and young people were affected by the pandemic.

Our aims

Initially, in 2020, we had two main aims under our mental health priority:

1. To ensure that all children and young people have access to the mental health and wellbeing support that they need when they need it. This includes a breadth of access, close to home and in a timely manner, matched to the needs expressed.
2. To ensure recognition and early intervention for perinatal mental health issues and to improve access to psychological and mental health services.

When the plan was revised in 2021, we agreed a third aim:

3. To ensure robust quality assurance and engagement with stakeholders

What we set out to deliver by the end of the planning period (31 March 2023)

To achieve the first aim, we agreed that we needed to do the following things:

- We needed to develop a Wellbeing Hub model and a Mental Health Pathway. This means that we would identify all the different ways that children and young people could get support with their mental wellbeing – from information and resources that children could view online, to specialist health services. We would produce a pathway that showed all this range of support. The

pathway would have a single point of entry and exit with the entry being especially important as a Single Point of Contact.

- We needed to train teachers in awareness of child mental health so that teachers would be better able to recognise when a child might need extra support. We would make sure that teachers and other people who work with children and young people all knew about the Mental Health Pathway so that they would be aware of all the support available, and be able to direct or refer children and young people to services/supports that could help them.
- We needed to provide counselling for young people in all the region's secondary schools. The Council's Youth Work Service would provide trained counsellors. schools for young people, using Youth Workers from the Council's Youth Work Service.
- When funding from Scottish Government for community-based services became available, we decided that we would use this for third-sector services in communities across Dumfries and Galloway that would support young people with their mental wellbeing.

To achieve the second aim, we agreed to do the following things:

- Develop a range of specialist peri-natal and infant mental health services, and clearer, more efficient pathways for referral in line with national direction.

To achieve the third aim, we agreed to:

- Work with communities to understand their experience of mental health services through a range of involvement and engagement exercises across Children's Services, identifying good practice, gaps, and improvement actions required (if any).

The position in April 2022

Our position at the start of the reporting period was that concerted efforts had been made to reduce waiting times for CAMHS following an increase in referrals and waiting times that had resulted from the pandemic. Our mental health in schools work was evaluating very positively. Engagement with young people was progressing well. We had succeeded in driving forwards service-development work in Perinatal and Mental Health services despite the challenges that arose from the pandemic. Recruitment of specialist staff however, continued to be a challenge.

What we succeeded in delivering by the end of March 2023.

We have developed a Single Point of Access for mental health services, and are currently looking at outcomes for this.

We introduced Referral Huddles (see following Practice Example) so that children only have to tell their story once to the person referring them, and their referral is then directed to the right place.

£430,000 of Community Mental Health and Wellbeing funding was granted to our Children and Families commissioned services to provide new and enhanced services for young people. The Providers used the funds to develop unique and interesting projects such as an Orchard, Mental Health Advocacy in schools, Young Carers Wellbeing Support Worker, Befrienders, Animal Assisted Therapy and Cognitive Behavioural Therapy to name but a few. In 2022 over 1000 young people accessed the projects with more than half reporting improved outcomes. The main issues affecting young people accessing the services were anxiety, social interaction and isolation.

Our Counselling in Schools project has been highlighted as an exemplar of good practice, and the Youth Work team delivering the project are finalists for two national awards.

We have rich qualitative data that will allow us to measure impact of Counselling in Schools. Negotiations are currently underway with St Andrew's University to commission a formal research project that will evidence impact of the project. A range of evaluation tools have been used to collect data on impact. These were:

- Strengths and Difficulties Questionnaire (SDQ)
- Stirling Children's Wellbeing Scale (SCWBS)
- YLS National Wellbeing Scale
- Target Sheet
- Equality & Diversity Form
- Exit Questionnaire.

The previous Annual Report on the project is [available online](#).

Perinatal and Infant Mental Health services have been developed, with the development informed by a significant engagement with new parents. Over 60 parents engaged in a survey on Maternal Mental Health and on Infant Mental Health, with 16 of these women meeting individually with PIMH team members to offer feedback. There have been three lived-experience focus groups that have taken place remotely and in Bump, Baby and Beyond. The last Focus Group fed back ideas for service improvement to a Birth Trauma Pathway group within NHS Dumfries and Galloway. Efforts continue to seek representation on the Peri-natal and Infant Mental Health Steering Group from those with lived experience. The existing lived-experience model is under review, and the service is seeking involvement from Quality Improvement Service and from Clinical Governance to develop a sustainable model. This may involve a volunteer model.

Recruitment to the specialist posts has proved challenging due to uncertainty about funding for 2023-2034 (this is a national issue). The service no longer has dedicated time from a Consultant Psychiatrist but offers a dispersed model that accesses Psychiatry input from the Community Mental Health Nurse Teams across the region. The service consists of 0.8 Whole Time Equivalent (WTE) Consultant Clinical Perinatal Psychologist, 0.8 WTE Infant Mental Health Clinical Psychologist, 0.8 WTE Senior Mental Health Nurse, 0.2 WTE Occupational Therapist and is supported by 0.2 WTE admin time. All referrals have accessed assessment and treatment if

appropriate within a 6-week time frame. The service has provided training and reflective practice groups to a range of services within the NHS, Social Work and the Third Sector.

The Infant Mental Health service Wee Minds Matter has been developed and is now live for referrals. The lead clinician is trained in Video Interactive Guidance and Circle of Security. The Perinatal and Infant Mental Health Service (PIMHS) are supporting Health Visiting to offer Solihull training and expanding this across mental health services. The PIMH team are developing a training needs survey for staff to identify training priorities across perinatal and Infant Mental Health topics with support from the Psychological Therapies Training Co-ordinator. They also regularly meet with Perinatal and Infant Mental Health Champions within the NHS and have a regular update meeting with the main Third Sector providers in the area.

The Mental Health in Schools Group have developed training for school staff, with three-tier training that has evaluated positively. This builds the capacity of staff within schools to deliver low-level, early intervention supports, and to make appropriate referrals.

Educational Psychology are engaging with schools on the non-specialist end of the Mental Health Pathway. Initial feedback is that this is working well, and that children and young people are able to move smoothly between different services and supports on the pathway.

The CAMHS Participation Officer has led on a range of engagement activities, including development of a new CAMHS website as a co-production activity with children and young people. The website is nearing completion. A core group of young people are involved, with a wider group contributing, and feedback on services is being collated.

How what we delivered made a difference to children, young people and families in Dumfries and Galloway.

In terms of quantitative data, it is difficult for us to measure impact on the number of referrals to specialist services because of the rise in referrals due to effects of the Covid-19 pandemic, and the way that this increase has skewed our baseline. This is discussed further in the section below on 'challenges'. However, we are able to demonstrate impact on children, young people and families in the following ways:

- Our introduction of referral huddles is making a direct difference to children and young people in that they are accessing the right help from the right service as quickly as possible, and it is much more likely that they will only have to tell their story once to the right practitioner.
- The development of specialist perinatal and infant mental health services has made a direct difference to women and their children who are now able to access these services, and have been involved in shaping the development of these services.

- The community funding has directly assisted children and young people across the region, with over half of those involved reporting improved outcomes.
- Our Counselling in Schools project has operated in schools across Dumfries and Galloway, improving outcomes for children and young people and receiving national recognition.
- The work by Educational Psychology in schools on the Mental Health Pathway in schools is already generating feedback that indicates that children and young people are directly benefiting from this, and are able to move along the pathway accessing the right services to meet their needs.

Practice Example

Practice Example: The introduction of 'Referral Huddles' in Health

What was the identified need/ area for improvement?

The situation in Dumfries and Galloway, was that we needed to find an improved way of dealing with referrals when children and young people were referred to mental health services.

There are different mental health supports and services that children and young people can use. These range from low-level counselling and support; to high-level services for children and young people who might be in crisis. It's very important that when children and young people are referred, that they get the right service to meet their needs, and they get this as quickly as possible.

One of the issues that we face, is that when GPs, Teachers and others make referrals for children and young people, they don't necessarily know about all the different mental health services available, so they're more likely to refer to a service that they do know about. This means for example, that people might refer children and young people to a specialist service like Child and Adolescent Mental Health Services (CAMHS) because they are more likely to be aware of CAMHS.

However, CAMHS might not be the right service to meet the needs of the child or young person at that time. So, in these cases, what would happen is that time would be spent sending the referral from service to service to decide which one was best for the child.

