ITEM No …3……..

REPORT TO: **CHILDREN AND FAMILIES COMMITTEE – 22 JUNE 2026**

REPORT ON: **CHILDREN'S SERVICES PLANNING PARTNERSHIP PLAN 2026–2029**

REPORT BY: **INTERIM EXECUTIVE DIRECTOR OF CHILDREN AND FAMILIES SERVICE**

REPORT NO: **142 - 2026**

1.0 PURPOSE OF REPORT

1.1 This report presents the proposed Children's Services Planning Partnership (CSPP) Plan 2026–2029 (Appendix 1).

1.2 The report outlines the statutory requirements for Children's Services Planning Partnerships, summarises evaluation of previous arrangements and explains the new local approach.

2.0 RECOMMENDATION

2.1 It is recommended that the Committee:

a) Notes the statutory requirements relating to the CSPP;

b) Approves the CSPP Plan 2026–2029 (Appendix 1);

c) Notes the evaluation of previous CSPP arrangements outlined in Appendix 2 and;

d) Requests the Executive Director to provide an update on implementation in 12 months.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no financial implications arising from this report.

4.0 BACKGROUND

4.1 Part 3 of the Children and Young People (Scotland) Act 2014 places a statutory duty on local authorities and health boards to jointly prepare a Children's Services Plan for each three-year period.

4.2 The legislation requires partners to plan and deliver services in ways which safeguard, support and promote wellbeing; improve early intervention and prevention; improve joined-up support for children and families; and make best use of available resources.

4.3 Since 2017, Dundee, Angus and Perth and Kinross Councils, NHS Tayside and other partners have delivered Children's Services Planning through a regional model linked to the Tayside Regional Improvement Collaborative (TRIC).

4.4 Across three 3-year planning cycles, the regional model supported collaborative developments in early years, digital learning, emotional health and wellbeing, care experienced children and young people and child protection.

4.5 Over time, delivery and reporting activity has become increasingly localised, reflecting differing local governance arrangements, structures and available services across each local authority area.

4.6 In addition, Scottish Government funding associated with Regional Improvement Collaboratives (RICs) was tapered in 2023-24 before ending altogether in March 2025 and regional infrastructure arrangements have concluded.

4.7 In response, partners agreed that future Children's Services Planning arrangements should move to a local partnership model from 2026–2029, whilst continuing regional collaboration where this adds value.

5.0 DEVELOPMENT OF THE CHILDREN'S SERVICES PARTNERSHIP PLAN 2026–2029

5.1 The Dundee Children's Services Partnership Plan 2026–2029 has been developed jointly by Dundee City Council, NHS Tayside, Police Scotland, Dundee Health and Social Care Partnership, Dundee Voluntary Action and wider statutory and third sector partners.

5.2 Development of the Plan has involved evaluation of previous plans, strategic assessment of local need, review of local and national data, engagement with children, young people and families and consultation with partners.

5.3 The Plan has also been informed by the Dundee Partnership City Plan, Council Plan, The Promise, Whole Family Wellbeing Funding developments, Child Poverty priorities and wider improvement activity.

5.4 The Plan sets out the shared vision that 'All children, young people and parents/carers receive the right support at the right time with kindness and respect.' It identifies five priority areas for 2026–2029:

- Place Based Whole Family Support;
- Physical, Mental and Emotional Health;
- Presence, Progress and Participation in Learning;
- Children and Young People at Risk of Harm; and
- Our Promise.

5.5 The plan builds on learning from existing positive initiatives such as What Matters to You, the Linlathen Pathfinder, leadership of improvement activity within Early Learning Centres and schools and targeted approaches to priority groups, such as care experienced children.

5.6 It places a strong focus on place-based whole family support informed by community engagement, prevention and early intervention, tackling poverty and inequality, trauma-informed practice and improving outcomes through partnership working.

6.0 EVALUATION OF PREVIOUS PLANNING ARRANGEMENTS

6.1 Evaluation of previous Tayside planning arrangements identified strengths including strong partnership working, shared learning, development of regional guidance and collaborative improvement activity. More details are provided in Appendix 2.

6.2 Examples of progress include pan-Tayside early years transition pathways, Rights Respecting Schools activity, development of the Tayside Virtual Campus, emotional health and wellbeing initiatives and strengthened child protection learning review arrangements.

6.3 The new model provides stronger alignment with partnership governance, locality priorities, service delivery and performance reporting, whilst retaining some regional priorities such as emotional health and wellbeing and teenage pregnancy.

7.0 GOVERNANCE AND REPORTING

7.1 Implementation of the Children's Services Planning Partnership Plan 2026–2029 will be overseen through the Child Poverty and Inequalities Strategic Leadership Group, Chaired jointly by the Council and NHS Tayside and reporting to the Dundee Partnership.

7.2 Annual progress reports will be produced in line with statutory requirements and reported to Committee. Reporting will include outcome measures, service performance information, feedback from children, young people and families and evaluation against agreed actions.

8.0 POLICY IMPLICATIONS

8.1 This report has been subject to an integrated impact assessment to identify impacts on equality & diversity, fairness & poverty, environment and corporate risk. An impact, positive or negative, on one or more of these issues was identified. an appropriate senior manager has checked and agreed with this assessment. A copy of the integrated impact assessment showing the impacts and accompanying benefits of / mitigating factors for them is included as an appendix to this report.

9.0 CONSULTATIONS

9.1 The Council Leadership Team and Children's Services Planning partners have been consulted in the preparation of this report and the CSPP Plan 2026-29.

10.0 BACKGROUND PAPERS

10.1 None.

Glyn Lloyd
Interim Executive Director of Children and Families Service

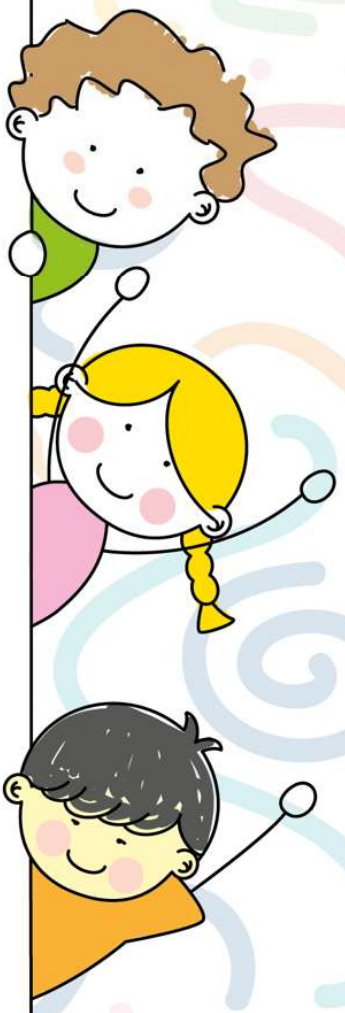
Paul Fleming
Head of Education, Learning & Inclusion

June 2026

APPENDIX 1

Dundee Children's Services Partnership Plan 2026-29

All children, young people and parents/carers receive the right support at the right time with kindness and respect



DUNDEE PARTNERSHIP

Foreword

This plan is all about you, the families and communities of Dundee. We've listened to what matters to you and understand the importance of building services based on what you tell us you need at every stage of family life, in ways that work for you.

In this plan, we describe how we will create chances for you, your family and your community to grow stronger. We show how we will ensure that where families require additional support, it's accessible, flexible and focused on you.

The plan includes an explanation of our approaches towards listening to and hearing your voice; involving you in making decisions; jointly allocating our resources in a consistent response; building on strengths; and targeting support to key groups.

It explains how we've jointly arrived at setting 5 key priorities, outlines our shared commitments to you and explains the services we intend to develop, coordinate, commission and deliver with and for you over the next 3 years.

This includes a description of key data on children, young people and families; views on what they need or what we can do better; current and anticipated legislative requirements; and links we make with other services providing important support.

Whilst we implement the plan, we'll continue to routinely engage with you, your family and community. We'll also jointly gather data to check whether we're being helpful and whether we need to change anything we're doing or plan to do.

We hope you enjoy reading the plan, that it focuses on what you currently think are the right commitments, priorities and support and that it explains how, going forward, you can continue to contribute towards developments.

Gregory Colgan, Chief Executive, Dundee City Council

Nicky Connor, Chief Executive, NHS Tayside

Elaine Logue, Divisional Commander, Police Scotland

Christina Cooper, Chief Executive, Dundee Voluntary Action

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OUR CHILDREN'S SERVICES PARTNERSHIP PLAN

This plan builds on years of gathering data and listening to our communities, who say that **children, young people and families are their core priority** and that we ought to provide accessible, flexible and consistent support in ways which matter to them.

All our services, including Early Learning Centres, Schools, Health, Social Work, Housing, Community Learning and Development, Police Scotland, Health and Social Care and the Third Sector, have listened and contributed.

We've jointly developed **5 shared commitments** which focus on empowering children, young people, families and communities in ways which prevent challenges from escalating; providing flexible support; and protecting families from harm:

- ✓ ***We will listen to children and families and make real changes in your local community where you live and/or work***

- ✓ ***We will help people stay physically and emotionally well by supporting healthy food and fun activities and offering specialist support where required***

- ✓ ***We will make learning a big part of growing up – from babies and nursery, through to primary and secondary school and into college***

- ✓ ***We will help keep children safe and if anyone is worried about a child, we will respond quickly and do the right thing to protect them from harm***

- ✓ ***We will make sure children who are in care feel loved and supported, can stay connected and get continued support when they leave care***

Our 5 Priorities

To meet our shared commitments, check whether we're being helpful and adapt services where necessary, we have **decided on the following five priorities** with corresponding aims. We've also given a flavour of some of the indicators we will use to help measure whether we're making a difference, with more detail later in the plan:

Priority	Aim	Examples of Measures
Local place based whole family support	Families can get the help they need within their communities	The voice of children, young people and families on access, quality and impact of support
Physical, mental and emotional health	Support starts early to prevent developmental concerns from early years	The number of children with developmental concerns at 27–30-month review
Presence, participation and progress in education	More children are included in learning and inequalities are reduced	The uptake of funded Early Learning and Childcare by eligible two-year-olds
Children and young people protected from harm	Children are noticed, listened to, supported and kept safe	The number of children on the Child Protection Register and de-registration timescales
Care experienced children and young people	Children in care are loved and supported, and can do well	The right balance between family based and residential care placements

Priorities in Practice

As some children, young people and families can experience challenges from the time they are born to the time they become parents themselves and then onwards for their own children over different generations, here's a fictional story of what each of these priorities would mean for them and how it will help to improve their lives:

The story starts with Emma and her two children Freya aged 2 and Luca aged 6, who are stuck at home because they don't have money to do anything. Emma's mood is low, she can't currently gain employment, her children are bored and they're often misbehaving. On some mornings, she struggles to get Luca to school.

Place-based support: Emma was told of free family activities in her community centre and after a nervous start they now attend regularly. It makes a huge difference as they have something to look forward to, made friends, get a weekly free healthy meal and receive benefits, employability and housing advice in one building.

Physical, mental and emotional health: Health Visitors found that Freya is not meeting her developmental milestones and Luca is at risk of becoming overweight. They got speech and language therapy involved and suggested joining a pram pushing group, where it helps to get advice from other parents.

Freya is now playing with other children and catching up in her development, whilst Luca has joined a football group. This also gives Emma a welcome break from the demands of single parenting. Their community group involves the family in cooking, so they have started to cook healthy meals from scratch.

Presence, participation and progress in education: One of the other mums let Emma know that Freya should be eligible for a free nursery place and attending nursery now helps Freya to make friends. It takes pressure off Emma and helps Luca to attend school because they all leave the house together in the morning.

Care experienced children and young people: Emma's sister is struggling with her mental health and finding it difficult to care for her son Callum, who has become withdrawn and is struggling at school. A Social Worker is therefore providing extra support and Emma offers to take Callum into kinship care until things get better.

After 4 months, Emma's sister is starting to feel much better, Callum has come off the Child Protection Register, he is settling in Emma's care and has regular contact with his Mum. He and Luca have started taking part in active school activities together after school and he will be returning home in another 2 months.

Over time, Emma carries out voluntary work before starting a part-time job; both children are supported with a smooth transition from ELC to Primary School and Primary School to Secondary School; Freya develops a strong interest in creative art; and Luca continues to progress both academically and in sport.

WHAT ARE WE TRYING TO ACHIEVE

This fictional story hopefully illustrates how we will help families and communities grow stronger together. Often support goes to families when things have already reached crisis point. This plan is about **helping earlier, so fewer families reach crisis**—while still making sure the children and young people who need the most help get it.

We will do this by making it easier to get support in your local area. Where it makes sense, **different services will work together in the same place, as one team,** so you're not having to repeat your story, and you receive consistent support over time. We know that you know your own life best and want to involve you in planning services.

We want you to have chances to use your skills and talents in ways that matter to you, your family and your community. This way, the support you get is **responsive, flexible and focused** on what you, your family and others in your local community need to be healthy and safe.

In terms of families who need the most help, research has shown that although any family can encounter challenges at any time, **some are more likely to experience inequalities than others.** As they may not be aware of services or unable to access them, they may benefit from targeted support. This includes:

- **Lone Parents**
- **Disabled children and parents**
- **Minority ethnic families**
- **Parents of babies**
- **Young parents**
- **Care experienced families**
- **Young carers**

We have included a targeted focus on these families in each of the 5 priorities and related actions. It doesn't mean that we're discriminating against these or other families but that we're offering **equitable and non-judgemental services** because some families are more likely to need more support than others.

WHAT WE KNOW ABOUT CHILDREN, YOUNG PEOPLE AND FAMILIES

Next, we share what we know about children, young people and families. Some of the information is tough to read, like figures about poverty, health and the problems some families face. But there are also positive changes happening. **We want to learn from what is improving,** do more of it and help make Dundee a great place for everyone.

What we know about children, young people and families in Dundee

148,000 population of Dundee

Challenges for children and young people in Dundee

Abc

One in 5 (18%)

of two-year-olds don't meet their developmental milestones, with speech and language development being the key concern – an estimated 60% do not meet speech and language milestones by the time they enter school

Poverty 43%

Poverty - 43% of children in Dundee live in 20% most deprived households in Scotland, significantly more in some neighbourhoods

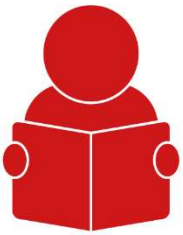
Signs of hope and change for the better

By attending school and with the right supports most children catch up - 88% (same as national average) achieve good listening and speaking levels by P7

Benefits advice is accessible in many local communities - over £17 million pounds were raised for Dundee families through income maximisation in 2024/25

Challenges for children and young people in Dundee	Signs of hope and change for the better
Dundee continues to have high rates of substance misuse and this can result in exploitation and abuse (“the real issue is drugs” (voice of young adult)	Planet Youth is trying to break this cycle by involving pupils from an earlier age to learn to say no under peer pressure [image alcohol, drugs, no]
1 in 10 children Only one in ten children does enough physical exercise (according to national guidance)	7163 (38% of the school roll) took part in Active Schools activities in 2024/25 improving physical and mental health and social integration
Central funding for key services and many supports has been decreasing year on year, which has reduced some supports and opportunities	There has been increase in grassroots community groups who reach people in their neighbourhoods – 115 small groups were funded through the Make It Happen Fund in 2025/26 reaching around
When looking at average statistics, some areas in Dundee seem “stuck” with generations affected by huge inequalities that seem hard to overcome	Time and again we find exceptions – children and adults who break the cycle and reach out to make Dundee a better place – it is these success stories we want to learn from, so we can support more of them and make Dundee unstuck
89% At 89.6% attendance (academic year 2024/25) at Dundee schools continues to be below Scottish average	However, attendance rates at all schools have improved over the past two academic years and attendance at Dundee Primary Schools was at 92.7% (academic year 2024/25)

Challenges for children and young people in Dundee



The percentage of Dundee school leavers entering a positive destination declined in 2024/25 to 93.7%. This is lower than the national average of 95.7%, and our Insight benchmarking Virtual Comparator at 94.5%.

There are still around 400 children and young people each year who are "looked after" because their parents struggle – this includes social work support for children still at home with their parent(s), children in kinship or foster care, and children in residential units or supported accommodation.

Signs of hope and change for the better

However, there are positive signs of improvement, in particular in literacy levels in primary schools. While fewer than Scottish average achieve expected literacy levels by end of P1, more than average reach expected levels by end of P7 (overall 73.9% of pupils reach expected CFE literacy levels, which are close to to the Scottish average of 74.5%)

88.4% of looked after children are in community settings (home, kinship, foster care or supported accommodation); this is close to Scottish average (88.3) and a stable balance where only one in ten looked after children is in a residential unit. And of those who are, over half are in Dundee's Houses.

WHAT HAS GUIDED OUR PRIORITIES

As we believe it's vital to hear and respond to what children, young people and families say they need, we commissioned a Social Action Research Project to find out more. We then also consulted with various groups on the content of a proposed plan. They highlighted and reinforced some key themes which have strongly influenced the plan:

- **Community based provision –** access to local services where the first contact matters to prevent disengagement
- **Social connection** – having access to networks, services and support to promote a sense of belonging, reduce isolation and improve emotional health
- **Family finance** – whether in work or out of work, help with the cost of living and access to affordable activities
- **Employment** – addressing multiple barriers to further education, training and employment, such as childcare responsibilities and mental health
- **Children and young people with additional support needs** – early assessment and timeous support at home, in school and in the community
- **Housing** – including family access to suitable stable housing and assistance with costs
- **Health and wellbeing** – support with all the above helps to reduce stress and strain and makes it easier to live more confidently and comfortably as a family

Whilst there are national and local financial restrictions which dictate that we need to make the most of what we have, we believe that **focusing on the right priorities in this way** and working with communities and families to jointly apply these principles is much more likely to be helpful.

