

City Chambers
DUNDEE
DD1 3BY

12th June, 2026

Dear Colleague

You are requested to attend a MEETING of the **CHILDREN AND FAMILIES COMMITTEE** to be held in the Council Chamber, City Chambers, City Square, Dundee and also to be held remotely on Monday, 22nd June, 2026 at 5.00pm.

The meeting will also be livestreamed to YouTube. Members of the Press or Public wishing to join the meeting as observers should follow this link www.dundee.gov.uk/live or alternatively they may attend in person.

Should you require any further information please contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundee.gov.uk.

Yours faithfully

GREGORY COLGAN

Chief Executive

AGENDA OF BUSINESS

1 DECLARATION OF INTEREST

Members are reminded that, in terms of The Councillors Code, it is their responsibility to make decisions about whether to declare an interest in any item on this agenda and whether to take part in any discussions or voting.

This will include all interests, whether or not entered on your Register of Interests, which would reasonably be regarded as so significant that they are likely to prejudice your discussion or decision-making.

2 REVIEW OF THE SERVICE ESTATE – CONDITION AND SUITABILITY - Page 1

(Report No 141-2026 by the Interim Executive Director of Children and Families Service, copy attached).

3 CHILDREN'S SERVICES PLANNING PARTNERSHIP PLAN 2026–2029 - Page 11

(Report No 142-2026 by the Interim Executive Director of Children and Families Service, copy attached).

At this juncture external members of the Committee will depart.

4 CARERS STRATEGY 2026-2032 - Page 117

(Report No 143-2026 by the Interim Executive Director of Children and Families Service, copy attached).

ITEM No ...2.....

REPORT TO: CHILDREN AND FAMILIES COMMITTEE – 22 JUNE 2026

REPORT ON: REVIEW OF THE SERVICE ESTATE – CONDITION AND SUITABILITY

REPORT BY: INTERIM EXECUTIVE DIRECTOR OF CHILDREN AND FAMILIES SERVICE

REPORT NO: 141-2026

1.0 PURPOSE OF REPORT

1.1 This report provides an update on the condition and suitability of the learning estate and an update on completed and planned improvement work to align with the Authority Return for the Scottish Government Core Facts in May 2026.

2.0 RECOMMENDATION

2.1 It is recommended that the Committee notes the updated position on the condition and suitability of the learning estate and the programme of improvement works.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no financial implications directly arising from this report.

4.0 BACKGROUND

4.1 The Children and Families Committee (Article I of the Minute of the Meeting of the Children and Families Committee held on 12 December 2011, report 539-2011 refers) agreed that an annual update report on the school estate would be prepared for Committee.

4.2 The Children & Families Committee (Article III of the Minute of the Meeting of the Children & Families Committee held on 2 March 2026, report 52-2026 refers) agreed to note the condition and suitability of the learning estate and requested an update on completed and planned improvement work.

4.3 The outcome of the review of the condition of Dundee's primary and secondary learning estate is reported annually to Scottish Government in May. Previously, this information was presented to Committee the following January alongside school capacities. In future, condition, suitability and planned improvement works will be reported to Committee in May, in line with the Scottish Government return, providing more timely information for Members

5.0 CONDITION AND SUITABILITY

5.1 City Development reviews the condition of the primary and secondary learning estate on an annual basis and suitability on a five-year basis, in line with Scottish Government requirements. Each establishment receives an overall rating for condition and suitability on a scale from A (good), B (satisfactory), C (poor), or D (bad).

5.2 Planned works on properties rated C may improve the grading; however, other factors affecting building performance may result in the grading remaining unchanged at reassessment. In some cases, improvement requires investment over more than one year. The overall estate is considered when prioritising the works programme to maintain safe, operational and compliant buildings.

5.3 The condition and suitability gradings for all establishments, as of May 2026, are included in Appendix 1. In summary:

- All standalone nurseries are rated A or B for condition and suitability.
- Twenty-eight of thirty-three primary schools are rated A or B for condition; all primary schools are rated A or B for suitability.
- All secondary schools are rated A or B for condition and suitability.
- Kingspark School and Rockwell Learning Centre are rated A or B for condition and suitability.