This meant that there could be delays for the child/young person, while different services considered the referral. It also meant that Health staff were needing to spend extra time dealing with emails and paperwork while they shared and processed the referral.

What actions did we take to address this need?

Team leaders in CAMHS, School Nursing and Child Psychology decided to introduce weekly meetings – or 'huddles' - where team leaders/clinicians would meet to discuss new referrals and decide which service they should be directed to.

How has this made a difference?

This development has made a difference with regard to early intervention and best use of resources.

The Referral Huddles are still a relatively new development, but initial data indicates that over 80% of referrals are being successfully directed to the right service first time. This means that children and young people are receiving a faster response, and their cases are not being passed around services. With regard to use of resources, the huddles have greatly increased efficiencies. Previously, for every referral, a clinician might have had to spend time writing an email about every individual referral to different services. Now, a single meeting takes place where all the referrals are discussed, and depending on the number of referrals being considered, this could save a clinician from potentially having to write dozens of emails.

What is planned for the future in this area?

Consideration about adding other colleagues to this huddle, including Youth Work, Health Visiting for example.

The challenges we faced, and how we managed these.

- A major challenge is recruitment and retention of staff. This is not just a challenge for Dumfries and Galloway, but is a national issue with a range of causal factors. We continue to seek innovative approaches to recruitment in our region, but we do not necessarily have any control over the issues that underly the recruitment challenge.
- There are obvious benefits from additional funding being made available. However, with short-term funding we can face challenges due to uncertainty about how much funding will definitely be available and for how long. We may face situations where developments have to be put on hold, or recruitment efforts paused, until we actually receive the funding.
- We have challenges in being able to quantitatively measure impact against our high-level outcomes when the pandemic has skewed our baselines. When we talk about 'impact' we can think about this as being our end results, minus what we would have expected to happen anyway if we didn't have an action plan. In other words, $\text{Impact} = \text{Outcomes} - \text{Baselines}$. We would hope that one of the main impacts of our work would be a reduction in referrals to higher-level, specialist mental health services. Our aim is that by investing in low-level supports within schools and communities, children would have their mental health needs identified and met at the earliest point, and this would then result in fewer referrals to CAMHS and other services. However, effects of the Covid-19 pandemic led to a huge increase in demand for mental health support which skewed our baselines, meaning that at this point in 2023, it is difficult for us to as yet quantify impact, although we would expect that as developments become embedded over the 2023-26 planning cycle we will start to be able to quantify this.

- Capacity is a challenge – we have a small number of staff who are leading on a great deal of key development work, while often balancing this with their clinical roles. We need to be realistic about capacity and prioritise accordingly.

Overall evaluation of progress

Overall, our evaluation is that despite all the significant challenges described above, we have succeeded in driving forward our development work throughout the pandemic and its aftermath, and we are now well-positioned to embed these developments (as described in Next Steps below).

We have had particular successes that have received national recognition – our Youth Counselling in Schools project has been held up as a national exemplar of good practice, and the Council’s Youth Work team are in the finals for two national Youth Work awards.

Our next steps

Mental Health continues to be a priority in the 2023-26 Children’s Services Plan. Going forwards, we will be focusing on fully implementing and embedding our developments, and evaluating these.

In Perinatal and Infant Mental Health work is in progress to look at Birth Trauma Pathway Group supported by lived-experience feedback. This work will continue into the 2023 planning cycle. Work is in progress on a new project which will focus on mental health support for young people leaving care. An NHS post has been identified for this project, and the post will help to facilitate transitions between CAMHS and adult mental health services. This transition for young care-leavers has been identified as a significant issue for adult mental health services. The project will run as a pilot in 2023-24.

We need more linkages with other groups and work, for example with the Whole Family Support group, and links with Poverty. We need to look at how we can make our structures and systems as streamlined as possible to avoid duplication.

Priority 5: Children with Disabilities

Background to this priority

There are many different factors or ‘vulnerabilities’ that can impact on children’s lives, but we decided in Dumfries and Galloway that we needed to see disability as a specific issue in its own right, and to take a thematic approach to children with disability. Some work on this had already been carried out prior to the 2020, and this improvement work continued into the 2020-23 Children’s Services Plan.

Our aims

We have four aims in this priority which are all underpinned by the principle of 'enablement'. Enablement is essentially about services 'doing with' rather than 'doing to' children, young people and their families. It means that services recognise, promote, and enhance children and young people's ability to control their own lives. Our four aims are that:

- Children with neurodevelopmental disorders (for example Autism Spectrum Disorders, ADHD, Fetal Alcohol Syndrome) will be diagnosed at the earliest possible opportunity.
- Educational pathways and the range of options for children with complex needs (including Autism Spectrum Disorders and social communication disorders) will be strengthened in order to improve outcomes.
- Young people with disabilities will experience a smooth transition to adulthood.
- Families with children and young people with disabilities will have access to range of support options to meet individual needs and improve outcomes.

What we set out to deliver by the end of the planning period (31 March 2023)

We will develop and implement a new Neurodevelopmental Assessment and Diagnostic Service (NDAS) to provide appropriate support and interventions.

We will establish a Pathway group which will:

focus on reconfiguring resource provision for children with complex needs across Dumfries and Galloway.

reconfigure services and approaches, including staged intervention approach, within Supporting Learners to more effectively target those with most complex needs.

Current transition processes will be reviewed to identify gaps and areas for improvement which will be addressed.

A review of existing service provision and identification of a range of short break options will be delivered through an independent options appraisal process following the independent review.

A mapping of wider available supports and any gaps in provision for families will be undertaken to inform planning of provision.

The position in April 2022

At the start of the reporting period, the position was that some work had been delayed by the pandemic – the work on Transition had been delayed – but other work had been successfully delivered, for example the pilot for the new Neuro-

developmental Assessment and Diagnostic Service and the roll-out of the new service.

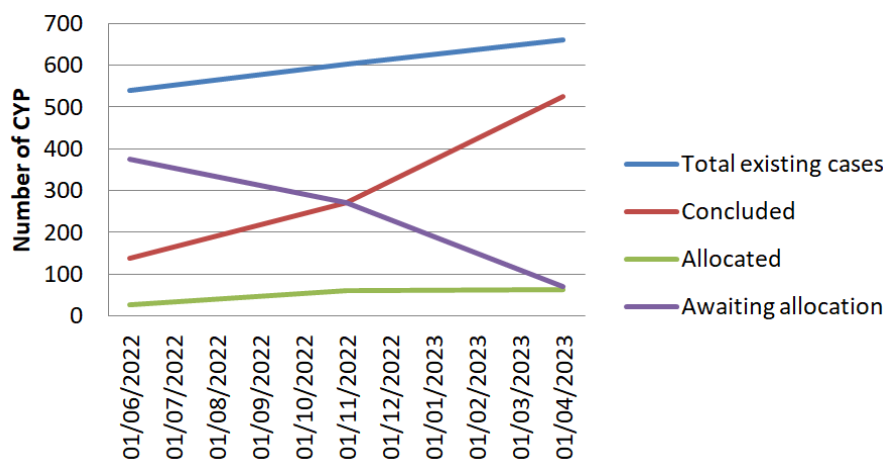
What we succeeded in delivering by the end of March 2023.

Aim: Children with neuro-developmental disorders (for example Autism Spectrum Disorders, ADHD, Foetal Alcohol Syndrome) will be diagnosed at the earliest possible opportunity

Clearing the existing waiting lists has been prioritised ahead of assessing children and young people using the new NDAS pathway. In terms of reporting on the progress of this specific action:

- At the time of writing the implementation plan, 540 referrals were planned for. Currently 660 have been planned for with the additional cases being children and young people who met the CDAT referral criteria for inclusion during the implementation phase.
- The resource to conclude cases has come from the Communications Disorders Assessment Team, the Neurodevelopmental and Diagnostic Assessment Service and Healios, and the numbers reported are the combined totals.
- There remain 63 allocated children and 71 awaiting allocation.
- CDAT is no longer receiving referrals that meet CDAT criteria.
- Requests for assessment on the new pathway starting being received in June 22 and progress with this will be reported in the 2023-2026 plan.

Allocation of CDAT Waiting List



The timeline for concluding this waiting list has been extended due to resource pressures with the only staff available to support CDAT being NHS staff who have moved into other posts. A commitment has been maintained to ensure the plans are delivered on, albeit with a new end point of June 23.