Place Based Whole Family Support

The concept of place based whole family support is central to our approach and stems from a belief that to be **meaningful**, services need to be informed by local views; to be **accessible**, they need to be available locally; to be **effective**, they need to be holistic; and to be **sustainable**, they need to build assets. We will therefore:

- **Pool our resources and use them flexibly with an emphasis on whole families**
- **Help children, young people and families to help one another**
- **Apply a no wrong door approach where you get the right help when you ask**
- **Respond to you with kindness, respect, empathy and understanding**
- **Use digital technology for some tasks so teams can spend more time with you**
- **Enhance support during evenings/weekends when pupils are home from school**

LINKS WITH OTHER POLICIES, PARTNERSHIPS AND PLANS

Effective children, young people and family services depend on strong partnership working, with both statutory and third sector organisations playing an important role. This plan therefore does not stand alone but **sits alongside and compliments other approaches,** such as:

- ✓ **Community Planning Partnership Dundee City Plan 2022-2032** - our overarching strategic plan encompassing all partnership priorities
- ✓ **Local Community Planning Partnership Local Community Plans** - our arrangements for cascading support across all 8 wards
- ✓ **Fairness Commission –** our approach towards engaging with communities to inform and deliver plans to address poverty
- ✓ **Protecting People Committees https://www.dundeeprotects.co.uk/** - our approach to keeping children, young people and adults safe from harm
- ✓ **Local Housing Strategy 2026-30** - our approach towards providing safe, secure and suitable housing as a key foundation for families
- ✓ **Plan for Excellence in Health and Social Care in Dundee** - our plan to support adults with additional needs, such as disability and mental health
- ✓ **Discover Work Strategy & Action Plan 2022-2027** - our approach towards improving employment opportunities for everyone
- ✓ **A Step Change in Positive Destinations for Young Dundonians** - our targeted youth participation programme on further education, training and employment
- ✓ **Whole Family Support –** our place-based approach towards multi-disciplinary, accessible and flexible support informed by what communities say they need
- ✓ **Community Wealth Building Strategy –** our approach towards empowering communities to build and maximise local assets
- ✓ **Bringing Hope, Building Futures: Tackling Child Poverty 2026-31** – the national plan for system reform, prevention and coordinated support
- ✓ **Health and Social Care Partnership Strategic Commissioning Framework 2023-2033 –** the HSCP strategic priorities and plan
- ✓ **Prevention - NHS Scotland operational improvement plan** – focuses on prevention, digital technologies and collaboration
- ✓ **Police Scotland Strategic Plan 2026-29 –** includes a focus on trauma informed responses and whole system preventative approaches
- ✓ **United Nations Convention on the Rights of the Child (UNCRC) –** outlines 54 Articles to promote children and young people's rights

Our **Child Poverty and Inequalities Strategic Leadership Group**, which consists of all the services involved in this plan and community representatives, will ensure that we continue to align with and support the work of these other policies, partnerships and plans. This includes collaboration with partners across Tayside.

OUR PRIORITIES, DELIVERY PLAN AND MEASURES

The tables on the **next few pages lay out our key priorities**, how we plan to achieve them and how we know whether we're making progress. Additional performance indicators are collected and reported regularly. It means we can routinely reflect on, learn from and adapt what we're doing or plan to do.

Thematic Priority 1

Place Based Whole Family Support

We will listen to children and families and make real changes in your local community where you live and/or work

We will work together to ensure	What we will do together	How we will measure our progress
Local communities can meet the needs of the families who live there	Implement UNCRC (United Nations Convention on the Rights of the Child) through engagement with children and families to find out what matters to them	Demonstrate positive progress through annual self-assessment including the views of communities on whether we're making a difference
	Co-produce actions specific to localities based on results of family engagement and service data. Use data to support understanding, learning and opportunities related to the whole family approach Provide targeted support to priority groups such as lone parents, disabled children and parents, minority ethnic groups and young carers	Families report that the actions make a positive difference to their lives
Families receive financial management support	Provide help in the local community by offering: • Income maximisation assessments • Money/Debt Advice and support • Energy Efficiency Services • Referral pathways to employability	Number of families with children and young people: • with debt situations stabilised • raised out of fuel poverty • participating in employability • with income fully maximised
Families live in affordable, suitable and sustainable housing	Ensure housing and homelessness needs are included in Child's Plans and whole family support plans[1] Provide accessible local housing and homelessness advice	Reduced homelessness presentations from families with children.
Families and communities have access to information to identify the right support at the right time	No wrong door - identify community spaces where people can go to get consistent support, information, advice from services and to take part in community life	Children and families report that they know where they can get support in their community and feel they get help from the right person at the right time

[1] according to "Ask and Act Duty" part of the Housing Scotland Act 2025

We will work together to ensure	What we will do together	How we will measure our progress
Children and families receive easily accessible and meaningful support at the first opportunity and those who are most vulnerable will be prioritised	Provide practitioners with guidance clarifying roles and responsibilities regarding information sharing and referral pathways to enable them to provide the best support at the earliest opportunity	Staff feedback and audit Referral pathways/FORT data about referrals used and unmet need Evidence of joint planning
	Provide support and resources to staff to help them to actively listen and respond to children and families and to coproduce smart action plans whenever possible	Percentage of child plans that are produced with meaningful achievable (SMART) actions; children and parents report back that they feel listened to and involved in plans about their lives
	We will develop opportunities and networks for teams to reflect and learn together, even and especially when they are disagreeing	Evidence of multi-agency professional reflection and staff utilising opportunities for joint supervision
	We will agree a joint operating model for priority families to ensure they receive consistent support	We have agreed criteria for priority families, and they have support plans which meet their needs
	Enhance targeted CLD support through improved information sharing	More children and young people in priority groups supported by CLD
Children with disabilities experience better transitions throughout childhood and into adulthood	Improve provision and transition arrangements between different services through an assessment, support and pathways framework	Framework in place Clear information in place so families know of their entitlements Families report that they feel listened to and that their needs are met through all ages and stages
Families have access to advocacy	Jointly implement an Advocacy Strategy	Number of families accessing advocacy services and their views on support received

Thematic Priority 2

Physical, Mental and Emotional Health

We will help people stay physically and emotionally well by supporting healthy food and fun activities and offering specialist support where required

We will work together to ensure	What we will do together	How we will measure our progress
More children have a healthy weight	Implement the Tayside Child Healthy Weight Strategy, which includes the actions below: • Improve access to advice and support for parents and carers about feeding infants and young children • Provide more spaces that are part of the Breastfeeding Friendly Scotland scheme • Provide opportunities for families to cook and eat together in their communities, • Provide practitioners with confidence to raise the subject of healthy weight with parents and support onward referrals to appropriate pathways • Implement a Food and Health Policy within schools	Increase in the proportion of children with healthy weight – measured as reduction in the proportion of children in P1 who are at risk of being overweight/obesity (baseline 2024/25: 27%) Reduction in drop-off rate of breastfeeding from birth to 6-8 weeks Stories about impact and numbers attending relevant activities (e.g. Best First Steps, Best Foot Forwards, Healthy Eating Active Lifestyles)
	Provide affordable and accessible physical activities through Active Schools, including targeted support for children and young people who may struggle to attend otherwise	An increase in the number of children participating in Active Schools activities Increase in retention rates from target groups
Children and young people are protected from preventable illnesses through immunisations from birth to adulthood	Work in partnership across health, early years and education to improve access to routine childhood immunisation services, strengthen follow-up where children do not attend appointments and promote immunisation at every appropriate contact with families.	Increase rates of childhood immunisation, maintaining high uptake of the 6-in-1 vaccine at 24 months, and improving MMR uptake at 24 months to at least the Scottish average, with continued progress thereafter, by 2029
Children have the best start in life (the first 1,000 days)	Actively engage in the public health messages from the National Early Years Communication Team and locally held public health information Targeted support to families in the 6 priority groups outlined in the Child Poverty Strategy	Reduction in the proportion of children with a developmental concern at 27-30 months review (target: 13.5% or below by 2030) Decrease in the proportion of children starting school with speech and language delays

We will work together to ensure	What we will do together	How we will measure our progress
	Develop resources for use by professionals and parents to support child development Provide immediate access to information and advice to parents on gross and fine motor development, play and communication, including developmental language disorder awareness and strategy training and Speech and Language Therapy (SLT) Service via the Advice Line Address the impacts of poor housing and homelessness on children's physical and mental health through early intervention	Number and type of professionals completing training Increase in the number of professionals, parents and carers who have accessed information and advice Parents and professionals report improved confidence in identifying early developmental concerns Prompt housing solutions for families with children who put in rehousing applications with medical priority
Young people feel confident to ask for help and receive the support they need (this may refer to mental health, substance misuse, sexual health, eating disorders, neurodiversity)	Train and support key staff so they feel more confident in identifying and talking to CYP/Families and are aware of support available or equipped to answer questions and provide support	Evidence of staff reporting back that they feel confident following training and from children and young people saying that they have received helpful support and advice from professionals
	Encourage and support neuro-affirming practice and environments within statutory and 3rd sector organisations	Satisfaction of families provided with support through triage system
	Scale good examples and learning from partnership working to improve health and wellbeing	Narrative/ case study of good example of collaborative working and how the learning is applied to form new partnerships/ avoid pitfalls of what didn't work well
	Act upon the voice of children and young people with lived experience of mental health, including co-production of materials	Narrative/case study of good example of acting upon hearing from CYP Examples of coproduced processes and materials and how they have influenced change
Fewer teenagers become pregnant	Pilot a model to support life course prevention and improved sexual and reproductive wellbeing by Supporting teachers, workers and parents/carers to confidently discuss sex and relationships Improving access to sexual and reproductive health interventions in communities and via specialist sexual health clinical services	Reduction in teenage pregnancies (baseline Dundee 26.5% of first-time mothers under the age of 25) Reduction in teenage pregnancies in target communities

We will work together to ensure	What we will do together	How we will measure our progress
Fewer children and young people misuse substances	Implement lessons from Planet Youth (these may be different in different schools)	Annual report by Planet Youth and annual survey
	Learn from 3rd sector MAT standards to support voice of young person and lived experience	Narrative/ qualitative evidence of lessons learned Reduction in young people drinking alcohol and/or taking drugs

Thematic Priority 3

Presence, Progress and Participation in Learning

We will make learning a big part of growing up – from babies and nursery, through to primary and secondary school and into college

We will work together to ensure	What we will do together	How we will measure our progress
Children attend and remain engaged in learning	Align education, housing and place based whole family support so risks to attendance and continuity of learning are identified early and addressed through joint planning. Target extra support at pupils less likely to have satisfactory school attendance levels, such as children and young people in Kinship Care	School attendance
	Use GIRFEC-aligned planning to maintain continuity of learning, relationships and routines for children in temporary or insecure accommodation.	Number of school and nursery moves linked to homelessness
Children's needs are identified and supported early	Use existing information-sharing between health and education to inform early planning and support prior to nursery entry.	Children entering nursery with needs identified in advance
Children participate in early learning	Work with health visiting and early years partners to increase uptake of funded ELC for eligible two-year-olds.	Uptake of funded ELC by eligible two-year-olds
All children can access early learning before school	Provide clear information and practical support to families to access nursery provision through locality-based support.	Children accessing a nursery place prior to school entry
Children make a positive start at school	Use early learning and education transition arrangements to support readiness for school.	School readiness at P1 entry
	Support deferred entry where this is in the child's best interests.	Appropriate use of deferred entry
Children participate and remain engaged in primary education	Use GIRFEC-aligned planning and locality supports to improve attendance, engagement and inclusion.	Primary school attendance and engagement
Young people participate and progress through	Strengthen partnership working to reduce disengagement and sustain participation in learning.	Secondary school attendance and engagement

secondary education		
Care experienced children and young people participate and progress in learning	Coordinate planning to support progression to sustained post-school destinations, with a particular focus on kinship care.	Care experienced young people in positive destinations
Young people move on successfully from school	Align education, employability and CLD activity to support progression to positive and sustained destinations	School leavers entering and sustaining positive destinations

Thematic Priority 4

Children and Young People at Risk of Harm

We will help keep children safe and if anyone is worried about a child, we will respond quickly and do the right thing to protect them from harm

We will work together to ensure	What we will do together	How we will measure our progress
Children and young people are safe from harm	Fully Implement Bairns Hoose across Tayside Strengthen joint working between housing and child protection services to prevent repeat homelessness for high-risk families; this includes housing being invited to and present at key decision-making meetings.	Audit of practice at the Multi Agency Screening Hub in the context of Justice, Health, Recovery and Child Protection Fewer children entering crisis or emergency accommodation due to homelessness. Reduction in the number of homelessness application of households with children Increase in housing represented at key decision-making meetings to ensure families with children at risk to health due to housing will be prioritised
Pregnant women are supported, protected and kept safe from harm, including with their babies and infants	Ensure families fleeing domestic abuse or other violence can access safe, secure accommodation without delay. Where we identify pregnant women at risk, we will use established pathways of support and protection to mobilise the right supports for them and their unborn child	Improved housing outcomes for families subject to child protection or child in need plans Fewer babies entering care and when babies do have to be provided with alternative care, mothers report they feel better supported
Children and young people will be safe from harm at home and in their own communities	We pro-actively target and respond to physical, sexual, emotional abuse and neglect in local communities	Audits of practice focused on identification, assessment and support
Families at risk of harm receive the support they need when they need it, including during evenings and weekends and school holidays	Implement multi-agency whole family support at all times including evenings and weekends	Number of families accessing support out with traditional office hours

We will work together to ensure	What we will do together	How we will measure our progress
Children and young people at risk of child sexual and criminal exploitation, trafficking, organised crime, radicalisation and gender-based violence are identified and responded to effectively both at an individual and group level	Establish a Contextual Safeguarding Panel to ensure multi-agency identification, analysis and risk management planning for group-based exploitation and risk across the city	Evolving and progressive dataset to capture contextual safeguarding
	Support development of multi-agency guidance for all forms of risk outside the home and ensure relevant training is available and accessed by our staff. Strengthen the connection between all activity and information gathering, informed by what young people are telling us	Reporting and audit Guidance and training in place and reflected in children's plans
Young people who present a risk to others will be supported through child centred and meaningful interventions which will manage and reduce risk within the community	Implement all the requirements of the Care and Justice (Scotland) Act 2024 Implement the Care and Risk Management (CARM) Protocol	Data reporting to the Children at Risk Committee

Thematic Priority 5

Our Promise

We will make sure children who are in care feel loved and supported, can stay connected and get continued support when they leave care

We will work together to ensure	What we will do together	How we will measure our progress
Families are supported where children and young people could require temporary or permanent alternative care arrangements	Work with Third Sector partners to develop and deliver services in accordance with flexible family support Expand support to Kinship Carers and children and young people in their care at home, in school and in the community	Fewer children and young people requiring alternative care arrangements A greater proportion of care experienced children and young people are looked after at home or in Kinship Care Referrals to FORT including access to services, outcomes and analysis of any unmet need
Where children and young people do require alternative care, they live in nurturing and stable settings with child-centred decisions made on their longer-term care (including the continuation of their family's culture)	We will recruit a range of foster carers to meet different kinds of children's needs, including for respite and short breaks, including from minority ethnic groups Ask and listen to children and families capturing what matters to them regarding contact with siblings and parents	Recruitment and retention of Foster Carers Balance of family-based and residential care Children and young people with more than 1 placement in the last 12 months A greater proportion of care experienced children and young people are living with their siblings Children and young people report good levels and quality of parent contact Children and young people report good levels of brother and sister contact
Where family-based care is not currently possible or appropriate, children and young people live in appropriately matched local residential care wherever possible with child-centred Decisions on their longer-term care	Implement a Children's House Improvement Plan and capacity building programme Create the "City around the child": People working together across the partnership to improve access to opportunities / future Give care experienced young people opportunities to remain in Continuing Care	Care experienced children and young people have Child's Plans and supports rated at least as Good Dundee's Children's Houses receive Care Inspectorate inspection grades of at least Good Number of young people remaining in Continuing Care

We will work together to ensure	What we will do together	How we will measure our progress
Care experienced children and young people live fulfilled lives in suitable and stable accommodation after leaving care	Deliver planned housing pathways for care experienced young people, focused on homelessness prevention and stable transitions from care. Provide tenancy sustainment support for care leavers up to age 26, aligned with continuing care and aftercare.	Reduction in the number of care experienced young people in temporary accommodation or presenting as homeless
	Provide a new multi-agency team to meet the needs of young people in care or who have left care in one easily accessible central location	Implementation of Crichton Street Hub, including a dataset measuring outcomes and collating feedback from young people
Care experienced children and young people have access to all the support they need to thrive educationally, physically, emotionally and on their transition to adulthood	Schools and social workers will work together to support care experienced pupils who struggle with school, with a focus on children and young people in Kinship Care or on a CSO at home	Care experienced children and young people have school attendance rates at least equivalent to others Care experienced young people improve overall educational qualifications on leaving school Care experienced young people enter and sustain positive destinations after leaving school
Care experienced children of all ages have their voices heard and feel understood	We will offer a range of means by which young people can have their say, and train staff to offer all of these options Create a range of means for care experienced children and young people to create accessible feedback for improvement based on their voice that support independence, stability and wellbeing. In line with statutory duties, the UNCRC and The Promise, independent advocacy will support children and young people to be heard and involved in decisions that affect their lives	Care experienced children and young people have opportunities to say what they feel and report that they feel listened to and that actions have been taken Proportion of child's plans where care experienced children and young people meaningfully contributed

APPENDIX 2

Tayside Plan for Infants, Children, Young People & Families 2023-2026
Report on Progress 2025-26

Introduction

The report sets out progress made by partners in the implementation of the Tayside Plan for Infants, Children, Young People and Families 2023-26, towards the outcomes set out in the Plan. Progress updates are provided for outcomes detailed in the 'What will success look like' column within the plan and where available, updates are also provided for baseline data.