- 5.4 In 2025/26, £1.56m was invested in roofs, toilets, windows and rewiring at Craigiebarns, Barnhill, Blackness and Eastern primary schools to improve condition. Further investment is planned for 2026/27 at Blackness, Craigiebarns, Eastern and St Mary's primary schools, all previously graded C for condition. Initial roof works have also been undertaken at Blackness and St Ninian's primary schools to allow more substantial works to be undertaken in summer 2027/28. Following the final phase of rewiring in 2025/26, Barnhill Primary School has been re-assessed as condition grade B.
- 5.5 In the latest condition assessment, St Ninian's RC Primary School has been assessed as condition grade C due to deterioration in areas of the flat roof. Repairs have been undertaken to address the immediate issue, keeping the school safe and operational, whilst more substantive works are designed, planned and procured for summer 2027.
- 5.6 All properties assessed as condition grade C are included within the planned programme of works, ensuring areas requiring improvement are prioritised.
- 5.7 The Children and Families Service collaborates with City Development on improvements to the learning estate. Appendix 2 provides a summary of the 2026/27 summer works, valued at approximately £2.56m, ensuring a balanced and deliverable programme across the estate without disruption to learning and teaching,

6.0 BUILDING SAFETY

- 6.1 There is a system in place to inspect, monitor, report and rectify defects in all Council nursery, primary, secondary and special school buildings. Head Teachers act as Building Managers and are responsible for the safety of the property. In secondary schools they are supported by Business Managers; in primary and nursery schools, support is provided by the Corporate Health and Safety Team.
- 6.2 Each school is assigned a Property Officer from City Development's Design and Property Services. These officers carry out a full building inspection once a year and conduct regular monthly checks. They also attend property meetings with schools once a term to discuss building issues and health and safety matters.
- 6.3 In addition to these formal inspections, Building Managers, Co-ordinators and school staff routinely check buildings and report concerns to the Property Officer. Mechanical, Electrical and Property Officers support day-to-day maintenance and repairs as required. Specialist health and safety contracts are in place for electrical testing, gas appliance checks, fire alarm servicing and water quality assessments.
- 6.4 Every three years, City Engineers carry out detailed structural inspections across all school buildings. Any necessary structural repairs are prioritised and included in the capital plan for the next five years. Major works identified through these inspections are funded through the capital budget. Property Risk Management Surveys are also carried out in conjunction with insurance partners.
- 6.5 For the eight Dundee PPP schools, a facilities management contractor is responsible for inspections and maintenance. Any required work is managed through planned maintenance and funded through the lifecycle maintenance provisions within the contract.

7.0 REINFORCED AUTOCLAVED AERATED CONCRETE (RAAC)

- 7.1 RAAC is present in part of the roof structure at two school buildings—St Fergus Roman Catholic Primary School and Ardler Primary School—and is regularly monitored and reviewed.
- 7.2 Management of RAAC in these properties comprises six-monthly inspections by the City Engineer and reflects relevant guidance provided by the construction industry and Scottish Government. The RAAC at each school is described as in good condition currently with no structural issues apparent, so both schools can continue to safely operate. Initial pilot repairs to an office were successfully undertaken in Autumn 2025, confirming the design principles provide a practical deliverable rectification. A further pilot will be undertaken to a classroom during Summer 2026 with this returned to use in time for the Autumn term commencing. These pilot schemes comprise of directly supporting the RAAC with a grid of timber beams, making the RAAC structurally redundant, and will inform the direction of any future remedial work at these two schools.

8.0 FIRE SAFETY

- 8.1 Building Surveying Services continues to provide training for Head Teachers, Business Managers, Tayside Contracts staff and Contract Managers who work in schools. The Corporate Health and Safety Team also provides presentations to support duty holders, fire marshals and fire stewards.
- 8.2 Fire Risk Assessments are reviewed annually, followed by fire safety audits. All schools have current Fire Risk Assessments, reviewed each year by a Fire Risk Assessor. The Fire Safety Officer also supports and advises Head Teachers, Business Managers and Locality Support Officers to ensure fire safety procedures are maintained.
- 8.3 The Scottish Fire and Rescue Service no longer routinely responds to Unwanted Fire Alarm Signals (UFAS). Instead, themed audits are undertaken through visits to a selection of schools each year.