In summary, the development of the Neurodevelopmental service has progressed very well. The next steps for the service are to expand away from ASD and into wider range of neurodevelopmental concerns. We have used a private company to

work through the waiting list which reduced, although is rising again now. This moves forward into new plan into developing supports as well as diagnosis.

Aim: Educational pathways and the range of options for children with complex needs (including Autism Spectrum Disorders and social communication disorders) will be strengthened in order to improve outcomes

Dumfries and Galloway Framework for Inclusion working group continued to work on plans and delivery for the whole system shift set out by Framework for Inclusion.

Consultation with parents, partners and staff has been undertaken to inform delivery.

Additional Support for Learning Stages of Intervention framework will be formally launched for August 2023.

A working group was established in December 2022 to develop improvements to the coordination of healthcare in Schools for individual children and young people in the educational setting. The group has developed a shared understanding and more consistent practice for children and young people with disabilities in meeting their healthcare and education needs, and staff training needs through access to appropriate training and development.

An updated Healthcare in Schools guidance document is being jointly produced by NHS and Education.

A Complex Care Needs Application is in development to support children with complex care needs and their families, in partnership with education, early years and other care providers to enable them to remain independent with support for essential care.

Funding from the Whole Family Wellbeing Fund obtained to develop a Complex Care Needs App- anticipated launch Spring/ Summer 2023

The local multi-agency Autism Strategy Working Group delivered on the 2020-23 Children services plan. In line with national directives, the work of the 2023-26 Children's Services Plan will deliver on a wider neurodevelopmental disorders programme of work led within the Neurodevelopmental Subgroup.

We had an action in the plan about transition to adult services for children with disabilities. We were awaiting legislation on this from Scottish Government (the Transitions to Adulthood (Scotland) Bill), but this Bill has not yet been enacted. Our Transitions Group have now decided to act in advance of the legislation, and to expand the focus of transition to include all aspects of transition across all life-stages. This will be incorporated into the 2023-26 plan.

We listened to the voices of Disabled young people at the Youth Matter event in 2022 regarding their transition between services, and we will use the Youth Matters report to inform actions going forwards.

Aim: Families with children and young people with disabilities will have access to a range of support options to meet individual needs and improve outcomes.

Short Break Service Option appraisal.

An Options Appraisal Development Group has been formed, but this work is not yet complete:

- The group has reviewed the findings of the Action for Children Consultation in relation to short breaks for children with disabilities.
- A multi-agency recommendation will be made to the Integration Joint Board by the summer of 2023 on the proposed option for the future development of short break services.

How what we delivered made a difference to children, young people and families in Dumfries and Galloway.

We have carried out self-evaluation/quality assurance and improvement activity. We carried out an audit of Community Children’s Nursing Child’s Plans in 2022. Audits of Child Plans tell us about the quality of planning for children who need support from our services.

Findings of the Community Children’s Nursing Child’s Plan Audit showed us that there were a number of healthcare plans in use, of varying formats. The recommendation was that we needed to develop a standard care plan that would meet GIRFEC standards. Further work will be undertaken around care planning and training as part of the GIRFEC Refresh priority through the 2023-26 Children’s services plan.

Practice Example

Practice Example: Children with Disabilities- Short Break Service
What was the identified need/ area for improvement? Families with children accessing Acorn House short break service raised concerns about lack of flexibility and notice in accessing respite care.
What actions did we take to address this need? Supported by The Carer’s Centre, staff from NHS and Social work teams met with parents to hear their concerns and developed an enhanced model for respite allocations and bookings, to provide extra notice and flexibility for occasions that come up unexpectedly (for example siblings graduation ceremonies, family funerals etc). The service developed a two-month rolling model for advanced notice alongside an individualised preferences portfolio, to increase flexibility and choice around respite bookings.

How has this made a difference?

Feedback has been that families feel they have enhanced autonomy and flexibility to meet their individual needs. Planning short breaks in advance around medical appointments, family events and balancing time with siblings, was highlighted as a positive improvement area.

The feedback surrounding the preferences portfolio has been that it is very helpful and increases flexibility of choice specifically for families who face significant challenges during school holidays, working parents, families with siblings and families with more than one child with complex needs.

Feelings of communication enhancement has been highlighted within feedback, with parents verbalising that there are increased opportunities to communicate changes in needs or review current preferences.

What is planned for the future in this area?

Enhancements in gathering feedback through Care and Quality Assurance, providing families with an action plan, to communicate changes based on specific feedback.

Implementation of a Service Newsletter to enhance communication.

Facilitating open days / coffee mornings to allow families increased opportunities to liaise with staff and other parents regularly, to encourage open dialogue around positive feedback, updates and improvement areas.

The challenges we faced, and how we managed these.

Acorn House- short break service was working to a reduced capacity during the pandemic. Staff changes meant that further recruitment had to take place post-pandemic to open the unit up to full capacity. The staffing situation is resolving with greater flexibility being offered to parents.

Overall evaluation of progress

Steady progress has been made in meeting priority aims 5.1, 5.2 and 5.4 during the period of 2020-23 Plan, however due to disruption of services during the Covid pandemic, the area of Transition (5.3) did not demonstrate any significant progress. In the final year of 2022-23 the plan offered an opportunity to refocus, and progress has now been made in establishing the Transitions subgroup and plans for the working groups focusing on each of the lifetime transition points for Disabled children with complex care needs. This work will be transferred to the new 2023-26 children's services plan and an initial workshop arranged to develop the working group action plans.

Our next steps

The work moving forward to the 2023-26 Children's Services Plan will include:

- Children and young people will have a coordinated multi-agency child's plan with actions for their healthcare needs to be met during the early years/ school day
- We will improve the support to disabled children and young people at stages of transition to early years/primary school/secondary school/ volunteering/ further and higher education/ employment or self-employment, and to adult services
- We will incorporate the support available to disabled children and their families into the wider Whole Family Support mapping to enable families/ practitioners to easily know where to access support from in Dumfries and Galloway
- Children and young people requiring diagnostic assessment will have access to this within 18 weeks of referral in line with SG recommendations (known as Referral to treatment RTT)
- Families will be able to access tiered support that is timely and proportionate from a multiagency team to support them to understand and manage their child/ren's needs.

Priority 6: Whole Family Support

Background to this priority

Priority 6 of our previous Children's Services Plan was to ***“improve how we support parents and carers to meet the needs of their children and young people”*** with a multi-agency working group developed to lead on this.

In 2020, the Collective Leadership Group produced a Vision and Blueprint for Holistic Family Support in Scotland with a national Family Support Delivery Group tasked with developing a detailed work programme to achieve the Vision. A draft Family Support Route Map was published by Scottish Government in Summer 2021 with the final version being published in July 2022. One of the Five Foundations of The Promise is Whole Family Support – ***‘where children are safe in their families and feel loved they must stay – and families must be given support together to nurture that love and overcome the difficulties which get in the way’***.

Given the synergy between the work of the Priority 6 Working Group and the Whole Family Support Agenda, this work is now being led collectively through the Priority 6 Working Group. The terms of reference and governance arrangements have been updated to reflect this change.

Building on the work already undertaken across Dumfries and Galloway, our future activity will be focused on early intervention and prevention, enabling the building of universal, holistic support services, available in all our communities, giving families access to the help they need, where and when they need it.

Our Aims

As the focus of our priority changed to Whole Family Support, we recognised the importance of looking at the needs of children within the context of their whole family to ensure support was not provided in isolation, also recognising the importance of listening to families and of services working together. In order to do so, we aligned our aims of the previous priority group to the following 4 areas within the Whole Family Support priority area of The Promise, assigning a lead from our multi-agency partnership to drive the work forward:

1. **Peer and Community Support.**

We have to ensure that there is a consistent, national approach to ensure that there is a place in every community for parents of young children to meet other local parents, to stay and play with their children, and to get support and advice.

2. **Family Support.**

The 10 principles of intensive family support will be embedded into the practice (planning, commissioning and delivery) of all organisations that support children and their families, either directly or indirectly.

3. **Service Integration.**

Our family support services will feel and be experienced as integrated to those who use them.

4. **Family Therapies.**

All of our families will have direct and clear access to family therapies and specific support across a range of issues, so that accessing support is seen as something that a range of families may need throughout their life.