Some updates reflect progress made by individual local authorities, reflecting different practice in each area. The remaining updates are presented for all Tayside, reflecting operational structures of partner agencies. Narrative updates are provided for the time period August 2025 to April 2026. Baseline statistical data is presented against different reporting periods, depending on standard reporting cycles and how the data was articulated in the original plan. In general, all data relating to early years, attainment and attendance is reflective of academic years. Data provided for Children's Social Work, Housing and NHS measures is presented by financial year

TAYPLAN-2326-001

Our children will have the best start in life	
Ensure clear pathways are in place for early identification of need in children pre-birth to age 3	
With specific attention to: • Pre-birth support pathways • Transition pathways into early years settings for children with significant early concerns in relation to their development or emerging additional support needs	
Progress Updates	**(i) Families with identified needs are matched with support at an early stage:** - **Baseline data – unborn baby referrals per quarter.** **Data for Feb-April 2023: Angus 40; Dundee 46; Perth and Kinross 27** **Data for Feb-April 2024: Angus 49; Dundee 44; Perth and Kinross 23** **Data for Feb-April 2025: Angus 23; Dundee 46; Perth and Kinross 29** **Data for Feb-April 2026: Not yet available** **Angus** Each local authority has a well-established multi-agency approach to consider referrals for unborn babies. Angus receives referrals via the Pre-birth Resource Allocation Meeting (PRAM) with 6 monthly reports submitted to our Protecting People Angus Strategic Committee's (PPASC) Practice and Policy subgroup. Between 1 August 2024 and 31 July 2025 **133** women were referred to PRAM. Between 1 August 2025 and 13 March 2026 **83** women were referred to PRAM.

The overall PRAM referral outcomes were:

Direct referral to social work	37%
Discussed at PRAM meeting	56%
Non continuing/confirmed pregnancy	7%

Direct Referral to social work	46%
Discussed at PRAM meeting	54%
Non continuing/confirmed pregnancy	0%

Of those discussed at PRAM meeting, 37% went on to a Social Work Assessment. 62% were referred back to Midwifery.

PRAM outcomes from meeting	**% of women discussed at PRAM**	**% of total referral number**
Social work assessment	51%	28%
Universal services – Midwifery with onward referral to	44%	25%
FNP	12%	7%
Glen Clova	3%	1.5%
Perinatal Mental Health	5%	3%
Aberlour	1%	<1%
AIDARS	1%	<1%

	Dundee City Partners in Dundee continue to implement the Tayside Concern for Unborn Baby Protocol and the Tayside Multi – Agency Practitioners: Concern for Unborn Babies Guidance as a means of identifying vulnerabilities and emerging child protection concerns for unborn babies. Between April 2025 and March 2026 there were 199 Unborn baby referrals submitted to Dundee's Multi Agency Screening Hub. This is an increase from 174 the previous year. 9. Following initial screening processes 72 resulted in a direct referral to Children and Families Social Work for a prebirth assessment and support. This support was provided by the New Beginnings Service, the Care and Protection Intake Service or, Locality Children and Families Teams when there was a pre-existing social work intervention with a parent and their children. The remaining referrals were supported by Universal Services. Throughout the year 2025-26, 14% of children subject to Child Protection Registration were Unborn Babies. The most prominent reasons for Registration were Parental / Carer mental ill health, parental drug use, domestic abuse and neglect. 57 % of these children were able to be deregistered with a 6-month period of initial CP registration. 37% of Child Protection Orders related to infants within 1 week of birth. This is a 3 % reduction on the previous 12 months. Following support, over the last 2 years 44% of unborn babies whose names were removed from the Child Protection Register are now residing in the care of a parent without any ongoing Child Protection Registration or other statutory intervention. Outcomes for unborn children referred to New Beginnings throughout 2024 / 2025 show that following their birth 81% were able to remain or return to the care of their birth parents. Our partnership continues to support the development of the Voice of the Infant and the implementation of the Infant Pledge. This has included involvement in the production of "Hello in There Wee One", a universal resource available to all parents to encourage pre-birth bonding with their baby. The service continues to promote strong links and consultancy between our Social Work Teams and NHS Tayside Infant Mental Health Team. This promotes both the development of attachment between parent and child as well as the voice

	of the infant being better represented in social work assessments and decision making. There are plans to undertake some joint development work with Scottish Children Hearing Panel members on this. As support to vulnerable families with babies and infants remains a key priority, the partnership has also allocated Whole Family Wellbeing Fund (WFWF) funding to 2 initiatives focused on early years in Alternatives Counselling for women with emotional health concerns and the Birch Project for parents who have previously experienced the removal of a child from their care. More details on these and other WFWF funding initiatives are outlined in Appendix 1 and going forward, the partnership will retain a focus on early years via the development of a multi-disciplinary local place-based approach programme, which will include a targeted approach towards the 6 Child Poverty priority groups. **Perth & Kinross** During 2025/26, the Unborn Baby Multi-Agency Screening Group (MASG) has focused on the most vulnerable unborn babies across Perth and Kinross. Since January 2025, a total of 129 cases have been considered, with 60 cases reviewed between September 2025 and March 2026. Each case is assessed to determine the most appropriate level of intervention to safeguard the unborn child and support the family effectively. The First Steps Team continues to work collaboratively with statutory and third-sector partners, including Perinatal and Infant Mental Health Community Nurses (Perth & Kinross) and Aberlour's Intensive Perinatal Support Service (TIPS). This multi-agency approach ensures that families receive coordinated, needs-led support during pregnancy and the early postnatal period. Aberlour's Intensive Perinatal Support Service (TIPS) provides targeted, outreach-based support to women during pregnancy and up to their child's first birthday. The service works with pregnant women and families experiencing complex circumstances that may affect their ability to safely care for their child. These circumstances include, but are not limited to, substance use and mental health difficulties. The overarching aim of TIPS is to promote family preservation by strengthening parenting capacity and enabling mothers to care for their babies safely within the home environment wherever possible. In Perth, referrals to the service are made through Social Work locality teams. Since October 2025, the First Steps Team has made seven referrals to TIPS. Of these, six women were assessed as suitable and are currently receiving support.

Key characteristics of women supported through the service include:

83% are affected by substance use, with cocaine identified as the most prevalent substance.
67% have reported experiences of domestic abuse.
100% have a diagnosed mental health condition and are either receiving treatment or actively engaged with mental health services.

In addition to this provision, services across Perth and Kinross have established strong working relationships with the Birch Project, which is currently supporting 11 highly vulnerable women. These women are identified as being at high risk of multiple pregnancies, with a significant likelihood of child removal at birth due to the level of risk posed to the child. The partnership aims to reduce repeat removals and improve long-term outcomes for both women and children.

(ii)Reduced number of concerns identified at 27-30 month review compared to 13-15 month review:

Baseline data: children identified with concerns at 13-15 and 27-30 months.
2020-2021: Angus 13.4%, 16%; Dundee 16.6%, 17.5%; Perth and Kinross 15%, 16.6%
2021-2022: Angus 12.4%, 16.3%, Dundee 16.3%, 17.3%, Perth and Kinross 15.2%, 17.3%
2022-2023: Angus 13.5%, 17.4%; Dundee 13.2%, 18.2%; Perth and Kinross 14.6%, 17.4%
2023-2024: Angus 15.3%, 17%; Dundee 16.4%, 17.9%; Perth and Kinross 12.17%, 16.7%
2024-2025 data will be published in Spring 2026.

2024-25 data will be published later in 2026. Please see the updates below for detail regarding the work being progressed across Tayside.

(iii)Increase the percentage of children aged 3-5 newly enrolled in LA ELC for whom significant concerns were raised prior to enrolment.

Baseline Data: Percentage of children for whom significant concerns were raised prior to enrolment.

Tayside 3-5-year-old intake								
TRIC		**2022**	**2023**	**2023 %**	**2024**	**2024 %**		**2025**

	2022	%					2025	%
Newly enrolled	2,392	70%	1,722	39%	1,658	38%	1,439	38%
Significant early concerns	183	8%	251	15%	238	14%	202	14%
brought to attention prior	93	51%	128	51%	135	57%	126	62%

The data shown above is for the three Tayside local authorities combined. In 2025, the percentage of children with concerns being identified prior to enrolment increased by 5 percentage points (pp).

(iv) Infant mental health is understood and promoted

This is an outcome of the Solihull (now named Togetherness) training programme, further details are provided below.

Our children will have the best start in life

We will provide accessible, responsive, and flexible parenting support

Progress Updates	**(i) Increased availability of the Solihull (Togetherness) programme.** **Baseline data: number of staff trained:**

2022-2023 Angus 52; Dundee 89; Perth and Kinross 103; NHS Tayside 147.
2023-2024 Angus 93; Dundee 32; Perth & Kinross 38; NHS 39.
2024-2025 Angus 109; Dundee 37; Perth and Kinross 40; NHS Tayside 47
2025-2026 Angus 36; Dundee 77; Perth & Kinross 32; NHS Tayside 145

Angus

As almost all Angus ELC staff have been trained in the Togetherness approach, this year three Foundation Level Togetherness training sessions were planned. Three sessions have been delivered with 36 staff trained.

One Togetherness in Practice session, to embed foundation training, was delivered was 8 staff attending. One further session will be delivered in March 2026.

16 people from Angus registered as learners on the Togetherness online learning pathways. To improve direct parental access to Togetherness in Angus the Family Nurture Support Team (FNST) were trained to lead Togetherness Understanding your baby and Togetherness Understanding your child groups, in September 2025. Two Understanding your child groups are currently being delivered.

Dundee

Solihull Approach Training, now known as Togetherness Training (2025 – 2026 to date).
40 staff have participated in the Togetherness Training
48 staff have participated in the Togetherness Refresher Training.
1 staff member has participated in Togetherness Train the Trainer, which provides a total of 6 staff having completed Togetherness Train the Trainer and will contribute to developing a sustainable

Perth and Kinross

Solihull Approach – Foundation
47 staff completed the foundation training.

NHS Tayside
In 2025, 2 training sessions have been held with 11 staff completing the training - 4 Health Visitors, 2 Social Workers, 4 School Nurses and 1 CEYPs Nurse.

Sessions are planned for once a quarter but due to low uptake, 2 sessions were cancelled. Currently 14 HV and EYWs are outstanding with training due to being new into post (<6months) and therefore planning for 2026 sessions are underway.

(ii) Increased range and uptake of supports and services available to families in local communities.

Baseline data - local monitoring of Whole Family Wellbeing Plans

Angus

The Family Nurture Support Team (FNST) have further developed their links with all Angus ELC settings in 2025-26 with a link worker connected to each setting. They continue to support the training and development of Angus ELC staff through delivering training at In-service days which focuses on supporting parents to enhance children's learning and development at home.

The Family Nurture Support Team also engage with parents and carers across Angus through a number of programmes.

Group	Number of Groups	Number of Parents Carers	Outcomes
Cothú	1	8	100% of attendees were extremely likely to recommend Cothú to a friend. 100% of attendees who had attended other groups aimed at parents of Autistic children said they felt Cothú was much more useful.
Incredible years	3	23	79% have an improved strengths and difficulties questionnaire (SDQ) score at the end of the groups.
Incredible Years Autism and Language Delay pilot	1	10	9.62% improvement in tool to measure parenting self-efficacy (TOPSE) for attendees.
Five to Thrive	5	48	Parental knowledge of brain development increased by 36% after attending a Five to Thrive Group. 100% of parents who attended would recommend the group to others.
PEEP	8	71	100% of parents reported Peep had helped them support their child's talking and listening skills.
Eat Well Play Well	4	40	100% of parents increased their confidence in cooking from scratch.
Triple P Online	35	35	3 families have completed all 8 modules with support from the team.
Holiday Food & Fun Sessions	7	18	Families enjoyed the opportunity to try a range of healthy activities and spend time with other families.

	The Family Nurture Support Team continue to diversify support to meet the identified needs of the parents in communities, including delivering Cothú, a neuro-affirming parent group and Tiny Voices Together group where parents and carers focus on the development of their baby's communication. Angus now deliver 2's Together, funded early learning and childcare for parents, carers and their eligible 2-year-old to play and learn together. This focuses on enhancing children's learning and development, with parental support tailored to the needs of each family. During 2025–26, Angus continued to progress the delivery of the Whole Family Wellbeing (WFW) Programme as a key element of transforming local support for children, young people and families. The programme remained aligned to national expectations set out through The Promise and the Scottish Government's principles for holistic whole-family support, emphasising early intervention, non-stigmatising access, and provision tailored to the needs of individual families. Governance of the programme continued through the Angus Integrated Children's Services Partnership (AICSP), supported by established delegated authority arrangements for the allocation and monitoring of WFW funding. A significant focus of the reporting year was the implementation of the 2025–26 funding cycle. The Whole Family Wellbeing Fund was relaunched in July 2025, with comprehensive communication across council and community channels to encourage applications from voluntary and community organisations, statutory partners, and locally based support providers. The offer included both small grants (up to £25,000, administered by Voluntary Action Angus) and large grants (up to £50,000, administered by Angus Council), with the fund aimed at supporting innovative, preventative and collaborative approaches for families most in need. Distribution of the first tranche of small-grant funding (£100,000) was confirmed in January 2026, with plans for release of the second tranche following committee consideration in April. Large-grant applications were assessed and concluded in early 2026. Four organisations were awarded funding—Parent to Parent, Angus Carers, the Early Years Service, and the Dundee & Angus ADHD Support Group—with awards ranging from £42,804 to £50,000. Evaluation scores and decision-making notes were recorded through the DASH system to support transparency and ongoing monitoring. The year also saw substantial progress in the development and mobilisation of the Enhanced Support Project (ESP), a core component of the local programme. Following a competitive tender, Home-Start Angus commenced delivery of the new coordinator service on 1 November 2025, with full staffing in place by January 2026. The service focuses on early identification of need, holistic assessment, and coordinated matching of pregnant women and their families to

appropriate supports, addressing gaps for those who do not meet statutory thresholds but require structured, preventative interventions. Operational and evaluation frameworks for the ESP continued to be refined throughout the period, supported by data-collection processes and early feedback from partners.

Across the wider programme, infrastructure to support monitoring and learning strengthened significantly. Baseline data requirements and reporting templates for all funded agencies were finalised, with monthly reporting commencing from January 2026. Workshops and technical support sessions were delivered to ensure providers were able to meet expectations, and a community of practice began to form around shared reflective activity and analysis of early findings.

Financial planning and monitoring remained an important feature of the year's work. Projections for sustaining core elements of the WFW plan were shared with national colleagues, estimating a requirement of approximately £777,299 should funding continue beyond 2026–27. Routine operational processes—including contract monitoring, payment approvals, and financial oversight for commissioned services—were maintained throughout the reporting period.

Finally, Angus noted emerging national direction in March 2026, including Scottish Government proposals to integrate the Whole Family Wellbeing Funding Programme, Fairer Futures Partnerships and Early Adopter areas into a single Whole Family Support system change programme from April 2027. This development will inform future planning and alignment.

Dundee

Details on the allocation of WFWF funding and activity are outlined in Appendix 1 and show a range of activity designed to either maximise the impact of existing services or provide new support to priority groups. It includes 6 initiatives which will either build the capacity of and/or reconfigure and/or improve access to services, such as:

1. Out-of-hours Social Work support
2. Development of an Advocacy Strategy
3. Development of a Volunteer Strategy
4. New multi-disciplinary hub for adolescents
5. Together to Thrive focus on enhancing workforce skills to address neurodevelopmental concerns
6. Fast Online Referral Tracking triage system

Other projects involved in the direct delivery of new services are focused on early years, children with a disability, transitions from primary to secondary school, healthy eating, employability and family literacy. They are each actively supporting families and showing promise in respect of engagement and improved outcomes.

Perth & Kinross

The Families Empowering Communities project was awarded funding from the Whole Family Wellbeing Fund. This enabled our early intervention, community-based family support project to expand the offer of support into 3 new communities across Perth and Kinross. The project is operational in Letham, Crieff, Bertha Park, Muirton & North Muirton, Blairgowrie and Rattray,

Voice is central to this ensuring that children, young people and adults are heard and have influence and decision-making power empowering them to design the supports they need.

The project promotes positive wellbeing through supportive, connected communities. By being place-based and easily accessible, support is given at an early intervention stage rather than waiting until crisis point.

Our Whole Family Support focuses on supporting families who are on the edge of statutory involvement or who are no longer requiring statutory intervention.

Our support also enables parents to be more engaged with their children's learning through offering SCQF national level 2 & 3 and 4 qualifications, thus reducing the attainment gap and promoting family learning opportunities.
Taking a holistic viewpoint highlights the interconnected needs of all family members, thus enabling tailored support, unique to each family and responsive to their changing circumstances.

Universal activities enable families to feel connected to their wider community thus promoting a sense of wellbeing, inclusion and purpose. Working in partnership with families, local services and organisations ensures that we are making best use of existing community supports. This further allows communities to be more empowered and able to influence and shape future supports.