9.0 ENERGY EFFICIENCY AND EMISSIONS OF THE SCHOOL ESTATE

- 9.1 The energy consumption and associated carbon emissions for Dundee City Council schools for financial year 2025/26 are shown in Appendix 3.
- 9.2 As many primary and nursery schools share the same building and metering, they are reported together. Consumption refers to total billed gas and electricity (kWh) used within the financial year. Emissions refer to total tonnes of CO₂ equivalent (tCO₂e) generated from this energy use.
- 9.3 Total school energy consumption decreased by 11% in 2025/26 compared with the previous year, primarily due to the closure of Braeview Academy and Craigie High School in June 2025. Energy data for Drumgeith Campus is being monitored and will be updated in the annual report following a full year of operation.
- 9.4 Total school emissions decreased by 12% in 2025/26 compared with the previous year. This reduction was again mainly due to the closure of Braeview Academy and Craigie High School. A further contribution came from the lower electricity emission factor, reflecting the ongoing decarbonisation of the GB electricity grid. Emissions also reduced through energy management tools, improved energy efficiency measures and, in some cases, the adoption of low-carbon heating solutions.

10.0 POLICY IMPLICATIONS

10.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services, or funding and so has not been subject to an Integrated Impact Assessment. An appropriate Senior Manager has reviewed and agreed with this assessment.

11.0 CONSULTATIONS

11.1 The Council Leadership Team was consulted in the preparation of this report.

12.0 BACKGROUND PAPERS

12.1 None.

Glyn Lloyd
Interim Executive Director of Children and
Families Service

Author:

Gordon Laidlaw
Quality Improvement Education Officer

Paul Fleming
Head of Education, Learning and Inclusion
Chief Education Officer

June 2026

APPENDIX 1

SUMMARY DATA ON THE SCHOOL ESTATE

Core facts on the school estate as of May 2026

| | | Condition | Suitability |
|----------|--------------|---|---|
| Rating A | Good | Performing well and operating efficiently | Performing well and operating efficiently |
| Rating B | Satisfactory | Performing adequately but showing minor deterioration | Performing well but with minor problems |
| Rating C | Poor | Showing major defects and/or not operating adequately | Showing major problems and/or not operating optimally |
| Rating D | Bad | Life expired and/or serious risk of imminent failure | Does not support the delivery of services to children and communities |

Early Years Establishments

| | Condition | Suitability |
|---------------------------|------------------|--------------------|
| Balgay Hill Nursery | A | A |
| Balluniefield Nursery | A | A |
| Caird View Nursery | A | B |
| Coldside Nursery | A | A |
| Frances Wright Nursery | A | A |
| Hill View Nursery | A | B |
| Jessie Porter Nursery | A | A |
| Longhagh Nursery | A | B |
| Menzieshill Nursery | A | A |
| Quarry View Nursery | A | A |
| Wallacetown Nursery | B | B |
| Woodlea Children's Centre | B | B |

Primary/Secondary Schools

| School Name | School Type | Overall Condition | Suitability of Estate |
|----------------------------|--------------------|--------------------------|------------------------------|
| Ancrum Road Primary School | Primary | B | B |
| Ardler Primary School | Primary | B | B |
| Ballumbie Primary | Primary | A | A |
| Barnhill Primary School | Primary | B | B |
| Blackness Primary School | Primary | C | B |
| Camperdown Primary | Primary | A | A |

| | | | |
|-------------------------------------|---------|---|---|
| Claypotts Castle Primary School | Primary | A | A |
| Cleington Primary School | Primary | B | B |
| Craigiebarns Primary School | Primary | C | B |
| Craigowl Primary School | Primary | A | A |
| Dens Road Primary School | Primary | B | B |
| Downfield Primary School | Primary | A | A |
| Eastern Primary School | Primary | C | B |
| Fintry Primary School | Primary | A | A |
| Forthill Primary School | Primary | B | B |
| Glebelands Primary School | Primary | B | B |
| Longhagh Primary School | Primary | A | A |
| Mill of Mains Primary School | Primary | B | B |
| Our Lady's RC Primary School | Primary | A | A |
| Rosebank Primary School | Primary | A | A |
| Rowantree Primary School | Primary | A | A |
| Sidlaw View Primary School | Primary | A | A |
| St Andrew's RC Primary School | Primary | A | A |
| St Clement's RC Primary School | Primary | A | A |
| St Fergus RC Primary School | Primary | B | B |
| St Joseph's RC Primary School | Primary | A | A |
| St Francis RC Primary School | Primary | A | A |
| St Mary's RC Primary School | Primary | C | B |
| St Ninian's RC Primary School | Primary | C | A |
| St Peter and Paul RC Primary School | Primary | B | B |
| St Pius' RC Primary School | Primary | B | B |
| Tayview Primary School | Primary | A | A |
| Victoria Park Primary School | Primary | A | A |

| | | | |
|--------------------------|-----------|---|---|
| Baldragon Academy | Secondary | A | A |
| Greenfield Academy | Secondary | A | A |
| Grove Academy | Secondary | A | A |
| Harris Academy | Secondary | A | A |
| Morgan Academy | Secondary | B | B |
| St John's RC High School | Secondary | B | B |
| St Paul's RC Academy | Secondary | A | A |
| Kingspark School | Special | A | A |
| Rockwell Learning Centre | Special | B | B |