What we set out to deliver by the end of the planning period (31 March 2023)

- We need to consider Whole Family Support as a continuum of support starting with individual families and communities, third sector provision that is based on the needs of geographical areas, often with a specific focus such as drug and alcohol support, mental health, disability, early years and parenting. All families should have access to universal services and additional supports such as health and education when families need help.
- We have been completing a mapping exercise identifying supports to families throughout Dumfries and Galloway, this was started by the Parenting Group, and will link in with other priority areas. Once complete we will be able to identify where there are gaps and this will inform our plan going forward.
- Once the Whole Family Wellbeing Fund is made available, the partnership will progress an appropriate process in order to invest the monies locally in line with the set criteria, and therefore this will dovetail with the work of the Whole Family Support Group.
- We are planning to restart the Incredible Years parenting programme later this year once a co-ordinator has been employed and leaders have been trained. We will continue to work with families to understand and meet their support needs, in order to improve outcomes and reduce the number of children in the care system, engagement, gathering data and reporting will be fundamental.

What we succeeded in delivering by the end of March 2023.

In early 2023 we undertook a self-assessment of our Whole Family Support using a self-assessment toolkit (*Supporting Families: A National Self-Assessment Toolkit for Change*). This toolkit outlines the collective expectation on the design and delivery of holistic whole family support services in communities across Scotland.

This first self-assessment will give us our baseline and allow us to target our improvement/action-planning to continue on our transformation journey and delivering on Our Promise.

The Whole Family Wellbeing Fund has allowed us a more targeted approach on whole family support including upscaling of the role of children and families current social work assistants and family support workers and expansion of current service to meet increasing demand for support to families at all times of need; accelerating our parenting programme across Dumfries and Galloway and the procurement and introduction of educational resource application to support children with complex care needs and their families.

We have aligned our progress to date against the Family Support Delivery Groups Routemap for change as follows:

1. Children and Families at the Centre of Service Design

Based on the findings presented, it is clear that our children and families have the opportunity to be involved in meaningful and ongoing participation in some service design, and in some cases use a co-production approach to gather information in collaboration with agencies and experienced young people. Children and families are provided with a choice about support through our family support workers across the region together with signposting to other appropriate services. The Whole Family Support Group is seeking to involve children, young people and families in evaluation of the wider whole family support activity to evidence that provision is responsive to the needs of families.

We have clear evidence that the life chances of those families experiencing challenges are being improved due to the engagement in family learning.

Trauma-informed practices are now embedded across some activity, the Whole Family Support Group now want to take this further in terms of relationship building with our families, and further empower families.

We are listening to children and families and responding to feedback. An example of this is that we received feedback about the availability of PEEP – that PEEP was only available in certain areas and that there were gaps in service delivery. As a result, PEEP is now being delivered in the areas identified: Whithorn and Newton Stewart.

2. Availability and Access

The Whole Family Support Group operate a '*no wrong door*' approach, and a key element of this involves signposting to appropriate services. The group recognises the need for better collective awareness of available support to

children, families and staff across all partners and third sector organisations. As part of our Whole Family Support agenda, we have carried out a mapping exercise of resources available to families across Dumfries and Galloway. This has been undertaken with a particular focus on third sector and community provision to ensure we are able to link families to the right support at the right time, thereby helping keep families together and avoid the need for care.

The Whole Family Support Group recognise the need to raise awareness with children, families, communities and partner organisations about the different types of family support available. Planning is currently underway to hold cluster networking events that will take place within each of our local community areas. These events will provide all of our partners, professionals and agencies within each area with the opportunity to meet, network and build working relationships. In holding these events, the aim is to raise awareness with partners and professionals about what they can do to help signpost families to available support.

Families have shared their lived experience of dealing with the challenges of trauma; and we have learning from staff about their experiences of supporting those affected by trauma. The Whole Family Support Group recognise the need to work collaboratively across our partnership to build on this learning.

Some services are monitored, identifying change in demands and requests for support, this is through various means such as the Whole Family Support Team's newly introduced performance management framework.

The Whole Family Support Group recognise the need to further maximise the assets of the local community. Staff across the region are working with communities to help and empower, targeting parents to be proactive in their own communities. An example of this is the introduction of HomeStart in Dumfries, mirroring the service in the West of the region.

3. Whole System Approach

We are on a journey to create a whole family support system that is accountable to service users; and ensures that support can be offered across a wide spectrum of need from the least intensive to the most intensive requirements.

Various work is undertaken to quality-assure the services/supports that we offer to children and families. This includes:

- A range of audits - Pre-birth audit; Signs of Safety audit, Multi-Agency Child Protection File Reading audits; Collaborative audits.
- Feedback from children and families on specific processes (for example Initial Referral Discussions, Child Protection, Looked After Children's Reviews),
- The Bright Spots programme – the findings from this are used to evaluate service offerings and delivery. We have also used the findings to support applications for funding, and the findings have shaped the way that we have prioritised funding.

Governance structures are in place to ensure accountability to families using the services. These include regular updates to appropriate Committees and reports to the Children's Services Strategic and Planning Partnership. Terms of Reference are in place and these are reviewed regularly to ensure that there is no duplication/crossover, and that partnerships and groups are flexible, and able to adapt quickly with clear lines of reporting. Looking ahead, the Whole Family Support Group will be looking at how to strengthen our governance arrangements through improved communication and engagement with families using our services. We have rich information and data from parenting programmes, but we need to involve families in commissioning and procurement to ensure that their interests are being taken into account. In the next planning cycle the group will be looking at how best to involve families in this.

4. Leadership, Workforce and Culture

Leadership

Leaders are building a workforce for the future, with a robust workforce strategy and learning and development plans in place with skills and values centred on the principles of holistic whole family support.

Staff across our community planning partnership have a clear and shared understanding of children and family demographics and culture across Dumfries and Galloway, and partners are working together developing agreements for the sharing of information.

Our role as Corporate Parents places our looked after children and young people at the heart of the work that we do and encourages us to always ask "is this good enough for my child?" In building upon this strong ethos, we as Corporate Parents share the same vision and responsibility and ensure that this is a priority for everyone. This approach is modelled by leaders and through organisational structures to our front-line workforce.

Workforce

Our workforce are embedding a trauma-informed practice-based approach in the work that they are doing with our children, young people and their families. In order for our staff to be well equipped with the skills to do so in the work that they undertake,

In addition to ensuring that our workforce are trauma-informed, they are also supported to consider the language they use, and the way in which they communicate with our children, young people and their families.

We support our workforce to be considerate and communicate and/or write reports and papers with our children, young people and their families in a relatable way, that is clear and in plain English. When communicating with our

children, young people and their families we are embedding destigmatising language and practices across the way we work.

Culture

Organisational culture not only affects practice, but also impacts on the behaviour of the service user, or the relationship that we are able to build with them. It has the potential to disempower, leading to stress and impede change designed to improve services. To improve this, have the opportunity for joint working with colleagues across other organisations, including Children's Panel and Social Work Services training with each event focused on a specific topic.

How what we delivered made a difference to children, young people and families in Dumfries and Galloway.

We have clear evidence that the life chances of those families experiencing challenges are being improved due to the engagement in family learning. Family members are encouraged to learn together as and within a family, with a focus on intergenerational learning, together with family learning activities specifically designed to enable parents to learn how to support their children's learning.

Our Family Support Service is providing families with support at an early stage, this can be noted at the point of referral. The families can tell their Family Support worker what they think their challenges are and what help they think they need. If worries increase, there is an easy route into Social Work allocations and a trusting relationship has already been built with the family.

Smaller, less complex caseloads in Family Support allow for intensive early support, helping families develop support networks within their family and community that will help them in the future.

Resources are used wisely in Family Support. The Alcohol and Drugs Partnership have funded two additional posts for supporting families with drug and alcohol difficulties.

Families have told us how much they have benefitted from the support and how they have built in confidence. We have seen a number of young people who were very isolated return to school and social activities. There are families who now are able to take part in community groups; attend appointments; and establish appropriate routines and boundaries.

We have seen a reduction in children's names on the Child Protection Register, and more families working with Social Work on a voluntary basis rather than being subject to legal orders.

Practice Example

Practice Example:

Parenting Programmes – Delivery of Incredible Years across Dumfries and Galloway.

What was the identified need/ area for improvement?

Evidence of lack of parenting programmes in Dumfries and Galloway through our data analysis and feedback from our families. There was a particular need identified for parents of children ages 3-6 years as a priority, setting boundaries and having good routines in place and opportunities for socialisation was a problem following the Covid-19 Pandemic.