Our one-to-one parental support is designed to enable parents to feel more confident, capable and supported in their parenting role, and to promote positive outcomes for both parents and children. Our offer has 4 differing support themes, these include;

- Building parenting skills/strengthening the parent/child relationship
- Providing emotional support
- Addressing specific issues
- Support to access other relevant services

Our project also has a commitment to upholding the articles within the UNCRC with a particular emphasis on articles 2, 3, 12, 13, 15, 19, 27 and 31 which are firmly imbedded in practice.

Our one-to-one parental support is another of the many ways in which we can ensure children's rights are upheld. This can be by supporting parents to have a more involved role in their child's education, health and other key development needs. The rights of children to play, grow and prosper as they should with the support of safe, loving caregivers is this project.

As a new project, how we gather our data has changed and improved. One measure of who we are working with is to use the priority families classification.

Priority families data for FEC

8	9	20	31	15	20
Children from ethnic minority groups	Care experienced children and young people	Young carers	Children supported by a Children'sPlan	Children with ASN	Children who have undergone significant transitions, for example starting ELC, primary or secondary
35	47	30	7	20	23

Lone parent family	Children from other low-income families	Children from families with a disabled adult or child	Children from families with a young mother (under 25)	Children from families with a child under 1 year old	Children from larger families (3+ children)

YEAR April 2025 1st March 2026 families Empowering Communities					
	Families	Adults	Children	Individuals	Incidences of participation
1 to 1 with Families (targeted)	69	74	100	174	
Events (universal)		221	182	403	
Group Work Beyond Incredible Family Fun & Feast Dads group Small steps big smiles Place standard feedback (family and children) Thursday Group Careful Connections Coffee & CAMHS	42	51	225	276	566
	Families	Incidences of support	Number of referral agencies		
Sign posting to other services/supports	105	223	42		

(iii) Evidence of engagement and involvement of fathers/those in a fathering role in children's health, education and child's plans.

Angus

Angus continues to lead nationally in its multi-agency approach to the Involving Dads agenda, with the dedicated group meeting regularly to drive improvements in support for fathers. During the year, two training sessions were delivered using the Roots to Change toolkit, which has helped build capacity and strengthen direct work with men around concerning behaviours. Although a development day was initially planned, it was rescheduled to September 2025 to allow for more strategic planning and alignment of priorities. Scoping work is also underway to explore funding opportunities for gender-specific support, recognising the need for tailored interventions.

Despite strong progress, the group faces challenges with inconsistent representation from larger agencies, which has impacted continuity and shared ownership. Looking ahead to 2025–26, key recommendations include securing consistent agency engagement, piloting a gender-specific support model, and using the upcoming development day to finalise an improvement plan and address identified gaps. Angus is encouraged to continue its national engagement, sharing its multi-agency model as a best practice example to influence wider system change.

Social Work services have been undertaking work to identify the extent to which fathers are being included and contacted about their child's social work involvement. Case management has been a focus to ensure that each father's details are known at the point of initial contact with families, allowing involvement from the start of the journey. Focused work has been undertaken with all duty coordinators to ensure consistency. This has allowed more opportunity for fathers to be made aware of, and attend, meetings and discussions about the plans for their child. Where mothers and fathers are unable to participate in meetings about their child together, social work are offering split meetings to ensure their participation and views are heard.

	NHS partners have had a focus on communication and have put systems in place to ensure fathers who do not reside with their child can opt to receive health information relating to their child. Health are also developing a father's record for early years services to mirror the information held about mothers. A pilot group (test of change) has been set up in one primary school in Arbroath. Fathers are being supported to actively engage in sports activities around the school, supported by the Active Schools coordinator. Fathers involved in the scheme also have access to additional wrap-around support with appointments, benefits or housing issues and it is hoped that they will be able to participate in a scheme which will see them train and build skills for employment through their volunteering in the schools. This scheme is at an early stage with one father now actively involved in school sports activity delivery. **Dundee** In Dundee, procedures relating to planning meetings to ensure that both parents are proactively involved in planning for their children have been updated. Data of attendance at meetings is positive. Senior Officers meet with any parent when it is assessed they cannot attend meetings to ensure they are involved in planning processes. **Perth & Kinross** From 01.04.24 to 31.12.24 there were 28 applications for support from fathers.

Our children will have the best start in life	
We will refine the Early Years tracking tool and embed use across Tayside from 2025-26	
Progress Updates	**Angus** All Angus Council and contracted provider ELC settings are embedding the use of the Pupil Tracking tool to track developmental milestones and attainment for funded children aged 2-5. Contracted childminders use a similar format which is accessible to them. All providers track children's progress and development. They use the data to plan targeted support and challenge for individuals and groups of children. In 2025-26 all staff had the opportunity to engage in training to deliver high quality interventions and ensure effective targeted support for children who are not meeting their developmental milestones. In response to tracker data, this has focused on staff's support for the development of children's early language and communication. Quads and triads of Lead and Senior Early Years Practitioners from almost all local authority and partner provider settings have engaged moderation of the tracker data across Angus. This has led to increased consistency in the approach to the use of data to provide effective support and challenge for children across the Local Authority. **Dundee** Tools for capturing children's learning, development and progress for children aged 2 – 3 years and 3 – 5 years are fully implemented and embedded across all Local Authority Early Years settings. All Funded Provider settings have access to both tools, with implementation being optional. There has been an increase in uptake and implementation from Funded Provider ELC settings during 2025 – 2026. Professional learning opportunities are focused on approaches to capture children's learning, development and progress, and are offered to all Local Authority and Funded Provider ELC settings on a regular basis. This supports settings to ensure that professional dialogue and reference to traces of learning informs implementation and effective use of these tools. As a result, settings are supported to consider the sensitive and meaningful interpretation of information available within the tool and use this to inform planning, improvement and interventions as part of a cyclical approach to child centred

	pedagogy and improvement. It is noteworthy that all Local Authority ELC settings use this tool and approach and have been graded as Good or better in inspections. **Perth & Kinross** This tracking tool is now fully embedded within all Perth and Kinross settings and data is being used to inform targeted interventions which is demonstrating progress over time. These tests of change driven by data-informed decision making have resulted in a reduction in the gap between SIMDQ1 and SIMD Q5 of 27pp between 2023/24 and 2024/25. The tool has now been moved to an EDMS site which is accessible to all providers whether PKC or partner provider. This ensures security of data and minimising risks associated with the transfer of data over email.

Our children will have the best start in life

We will repeat the transitions survey in 2024-25 to measure the impact of new pathways and inform next steps

Progress Updates

The transitions survey was repeated in 2024-25. The combined Tayside data is set out below:

New Start Transitions Survey
August 2024 Intake Tayside

Tayside 3-5-year old intake						
TRIC	**2022**	**2022%**	**2023**	**2023%**	**2024**	**2024%**
How many enrolled	3,420		4,432	-	4,334	-
Newly enrolled	2,392	70%	1,722	39%	1,658	38%
Significant early concerns	183	8%	251	15%	238	14%
brought to attention prior	93	51%	128	51%	135	57%
Support plans in place	38	41%	45	35%	78	58%

- In 2024, there was a slight decrease of children with identified significant early concerns.
- In the same year there was an increase of the percentage of early concerns raised with ELCs prior to starting.
- Significant increase in 2024 in the percentage of support plans in place for those children for whom significant concerns were raised with ELCs prior to starting.

The increase in children's support needs being communicated and planned for corresponds with the increase in the promotion of the transition pathway for children with emerging additional support needs with health visitors, ELC practitioners, and allied health professionals.

TAYPLAN

Our children and young people will achieve and make positive contributions to communities	
We will implement effective strategies to increase school attendance	
Progress Updates	**(i) Increased attendance across all groups.** **(ii) Increased attendance and attainment for children living in SIMD 1 and /or looked after at home** **Baseline data (Reported in LGBF, data is combined for primary and secondary):** **Overall attendance 2020-2021 – Angus 92.8%; Dundee 90.6%; Perth and Kinross 91.9%** **Data not published in 2021-22** **Overall attendance 2022-2023 – Angus 90.5%; Dundee 88.6%; Perth and Kinross 90.4%** **Overall attendance 2023-2024 – Angus 90.7%; Dundee 88.9%; Perth and Kinross 90.2%** **Overall attendance 2024-25 – Angus 91.5%; Dundee 89.6%; Perth and Kinross 90.8%** **Attendance gap between SIMD 1 and SIMD 5:** **2020-2021 – Angus 5.1pp; Dundee 6.4pp; Perth and Kinross 4.8pp** **2022-2023 – Angus 5.9pp; Dundee 6.8pp; Perth and Kinross 5.3pp** **2023-2024 - Angus 5.8pp; Dundee 6.8pp; Perth and Kinross 6.6pp** **2024-2025 - Angus 5.2pp; Dundee 6.4pp; Perth and Kinross 6.7pp** **Attendance gap for looked after children (Reported in LGBF; data is for all children who are 'looked after' by the local authority and is combined for primary and secondary. Children may attend school in a different local authority area):** **2020-2021 – Angus 6.6pp; Dundee 2.3pp; Perth and Kinross 2.9pp** **Data not published in 2021-22** **2022-2023 – Angus 7.7pp; Dundee 5.5pp; Perth and Kinross 3.6pp** **2023-2024 – Angus 5.1pp; Dundee 6.1pp; Perth and Kinross 4.2pp** **Data for 2024-25 will be published in summer 2026.** **Angus**

	As of 6 March 2026, school attendance patterns look broadly consistent with rates in session 2024-25. Data for the full 2025-26 session will be available in July 2026. Five engagement officers (EOs) and a resource worker (RW) are funded through Attainment Scotland Funding. Bespoke support is provided to care experienced children and young people, with the intended outcome of increasing attendance, engagement and participation at school. In 2025-26 the EO team is working with 165 children and young people, 51 of whom live in SIMD Quintile 1, and 21 of whom are care experienced. An evaluation is underway of the work carried out by the EOs and will be reported later in 2026. **Dundee** The Council has established a multi-agency attendance strategy group to review and strengthen policy and practice in line with Education Scotland's national attendance improvement strategy. This work is embedded within Dundee's wider improvement framework, consistent with national expectations, all schools were supported to develop an attendance-focused inquiry question, enabling practitioners to use data-informed approaches to identify barriers to attendance and test targeted interventions. Overall attendance in Dundee has shown gradual improvement over recent years, rising from 88.6% in 2022/23 to 88.9% in 2023/24, and increasing again to 89.6% in 2024/25. While the SIMD 1–5 attendance gap has fluctuated—moving from 2.3 percentage points, to 5.5, and most recently 6.1—the upward trend in overall attendance demonstrates the positive early impact of Dundee's strengthened approaches. These data trends have informed local decision-making and guided targeted supports for schools serving the most disadvantaged communities. Reflecting our emphasis on coherent, city-wide systems, the multi-agency group developed revised attendance procedures and guidance designed to promote early identification, proactive support and consistent relational practice across all schools. These updated procedures were formally launched at the Dundee Attendance Summit in November 2025, marking the next phase of the city's collaborative work to improve attendance and reduce inequalities.

	In line with national guidance, every school will now develop its own school-level Attendance Improvement Strategy, shaped by its local context and informed by detailed analysis of attendance patterns. These strategies will adopt a whole-school approach, strengthening relationships, improving communication with families, and ensuring that attendance data is routinely scrutinised to support early intervention and tailored responses. Through this work, Dundee aims to further raise attendance, narrow gaps and ensure that every learner is supported to be present, engaged and progressing in their learning. **Perth & Kinross** Attendance continues to be a key area of focus for Perth & Kinross. Primary attendance is 1% behind our stretch aim, with secondary almost 4% behind. Although levels are improving, the improvement is slower than we would like and there is a wide variation across schools in terms of progress. A Steering Group has been established led by the Educational Psychology Service and involving a range of partners to look at school attendance from a holistic perspective with a view to identifying gaps. A sub-group is also taking forward a project to examine the use of coding of absence within Management Information Systems for consistency and accuracy. The Strategic Equity funded project, Connecting Families has had success with some young people, but there have been difficulties in getting family engagement for others, suggesting that this particular intervention is required much earlier to ensure family engagement. A number of schools are engaged in a Quality Improvement project for Attendance led by Education Scotland. The first cohort of schools are implementing tests of change, whilst the second cohort are undertaking the training and analysis required for the project. **Youth work** Locality Youth Workers across Perth and Kinross use a person-centred approach to create safe, supportive spaces where young people can build confidence, and self-esteem.

	Through a blend of 1:1 support, group work, and informal learning, youth workers help young people gradually re engage with school through tailored support. These informal learning opportunities allow young people to develop key skills such as communication, problem-solving, emotional regulation, time management, and positive peer interaction, all of which support them to manage the structure and expectations of the school day. Youth workers are embedded in Social Work and work closely with Education, to support young people to navigate school meetings and expectations, ensuring the young person's voice is heard. Youth workers use National Youth Work Outcomes framework which sits alongside the Curriculum for Excellence and support young people to work on accredited awards such as Dynamic Youth and Youth Achievement Awards.

Our children and young people will achieve and make positive contributions to communities	
We will implement plans focused on raising attainment and meaningful engagement (participation).	
Progress Updates	(i)Reduced attainment gap between the most and least disadvantaged children and young people. **Angus** Baseline data - local authority stretch aims: • In 2023-24, the annual trajectory targets for achievement of 1 or more award at SCQF Level 5 were not achieved. The poverty related attainment gap for this measure decreased. • In 2023-24, the annual trajectory targets for achievement of 1 or more award at SCFQ Level 6 were not achieved. The poverty related attainment gap for this measure decreased. • In 2024-25, the annual trajectory target for the achievement of literacy in P1,4,7 combined for children in SIMD 5 was achieved. The targets relating to all learners, those living in SIMD 1 and the attainment gap were not achieved. • In 2024-25, the annual trajectory target for the achievement of numeracy in P1,4,7 combined for children in SIMD 5 was achieved. The targets relating to all learners, those living in SIMD 1 and the attainment gap were not achieved. • In 2024-25, the annual trajectory targets for primary school attendance by all children, and those who live in SIMD Q1 and 5 were achieved. The target for the primary school attendance gap was not achieved. The targets for secondary school attendance by all young people, and those who live in SIMD Q1 and 5 were achieved. The target for the secondary school attendance gap was also achieved. • In 2024-25, the annual trajectory targets for the annual participation measure were achieved for 16-19 year olds living in SIMD 1, and for the overall attainment gap. Targets relating to all 16-19 year olds and those living in SIMD 5 were not achieved. • In 2024-25, the annual trajectory target for school leavers in SIMD Q5 was achieved for 1 or more award at SCQF Level 5. The poverty related attainment gap for this measure increased slightly. • In 2024-25, the annual trajectory targets for school leavers in SIMD Q1 and poverty related attainment gap were achieved for 1 or more award at SCFQ Level 6. The overall poverty related attainment gap for this measure decreased.

Dundee

Baseline data - local authority stretch aim:

- In 2024-25, the annual trajectory targets for achievement of 1 or more award at SCQF Level 5 by all pupils and those living in SIMD quintile 1 were not achieved. The poverty related attainment gap for this measure increased.
- In 2024-25, the annual trajectory targets for achievement of 1 or more award at SCFQ Level 6 were not achieved. The poverty related attainment gap for this measure decreased.
- In 2024-25 the annual trajectory targets for achievement of literacy in P1,4,7 were not achieved. The poverty related attainment gap for this measure decreased.
- In 2024-25 the annual trajectory targets for achievement of numeracy in P1,4,7 were, mostly, not achieved. The exception was the poverty related attainment gap for this measure which decreased and met its annual trajectory target.
- In 2024-25 attendance improved but did not achieve its annual trajectory target. The poverty related attainment gap decreased. The poverty related attainment gap met its annual trajectory target in primary schools. The gap between Care experienced children and young people looked after at home, and other pupils also met its annual trajectory target.
- In 2024-25 overall participation by 16-19 yr olds improved but did not achieve it annual trajectory target. The poverty related attainment gap for this measure increased.

Perth & Kinross

- In 2024/25, the proportion of school leavers attaining 1 or more award at SCQF Level 5 has remained fairly static and we are 4% away from achieving our stretch aim (88% vs 92%) Q5 attainment has increased whilst Q1 has fallen, meeting the gap has widened and is 2% behind our SA (24% vs 22%). (Our Q1 cohort size is just 96 learners out of a total leaver cohort of 1388.)

- In 2024/25, the proportion of school leavers attaining 1 or more award at SCQF Level 6 has remained steady at 66%. PKC is 2% away from achieving the stretch aim of 68% for 2024/25. Q1 attainment has dropped from 48% to 42% which has also impacted the PRAG.

2025/26 data is not yet available.

TAYPLAN-2326-003

Our children and young people will enjoy good physical and mental health.	
We will ensure full implementation of the Child Healthy Weight Tayside Strategy.	
Progress Updates	**(i)Increased proportion of children with a healthy weight** **Baseline data: Percentage of primary 1 children classified as being of a healthy weight.** 2021-22 – Angus Council 70.9%; Dundee 72.0%; Perth & Kinross 73.4%; Tayside 72.1% 2022-23 – Angus Council, 76.8%; Dundee 74.6%; Perth & Kinross 79.4%; Tayside 76.8% 2023-24 - Angus Council 71.7%; Dundee 74.3%; Perth & Kinross 75.6%; Tayside 74.0% 2024-25 – Angus Council 72.2%; Dundee 72.0%; Perth & Kinross 73.0%; Tayside 72.4 **(ii) Reduced inequality in healthy weight between children living in the most and least deprived areas in Tayside.** **Baseline data: gap between children living in SIMD 1 and children living in SIMD 5** 2021-22: Angus 28.0pp; Dundee 8.7pp; Perth and Kinross 2.0pp; Tayside 10.3pp 2022-23: Angus 10.8pp; Dundee 10.7pp; Perth and Kinross -1.1pp; Tayside 9.2pp 2023-24: Angus 7.2pp; Dundee 1.5pp; Perth and Kinross 8.5pp; Tayside 4.1pp 2024-25: Angus 13.7pp; Dundee 8.8pp; Perth and Kinross 5.4pp; Tayside 9.3pp Work has continued over the last 12 months to help realise the five ambitions and associated calls to action of the Child Healthy Weight Strategy. This has included: In alignment with Ambition 2 'Children have the best start in life' of the Child Healthy Weight Strategy, NHS Tayside Public Health Directorate have developed and launched a Tayside Infant Food Insecurity Pathway that aims to provide a supportive resource to ensure parents and carers can access timely, sustainable support if they face food insecurity for their infant. The pathway upholds the principles of the United Nations Convention on the Rights of the Child, which affirms every child's right to the best possible health (Article 24) and an adequate standard of living (Article 27).