APPENDIX 2

CAPITAL WORKS PROGRAMME

2025/26 - Completed General Upgrading Works:

| School | Works for 2025/26 | Value (approx) | Status |
|-----------------|-------------------------------------|----------------|----------|
| Eastern PS | Windows Replacement – Phase 1 | £450,000 | Complete |
| Harris Academy | Underfloor heating works | £240,000 | Complete |
| Eastern PS | Upgrade Centenary Block Toilets | £125,000 | Complete |
| Craigiebarns PS | Roof Covering Replacement – Phase 4 | £350,000 | Complete |
| Blackness PS | Toilets Upgrade | £175,000 | Complete |
| Barnhill PS | Rewire – Final Phase | £400,000 | Complete |
| | | | |

Approximate total value £1.560m

2026/27 - Proposed General upgrading works:

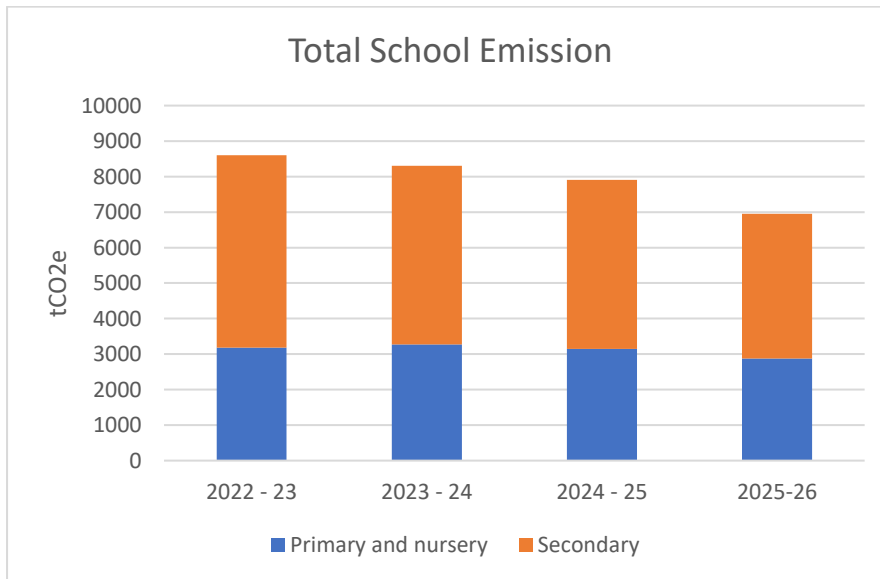
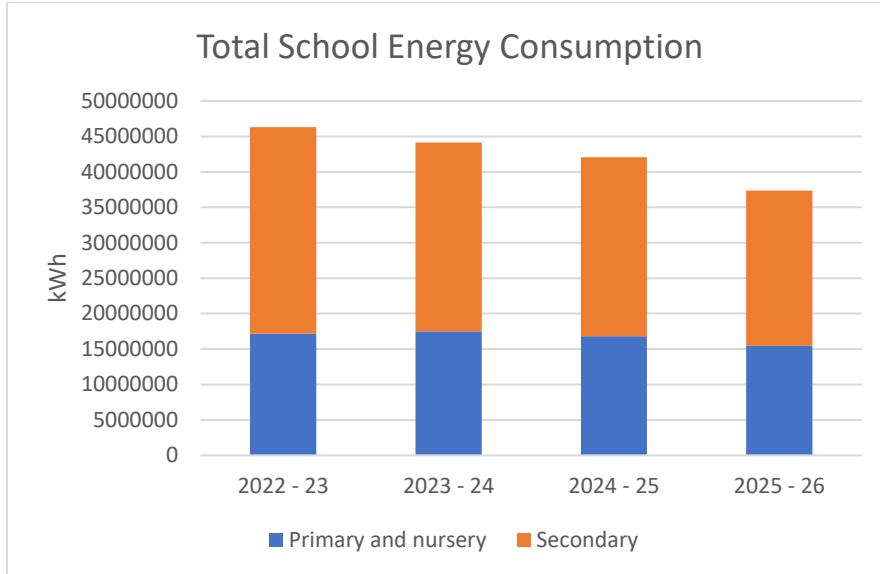
| School | Works for 2026/27 | Estimated value | Status |
|-----------------------|-------------------------------------|-----------------|----------|
| St Peter and Pauls PS | Replacement Internal Fire Doors | £220,000 | Planned |
| St Peter and Pauls PS | Boiler Replacement | £200,000 | Complete |
| Morgan Academy | Moths Eradication – Phase 1 | £125,000 | Planned |
| North East Campus | Underfloor heating works | £140,000 | Planned |
| St Marys PS | Roof Covering Replacement – Phase 4 | £100,000 | Planned |
| St Ninians PS | Toilets Upgrade | £80,000 | Planned |
| Craigiebarns PS | Roof Replacement - Phase 5 | £400,000 | Planned |
| Eastern PS | Window Replacement – Phase 2 | £400,000 | Planned |
| Cleington PS | Upgrade Emergency Lighting | £250,000 | Planned |
| Barnhill PS | Upgrade Toilets | £200,000 | Planned |
| Blackness PS | Upgrade Toilets | £80,000 | Planned |
| Kingspark School | Nurse Call System | £50,000 | Planned |
| Kingspark School | Replace Arjo personal shower units | £225,000 | On-going |