To work with NES we required a co-ordinator who could organise/ evaluate etc

What actions did we take to address this need?

Discussion with our multi agency parents, and successfully applied for funding for a Parenting Programme co-ordinator from Whole Family Wellbeing Fund. Our Parenting Programme co-ordinator is now in post.

Working with NES to make formal agreement for training and delivery.
Scoping of people who have previously been trained or would be interested/ have capacity to train and then deliver Incredible Years.
Plan for delivery in the next academic year.

How has this made a difference?

We will now be able to deliver Incredible Years Parenting Programme in 2023/24 across Dumfries and Galloway.

Families will have access to groups that will support them in their parenting, they will grow in confidence and meet other parents with similar challenges to them.

What is planned for the future in this area?

Programmes for parenting children with autism or being assessed for autism, programme for parenting teenagers and programme for children with disabilities and families.

The challenges we faced, and how we managed these.

Our referrals have continued to grow. We believe that this is largely due to impacts of the pandemic, exacerbated by the Cost of Living Crisis. We anticipate that referrals will continue to increase if the cost of living continues to rise. One area of

most significant challenge was the recruitment and retention of staff. Progress has now been made with funding to recruit on a permanent basis and the upskilling and upscaling of the Teams.

Overall evaluation of progress

In summary, our newly formed partnership approach to Whole Family Support perspective, despite the challenges and changes, has made demonstrable impact in terms of improving how we support parents and carers to meet the needs of their children and young people. This work will continue as a priority in the 2023/26 Children's Services Plan, and we are already at an advanced point in our transformation journey.

With the refresh of our governance arrangements and terms of reference, including the opportunity for funding through the Whole Family Wellbeing Fund, our partnership is confident that the development work delivered up to now will equip us to continue our ambitious programme of transformational change and deliver on Our Promise.

Our next steps

Whole Family Support continues to be a priority in the 2023/26 Children's Services Plan, ensuring that we can evidence and feel the impact of embedding key principles for holistic whole family support, involved children and families in service design, together with ensuring our offerings to our children and families are at the time needed.

We want to ensure services are more accessible, children and families and our multi agency partners are collectively aware of services and a focus on reducing the 'missing middle' between universal and statutory services.

Children's Rights

As a partnership, we are committed to promoting and embedding rights-based approaches across our organisations. During the reporting period, we established a working group that involves elected members – including Local Government Councillors and Youth Councillors - and officers. The group will act as an advisory body and support an audit of children and young people's rights, and thereafter support the development of recommendations. Currently, the group is working with the Improvement Service to develop our local approach.

In developing our 2023-26 Children's Services Plan, we took the opportunity to pilot use of the Children's Rights and Wellbeing Impact Assessment (CRWIA) with participation of young people, and this worked well.

We will be producing a second Children's Rights Report in 2023 that will cover the 3-year reporting period from 2020 to 2023.

Our partnership arrangements

In April 2020, children's services planning was led by the Children's Services Executive Group (CSEG). This group was responsible for the joint strategic leadership of services for children and young people in Dumfries and Galloway. When the Covid-19 pandemic started, in 2020, CSEG continued to meet as planned, with exemplary levels of attendance.

In April 2021, CSEG decided to review how well the group was working as a partnership. Members of CSEG took part in a survey on leadership and partnership working which was based on the Care Inspectorate's current quality framework; the Care Inspectorate's ten steps to successful children's services planning; and the Scottish Government review criteria for Children's Services Plans.

Following this review, CSEG decided to revise the group's Terms of Reference which reflected the separation of the functions of CSEG into two groups: a Planning and Delivery Group and an Executive Group. These jointly formed a 'Children's Services Strategic and Planning Partnership'. The Executive Group comprised members of the former CSEG, and the Planning and Delivery Group involved the Priority Leads and other key stakeholders.

Since its formation, the Strategic and Planning Partnership has functioned effectively, with regular meetings, high levels of attendance, and a good level of discussion and professional challenge.

The partnership has submitted regular reports to our Community Planning Board. These have included progress updates on the Children's Services Plan, and also reports on the operation of the Strategic and Planning Partnership itself, and the effectiveness of partnership working. Annual Reports on the plan have been scrutinised by Chief Officers and presented to Dumfries and Galloway Council and to Dumfries and Galloway NHS Board.

The Children's Services Strategic and Planning Partnership has led on the development of the 2023-26 Children's Services Plan. The partnership agreed a

process and developed a Consultation Mandate which was approved by Council and NHS Board. The partnership led the consultation process and ensured that process was followed and timescales were met.

For the 2023-26 planning cycle, we will review the terms of reference for the partnership and ensure that revised membership reflects the priorities in the new Children's Services Plan.

Measuring success

Our Indicators

Our approach in our 2020-23 Children's Services Plan was to use a suite of indicators (Appendix 2) relating to children and young people's wellbeing, that taken together, give us a global picture of wellbeing in Dumfries and Galloway. We have presented these indicators sorted against 'SHANARRI' and they are also linked with relevant priorities in the plan. In selecting this suite of indicators, we chose indicators that would ideally meet one or more of these criteria:

- Availability of trend data over time for the indicator
- Availability of comparable data that would allow us to compare Dumfries and Galloway with other authorities and with Scotland as a whole.
- Data that was quality-assured and reliable – for example data collected and reported by partner organisations as part of their own statutory reporting.
- Data that would reflect different elements of wellbeing (SHANARRI)
- Data collected at different stages from early years to leaving school, and for young people leaving care, up to 5 years after leaving care.

Many of the indicators are published nationally within statistical publications by [Scottish Government](#) and [Public Health Scotland](#). One of the issues with the data, is that they are reported and published over different time-frames. Some of the statistics are collected over the course of the academic year and others over a financial year. Publication schedules also vary, with many of the statistics being published in the year following the reporting period. This means that at the time of reporting, we have some data for 2021-22, but also some for 2022-23, however we are still awaiting publication of some data for 2021-22.

The Covid-19 pandemic has posed particular challenges in measuring performance as the impacts on services have skewed the baseline of what would be 'normal'. For example, one of the challenges for mental health services is that the pandemic led to a big increase in mental health referrals and this then impacted on waiting times for mental health services. Some data was not collected due to the pandemic, and some has been delayed. This means that we need to be cautious in interpreting data on our indicators.

Because the pandemic resulted in an interruption to some of our trend lines, or a skew of our baselines, it is difficult for us to look now at the indicators merely in terms of numbers going up or down. Instead, we have looked at them with a view to establishing what is in a range that we would expect; what we think has been a positive result, and what we would see as prompting us to seek assurance.

In terms of positives, we have succeeded in maintaining a low rate on the Child Protection Register. While the rate has increased slightly since last year, we are still maintaining much lower numbers than in the past. We understand reasons for the increase and we can see that our improvement work, particularly with Family Support, is having an impact.

Our childhood immunisation rates are a particular success. Dumfries and Galloway has high rates of immunisations and has managed to maintain these.

While we have seen an increase in the number of children referred to the Reporter in 2021-22, there was a fall in the number who were referred on offending grounds.

With regard to other indicators, there has been a slight fall in the percentage of children meeting developmental milestones at their 27-30 month review. We know from national research that the pandemic has had an impact on early child development and we do not yet know what the longer-term impacts will be.

Looked-after children's attainment continues to be an issue for us, and this is one of the priority areas in our 2023-26 Corporate Parenting Plan.

We have seen an increase in the number of homelessness applications from young people who were looked-after within the previous five years. Homelessness in young people is complex, but we know that one of the contributory factors involved pressures on family relationships during lockdowns. Accommodation is another of our priority areas in our 2023-26 Corporate Parenting Plan.

In summary, our view is that overall, most of our indicators have progressed within what we would reasonably expect, and that where performance has not improved, we understand the reasons behind this, and have improvement work planned to address the issues.

Monitoring and reporting

The Children's Services Strategic and Planning Partnership has continued to report directly to Chief Officers Group. Regular progress updates on the Children's Services Plan are submitted to the Community Planning Board; and Annual Reports

on the Children's Services Plan are presented to Dumfries and Galloway Council and the Integration Joint Board Clinical and Care Governance Committee.

In conclusion

In developing this report, we have considered progress against our aims at the start of the three-year plan, as well as progress in the final year of the plan.