The NHS Tayside Nutrition and Dietetics Community Food and Health Team's 'Community Cooking Padlet' has been created to support community cooking groups through the provision of cooking skills information and resources. This has been accessed more than 500 times since its launch.

Angus

Continued activity in Angus with a whole systems approach to addressing child poverty and health inequalities in infants, children and young people. This remains embedded within the Best Start Bright Futures Group and seeks to support a co-ordinated approach to action planning and strategic alignment with a focus on child poverty and related health inequalities including healthy weight. Nine multi agency colleagues in Angus have been supported to complete a systems practice training course, the aim for this is to build capacity for whole system working in Angus by developing a clearer understanding of how systems thinking and systems tools can be used to address many of the complex and shared issues we all grapple with and to help embed systems thinking as the prevailing approach in addressing public health issues.

Dundee

In Local Authority Early Years Settings, a Food and Health Policy developed by a short life working group, is now in place and has been implemented from August 2025.

Building on this work in the early years, a short life working group has been established with multi-agency partners to develop a Central Food & Health Policy for Primary and Secondary Schools. A first draft of the policy has been developed, and the next step is to work with schools to develop a consultation and engagement plan to ensure that children, young people and families, and staff are involved in shaping and designing the policy.

A partnership between the Soil Association, NHS Tayside and the Council was established and funding secured to further support five schools to implement a whole setting approach to Food and Health.

A Food and Health Padlet resource for schools and early years settings was developed to support delivery of the food and health curriculum and a whole setting approach to food and health across. This includes guidance on the updated 'Setting the Table Guidance, Food and Drink Standards in schools and a range of support for schools to embed health.

	The Best Foot Forward, Family Learning (healthy habits) programme has been positively received in 11 Dundee Primary schools over the past few years with families remaining engaged in the programme. **Perth & Kinross – No Change** The Best Foot Forward Programme is delivered across Tayside in schools and communities in partnership with local sports groups, clubs and services. The most recent cohort of programmes delivered in Perth & Kinross has been supported by P&K Active Schools, Live Active Football and Cricket development team and Sustrans Scotland. **NHS** The situation remains a significant concern, as levels of childhood obesity remain stubbornly high, and are now higher than during the pandemic, Furthermore, inequalities in the risk of obesity between children living in the least and most deprived areas continues. This challenging background sets a clear and ongoing need for implementation and spread of a Whole Systems Approach to Child Healthy Weight across Tayside informed by the early adopter work in Dundee and the need to advance the realisation of the vision of the Tayside Child Healthy Weight Strategy 'for every child in Tayside to grow up in a community and environment that supports them to feel great and ready to learn so they can achieve optimum health and flourish to their best of abilities'. This has been challenged over the last year by significant reductions in workforce capacity with specific remit for this workstream. Renewed opportunity to rebuild momentum lies in taking forward new policy/framework aligned to population health including the priority of tackling obesity and promoting healthy weight, and retaining this as a priority into the next iteration (2026-2029) of statutory Children's Service Plans across Tayside. Furthermore, the child healthy weight agenda, and more broadly, the links between food and health have potential to be further leveraged at both a national and local level by the Good Food Nation Act. This includes a specific outcome that 'Scotland's food system encourages a physically and mentally healthy population, leading to a reduction in diet-related conditions.' The plan also outlines a number of indicators for monitoring progress on child health, diet and weight outcomes including the percentage of children who are a healthy weight and the percentage at risk of obesity.
Our children and young people will enjoy good physical and mental health.	
We will work collectively to support uptake of immunisation for children across Tayside.	

Progress Updates	**(i) Increased proportion of children receiving immunisations.** **Children receiving MMR (Measles, Mumps and Rubella) immunisation at 24 months.** **Baseline data: percentage of children receiving immunisations** **2022-23 Angus 91.4%; Dundee 89.7%; Perth and Kinross 92.6%.** **2023-24 Angus 93.2%, Dundee 88.0%; Perth and Kinross 92.5%** **2024-25 Angus 93.2%, Dundee 89.1%, Perth and Kinross 91.7%** NHS Tayside Immunisation Steering Group continues, with contribution from the NHS Tayside Childhood (CH) immunisation Leadership Group. The CH Immunisation Leadership Group has now been embedded in practice and meets regularly to provide operational and leadership direction to the CH Immunisation service. It continues to focus on the optimisation of the childhood immunisation service to ultimately improve immunisation uptake and streamline the service. Partner colleagues are invited to attend to discuss issues or feedback as information and planning is required. The Child Health Department continues to ensure systems and processes are in place to support the appointment management of immunisations for children across Tayside. The schedule change came into place in January 2026 with introduction of the MMRV (Measles, Mumps, Rubella and Varicella) vaccine to replace MMR and an additional appointment for children at 18 months. The reporting of baseline figures will therefore alter for the coming years. A number of working groups have been established to focus on: Schedule changes: Improving update: Accessibility including translation and interpretation support. The working group for improving immunisation uptake has been established. The group will establish and works in collaboration with Public Health, Childhood Immunisation Team, Child Health Department and Education colleagues. The CH Immunisation team continue to work closely with Health visitors, FNP and school nurses to encourage the promotion of immunisations at each contact with families. Challenges for the Childhood Immunisation service remain around access to suitable accommodation in community care settings, clinic space, secure fridges and storage. The introduction of the new Child Health System has been delayed and is anticipated to go live in mid May 2026. The transition is presenting some challenges and Child Health leads are

	working closely with national colleagues and attending various implementation groups nationally and locally to take this forward.
Our children and young people will enjoy good physical and mental health.	
We will implement the Tayside Action Plan to reduce suicide in children and young people	
Progress Updates	(**i) Reduced number of children and young people completing suicide.** Baseline data: number of young people under the age of 20 completing suicide 2017-2021: 12 (of which, 6 were under the age of 18) 2019-2023: 8 (of which, 6 were under the age of 18) 2020-2024 7 (of which, 7 were under the age of 18) Note: The numbers are small so no interpretation can be placed on these figures. **(ii) Increased number of staff trained in suicide intervention.** Across Tayside there has been a co-ordinated approach to increasing provision of suicide prevention training in professionals and members of the public. This is co-ordinated in each Local Authority area by the Suicide Prevention Co-

ordinator with additional training support provided from NHS Tayside Public Health and the third sector. These trainings continue to be delivered to staff and community members working with children and young people across Tayside. There has been specific work undertaken to develop appropriate training for those working with children and young people and training delivered to staff working in this area

(iii) Increased satisfaction with information sharing from child death/suicide review

An information sharing pathway between Child and Adolescent Mental Health services and the Named Person has been in place for over a year. This is used to alert the Named Person when there has been a crisis presentation to CAMHS within 1 working day. The system is valued by all in terms of improved partnership working and communication around risk management. Named Person staff greatly value the new protocol as it makes such a difference to them feeling valued, safer in their practice knowing the risk is being shared and managed as part of a professional multi agency response.

Perth and Kinross

The Suicide Prevention & Mental Health Coordinator (SPC) for children and young people continues to provide consultations to staff seeking support working with vulnerable children and young people. The demand for consultations is beginning to reduce over the last year as staff become more confident in dealing with issues of suicide related behaviour without consultation. Requests for support through consultations tends to be predominately for the more complex and serious levels of concern.

Staff continue to benefit from being offered the free ASSIST training. It is understood by all Depute Heads for Support in schools that all guidance teachers and relevant staff with a support role should take part in the training. Staff also benefit from training inputs at In-service day sessions provided jointly by the SPC and Manager from the Lighthouse Service (Crisis support service).

The information sharing protocol between the CAMHS Response Team and the Named Person Service continues to function well and is closely monitored by the Tayside Suicide Prevention leadership Team.

Monitoring of children and young people who are or who may be at risk is carried out in several ways. 1) Safety Plans – when any CYP has presented with a concern around self-harm or suicide related behaviour a safety plan is developed and updated to monitor wellbeing progress. 2) 'Notice Ask Know' resource which is embedded into the Suicide Prevention Risk Management Framework Guidance document which every school in PKC has been provided with

	alongside input on how and when it should be applied. 3) The normal Guidance and support systems available as a universal level of support. 4) Children and young people planning group meetings. A second school staff survey was carried out in June 2025 which built upon the initial survey in May 2022. Staff in school reported significant increases in their confidence to manage situations. The encouraging data from the survey showed while there were increases in the numbers of children and young people being noticed where there were concerns, staff knew what to do to mitigate risk. Underway is a programme of school improvement for two high schools taking part in developing a Whole School Community Approach to Mental Health. The work is producing useful data to support next steps in planning further developments such as reducing stigma, developing a shared understand of mental health and the language which can be utilised to achieve this.

Our children and young people will enjoy good physical and mental health.	
We will continue implementation of 'Connected Tayside; an emotional health & wellbeing strategy for children & young people' (2021-23)	
Progress Updates	(**i) Tayside mental health pathways are fully implemented, and supports are accessible.** **Neurodevelopmental Update:** A Tayside Neurodevelopmental (ND) Pathway Improvement Programme has been established to strengthen multi-agency collaboration across health, education, and social care partners, as well as the third/voluntary sector, ensuring clear accountability and shared decision-making. The aim is to ensure that all key partners are fully engaged and share ownership in developing a new Neurodevelopmental Pathway for children & young people across Tayside The first meeting of the steering group for this work was held in February as a workshop development session. The meeting outputs will be collated into a paper. Key next steps are to agree the shared governance and reporting structures for this partnership work. **GAP Analysis - ND Needs Assessment Plan** The needs assessment and mapping of services and supports across the three local authorities and within NHS Tayside is now nearly complete. A report will be collated over September that will help outline the opportunities and gaps that currently exist within services. The aim is to better understand how to meet the needs of the ND population across Tayside. We continue to gather insights from Scottish Government funded tests of change in other health boards to inform positive learning and also opportunities for improvement in developing a future ND pathway in Tayside. This will help ensure that the pathway is both needs-led and appropriate, while also being sustainable. The needs assessment and mapping of services and supports across the three local authorities and within NHS Tayside is complete and has been presented to the newly set up steering group. This report provides evidence and practised based recommendations to support development of a new ND Support Pathway in Tayside. **Review of current CAMHS ND Waiting List**

	Learning from review of the current ND waiting list has highlighted the need to redesign the pre-assessment pathway in collaboration with multi-agency partners so children are directed to the most appropriate services from the outset. **Referral To Treatment Time (RTT) Mental Health HEAT Target** NHS Tayside has achieved the RTT Mental Health HEAT target for over 24 months. This is expected to continue going forward. The Decider Skills are a set of CBT and DBT evidence-based skills to help people of all ages understand and manage their thoughts, emotions, behaviours and relationships in a less impulsive and more composed way. Decider Skills Training For Professionals: Total Staff Trained across Tayside 485 (P&K 195, Dundee 96, Angus147) Decider Skills Sessions Online for Parents/Carers: Total attendance across Tayside: 286 Understanding a Supporting a Child with Anxiety and Worries is a CBT informed input to help support children and young people understand and managed mild to moderate anxiety by learning how it affects the body, and actions, the traps we can fall into and learning coping tools. Understanding a Supporting a Child with Anxiety and Worries Training for Professionals: 86 (P&K 22, Dundee 37, Angus 27) Understanding & Supporting a Child with Anxiety and Worries Online Sessions Parents: Total attendance Tayside: 441 New in 2025: Your Resilience is a train the trainer and parent training course designed to help young people build their mental health resilience, given young people the tools and confidence to manage everyday pressures, challenges and emotions so they can cope now and in the future. Your Resilience for Professionals: Total Staff trained Jan – April 2025 across Tayside 21 Your Resilience for Parents: Total Attendance across Tayside 27 Understanding and Supporting Your Child are online sessions for parents and carers who have concerns about their child's neuro development. Parents/carers spend two weeks developing a profile of their children's strengths and challenges, learning how to support regulation and then having access to an addition 5 sessions around profile specific areas such as sleep. Communication and behaviour. Total Parent Carer Attendance Tayside: 379

Together to Thrive is a Dundee based partnership task sharing model, with specialist staff training and coaching community-based staff in areas usually associated with specialist services to move specialist interventions to a more accessible place for children and families.
Total number of community-based staff trained in Dundee 116
Total Number of Families Supported via TtT: Directly 149, indirectly 500.

ND Parent Portal Website- Total Number of users across Tayside @ March 2025: 2747

(ii) The Health and Wellbeing survey will show an increase in pupils who say they feel positive about the future

Baseline data: The percentage of pupils who agreed or strongly agreed that the feel positive about their future.
20

	Angus	Dundee	Perth and Kinross
2021/22	70.2%	74.6%	71.9%

The Health and Wellbeing Census took place in 2022. 16 local authorities participated, including Angus, Dundee and Perth & Kinross. Data was published as 'experimental' in May 2023. In December 2025, the Scottish Government advised that there would be no further data gathering for this census.

Perth and Kinross

PKC have worked with third sector partner The Lighthouse to roll out their Mental Health Ambassador peer support programme which is now taking place within everyone school.
Through some piloting work linked to the Counselling in Schools programme, PKC have worked with Life Link to offer schools targeted group work, including with a focus on managing relationships online.
PKC have worked with two school communities over 25/26 to support a whole school community focus on mental health. This work is part of each schools Improvement Plan to address raising awareness of mental health issues and concerns, reducing stigma, increasing universal, additional and enhanced support for children and young people at the time it is needed. The schools are supported in this work from the Education Psychology Service, the Suicide Prevention & Mental Health Coordinator, and the Lighthouse. Consultations have taken place to include the views of children and young people, their parent/carers, school staff and the agencies involved in providing support to each school community. This work is ongoing.

TAYPLAN-2326-004

Our children and young people will have their rights protected and their voices heard	
We will support the multi-agency workforce to promote rights, choice and control for children and young people on how their views are heard and represented and how they are involved in decisions that affect them.	
Progress Updates	**Baseline data: number of Tayside schools with Rights Respecting Schools accreditation** **As of 20 March 2026, in Angus there is one school registered; 22 have achieved Bronze awards; 35 have achieved Silver awards; 2 have achieved Gold awards.** **(i) Children and young people will have access to independent advocacy, informal advocacy, and digital tools to support participation.** **Angus** Over the course of the first half of this year (April to September 2025), Angus has continued to increase the numbers of children and young people accessing advocacy. Building on the increase of advocacy uptake of 10% during 2024-25, Advocacy partners report for the first half 2025/26 an average of 97 young people a month were receiving support, up from 70 the previous year. It's important to note that these figures exclude referrals directed by the Children's Hearing system, meaning the actual number of young people supported is even higher. Following an application to Scottish Government, Angus Independent Advocacy have secured additional funding (£8,500 = 1 day per week) to support with the hearing element of advocacy provision. This has been committed until March 2027. This has addressed the increase in demand for advocacy for Children's Hearings however, this does not address the demand for non-hearings provision of advocacy.

	The recent inspection highlighted Angus's strong partnership approach to independent advocacy, praising the seamless pathways that enable children to maintain consistent advocacy relationships as they navigate multiple agencies and processes. However, challenges remain as noted last year. There continues to be high numbers of referrals relating to education issues, and Who Cares continues to report ongoing difficulties for some children placed out of area in maintaining relationships with separated family members. As a result of increasing numbers of child and young people being referred for advocacy including non-instructed advocacy for very young children and children with complex needs the demand over the last 6 months has resulted in small numbers of children having to be placed on a waiting list for a service. While referrals are screened and prioritised the increased demand is resulting in some children now having to wait for a service. During 2025–2026, Angus aligned its advocacy work with the proposed Children (Care, Care Experience and Services Planning) (Scotland) Bill, published 18 June 2025. The Bill focus is on ensuring that every child involved in child protection or the care system—regardless of age or ability—has their voice heard and access to an independent advocate. Plans are in place to increase advocacy engagement by a further 10% and to review current funding arrangements to enhance system capacity. Angus will also continue to share its multi-agency model nationally as an example of best practice **Dundee** In Dundee, children and young people are increasingly having their voices heard in more systematic and meaningful ways. For younger children, the New Beginnings Team has been trained in using The Lanarkshire Infant Mental Health Observational Indicator Set (LIMHOIS), this is a tool used to identify and describe concerns and promote a shared understanding is infant mental health needs and how these are best met. To help drive measurable improvements, the service has started to gather quality assurance data on the proportion of 0-5's who either attend or, more frequently, have their views represented at key decision-making meetings. The first audit completed in June 2025 established a 50% baseline for this age group compared with 65% overall and this informs an action plan, which includes the development of resources to enable their views to be heard. For older children, Mind of My Own (MOMO) forms one of several ways of obtaining children and young people's views to inform support. It provides an alternative option to 1:1 methods and Champions Boards have commented

positively this year on its use. Where they need additional support to be heard, a Who Cares? advocacy service engaged with 83 children and young people. It retains a strong presence in all Children's Houses and advocated for 11 young people in external Foster Care and residential care. The audit of views provided at key meetings showed that 81% of children over 6 years attended or had their views represented.