Estimated total value £2.56m

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APPENDIX 3

DUNDEE CITY COUNCIL SCHOOLS ENERGY CONSUMPTION AND EMISSIONS
(2025/26)



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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

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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**

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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 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

23,500 children aged **0-15**

22,300 young people aged **16-24**

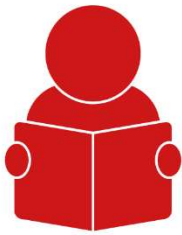
Children and young people about **1 in 3**

| | |
|---|---|
|  <p>Challenges for children and young people in Dundee</p> |  <p>Signs of hope and change for the better</p> |
| <p>Abc One in 5 (18%)</p> <p>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</p> | <p>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</p>  |
|  <p>Poverty 43%</p> <p>Poverty - 43% of children in Dundee live in 20% most deprived households in Scotland, significantly more in some neighbourhoods</p> | <p>Benefits advice is accessible in many local communities - over £17 million pounds were raised for Dundee families through income maximisation in 2024/25</p>  |

|  |  |
|--|--|
| <h3>Challenges for children and young people in Dundee</h3> | <h3>Signs of hope and change for the better</h3> |
|  <p>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)</p> | <p>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]</p>  |
|  <h2>1 in 10 children</h2> <p>Only one in ten children does enough physical exercise (according to national guidance)</p> | <p>7163 (38% of the school roll) took part in Active Schools activities in 2024/25 improving physical and mental health and social integration</p>  |
|  <p>Central funding for key services and many supports has been decreasing year on year, which has reduced some supports and opportunities</p> | <p>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</p>  |
|  <p>When looking at average statistics, some areas in Dundee seem “stuck” with generations affected by huge inequalities that seem hard to overcome</p> | <p>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</p>  |
|  <h2>89%</h2> <p>At 89.6% attendance (academic year 2024/25) at Dundee schools continues to be below Scottish average</p> | <p>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)</p>  |



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 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 |
| | <p>Co-produce actions specific to localities based on results of family engagement and service data.</p> <p>Use data to support understanding, learning and opportunities related to the whole family approach</p> <p>Provide targeted support to priority groups such as lone parents, disabled children and parents, minority ethnic groups and young carers</p> | Families report that the actions make a positive difference to their lives |
| Families receive financial management support | <p>Provide help in the local community by offering:</p> <ul style="list-style-type: none"> • Income maximisation assessments • Money/Debt Advice and support • Energy Efficiency Services • Referral pathways to employability | <p>Number of families with children and young people:</p> <ul style="list-style-type: none"> • with debt situations stabilised • raised out of fuel poverty • participating in employability • with income fully maximised |
| Families live in affordable, suitable and sustainable housing | <p>Ensure housing and homelessness needs are included in Child's Plans and whole family support plans¹</p> <p>Provide accessible local housing and homelessness advice</p> | 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 |
|--|---|--|
| <p>More children have a healthy weight</p> | <p>Implement the Tayside Child Healthy Weight Strategy, which includes the actions below:</p> <ul style="list-style-type: none"> • 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 | <p>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%)</p> <p>Reduction in drop-off rate of breastfeeding from birth to 6-8 weeks</p> <p>Stories about impact and numbers attending relevant activities (e.g. Best First Steps, Best Foot Forwards, Healthy Eating Active Lifestyles)</p> |
| | <p>Provide affordable and accessible physical activities through Active Schools, including targeted support for children and young people who may struggle to attend otherwise</p> | <p>An increase in the number of children participating in Active Schools activities</p> <p>Increase in retention rates from target groups</p> |
| <p>Children and young people are protected from preventable illnesses through immunisations from birth to adulthood</p> | <p>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.</p> | <p>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</p> |
| <p>Children have the best start in life (the first 1,000 days)</p> | <p>Actively engage in the public health messages from the National Early Years Communication Team and locally held public health information</p> <p>Targeted support to families in the 6 priority groups outlined in the Child Poverty Strategy</p> | <p>Reduction in the proportion of children with a developmental concern at 27-30 months review (target: 13.5% or below by 2030)</p> <p>Decrease in the proportion of children starting school with speech and language delays</p> |