Our view is that as a partnership, we have worked well together. The Executive Group of our children's services partnership continued to meet regularly throughout the pandemic with a good level of discussion and professional challenge and very good levels of attendance. We carried out a self-evaluation of our partnership working and used this to identify improvement activity with regard to our governance and planning arrangements.

Our response to the Covid-19 pandemic was exemplary in the way that we took immediate action to ensure that the most vulnerable were safeguarded, while still continuing to deliver development work aimed at early intervention including Family Support, and continuing to reduce the number of children requiring registration on the Child Protection Register. Our crisis management worked well at all levels.

Our teams on the ground continued to prioritise the wellbeing of children and young people throughout the entire planning cycle, despite all the challenges that they faced. Leaders continued to work across partnerships and communicated with those at the front line, and we can celebrate the successes that we delivered through exceptionally difficult times.

Looking ahead, we have developed our 2023-26 Children's Plan and we are well-placed to continue to deliver improvement activity across the next planning cycle.

APPENDIX 1: Whole Family Wellbeing Funding Report

WFWF progress template for Annual Reports 2022/23

SECTION 1: Activities, WFWF Logic Model Outcomes, and Budget Allocated

Question 1: Activity title and description	Question 2: During this year, how has this activity contributed (or is expected to contribute) toward one or more short-term, intermediate, or long-term WFWF Logic Model outcome(s) identified in your WFWF Initial Plan template? Please describe this using evidence and citing sources.	Question 3: Estimate of % of WFWF funding spent on this activity to date and estimate of % of this activity out of total WFWF budget.
<p><i>Please include a short description of each activity. This can be copied from your response to question 3 of your WFWF Initial Plans template and updated where required. Please specifically mention where activities have changed or are no longer relevant.</i></p>	<p><i>Please include WFWF Logic Model outcomes used in response to question 4 of your WFWF Initial Plans template and update. Where needed, your answers to question 5 of the WFWF Initial Plans may also help with sources of evidence. Responses relating to each activity can be up to 250 words but may be less where appropriate.</i></p>	
<p>Activity 1: Upscaling of the role of children and families current social work assistants and family support workers and expansion of current service to meet increasing demand for support to families at all times of need.</p>	<p>1. Early Outcome: Early evidence</p> <ul style="list-style-type: none"> - of non-siloed, aligned and proportionate funding that matches scale of need; - embedded key principles for holistic whole family support; - engagement with children, young people and families in service design for example via collaborative audits, health and wellbeing surveys; - third sector investment to service design and delivery - service shift to needs and rights-based planning; - increase in families receiving whole family support across multi-agencies and third sector organisations; <p>Progress Undertaken self-assessment – Supporting Families: National Self-Assessment for Change to support coordinating delivery alignment plans</p>	<p>Estimate that 69% of WFWF funding spent on this activity as of 31st March 2023, and estimate that this activity represents 93% of total WFWF budget for this year.</p>

	<p>Source: Outcome of self-assessment findings; findings from health and wellbeing surveys; collaborative audits; Report to Promise Partnership; qualitative feedback / meetings with social workers for embedding principles. Feedback from families using evaluations.</p> <p>2. Intermediate Outcome: services are more accessible; better collective awareness of services; reduce '<i>missing middle</i>' between universal and statutory services; cross-sectoral commitment and innovation which empowers and support the workforce to provide family-centred holistic support across multi-agency partners including D&G Alcohol and Drugs Partnership and third sector organisations. Families reporting the benefit of more relationship-based work.</p> <p>Progress: Completed needs assessment, currently mapping out services across the region to identify any gaps in service provision and host school cluster workshops for professionals 'Who's Who?'; anticipated changes of reduction in the case loads per social worker to allow time to build relationships and progress with plans and trajectories. Links with 3rd Sector and DG Locator App.</p> <p>Source: future - reductions in case loads per social worker, increase support to families, increase awareness of all staff, multi-agency staff and third sector organisations. Families and professionals being able to find the right support for them at the right time.</p> <p>3. Long-Term Outcome: already evidencing reduction in families requiring crisis intervention with an increase in families taking up wider supports particularly from the Whole Family Support Team. We would want to develop referral process/ access to services for families and for them to participate in developing this.</p>	
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	<p>Progress: reduction in numbers on child protection register and compulsory supervision orders; More work with families on a voluntary (Child in Need or GIRFEC basis). Develop reporting jointly from different services.</p> <p>Source: existing management information systems and data; currently development WFS Performance Management Framework, case studies, wellbeing indicators, self-assessment tool reflections. Development of our systems will aid the improvement of future reporting.</p>	
<p>Activity 2: Delivery of parenting programmes across Dumfries and Galloway</p>	<p>1. Early Outcomes: Early evidence of engagement and participation with parents and families in service design ensuring choice, control, removing barriers to accessibility and improved points of access to services in communities; embedding key principles for holistic family support</p> <p>Progress Undertaken self-assessment – Supporting Families: National Self-Assessment for Change to support coordinating delivery alignment plans; appointment of Regionwide Parenting Coordinator; Currently mapping programmes and staff resources across D&G with a view to training and ensuring consistent coordination of evidence-based programmes with the aim of improving the availability of parent-child relationship focused interventions – initial focus on pre-birth to P.3 / communication and language. Engaging with NESS and Psychology to make a formal agreement and identify staff who have been trained/ will be trained for the delivery of Incredible Years programmes later in 2023. NES has clear evaluation and reporting requirements which will support our performance evidence in 2024.</p>	<p>Estimate that 0% of WFWF funding spent on this activity as of 31st March 2023, and estimate that this activity represents 5% of total WFWF budget for this year.</p> <p>Please note: due to timeline and constraints of recruitment no spend was made in 2022/23 – approval from CSSaP Partnership to enable this funding to be carried over to allow for the additional parenting programmes to be delivered.</p>

	<p>Source: Outcome of self-assessment findings; Report to Promise Partnership; qualitative feedback. Future – outcome of mapping activity for current programmes being delivered across Dumfries and Galloway and information gathered when delivering programmes including numbers, geography and evaluation from parents attending groups.</p> <p>2. Intermediate Outcome: parents/carers are more able to access employability and other support to improve their finances; services are more accessible; better collective awareness of services; we have identified the need for prioritising the 3-6 age group and also the consideration of groups with teenagers, both are a particular need following the COVID-19 Pandemic.</p> <p>Progress: Not yet started - Future focus on families parenting teenagers; increase in available points of access to services in communities;</p> <p>Source: existing management information systems and data, qualitative and quantitative data. Future data from programmes delivered.</p> <p>3. Long-Term Outcome: improved family wellbeing; reduced inequalities in family wellbeing; reduction in families requiring crisis intervention; increase families taking up wider supports</p> <p>Progress: anticipated change in years 2 to 4</p> <p>Source: existing management information data and data gathered from programme delivery.</p>	
<p>Activity 3: Procurement and introduction of educational resource app to support children</p>	<p>1. Early Outcomes: meaningful and ongoing participation ensuring choice and control, embedding key principles for whole family support; removing barriers for accessing</p>	<p>Estimate that 100% of WFWF funding spent on this activity as of 31st March 2023, and estimate that this activity</p>

<p>with complex care needs and their families</p>	<p>services; improved points of access to services in communities; single point of access</p> <p>Progress: Procurement of resource app, currently preparing the launch with a phased approach to development and testing of the resource.</p> <p>Source: existing management information data</p> <p>2. Intermediate Outcomes: Support to specialist services are more accessible, information resources for families, carers, education and early years will be available in easily accessible resource (app), better collective awareness of available support across D&G;</p> <p>Progress: not yet started will be evidenced through the introduction of app</p> <p>Source: app analytics, existing management information data; feedback from services, multi agency partners, children, young people and families</p> <p>3. Long-Term Outcomes: improved family wellbeing; reduced inequalities in family wellbeing; reduction in families requiring crisis intervention or children being admitted to hospital; reduction in the number of children and young people living away from their families; increase in families taking up wider support</p> <p>Progress: none yet, anticipated over years 2 to 4</p> <p>Source: existing management information data; feedback from services, multi agency partners, children, young people and families</p>	<p>represents 1% of total WFWF budget for this year.</p>
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SECTION 2: Progress Narrative for your overall WFWF plans