The WFWF also contributes towards the delivery and evaluation of What Matters to You, which the Council continues to coordinate with the Hunter Foundation, BBC Children in Need and local communities. Increasingly, the approach involves the use of Cafe Conversations to pro-actively listen and respond to the needs of local communities, including how they might lead or contribute towards developments. Communities play a central role in the allocation of a Make it Happen Fund to enhance support.

A quality assurance audit in June 2025 indicated that for 94% of the children engagement with children was good or better. There was a high level of worker engagement with children, attempts to engage even when this is difficult, use of advocacy services and engagement tools, children's views being clear in all minutes and plans. This is for all children from infants to adolescents

In June 2025 a sample of 380 Looked After planning meetings for 396 children over a period of 5 months were quality assured. This showed a high level of engagement within the planning processes affecting them. A variety of methods of giving their views and participation were employed including attendance, written documents, advocacy. Well, Being wheels, Mind of My Own app and meeting on individual basis with chairs. Children's views were also contained within reports. An action plan was developed and agreed on 29 September 2026 including the development of an engagement strategy for all children involved in care & protection processes and the development of a resource bank of tools for engagement & participation.

Perth & Kinross

Through attendance at the local School Champions Boards (a group for CE Young people during school time) the Children's Rights Officer has engaged with and built relationships with young people across Perth and Kinross.
Through engagement with Local Youth Forums and council wide participation events Perth and Kinross now has a Youth Strategy which was adopted by the Learning Families Committee in October 2024. An operational governance group attended by a variety of partners will ensure that the voice and participation of young people remain paramount throughout its delivery.

	Rights respecting ambassadors sees peer and collective advocacy empowering children and young people to participate actively, understanding their rights and responsibilities **(ii) Attending child's planning meetings will be supported and the environment will be inclusive.** **Angus** During 2025–2026, Angus continued to strengthen inclusive participation for children and young people, ensuring they are supported to attend their Child's Planning Meetings and that environments are welcoming and responsive to their needs. Advocacy provision increased by around 10%, with an average of 70 young people receiving support—up from 50 the previous year—and 78 new individual and 29 family advocacy referrals, enabling more children to have trusted support when preparing for and attending meetings. Recent inspection findings highlighted the strong partnership approach and seamless advocacy pathways that help children feel confident, heard, and supported during planning processes. Participation data gathered throughout the year shows growing engagement, with reporting from January to October 2025 capturing the proportion of children who attended their meetings, those who contributed in other ways (such as submitting views or having them shared on their behalf), and identifying the need for further improvement in capturing data consistently. Alongside this, ongoing improvements in meeting environments—supported by advocacy workers, relational practice, and trauma-informed approaches—ensured that settings were more inclusive, helping children feel comfortable and empowered to participate meaningfully in decisions about their lives. The development of a child-friendly digital complaints platform further expanded accessible participation routes, complementing in-person engagement with supportive, rights-based tools. To support children in attending planning meetings and ensure the environment is inclusive, Angus practitioners continue to use the **PREpare model**, which helps children understand the purpose of the meeting, what will be discussed, and how their views will be represented. This approach encourages children to feel more confident and informed before participating. Inclusive environments are created by offering flexible formats for engagement, such as informal settings, visual aids, and opportunities for children to contribute in ways that suit their communication

	style—whether verbal, written, or creative. These efforts aim to make participation meaningful and ensure every child feels safe, respected, and heard. **Dundee** Building on learning from the ANEW project and wider GIRFEC improvement work, services in Dundee continue to develop flexible and child centred approaches to capturing children's views and making meetings at all levels more trauma informed and family friendly. This includes supporting children to contribute in person, through a trusted adult or advocate, or by using alternative formats such as drawings, photographs, written statements or short videos. This approach helps ensure that planning remains focused on the child's lived experience for all attendees. For child protection planning meetings there is a focus on trauma informed practice and ensuring the family's views are being listened to. There has been a real attempt to include more fathers in decision making meetings. During 2025-26 fathers attended 77% of Child protection Planning Meetings; one third of those not attending hadn't been part of their children's lives, in other cases neither parent attended, in one case they no longer had parental responsibility. **Perth & Kinross** Perth and Kinross use several different environments to ensure that meetings take place in child/youth friendly premises. This variety ensures the participants active participation making them valued and heard. Our CASA and TCAC Young people's reviews take place within our Youth base increasing a welcoming and age-appropriate venue. **(iii) Children with additional needs will share their views and be involved in decisions.** **Angus** A variety of approaches are used in Angus to gather learner voice. In line with our GIRFEC approach, the wellbeing web is used to capture children and young people's views using the SHANARRI wellbeing indicators. The wellbeing web includes a symbolised version for learners who require visual support. For learners who are non-speaking or who have communication difficulties a range of supports are available including photographic, Boardmaker visuals, Makaton, and Talking Mats. Capturing pupil voice is also done through the use of sensory stories and face-to-face

	and online surveys. Interpreters and online translators are used for children and young people who have English as an additional language and BSL for children and young people who are deaf. From August 24 to June 25 12 Education staff were trained in Talking Mats. For 24/25 a further 7 staff members have been trained and another 15 are booked on sessions due to take in May/June & August/September 26.Over session 2024/25, 4 sessions of multiagency training on the GIRFEC refresh have included advice for professionals delivering the Named Person role on how to use a variety of methods, including the Wellbeing Web, to capture the voices of children and young people with a range of needs to support them in co-creating Child Plans. These sessions also offered advice on how to support the meaningful inclusion and participation of children and young people in meetings. Parents and carers are offered support to engage with third sector organisations who may provide advocacy services for children with ASN through our Connecting Parents Angus portal. **Dundee** Children and young people with additional support needs are supported to share their views and participate in decisions that affect them, using a range of proportionate and inclusive approaches. Practitioners make use of visual, supported and assisted communication methods, alongside professional judgement and collaboration with parents, carers and relevant specialists, to ensure views are meaningfully represented. Interpreting and translation services are used where required to support participation. **Perth & Kinross** Staff within Children, Young people, families and justice are trained in the use of Talking Mats, Boardmaker and Makaton to capture the thoughts and feelings of young people with communication difficulties. This tool allows young people to visually organise their responses to a variety of topics. The tool can be used both physically and digitally, making it versatile in capturing the views of young people for different settings. For those who are profoundly disabled and unable to engage with these tools we make use of observations and speak to a wide range of people who are close to the young person such as teachers, parents and personal assistants.

	The Children's Rights Officer continues to engage with both statutory agencies and third sector groups who support those young people with disabilities ensuring the voice of young people is included in their developments and evaluations of their services. Special attention to children with additional needs will ensure their views are heard and considered in decision-making. "Using non-instructed advocacy, where a person is unable to give clear indication of their views or wishes in a specific situation. The non-instructed advocate seeks to uphold the person's rights; ensuing fair and equal treatment and access to services; and make certain that decisions are taken with due consideration for their unique preferences and perspectives." (SIAA Guidelines, 2009) Where English is not a young person first language translators are used to capture their views and explain their rights. Perth and Kinross continue to work in partnership with Independent Advocacy Perth and Kinross to support young people within a variety of meetings to ensure that their voice and feelings are taken into consideration when any outcomes are agreed. **(iv) Views are well represented at child's planning meetings** **Angus** The update for this outcome is detailed above in "(ii) Attending child's planning meetings will be supported and the environment will be inclusive." **Dundee** Dundee works closely with SCRA and multi-agency partners to ensure that children's views are sought, recorded and considered throughout the Children's Hearings process, in line with national guidance and local procedures. **Perth & Kinross** With the introduction of Mosaic, PKC has implemented Pathway Assessments and plans which shall be completed for compulsorily supported young people within Throughcare and Aftercare. These assessments and plans have the young person's views at the forefront, concentrating on areas such as accommodation, health and wellbeing, relationships, personal support, education/employment and financial management.

Our reviewing officers and fieldworkers ensure that preparation for planning meetings is as important as the participation within them. Children/Young people are well supported to have their voice heard and their views considered. If a child/young person does not want to attend their meeting, consideration is given to how to obtain and represent their views, such as by letter or email. Strategies are implemented to make the meetings child friendly and language appropriate.

(v) Children's hearing decisions are fully informed by the views of children and young people

11.0 **Scottish Children's Reporter Administration (SCRA)**

The Scottish Children's Reporter Administration (SCRA) continues to strengthen its commitment to children's rights and meaningful participation, following implementation of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024. A range of developments are being implemented to ensure that children's voices are central to decision-making throughout the Children's Hearing System.

SCRA now routinely seeks and records children's views prior to a Hearing being arranged, ensuring that every decision made by a Reporter is informed by the child's perspective. Children who are assessed as having capacity are supported to express their views in a format of their choosing, including written, verbal, visual, or digital methods. Where appropriate, face-to-face meetings are also offered to enable children to communicate their views more fully.

Children's views continue to be reflected within social work Hearing reports. Panel Members have a clear procedural responsibility to check and confirm the accuracy of these views during Hearings. The increased availability and involvement of Independent Advocates has further strengthened children's confidence and ability to express their views independently. SCRA works closely with social work services and partner agencies to support and embed this approach across the system.

11.1 **Planned Developments (2026–27 and Beyond)**

a Children (Care and Justice) (Scotland) Act 2025 – Implementation Readiness

In preparation for the full implementation of the **Children (Care and Justice) (Scotland) Act 2025**, SCRA has undertaken the following actions:

- **Recruitment of additional Reporter staff** to support the anticipated increase in demand arising from legislative change, with the age of referral to the Reporter increasing up to age 18, expanding access to the Children's Hearing System for older children and young people.
- **Comprehensive training for all Reporter staff** on the Children (Care and Justice) (Scotland) Act 2025, ensuring consistent and uniform application of practice across Scotland.

b Child-Friendly Scheduling

From June 2026, SCRA will introduce child-friendly scheduling arrangements. This initiative will further tailor Hearing dates, times, and formats to better reflect the individual needs, circumstances, and wellbeing of children attending Hearings.

c Early Engagement and Statements of Grounds

SCRA is reviewing its approach to the drafting of Statements of Grounds and increasing early engagement with children and families. This work aims to reduce delays, improve understanding, and minimise the risk of prolonged or unnecessary court proceedings.

d Trauma-Informed Practice

	All SCRA staff receive training in trauma-informed practice and vicarious trauma awareness. This ensures staff are better equipped to support children and families sensitively and effectively, while also safeguarding staff wellbeing. **e Estate Refurbishment Programme** SCRA's estate is undergoing a significant refurbishment programme to improve the quality, comfort, and child-friendly nature of Hearing environments. The redevelopment of the Dundee office is scheduled for completion in August 2026. **Dundee** In Dundee secondary schools, Champions Boards have been implemented to support the realisation of the rights of care experienced children and young people. **Perth & Kinross** A variety of methods are used to gather the view of young people throughout their Hearing Journey. This is broken down to the 3 stages of a Hearing - Pre- Hearing they have the "Hearing about me form," the offer of an advocate from Perth and Kinross Independent Advocacy, Chair greeting the Child and pre-Hearing visits. The Hearing endeavours to use language that families and young people understand and have Hearing centres that are more child friendly with age-appropriate equipment. Post Hearing- the Hearing outcome letter has a QR code asking for feedback from young people. **(vi) Staff will have access to training on UNCRC, The Promise, engagement and feel confident in supporting young people.** **Angus** In response to The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024, Angus Council has made e-Learning available to support employee knowledge of this area. 'How we protect children's rights with the UN convention on the rights of the child' has been made available on Always Learning. This e-Learning is mandatory for all employees to complete. To date 2102 employees (46.7%) of council employees have completed

	the e-learning. From evaluations received, overall, staff found the training helpful, easy to understand, and relevant. Many said it increased their confidence and gave them a better understanding of how children's rights should be embedded across the organisation. UNCRC is included in Angus Council's Equality Impact Assessment process. Advocacy services have been embedded into practice to ensure all young people have access to this service, with training opportunities being made available to staff. Advocacy has been a focus of input within the Children Families & Justice practitioner development forum and all children now attending children's hearings in Angus are afforded the opportunity to have an independent advocate. Training has been provided to staff and organisations that fall within the remit and responsibilities of being corporate parents. This training has been embedded into our online learning system in Angus Council. The training explains and helps promote understanding of our duties and responsibilities as corporate parents. Training now includes UNCRC which staff are required to undertake and is included as part of induction for new staff joining the council. Work is underway to ensure that Angus Council has a system in place which is child friendly, accessible to anyone under 18 years of age enabling them to raise a complaint in the same way as adults do respecting Article 12, Right to be heard. Youth engagement guidance has been developed by our Vibrant Communities team in partnership with young people **Dundee** A UNCRC self-evaluation and improvement plan is in final draft stage of development. The plan will then form a key part of the next Children's Services Plan 2026-29. The self-evaluation highlights existing good practice in relation, for instance, to: 1. Children's rights considered as part of Integrated Impact Assessments 2. Child Protection training including reference to UNCRC 3. School Improvement Plans including reference to UNCRC 4. Our Promise 2023-26 including a clear focus on Voice 5. Listening mechanisms such as What Matters to You, MOMO, Planet Youth and Youth Leadership 6. Infant Pledge

7. Implementation of Child Friendly Complaints Procedure
8. All schools registered for the Rights Respecting Schools Accreditation Programme

In addition, Dundee work in partnership with UNICEF to support the Rights Respecting Schools programme and there are two staff are in the final stages of training to become accreditors of this programme. There is an action plan for this work, and all schools are registered for the programme with a target of all having the Bronze award by the end of this academic session. All Dundee schools are on track to achieve their UNICEF RRSA Bronze Accreditation by the end March 2026, with 14 currently achieving their Silver Award and 4 achieving Gold RRSA Award.

The Citywide Pupil Voice group are also integral to ensuring the young person's voice is considered in developing policy and practice in line with the UNCRC and the Promise.

Perth & Kinross

Perth and Kinross continue to have Youth Strategy meetings where professionals and young people come together to share initiatives, concerns and solutions in relation to young people across Perth and Kinross. Local Councillors, Child protection co-ordinator and the Alcohol and Drug partnership co-ordinator attend to not only look at ways to engage with local young people and youth forums but to ensure the people's voice is heard and relayed into council decision making arenas.
An interdisciplinary participation forum meets to look at how best Perth and Kinross captures the voice of young people, reduces barriers when looking for young people's voice and sharing of good practice of capturing voice.

Membership is made up of Health, Education, Social Work, 3rd sector partners and the Tayside & Fife Partnership Coordinator for Children's Hearings Scotland
Perth and Kinross continue to work closely with Independent Advocacy Perth and Kinross to ensure young people are well represented and their voice is heard when they required to feedback to professional forums and meetings.

Champions Boards

Locality youth workers continue to support our CEYP in school through dedicated time in weekly CHAMPS Sessions. Youth workers have effectively embedded UNCRC rights with care-experienced young people through a wide range of engaging activities and participation opportunities. Our Champs groups recently presented to elected

	members, resulting in Councillors making meaningful pledges to our CEYP. In addition, the Strategic Lead for Education is visiting all Champs groups to offer support and listen directly to their experiences in school. Through these groups, youth workers gather the voices and views of young people and feed them into the Corporate Parenting Sub Group, which can then share updates and changes back to the Champs via youth workers ensuring a clear feedback loop.

Our children and young people will have their rights protected and their voices heard	
We will promote and protect relationships that are important to children and young people when children are separated from their families and it is safe to do so.	
Progress Updates	**(i) When children are separated from people who are important to them, there are clear plans to maintain and promote safe family time.** **(National dataset for siblings will be implemented and monitored)** **Angus** Angus has made progress in implementing the National Definition of Brothers and Sisters, embedding practices that support siblings to remain together or maintain meaningful relationships. This includes recognising and planning for non-biological sibling-type relationships formed in care settings, reflecting a broader understanding of sibling bonds beyond biological ties. Practice now aligns with national guidance and promotes continuity of relationships even after placement changes. Despite these improvements, supporting non-related sibling relationships presents challenges, particularly in tailoring care arrangements to meet individual needs. Angus continues progress implementing the National Data Reporting Requirements. 73% of children who became looked after in 2025who had a looked after sibling were living with at least one sibling.

	Angus supports children to have good quality time with parents and siblings they cannot live with by ensuring that contact is thoughtfully planned and tailored to each child's needs. This includes using technology such as video calls and messaging platforms to maintain regular and meaningful connections, especially when in-person contact is not possible due to distance or placement arrangements. These interactions are designed to be child-centred, with flexibility around timing, format, and content to ensure they feel safe and supported. We have spent time and resources enhancing our spaces for children and their families. Oversight of these arrangements is maintained through child's planning meetings, where independent quality and review officers review the effectiveness of family time. **Dundee** In 2024/25 we implemented a Staying Connected procedure. We held training and development sessions for staff to ensure this was embedded. When children are separated from their families, we seek care arrangements where siblings can be together if possible and safe. Assessments are undertaken for all children who are Looked After and include the need to promote and protect relationships that are important to them. Plans are put in place to ensure this and reviewed at scheduled meetings. The Family Time Procedure was also reviewed and refreshed during this period. Data is available for new placements made during the academic year 2024/25. 49% of looked after children and young people lived with a sibling prior to moving to a new placement. The following data only refers to these children (so 80% is 80% of those who lived with siblings before, i.e. 40% of all children). Overall – 83% of children with siblings prior to entering the care placement lived with at least one sibling following a placement move. There are strong differences depending on placement type: • At home with parents – 108% (this is a real success story, with more children being reunited with than separated from siblings through CSO at home) • Kinship Care – 76% (a reduction from 90% the previous year, which is largely due to kinship carers more often explored as a possible option for just one typically younger child while leaving older siblings in the family home, or returning a young person from external placements to Dundee choosing a kinship carer beforehand, with the long term aim of reuniting the siblings) • Foster Care – 79% (in house) and 55% (agency foster care)

- Numbers for residential care are too small to report as % but it is rare for siblings to share a residential placement

This is a key reason why the service prioritises local family-based care, where children are more likely to live with or near their brothers/sisters. It also reinforces the importance of building local Foster Care capacity so they can be together or remain close.