| We will work together to ensure | What we will do together | How we will measure our progress |
|--|--|--|
| | <p>Develop resources for use by professionals and parents to support child development</p> <p>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</p> <p>Address the impacts of poor housing and homelessness on children's physical and mental health through early intervention</p> | <p>Number and type of professionals completing training</p> <p>Increase in the number of professionals, parents and carers who have accessed information and advice</p> <p>Parents and professionals report improved confidence in identifying early developmental concerns</p> <p>Prompt housing solutions for families with children who put in rehousing applications with medical priority</p> |
| <p>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)</p> | <p>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</p> | <p>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</p> |
| | <p>Encourage and support neuro-affirming practice and environments within statutory and 3rd sector organisations</p> | <p>Satisfaction of families provided with support through triage system</p> |
| | <p>Scale good examples and learning from partnership working to improve health and wellbeing</p> | <p>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</p> |
| | <p>Act upon the voice of children and young people with lived experience of mental health, including co-production of materials</p> | <p>Narrative/case study of good example of acting upon hearing from CYP</p> <p>Examples of coproduced processes and materials and how they have influenced change</p> |
| <p>Fewer teenagers become pregnant</p> | <p>Pilot a model to support life course prevention and improved sexual and reproductive wellbeing by</p> <p>Supporting teachers, workers and parents/carers to confidently discuss sex and relationships</p> <p>Improving access to sexual and reproductive health interventions in communities and via specialist sexual health clinical services</p> | <p>Reduction in teenage pregnancies (baseline Dundee 26.5% of first-time mothers under the age of 25)</p> <p>Reduction in teenage pregnancies in target communities</p> |

| 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 3 rd 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. | School attendance |
| | Target extra support at pupils less likely to have satisfactory school attendance levels, such as children and young people in Kinship Care | |
| | 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 |

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

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 | <p>Fully Implement Bairns Hoose across Tayside</p> <p>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.</p> | <p>Audit of practice at the Multi Agency Screening Hub in the context of Justice, Health, Recovery and Child Protection</p> <p>Fewer children entering crisis or emergency accommodation due to homelessness.</p> <p>Reduction in the number of homelessness application of households with children</p> <p>Increase in housing represented at key decision-making meetings to ensure families with children at risk to health due to housing will be prioritised</p> |
| Pregnant women are supported, protected and kept safe from harm, including with their babies and infants | <p>Ensure families fleeing domestic abuse or other violence can access safe, secure accommodation without delay.</p> <p>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</p> | <p>Improved housing outcomes for families subject to child protection or child in need plans</p> <p>Fewer babies entering care and when babies do have to be provided with alternative care, mothers report they feel better supported</p> |
| Children and young people will be safe from harm at home and in their own communities | <p>We pro-actively target and respond to physical, sexual, emotional abuse and neglect in local communities</p> | <p>Audits of practice focused on identification, assessment and support</p> |
| Families at risk of harm receive the support they need when they need it, including during evenings and weekends and school holidays | <p>Implement multi-agency whole family support at all times including evenings and weekends</p> | <p>Number of families accessing support out with traditional office hours</p> |

| We will work together to ensure | What we will do together | How we will measure our progress |
|---|---|--|
| <p>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</p> | <p>Establish a Contextual Safeguarding Panel to ensure multi-agency identification, analysis and risk management planning for group-based exploitation and risk across the city</p> <p>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.</p> <p>Strengthen the connection between all activity and information gathering, informed by what young people are telling us</p> | <p>Evolving and progressive dataset to capture contextual safeguarding</p> <p>Reporting and audit Guidance and training in place and reflected in children's plans</p> |
| <p>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</p> | <p>Implement all the requirements of the Care and Justice (Scotland) Act 2024</p> <p>Implement the Care and Risk Management (CARM) Protocol</p> | <p>Data reporting to the Children at Risk Committee</p> |