Questions	Guidance <i>This column includes guidance to support your response.</i>	Responses <i>Please complete your responses in the column below. Examples are included in Annex B (pages 9-13). Responses to each question can be up to 250 words, but may be less where appropriate.</i> <i>Please try to include all activities mentioned in Section 1 above within your response, recognising that there may be little or no detail at this stage.</i>
<p>Question 4: Overview description of what has been achieved to date and how this compares to intended plans, including specific partners who have been involved, particularly third sector organisations.</p>	<p><i>It may help to refer to the original WFWF criteria in the allocation letter included above.</i></p> <p><i>Please indicate any related local evaluation work in progress here.</i></p>	<p>The main achievements of our WFWF programme of work has been the upscaling of the role of our current social work assistants and family support workers to Senior Family Support Workers, meaning that they are able to complete intensive work with families, undertaking assessments and developing plans with families. Also expansion of current service to meet demand including Activity 1</p> <ul style="list-style-type: none"> • Doing all we can to keep children with their families when it is safe to do so. • Increasing the support for families, based in the communities where they live, including intensive support in their own homes • Significantly reducing the number of children and young people in care by helping families to overcome challenges before they reach crisis point, helping them to develop a network of support their safety and wellbeing plans and to sustain changes made. • Mitigating the impact of poverty for Dumfries and Galloway's children, families and communities • Ensuring that intensive family support is available, proactive and characterised by the 10 family support principles in The Promise. • We are working closely with partner agencies and 3rd Sector providers and developing links with communities to help identify families in need and provide support as early as possible.

- Cost avoidance, by providing support at an early stage and by asking families and communities what help they need we can avoid more expensive interventions at a later stage.

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

The upscaling and upskilling of the service is allowing our family support team to concentrate on the lower-level preventative work with the family support workers in locality operational teams concentrating on higher level support for families where there are complex needs, legal orders and Child Protection Plans.

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

To achieve our progress to date, we:

- Trained all our staff and our multi-agency partners in the Signs of Safety approach. In short this is a relationship and strength-based approach to children`s social work
- Trained our staff in Safe and Together, an approach for working with families where there is domestic violence

		<ul style="list-style-type: none"> • Developed a family support service that sits outside “the social work system” • Decommissioned one of our children’s houses and developed a community hub • Developed a different approach to family centre support • Increased provision in the Third Sector • Started to clarify thresholds for services so families and professionals can recognise and access the supports which are the most suitable at the right time. <p>Our ongoing transformation journey has allowed us to continue to see in terms of success</p> <ul style="list-style-type: none"> - a continued decrease in the number of children on the child protection register, not decreasing the amount of work we with families but improving outcomes for them. - Number of children subject to Compulsory Supervision Orders decrease, even though ‘ground of referral’ still exist we are now getting more cooperation from children and families which means compulsion is not required (removal of stigma plays a large part in this) <p>Our Whole Family Support Group Terms of Reference has been refreshed and membership of group has widened to include wider multi agency partners and third sector organisations.</p> <p>Activity 2 has seen the appointment of a Parenting Coordinator for the delivery of parenting programmes across Dumfries and Galloway.</p> <p>We have now procured an educational resource app to support children with complex care needs and their families (Activity 3) and are currently planning the launch of.</p> <p>In addition to the plans originally submitted, we identified the need for more robust data and a baseline of where we are on our transformation journey. A Performance Management Framework</p>
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		<p>is currently being introduced to further support this agenda and a self-assessment has been carried out (February/March 2023) to give us a baseline of current service delivery and support us in our future activity / priorities.</p>
<p>Question 5: Main successes to delivery and factors enabling these successes.</p>	<p><i>Please cite your evidence sources. Please note engagement with children and families should be covered under question 7 below. May include: resourcing, skill development, planning or engagement, activities, or emerging outcomes. Evidence of economic/budgetary impact may also be included.</i></p>	<p>Key success factor for our transformation agenda includes</p> <ul style="list-style-type: none"> - strategic buy-in from Elected Members and Senior Leaders, - collaborative working with multi agency partners, third sector organisations - over 40% of our families we are supporting have been affected by drugs and alcohol, with some children starting to explore drugs and alcohol in a chaotic way, recent investment from our Alcohol and Drugs Partnership has allowed for additional support to families - increased provision to our third sector - additional funding to our third sector organisations has attracted additional funding into the area, alloweing for the leverage of external investment further in working collaboratively - training of our staff and our multi agency partners including in the Signs of Safety approach - cost avoidance
<p>Question 6: Main challenges to delivery, and how these have been or plan to be mitigated. Please include any details on any activities which have not progressed as expected.</p>	<p><i>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.</i></p>	<p>Our referrals continue to grow, we believe this is largely due to the impact of the pandemic and that will continue to do so as the cost of living increases as dramatically as it has</p> <p>Timeline of recruitment took longer than anticipated, though this is now resolved.</p>

<p>Question 7: How have the activities and outcomes in Section 1 been informed by different stakeholders? (especially third sector partners and children and families)</p>	<p><i>Please cite your evidence sources. May include: number and groups of children and families engaged, the way in which they were engaged and how that influenced the activity.</i></p>	<p>All activities have involved internal and external stakeholders led by the Corporate Parent Group and Whole Family Support Group –</p> <ul style="list-style-type: none"> - Members of the Children Services Strategic and Planning Partnership, Corporate Parent Group and Whole Family Support Group - Health and Wellbeing Survey - Collaborative Audits - Child Protection Multi Agency File Reading Audits and Focus Groups - Participation and Engagement with children, young people, families, carers and the wider family networks - Working with third sector organisations to co-produce plans for and delivery of family support across the Region - Staff focus groups
<p>Any other comments, innovative work, relevant learning, or unexpected changes identified during this year?</p>	<p><i>May include: any progress not captured elsewhere in the table, or questions for Scottish Government.</i></p>	

APPENDIX 2: Suite of Wellbeing Indicators

Indicators are sorted by 'SHANARRI', and linked with relevant priorities

SAFE

Indicator		Target (if applicable) or direction of travel	Previous data (if available)	Baseline (latest available data) in 2020	Year 1 figure (2021)	Year 2 figure (2022)	Year 3 figure (2023)	Comment
Number of children on the Child Protection Register as rate per 1000 population aged 0-15 years CSSaPP_01	Priority 1	No target.	Rate was 4.0 in 2017/18	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	The rate has increased slightly, but we are still maintaining a relatively low rate compared with the situation a few years ago when we had very high numbers of children on the CPR.
Emergency hospital admissions for Unintentional Injuries for children aged 0-14 (under 15) in Dumfries and Galloway	Priority 1 Priority 5 Priority 6	No target – aim to reduce		2018/19 207	2019/20 181	2020/21 184	2021/22 197	Unintentional injuries can occur in any age group, but children and the elderly are generally more vulnerable.

HEALTHY

Indicator		Target (if applicable) or direction of travel	Previous data (if available)	Baseline (latest available data) in 2020	Year 1 figure (2021)	Year 2 figure (2022)	Year 3 figure (2023)	Comment
Primary immunisation rate by 12 months of age – 5-in-1/6-in-1	Priority 6	Aim to maintain	2018 – 97.4%	2018-19- 97.7%	2019-20- 97.4%	2020/21 97.0%	2021/22 97.4%	Dumfries and Galloway continues to maintain a high level of vaccination coverage.
Primary immunisation rate by 12 months of age - PVC	Priority 6		2017-18- 97.6%	2018-19- 97.9%	2019-20- 97.9%	2020/21 97.8%	2021/22 97.7%	
Primary immunisation rate by 12 months of age – Rotavirus	Priority 6		2017-18- 95%	2018-19- 95.3%	2019-20- 94.9%	2020/21 94.2%	2021/22 94.7%	
Primary immunisation rate by 12 months of age - MenB	Priority 6		2017-18 – 97.2%	2018-19- 97.6%	2019-20- 97.4%	2020/21 97.3%	2021/22 97.3%	
The percentage of 27-30 months reviews completed	Priority 5 Priority 6	Aim to increase	2017-18- 94.6%	2018-19- 93.6%	2019-20- 95.2%	2020/21 94.1%	2021/22 94.6%	D&G has a high level of coverage; the Scotland average in 2021/22 was 89.4%.
The percentage of children in Primary 1 at risk of being overweight and/or obese	Priority 3 Priority 6	Aim to reduce	DG rate was 24.4% in 2017/18 National rate was 22.5% in 2017/18	DG rate was 25.7% in 2018/19, National rate was 22.4%.	DG rate was 24.2% in 2019/20 but National reviews are incomplete.	2022 – reviews have re-started but we do not have data for 2020/21	DG rate was 28.2% in 2021/22 (13.2% at risk of overweight, and 15% at risk of obesity)	No local or national data was captured for primary 1 weight for 2020/21 due to school closures during CoVID19. From September 2021, the current P1 cohort measurements were taking place.