Some children and young people with more complex needs are cared for in care external residential settings, where it is not appropriate and/or possible for their brother or sister to stay. In these circumstances, regular contact is supported

It should also be noted that 'having a sibling' includes half-siblings living with the other birth parent and adult brothers and sisters, where it is often not appropriate and/or possible for a care experienced child to stay.

For CSO home and kinship care, there was an increase of children living together, involving slightly more reunifications than separations. Conversely, foster and residential placements more frequently led to siblings being separated.

In this context, when children or young people require alternative care, teams identify and assess potential Kinship Carers. The service has an established Kinship Care Team and a range of supports have been developed, including 2 Clinical Psychologists funded by Corra to help promote attachments, capacity and resilience within families.

Perth & Kinross

In 2025/26 the CREST team continued to actively promote and deliver Family Group Decision Making (FGDM) and Lifelong Links (LL) service across our children and family's service. These approaches remain central to supporting meaningful family involvement, strengthening networks, and improving outcomes for children and young people.
FGDM is a strength based, family led decision making process that empowers families to develop safe, sustainable plans, when concerns arise about a child or young person. The model centres on transparency, partnership, and shared responsibility. Through structured preparation and facilitation, FGDM leads to a Family Group Meeting where families identify their own strengths, mobilise their support networks, and create their own solutions.
This approach is used across the continuum of need, including early help, child protection, planning for unborn babies, supporting children to remain within their families, and enabling reunification where appropriate.

	The Lifelong Links programme supports children and young people who are looked after to build and maintain enduring relationships with the people who matter most to them, including siblings and other significant connections. The approach prioritises children's rights and focuses on rebuilding or strengthening relationships that may have been lost due to entering care. The aim is to ensure every child in care is surrounded by a stable, loving, and lasting support network that continues into adulthood. The CREST team also continues to promote the use of the Connections Toolkit across social work teams. This tool, led by the child or young person, maps out the significant people in their lives and supports meaningful conversations about relationships, identity, and support networks. The toolkit underpins our vision that every child or young person with social work involvement should have a robust connection plan that reflects their world and strengthens protective relationships. Since January 2025 49 families were referred by the children & families social work teams to Crest for Family Group Decision Making and 6 care experienced young people were referred to Life Long Links. Between September 25 and March 26 232 children and young people were classed as being looked after by Perth & Kinross. A team of designated Reviewing Officers continue to review all looked after children and ensure that robust plans are in place to determine the best possible outcomes for them. The Perth & Kinross Review Team is prioritizing efforts to promote and encourage active involvement of children and young people in their review meetings. They are updating all materials and communications for children, young people, and their families to ensure everyone is well-informed and empowered to participate. For those who prefer not to attend their review meeting but wish to speak with a Review Officer, alternative options are being arranged. Additionally, the team is working to strengthen connections with Champs board groups and other organizations supporting care-experienced young people, such as the FYI Group. Ongoing consultations with these groups focus on naming the service and review meetings, and their input helps guide future service improvements. The Review Team will inform advocacy partners, IPAK, whenever a child or young person becomes Looked After; IPAK then works directly with the child's social worker and family to provide advocacy services, aiming to further empower children and young people so their opinions are heard and represented. An audit of fathers' participation in review meetings is underway, highlighting this as an area for service improvement. When either parent is in custody, the team is committed to encouraging their inclusion in the review process and has updated procedures to help social workers facilitate their involvement.

	Family Based Care and Adoption Teams: When the decision has been made that children or young people can no longer live at home with their parents, kinship options will be assessed as a first option to maintain important family and friends links where safe. If there is a need to be accommodated with foster carers, we will always try to place brothers and sisters together where it is safe to do so. Where brothers and sisters cannot be placed together due to risk assessments, or resources, then kinship carers and foster carers will be supported to promote and enable safe family time and sibling contact (either formally or informally). If children are placed for adoption, we have discussions with the adopters as early as possible about their willingness to consider any future siblings being placed with them at a later date. Where this is not an option, we ensure adopters are aware of the understanding that sibling contact may be something they need to consider in the future. We are currently in the early process of developing a private outdoor space that can be used for sibling contact when brothers and sisters have been unable to live together. This will be somewhere that will accommodate all ages of siblings in a safe and fun environment. The development of this space is in consultation with foster carers, kinship carers, workers and young people.

TAYPLAN

Our children and young people will be safe and feel loved

We will ensure appropriate housing options are in place for vulnerable families including pregnant women and families with children

Progress Updates

(i) Children and families are secure in good quality accommodation that meets their needs.

(ii) Reduction in the number of children growing up in temporary accommodation.

Baseline data: households including children or pregnant women in temporary accommodation

	Angus		Dundee		Perth and Kinross	
	Households	**Children**	**Households**	**Children**	**Households**	**Children**
2021/22	10	25	90	215	10	15
2022/23	10	20	90	230	10	35
2023/24	5	10	110	260	10	15
2024/25	5	5	95	225	5	15

https://www.gov.scot/publications/homelessness-in-scotland-2024-25/documents/ Main tables, T28 and T29. Figures are rounded to the nearest 5 for disclosure control purposes.

2022: 110 households
2023: 110 households
2024: 125 households
2025; 105 households

Angus

In Angus, there were 6 households with pregnant women or dependent children in temporary accommodation at 31 December 2025 which represents a reduction from 12 households at 31 December 2024 (a 50% decrease over the one year period).

	Across Angus, Housing continues to work closely with partners to ensure that children, young people and families are supported into safe, secure and sustainable homes. Our focus remains on preventing homelessness wherever possible and ensuring that vulnerable households receive the right support at the right time. The joint Housing Protocol developed with the Horizon Team (TCAC) has continued to provide a strong foundation for collaborative planning and early intervention. In 2026, Housing has strengthened operational links with Children, Families and Justice, the Horizon Team and third-sector partners to ensure that young people receive coordinated and sustained support as they transition towards independence. The recently reviewed and updated Housing Protocol continues to embed shared responsibilities across services, reinforcing our corporate parenting duties and ensuring consistency in practice. Work is progressing on improving access to settled accommodation options for young people, Housing has now begun development of a Youth Housing Strategy for Angus, recognising the need for a clearer, more coherent set of housing and support pathways for young people aged 16–25. The strategy will: • Set out a dedicated housing pathway for care experienced young people, young people at risk of homelessness, and those with complex needs. • Ensure a trauma-informed, rights-based approach, building on The Promise and corporate parenting commitments. • Strengthen coordination of practical, emotional and tenancy support to improve young people's ability to sustain accommodation in the long term. • Explore a range of accommodation models, including supported housing, community-based supported accommodation, shared living options, and models that allow young people to transition gradually to full independence. • Be developed in partnership with young people, ensuring their lived experience shapes priorities and actions. **Dundee** In Dundee, there were 95 households with pregnant women or dependent children in temporary accommodation in 2024/25 compared to 110 in 2023/24. There were 225 children contained within these households in 2024/25 compared to 260 in 2023/24 (13% decrease).

	All temporary accommodation for families in Dundee is provided in the form of network flats. These are our mainstream Council properties that are used as temporary accommodation for families. There are no families staying in shared accommodation or hostel type accommodation. In total 852 cases have secured permanent accommodation as an outcome during the first 3 quarters of 2024/2025. This is an increase of 325 cases or 62% compared to the same period in 2023/2024. The percentage of cases securing permanent accommodation is 81% compared to 73% in 2023/2024. Overall, good progress is being made in this area however we acknowledge that homelessness pressures across the country are presenting challenges and as a result B&B use continues. Where possible, we will always look to accommodate families in a network flat. The Council has also stipulated that no 16–17-year-olds will be placed in homeless accommodation when presenting to homelessness services. They will be prioritised for tenancies and/or referred to the Multi Agency Screening Hub to coordinate support. **Perth and Kinross – No change** In Perth and Kinross our 'Home First' approach has resulted in the lowest prevalence of people requiring temporary accommodation in Scotland in the last 5 years (by population). There has been particular success in enabling families with children to directly access secure tenancies, avoiding the need for temporary accommodation. When this is not possible, a furnished temporary flat in the community is provided on the basis that this could subsequently be transferred to a secure tenancy. There is a strong partnership with Perthshire Women's Aid who provide refuge accommodation using properties leased from the Council which again can be transferred to a secure tenancy if appropriate. A Common Housing Register provides a single route into approximately 97% of social-rented accommodation in Perth and Kinross provided by the Council and 3 Housing Association partners. The Common Housing Register is underpinned by a Common Allocations Policy, reviewed in early 2025. This includes a Strategic Need pathway, enabling the prioritisation of care experienced young people and families with children in certain circumstances.

Our children and young people will be safe and feel loved	
We will further develop approaches to identifying, responding, and managing risk to young people aged 12–18	
This will include: • Young people at risk of secure care • Young people subject to Care and Risk Management (CARM) planning. • Young people who go missing	
Progress Updates	**(i) Young people in our settings feel informed that their rights have been respected.** **Angus** In October 2024, Angus launched a new website designed to be accessible and engaging for children, young people, and families. The content was tailored to a 12-year-old reading age and shaped by direct feedback from children and young people, who requested simpler language, more colour, and interactive video content. To promote the site, QR code posters and cards were distributed across Angus and Dundee, helping to drive traffic. Between January and March 2025, the site recorded 624 visits and 1,362 page views for children and families, and 162 visits with 513 page views for justice-related content. The website has received positive feedback from young people, particularly around its accessibility and relevance. A multi-agency promotion and feedback loop has been established, allowing for ongoing updates based on user input. The platform plays a key role in helping children understand their rights by presenting information in a child-centred format and offering clear pathways to support. However, sustaining engagement and keeping content current remain ongoing challenges, alongside the need for clearer access to support and complaints processes. Looking ahead to 2025–26, the focus will be on broadening promotion, monitoring usage, and enhancing the site's functionality. This includes adding a child-friendly complaints procedure, developing a dedicated Support Services page, and continuing quarterly IT reviews and feedback collection. These improvements will ensure the website remains a trusted and informative resource that empowers children and young people to understand and exercise their rights **Dundee** Please see the updates above and below on vulnerable adolescents.

Perth & Kinross

Young People's right to participate in decisions that affect their lives and to have their voices heard is promoted in daily practice by practitioners in Perth and Kinross. Meetings such as Looked After Reviews and Child Protection Planning Meetings can be adjusted as required to make it comfortable for the young person to participate. We work closely with Independent Advocacy Perth and Kinross (IAPK) to ensure that young people have access to an Independent Advocate as needed. Microsoft Teams is utilised to give young people the option of being able to participate in their meetings online.

Within our REACH team, a dedicated Speech and Language Therapist has been available to undertake speech and language assessments of young people in order to better understand their communication needs and promote inclusive communication for these young people. This has enabled appropriate adjustments to be made in how we communicate and share information with these young people, thereby upholding their right to participate and have their views heard.

Independent Advocacy is offered to young people within the children's hearing system to ensure that their right to participate and have their views heard within hearings is respected. The Perth and Kinross Children's Hearings Improvement Partnership (CHIP) was established in November 2024 and consists of representatives from Social Work, IAPK, SCRA and Children's Hearings Scotland. A key improvement priority for the partnership is improving children's participation in the hearing system.

Since December 2023, young people have not only had access to Independent Advocacy Perth and Kinross, but also to our Children's Rights Officer. This is a full-time permanent post within Services for Young people. This role will work alongside IAPK at a more strategic level, ensuring that the voice of young people is – where appropriate - included within both strategic and operational guidance for Perth and Kinross.

(ii) Young people at risk of harm have access to appropriate support and clear plans to address need and risk.

Angus

CARM activity across 2025/26 reflects strong consolidation of previous improvement work, with Angus embedding the tiered multi-agency training framework and continuing quarterly mock CARM sessions to reinforce consistent, rights-based and trauma-informed risk practice. Regular data collection enabled earlier identification of young people

	on the fringes of CARM and supported ongoing strategic oversight. Audit findings from 2024/25 continued to drive improvements in interim safety planning, multi-agency attendance at core groups, and the quality and adaptability of risk management plans, with a further audit scheduled for 2026. CARM remained central to managing complex and high-risk cases, including secure care and transition planning, ensuring defensible, multi-agency decision-making. This work aligns with wider TayPlan priorities through strengthened collaboration, reflective practice, and trauma-responsive approaches. **Dundee** Please see update below. **Perth & Kinross** Young people at risk of harm in Perth and Kinross continue to have their needs supported through multi-agency Young Person's Plan meetings. Statutory and third sector supports are identified to address risk and need for individual young people. Youth Services play a significant early intervention and prevention role by allocation of targeted youth work to young people who are at risk of harm in their communities. Our REACH team continues to provide intensive support to many young people who are at risk of harm and for whom family breakdown is a real possibility. The REACH team employs a range of supports and specialisms to address risk and need. These include START AV risk assessments and AIMS 3 assessments. All young people at risk of harm in Perth and Kinross who require to be joint interviewed under the IRD process are interviewed using the Scottish Child Interview Model (SCIM). This is a trauma-informed and child-centred model which takes account of the young person's individual needs before, during and after the interview itself. This is consistent with the Bairns Hoose approach, which is being implemented in Perth and Kinross and across Tayside, which has been chosen as a Pathfinder area. As part of Bairns Hoose in Perth and Kinross, all young people who are considered under the IRD process have access to therapeutic support from Includem, Mindspace and Relationship Scotland. In late 2024, we implemented our Care and Risk Management (CARM) process. Young People whose behaviour has caused, or may cause, serious harm to themselves may be considered under CARM. CARM provides a framework for assessing and managing risk to the young person, as well as ensuring that supports are provided to meet the young person's care and well-being needs. Initial planning takes place in a multi-agency CARM Referral Discussion, followed

	by an Initial CARM meeting if it is deemed that a more substantive care and risk management plan is required for the young person. Our Throughcare and Aftercare Team continues to offer support to care-experienced young people at risk of harm as they transition to independent living post-16. And our CASA Team (Children Alone Seeking Asylum) provide specialist help and support to young people who are unaccompanied Asylum Seekers, and who may have been victims of human trafficking. **(iii) Secure care standards will be implemented with evidence of rights-based practice.** **Baseline data (CARM data set under development)** **Angus** **March - August 25** CARM Tiered Training Framework to be incorporated into the Assessment Strategy **Dundee** • (i) Young people in our settings feel informed that their rights have been respected. • (ii) Young people at risk of harm have access to appropriate support and clear plans to address risk need and risk. • (iii) Secure care standards will be implemented with evidence of rights-based practice. The Vulnerable Adolescent Partnership has been reviewed and renewed its Terms of Reference and membership with a new Action Plan for 2025-2026. The strategic group has been rebranded as Dundee's Young People's Strategic Group with the aim of more positive framing and to capture the age group who are targeted through our approaches. The priorities for the group include: • Establishing The Crichton Street Hub, • Improve responses to Missing Persons • Review and update CaRM • Establish practice Pathways for 16-17yr olds at risk • Develop our strategic and operation approaches to Contextual Safeguarding

Construction works for Crichton Street Hub have now been completed and plans are in place for a soft launch of the space from May 2026. The Hub Steering Group has agreed the operating procedures for the Hub including who will ba based there and when, how are young people will be involved in the evaluation and interface between the operationalisation and existing referral and practice pathways.

Over the last 12 months, there has been 5 Secure Care admissions on either welfare or offending grounds via CSWO or Court decisions. The Care and Justice (Scotland) Act 2024 has increased the number placed in Secure Care as an alternative to a custodial remand and the service continues to work with the Sheriff Court to promote alternatives.

Work is ongoing to establish better system flow between children and adult services specifically in the areas of justice and protection. This includes a working group looking at how we can better support 16 and 17yr olds in the adult justice system pending the full implementation of the Children Care and Justice (Scotland) Act 2024 and what best practice will look like on full implementation in early 2027.

A case file audit focused specifically on support to vulnerable adolescents rated over 80% of cases as Good or better overall and work continues to support teams to make further improvements in the quality of assessments, plans and chronologies.

Other services provided in response to the specific needs of young people include Bairns Hoose and SCIM interviews; Includem; AFC Supported Accommodation; two bespoke DCC Supported Accommodation facilities; and Hillcrest Substance Use support.

In 2025-26, the local partnership took a key decision to stipulate that all 16–17-year-olds needs to be viewed as young people and where there are concerns about risk of harm, supported in the context of Child Protection arrangements. In addition, no 16–17-year-old will access homeless accommodation. Subsequently, it was also agreed that no 16-17yr olds would be placed in homeless accommodation. Both are now implemented and reported in though our Children at Risk Committee.