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 |
|--|---|--|
| <p>Families are supported where children and young people could require temporary or permanent alternative care arrangements</p> | <p>Work with Third Sector partners to develop and deliver services in accordance with flexible family support</p> <p>Expand support to Kinship Carers and children and young people in their care at home, in school and in the community</p> | <p>Fewer children and young people requiring alternative care arrangements</p> <p>A greater proportion of care experienced children and young people are looked after at home or in Kinship Care</p> <p>Referrals to FORT including access to services, outcomes and analysis of any unmet need</p> |
| <p>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)</p> | <p>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</p> <p>Ask and listen to children and families capturing what matters to them regarding contact with siblings and parents</p> | <p>Recruitment and retention of Foster Carers</p> <p>Balance of family-based and residential care</p> <p>Children and young people with more than 1 placement in the last 12 months</p> <p>A greater proportion of care experienced children and young people are living with their siblings</p> <p>Children and young people report good levels and quality of parent contact</p> <p>Children and young people report good levels of brother and sister contact</p> |
| <p>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</p> | <p>Implement a Children's House Improvement Plan and capacity building programme</p> <p>Create the "City around the child": People working together across the partnership to improve access to opportunities / future</p> <p>Give care experienced young people opportunities to remain in Continuing Care</p> | <p>Care experienced children and young people have Child's Plans and supports rated at least as Good</p> <p>Dundee's Children's Houses receive Care Inspectorate inspection grades of at least Good</p> <p>Number of young people remaining in Continuing Care</p> |

| 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 | <p>Deliver planned housing pathways for care experienced young people, focused on homelessness prevention and stable transitions from care.</p> <p>Provide tenancy sustainment support for care leavers up to age 26, aligned with continuing care and aftercare.</p> | <p>Reduction in the number of care experienced young people in temporary accommodation or presenting as homeless</p> |
| 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 | <p>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</p> | <p>Implementation of Crichton Street Hub, including a dataset measuring outcomes and collating feedback from young people</p> <p>Care experienced children and young people have school attendance rates at least equivalent to others</p> <p>Care experienced young people improve overall educational qualifications on leaving school</p> <p>Care experienced young people enter and sustain positive destinations after leaving school</p> |
| Care experienced children of all ages have their voices heard and feel understood | <p>We will offer a range of means by which young people can have their say, and train staff to offer all of these options</p> <p>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.</p> <p>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</p> | <p>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</p> <p>Proportion of child's plans where care experienced children and young people meaningfully contributed</p> |

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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

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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 brought to attention prior | 183 | 8% | 251 | 15% | 238 | 14% | 202 | 14% |
| | 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 with 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 |

| YEAR April 2025 1st March 2026 families Empowering Communities | 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) | |
|--|--------------------|---|---|---|--|---|--|
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(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.

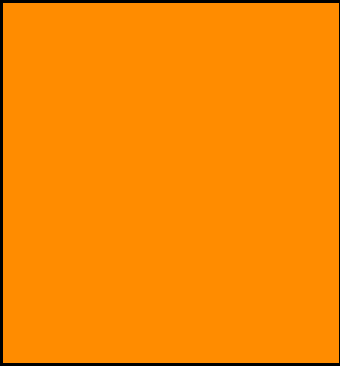
A Steering Group has been established led by the Educational Psychology Service and involving a range of partners to look at school attendance from a holistic perspective with a view to identifying gaps. A sub-group is also taking forward a project to examine the use of coding of absence within Management 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

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| | working closely with national colleagues and attending various implementation groups nationally and locally to take this forward. |
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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

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| Progress Updates | <p>(i) Reduced number of children and young people completing suicide.</p> <p>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.</p> <p>(ii) Increased number of staff trained in suicide intervention.</p> <p>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-</p> |
|-------------------------|--|

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, Angus 147)

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 they 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 of 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; ensuring 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

| | |
|--|--|
| | <p>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.</p> |
|--|--|

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 2025 who 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 be based there and when, how 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 House 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 through 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 as 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

| | |
|--------------------------------|--|
| <p>Progress Updates</p> | <p>Angus and Dundee</p> <p>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.</p> <p>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.</p> |
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Integrated Impact Assessment

Committee Report Number: 142-2026

Document Title: Children's Services Planning Partnership Plan 2026-2029

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.