LAC completed waiting times for health assessment (Percentage of those LAC who receive a health assessment within 28 days of referral).	Priority 2	The standard is that 90% of children who become looked after will have a new health assessment within 4 weeks of the service receiving notification		Between January and December 2020 The percentage of referrals completed within 28 days was 78%	As of May 2021, the percentage of CEL16 (LAC Health Assessment) referrals completed within 28 days is 70% .	In December 2021 the percentage of CEL16 (LAC Health Assessment) referrals completed within 28 days was 71% .	For January to December 2022, there were 121 total referrals. 14 did not proceed, and 107 were completed 84% within 28 days	The LAC health care team and school nurses are undertaking some improvement work in schools to improve the engagement of young people at LAC health assessments. We have had an issue with non-attendance at appointments, and the team have been looking at barriers to attendance and how these can be removed.
The percentage of pregnant women in the worst performing Scottish Index of Multiple Deprivations (SIMD) quintile booked for antenatal care by the 12th week of gestation.	Priority 1 Priority 3 Priority 6	LDP Standard At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation.	2017-18-85.3%	2019-20-85.8%	2019-20-85%	2020/21 85.4%	Figures at a local authority level are not available yet.	

ACHIEVING

Indicator		Target (if applicable) or direction of travel	Previous data (if available)	Baseline (latest available data) in 2020	Year 1 figure (2021)	Year 2 figure (2022)	Year 3 figure (2023)	Comment
Percentage of LAC School Leavers who enter a positive Destination P2C3M05Q&C_PI03	Priority 2	87.2%	2017/18 – 82.9%	66.7% in 2018/19	84% in 2019/20	90.32% in 2020/21	86.21% in 2021/22	
The percentage of children meeting developmental milestones P2C3M01Q&C_PI19	Priority 5 Priority 6	80%	2017/18 - 81%	84% in 2018/19	85% in 2019/20	84% in 2020/21	79% in 2021/22	
Percentage of young adults (16-19 year olds) participating in education, training or employment. (Annual Participation Measure – Local Government Benchmarking Framework) CSSaPP_13	All priorities	91.6%		2018/19 – 91.2%	92% in 2019/20	93.1% in 2020/21	93.5% in 2021/22	This is a universal indicator rather than one targeted on vulnerability. These indicators allow us to compare performance for our more vulnerable children and young people with those for all children and young people. All priorities are relevant, because successful delivery of all our priorities should have an overall impact on our population of children and young people.

Proportion of Primary pupils achieving expected levels in all three Literacy organisers P2C3M01Q&C_PI12	All priorities		2017-18 69%	2018/19 - 69%	2019/20 – no data	2020/21 59%	2021/22 62.5%	For 2020 the absence of external assessment information, and the Ministerial direction to award estimated grades, led to a different pattern of attainment than we have seen in previous years. The results for 2020 should not be directly compared to those in previous years or future years
Proportion of S3 pupils achieving Third Level or better in all three Literacy organisers P2C3M07Q&C_PI13	All priorities		2017/18 – 88%	2018/19 - 83%	2019/20 – no data	2020/21 No data	2021/22 81.2%	
Proportion of Primary pupils achieving expected levels in Numeracy P2C3M01Q&C_PI14	All priorities		2017/18 – 77%	2018/19 - 77%	2019/20 – no data	2020/21 69%	2021/22 72%	
Proportion of school leavers attaining 1 or more award at SCQF Level 4 or above P2C3M01Q&C_PI16	All priorities	96%	2017/18 – 97%	97% in 2018/19	96% in 2019/20	97% In 2020/21	97% in 2021/22	This allows us to compare attainment of all school leavers with those who are looked-after.
Proportion of Primary pupils achieving expected levels in all three Literacy organisers (LAC) P2C3CYPLL12d	Priority 2	68%		2018/19 - 31%		2020/21 – 25%	2021/22 – 31%	Education CfE PIs were not recorded in 2020 and S3 were not recorded in 2021.
Proportion of S3 pupils achieving Third Level or better in all three	Priority 2	84%		2018/19 - 40%			2021/22 – 57%	

Literacy organisers (LAC) P2C3CYPLL13d								
Proportion of Primary pupils achieving expected levels in Numeracy (LAC) P2C3CYPLL14d	Priority 2	75%		2018/19 - 41%		2020/21 – 43%	2021/22 – 47%	
Proportion of S3 pupils achieving Third Level or better in Numeracy (LAC) P2C3CYPLL15d	Priority 2	84%		2018/19 - 80%			2021/22 – 66%	
Proportion of school leavers attaining 1 or more award at SCQF Level 4 or above (LAC) P2C3M05Q&C_PI04	Priority 2	86%	2017/18 - 71%	2018/19 – 62%	2019/20 – 72%	2020/21 65%	2021/22 76%	

NURTURED

Indicator		Target (if applicable) or direction of travel	Previous data (if available)	Baseline (latest available data) in 2020	Year 1 figure (2021)	Year 2 figure (2022)	Year 3 figure (2023)	Comment
Number and percentage of children being referred to the Children's Reporter on	Priority 1 Priority 6	Aim to reduce	2017-18 509 (of total 611) 83.3%	484 (of total 588) Children referred in	2019-20- 456 (of total 534), 85.4%	2020-21- 538 (of total 587). 91.6%	2021/22 – 620 (of total 659)	

care & protection grounds.				2018-19. 82.3%				
Balance of care for Looked After Children: % of children being looked after in the community (Local Benchmarking Framework) P2C1M8SW_PI03	Priority 2	Aim to increase		94.2% in 2018/19	93.4% in 2019/20	92.4% in 2020/21 Rate for Scotland was 90.3%	The figure for 2021/22 has not yet been published.	In Dumfries and Galloway we continue to have a proportion of children looked-after in the community. This means that children are looked-after at home with parents/carers; with other family members or friends; or with foster carers or prospective adopters.
Percentage of Looked After Children with more than one placement within the last year. P2C1M5SW_P102	Priority 2	Aim to reduce		18.7% in 2018/19	18.1% in 2019/20	20.9% in 2020/21	The figure for 2021/22 has not yet been published.	Placement moves are not necessarily negative when planned and agreed.

RESPONSIBLE

Indicator		Target (if applicable) or direction of travel	Previous data (if available)	Baseline (latest available data) in 2020	Year 1 figure (2021)	Year 2 figure (2022)	Year 3 figure (2023)	Comment
Number and percentage of children being referred to the Children's Reporter on offence grounds, Section 67 j grounds. CSSaPP_27	Priority 1 Priority 4	No target – aim to reduce	2017-18-159 (of 611). 26%	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%)	More young people were referred to the Children's Reporter in total in 2021-22, but fewer of these were referred on offending grounds than the previous year.

INCLUDED

Indicator		Target (if applicable) or direction of travel	Previous data (if available)	Baseline (latest available data) in 2020	Year 1 figure (2021)	Year 2 figure (2022)	Year 3 figure (2023)	Comment
Attendance Rate, Primary School, Dumfries and Galloway for Looked after Children. P2C3CYPLL22	Priority 2	94.1%		95.7% in 2018/19	93.58 in 2020/21 94.53% in 2020/21	2021/22 91.81%	2022/23 92.59%	We have a Care-Experienced Team in Education who track and monitor attendance (and exclusions) of children and young people on a monthly basis.
Attendance Rate, Secondary School, Dumfries and Galloway for Looked after Children. P2C3CYPLL23	Priority 2	85.4%		84.87% in 2018/19	83.23% in 2019/20 87.75% in 2020/21	84.24% in 2021/22	78.25% in 2022/23	
Number of homelessness applications from applicants who were looked after as a child by the local authority within the last 5 years. P3C1M1NS_PI01	Priority 2	20		20 in 2018/19	20 in 2019/20 28 in 2020/21	27 in 2021/22	35 in 2022/23	Accommodation is one of the 4 priority action plans within our Corporate Parenting Plan. Reasons for homelessness applications are complex. Legislation was in place to prevent evictions during the pandemic, however there was an increase in homelessness applications due to the breakdown of family relationships.