Perth & Kinross

We are currently further developing our approach to young people aged 12 –18 considering forthcoming legislation. We have developed a team consisting of Through care after care service, children alone seeking asylum, bail supervision

	and youth justice to support young people who are not known already to the service, but who are referred either on offence grounds or vulnerability. The service will offer holistic support to young people using all of the services which already exist detailed above in youth services section. Over the past year we have continued to develop skills in working with young people who have a communication difficulty or who present on the autistic spectrum. We have rolled out training in the use of talking mats a communication tool. We have undertaken training with staff to raise awareness of needs of young people who present with complex behaviours associated with autistic spectrum disorders and plan further training. In 2025/26, Perth & Kinross maintained thorough risk assessments for all young people requiring a designated process. These individuals underwent the CARM (Care and Risk Management) Process. Just one young individual from Perth & Kinross Council qualified for secure care accommodation. The Perth & Kinross summary notes that this case underwent thorough and stringent review procedures. All young people at risk of harm in Perth and Kinross who require to be joint interviewed under the IRD process are considered for interview using the Scottish Child Interview Model (SCIM). This is a trauma-informed and child-centred model which takes account of the young person's individual needs before, during and after the interview itself. The child is at the centre of the process. This is consistent with the Bairns Hoose approach, which is being implemented in Perth and Kinross and across Tayside which commences at the point of IRD. Tayside has been chosen as a Pathfinder area. As part of Bairns Hoose in Perth and Kinross, all young people who are considered under the IRD process have access to Speech and Language and Health and Wellbeing support surrounding the child protection investigation. The Bairns Hoose model also ensures that children and young people have access to therapeutic support. This includes support from Includem, Family Change, Relationship Scotland and access to Music Therapy.

Our children and young people will be safe and feel loved	
We will make progress toward the implementation of Bairns' Hoose Principles	
Progress Updates	**(i) Provide trauma responsive supports and services to children and young people involved in child protection.** The Tayside Bairns Hoose stakeholders continue to work towards implementation of the Bairns Hoose Standards. The Operational Delivery Group continues to meet to plan and monitor activity across the 3 LA's, Police and NHS. Funding secured for 2025/2026 to continue to support the implementation of the Bairns Hoose, extended timeline of the pathfinder has been agreed up to March 2027. Improvement work will continue with the majority of the capital expenditure for physical improvement to the 3 sites across Tayside having been completed. In the last year: • 'Includem' have been contracted to provide additional support to families impacted by Child Protection issues • WRASAC have been contracted to provide specialist support for younger children who have been victims of sexual abuse • Speech and Language Therapists are now in place across Tayside following a successful test of change in Dundee • A range of health services delivered at the Corner in Dundee have now been expanded to include children and young people across Tayside.

Our children and young people will be safe and feel loved	
We will introduce the Scottish Child Interview Model for children and young people.	
Progress Updates	**(i) Reduce the requirement for children and young people to attend court.** The Scottish Child Interview Model (SCIM) went live in Tayside in May 2024. We are heading towards the completion of year two of the model and a full extensive report will be produced and available towards the end of Summer 2026. The national SCIM Implementation Group continues to provide local support to practitioners and maintains oversight of progress and quality assurance. The SCIM Managers (DS Lynsay McKinlay alongside SW colleagues in Perth now have assigned dates throughout the year for interview evaluations and feedback (further discussions required with Dundee due to change in SCIM SW managers) On 30th March (2026) work will start on Angus Bairn Hoose site with the new IT equipment being fully installed and this will be up and running, barring any issues, from w/c 6th April. Whilst Angus already had a CAT A site up and running, this will now introduce the new technology. Angus Bairns Hoose will thereafter have two category A rooms available to be used. Perth and Kinross continue to have a fully operational CAT A site (which can be changed to a CAT B site as and when needed and the functionality is there for this to be done in minutes. The Dundee Bairns Hoose site is fully set up, with Category A and Category B site capability, having two rooms. There have been some IT issues with the CAT A site meaning that CAT B has been used more often, however IT continue to monitor and work on this. The Dundee Bairns Hoose received funding for a new co-located briefing and working room. This room is within the police office, and a wall has now been built and currently waiting on IT installing/ moving computers into this room. This will ensure that social work and police interviewers have a space where they can work together in planning interviews and creates a briefing room for managers to use.

	The target for year 2 of SCIM was to maintain our figures of a minimum of 70% of child interviews being completed under SCIM across Tayside. From April 2025 – Present (March 22/03/2026) we are sitting at just over 88% SCIM across Tayside. Tayside have conducted 358 interviews for the above noted period. SCIM have conducted 318 interviews, with the other 40 interviews been conducted using the previous 5-day model by the Investigation teams. Figures available up to the end of February 2026 show 82% of SCIM interviews have resulted in disclosure of criminality and on average the interview takes place within 12 days of the initial referral discussion (IRD). Training and resilience across Tayside continue to be monitored to ensure we can protect and support children and young people who have been exposed to harm. On the police side we have one person joining the training in April and on completion, this will provide the Police team with further resilience. We continue to operate a 'soft border approach' across the 3 LA areas to ensure we continue to be responsive to the needs of children across Tayside. Work continues to be ongoing with COPFS in respect of feedback around interviews being used a Evidence in Chief. Further work is also being undertaken to establish how many criminal enquiries generated from a SCIM interview lead to a charge being preferred.

Our children and young people will be safe and feel loved	
We will jointly commission the development of local learning review guidance for all Protecting People arrangements	
Progress Updates	**Angus and Dundee** Local shared guidance between Angus and Dundee has been prepared and is in use, although has not been shared publicly. Angus have a learning review group established who have oversight of all learning review referrals. This reports to Protecting People Angus Strategic Committee. Dundee also have a Learning Review Screening Panel comprised of senior managers who screen all notifications and determine next steps, reporting these back to the well-established Learning Review Group. This is connected to all other Dundee groups who have involved in learning review activity, including the Tayside Child Death Review Commissioning Groups, ADP Drug Death Review Group and Suicide Review Group.

Integrated Impact Assessment

Committee Report Number: 142-2026

Document Title: Childrenâ€™s Services Planning Partnership Plan 2026â€“2029

Document Type: Strategy

Description:

This report seeks approval of the Children's Services Planning Partnership Plan 2026-2029. The plan sets out the jointly agreed approach across Dundee City Council, NHS Tayside and partners to planning and delivering services for children, young people and families, in line with statutory requirements. It reflects evaluation of previous arrangements and introduces a strengthened local partnership model.

Intended Outcome:

The intended outcome is a coordinated and evidence-informed framework for improving outcomes for children, young people and families across Dundee. The plan focuses on prevention, early intervention, tackling poverty and inequality, improving wellbeing and ensuring children and young people receive the right support at the right time.

Period Covered: 01/06/2026 to 31/03/2029

Monitoring:

Delivery of the plan will be overseen through the Child Poverty and Inequalities Strategic Leadership Group, with reporting to the Dundee Partnership. Annual progress reports will be presented to Committee and will include outcome measures, service performance information and feedback from children, young people and families.

Lead Author:

Paul Fleming , Head of Education, Learning & Inclusion (Chief Education Officer) , Children and Families Service,

paul.fleming@dundeecity.gov.uk , 01382 433246,

Dundee City Council

Director Responsible:

Glyn Lloyd, Interim Executive Director of Children and Families Service , Children and Families Service

glyn.lloyd@dundeecity.gov.uk, 01382 433246

Dundee City Council

Equality, Diversity and Human Rights

Impacts & Implications

Age: Positive

The plan is expected to have a positive impact because children and young people are the central focus of the plan. It aims to improve wellbeing, participation, protection and outcomes across early years, education, health and support services. Priority groups include young carers, care experienced children and young parents. A limitation is that not all children and young people are equally visible through available data. This is mitigated through ongoing engagement and monitoring of participation and uptake through partnership reporting arrangements.

Disability: Positive

The plan is expected to have a positive impact because it includes a focus on disabled children and children with additional support needs, including early identification, improved support and better transitions. There is limited disaggregated data on outcomes for all disabled children and families. This is mitigated through monitoring of participation and uptake through partnership reporting arrangement

Gender Reassignment: No Impact

Marriage & Civil Partnership: No Impact

Pregnancy & Maternity: No Impact

Race / Ethnicity: Not Known

The plan identifies minority ethnic families as a priority group but does not provide detailed analysis of differential impact. Services are delivered through universal and inclusive provision, including schools and community services. Monitoring of participation and uptake will identify any gaps and inform action through partnership arrangements.

Religion or Belief: No Impact

Sex: Not Known

The report does not include specific gender-based analysis. Access to services is through universal provision, which supports equitable access. Monitoring of participation and uptake will be used to identify any differences.

Sexual Orientation: No Impact

Are any Human Rights not covered by the Equalities questions above impacted by this report?

Yes

The plan is expected to have a positive impact on childrenâ€™s rights because it promotes participation, access to support and protection from harm. It also reflects rights-based approaches and the voice of children, young people and families. Delivery is dependent on available resources. This is mitigated through partnership delivery and prioritisation based on assessed need.

Fairness & Poverty

Geographic Impacts & Implications

Strathmartine:	Positive
Lochee:	Positive
Coldside:	Positive
Maryfield:	Positive
North East:	Positive
East End:	Positive
The Ferry:	Positive

West End: Positive

Positive Implications: The plan is expected to have a positive impact across all areas of Dundee because it is delivered through schools, health services and community-based provision on a city-wide basis. The report recognises poverty and inequality and places a strong emphasis on place-based whole family support. Levels of need are higher in areas of deprivation. This is mitigated through targeted place-based support, partnership delivery and monitoring of participation and uptake through partnership reporting arrangements.

Household Group Impacts and Implications

Looked After Children & Care Leavers: Positive

The plan is expected to have a positive impact because care experienced children and young people are a specific priority group within the plan, including through the priority on Our Promise. Delivery is dependent on effective partnership implementation. This is mitigated through annual reporting and partnership oversight.

Carers: Positive

The plan is expected to have a positive impact because young carers are identified as a priority group and the plan includes targeted support to reduce inequality and improve access to services. Delivery is dependent on consistent identification and uptake. This is mitigated through monitoring through partnership reporting arrangements.

Lone Parent Families: Positive

The plan is expected to have a positive impact because lone parents are identified as more likely to experience inequality and the plan includes place-based support, poverty reduction and improved access to services. There is limited disaggregated evidence on outcomes for this group. This is mitigated through ongoing monitoring of participation and uptake

Single Female Households with Children: Positive

The plan is expected to have a positive impact because it strengthens access to support for households more likely to experience poverty and inequality. Access is through universal and community-based services, with monitoring used to identify any gaps in reach

Greater number of children and/or young children: Positive

The plan is expected to have a positive impact because it supports families with children through place-based whole family support, early intervention and access to services. Delivery through local settings supports access for larger families.

Pensioners - single / couple: No Impact

Unskilled workers or unemployed: Positive

The plan is expected to have a positive impact because it focuses on reducing poverty and inequality and improving access to employability, advice and wider support for families. The plan does not directly create employment. This is mitigated through partnership delivery and linkages to wider services.

Serious & enduring mental health problems: Positive

The plan is expected to have a positive impact because one of its priority areas is physical, mental and emotional health and it identifies the need for earlier and more coordinated support. Delivery is dependent on available capacity. This is mitigated through partnership delivery and monitoring of service activity.

Homeless: Not Known

The report includes homelessness within the wider priorities of the plan, but it does not provide a full differential impact assessment for all children and families affected by homelessness. Monitoring of participation and service activity will inform responses through partnership arrangements.

Drug and/or alcohol problems: Positive

The plan is expected to have a positive impact because it includes support relating to substance misuse, family wellbeing and children at risk of harm. The extent of impact on all affected families cannot be fully quantified. This is mitigated through partnership working and monitoring of activity and demand.

Offenders & Ex-offenders: Not Known

The report does not provide specific evidence on differential impact for offenders or ex-offenders. Services are delivered through inclusive partnership provision and monitoring will be used to identify any gaps in participation or outcomes.

Socio Economic Disadvantage Impacts & Implications

Employment Status: Positive

Socio Economic Disadvantage Impacts & Implications

The plan is expected to have a positive impact because it includes action on attendance, participation, employability and reducing barriers to positive destinations for children and families. It does not directly change employment status. This is mitigated through linkages to wider support and partnership delivery.

Education & Skills: Positive

The plan is expected to have a positive impact because a core priority is presence, progress and participation in learning, with a clear focus on improving attendance, engagement and attainment. Delivery is dependent on consistent implementation. This is mitigated through annual reporting and partnership performance monitoring.

Income: Not Known

The plan does not directly affect income levels for families. While improved access to services and support may reduce some pressures associated with poverty and inequality, the impact on income cannot be directly assessed. This is mitigated through linkages to wider services and support accessed through partnership delivery.

Caring Responsibilities (including Childcare): Positive

The plan is expected to have a positive impact because it includes whole family support and targeted support to priority groups including young carers. Improved coordination of services is intended to reduce pressure on children and families.

Affordability and accessibility of services: Positive

The plan is expected to have a positive impact because it emphasises local, accessible and flexible support through a no wrong door and place-based whole family support approach. Delivery is dependent on capacity. This is mitigated through partnership delivery and monitoring of participation and uptake.

Fuel Poverty: Not Known

The report refers to poverty, housing and family finance but does not directly assess impact on fuel poverty. This is mitigated through access to wider services and support through partnership delivery.

Cost of Living / Poverty Premium: Not Known

The plan recognises family finance and cost of living pressures but does not directly assess impact on the poverty premium. This is mitigated through improved access to wider support and advice through partnership delivery.

Connectivity / Internet Access: Not Known

The report refers to digital technology as part of service delivery but does not provide a specific assessment of digital exclusion. Monitoring of participation and uptake will identify any barriers and inform responses through partnership arrangements.

Income / Benefit Advice / Income MaximisationPositive

The plan is expected to have a positive impact because it includes improved access to financial management support, income maximisation, debt advice and referral pathways to employability. It does not directly deliver all income maximisation services itself. This is mitigated through partnership delivery and access to wider support.

Employment Opportunities: Positive

The plan is expected to have a positive impact because it aims to reduce barriers to participation, learning and positive destinations, which supports longer-term employment opportunities. It does not directly create jobs. This is mitigated through partnership delivery and links to wider employability services.

Education: Positive

The plan is expected to have a positive impact because improving educational participation, progress and attainment is one of its five priority areas. Delivery is dependent on effective implementation. This is mitigated through performance reporting and partnership oversight.

Health: Positive

The plan is expected to have a positive impact because physical, mental and emotional health is one of its five priority areas and includes actions on prevention, healthy weight, immunisation and emotional wellbeing. Delivery is dependent on service capacity. This is mitigated through partnership delivery and monitoring.

Life Expectancy: No Impact

Mental Health: Positive

The plan is expected to have a positive impact because physical, mental and emotional health is one of its five priority areas and includes actions on prevention, healthy weight, immunisation and emotional wellbeing. Delivery is dependent on service capacity. This is mitigated through partnership delivery and monitoring.

Overweight / Obesity: No Impact

Child Health: Positive

The plan is expected to have a positive impact because it includes actions on early years, healthy weight, immunisation and developmental concerns, all intended to improve child health outcomes. Delivery is dependent on service capacity. This is mitigated through partnership delivery and annual reporting.

Neighbourhood Satisfaction: No Impact

Transport: No Impact

Environment

Climate Change Impacts

Mitigating Greenhouse Gases: No Impact

Adapting to the effects of climate change: No Impact

Resource Use Impacts

Energy efficiency & consumption: No Impact

Prevention, reduction, re-use, recovery or recycling of waste: No Impact

Sustainable Procurement: No Impact

Transport Impacts

Accessible transport provision: No Impact

Sustainable modes of transport: No Impact

Natural Environment Impacts

Air, land & water quality: No Impact

Biodiversity: No Impact

Open & green spaces: No Impact

Built Environment Impacts

Built Heritage: No Impact

Housing: No Impact

Is the proposal subject to a Strategic Environmental Assessment (SEA)?	No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005.

Corporate Risk

Corporate Risk Impacts

Political Reputational Risk: Positive

The plan is expected to have a positive reputational impact because it demonstrates a clear, evidence-informed and statutory partnership approach to improving outcomes for children, young people and families. There is a risk that expectations of delivery may exceed available capacity. This is mitigated through clear governance, annual reporting and partnership oversight. [142- 2026...tee Report | Word]

Economic/Financial Sustainability / Security & Equipment: Not Known

The report states that there are no financial implications arising directly from the report, but delivery of the plan is dependent on existing resources, service capacity and wider financial pressures. The overall impact on financial sustainability cannot be fully assessed. This is mitigated through partnership delivery and monitoring of demand and service capacity.

Social Impact / Safety of Staff & Clients: Positive

The plan is expected to have a positive social impact because it strengthens place-based support, prevention, health, learning and protection for children and families. Delivery is dependent on service capacity. This is mitigated through partnership delivery and prioritisation based on assessed need.

Technological / Business or Service Interruption: No Impact

Environmental: No Impact

Legal / Statutory Obligations: Positive

The plan is expected to have a positive impact because it supports the Council and partners to fulfil statutory duties under childrenâ€™s services planning legislation and related duties. It provides a framework for delivery and monit

Organisational / Staffing & Competence: Positive

The plan is expected to have a positive impact because it strengthens local partnership governance, coordination and reporting. Delivery is dependent on workforce capacity and effective collaboration. This is mitigated through existing partnership structures and annual review.

Corporate Risk Implications & Mitigation:

There are moderate levels of risk associated with the subject matter of this report. However, having undertaken a full analysis of the upside and downside risks there is a clear benefit in what is proposed and we are satisfied that adequate controls are available to mitigate the downside risks. The downside financial exposure to the Council is less than Â£250,000 and this together with other areas of risk can be effectively managed