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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 children'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 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 Maximisation Positive

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 children's services planning legislation and related duties. It provides a framework for delivery and monitoring.

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 £250,000 and this together with other areas of risk can be effectively managed.

REPORT TO: CHILDREN AND FAMILIES COMMITTEE – 22 JUNE 2026

REPORT ON: CARERS STRATEGY 2026-2032

REPORT BY: INTERIM EXECUTIVE DIRECTOR OF CHILDREN AND FAMILIES SERVICE

REPORT NO: 143-2026

1.0 PURPOSE OF REPORT

1.1 This report outlines the revised Carers Strategy 2026-2032 and revised Carers Short Breaks Statement developed by the Dundee Carers Partnership for approval (Appendix 1).

2.0 RECOMMENDATIONS

2.1 It is recommended that the Children and Families Committee:

- a) Approves the Carers Strategy 2026-2032 and Short Breaks Statement, which were approved by the Integration Joint Board (IJB) for Adult Carers on 18 February 2026.
- b) Request the Executive Director to provide annual updates on the delivery of the strategy specifically related to Young Carers.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no direct financial implications arising from the recommendations of this report.

4.0 BACKGROUND

4.1 The Carers (Scotland) Act 2016 introduced a duty for local authorities and health boards to jointly prepare a Carer Strategy. This is delegated to IJBs in relation to Adult Carers but the Council retains duties in relation to Young Carers up to 18 years. This means that the strategy must be approved by both the IJB and the Council.

4.2 The current strategy, "*A Caring Dundee 2: A strategic plan for working alongside, supporting, and improving the lives of carers in Dundee 2021-2024*", was developed by the Carers Partnership. It was approved by the IJB in October 2021 and by the Council on 6 December 2021 (Committee Report number 290-2021).

4.3 In October 2024, the Carers Partnership commenced a review of 'A Caring Dundee' which involved engagement with carers and a wide range of stakeholders. The Carers Partnership has a Young Carers Subgroup, co-chaired by the Children and Families Service and the Carers Partnership, which actively contributed towards the review.

4.4 Young Carers are children and young people aged up to 18 years and still at school who provide significant care to a family member or others with health or support needs. The person they support might be an adult or another child. Their roles often include household tasks, emotional support, personal care and helping to manage medical conditions.

4.5 There are currently 860 identified Young Carers across Primary and Secondary schools, with 233 in Primary and 627 in Secondary. Given the nature of their roles and depending upon wider circumstances within the family, they may require varying degrees of additional support at home, in school and/or in the community.

4.6 The overall budget allocated to support Young Carers is £172,000, which is provided to Primary and Secondary Schools and the Carers Centre to facilitate raising awareness, promoting identification, offering advice, coordinating activities and providing individual and group support.

5.0 KEY DEVELOPMENTS DURING THE CURRENT STRATEGY 2021-24

5.1 During the current strategy, marked progress has been made in relation to the identification, assessment and support of Young Carers, including through targeted learning approaches to support the workforce on their understanding of Young Carers; empowering Young Carers in schools; and developing bespoke support. Over the last 12 months, this has included:

- **Identification and awareness** – continued work in schools via Pupil Support Workers to identify Young Carers via observation, pastoral care and self-disclosure; recruitment of Ambassadors; and an annual Action Day, which involved over 150 carers and staff celebrating a national theme of 'Fair Futures for Young Carers' in 2026.
- **Voice** - a Young Carers Voice group has become an established youth led forum with an active influence on local decision-making. The group was actively involved in developing the revised strategy and leads 'Young Carers Action Day'. It also provides opportunities for confidence building and making friends.
- **Support services** – work in schools has been supported by Primary and Secondary Resource Packs, which have resulted in the establishment of Young Carer Groups in almost all Primary Schools, enhanced transition arrangements from Primary to Secondary and post-school transition through extra support from D&A College.
- **Carers Centre** - continues to provide additional one-to-one and group support where this is required, including support to enable Young Carers to engage with school where this is becoming challenging. Carer health checks and wellbeing sessions have been provided to Young Carers via The Corner.
- **Digital, learning and confidence building** - partnership working with organisations such as Lead Scotland has supported Young Carers to enhance their digital skills and inclusion. This includes improving access to technology, developing digital literacy and increasing confidence in using digital platforms.
- **Young Carers Roadshows** - from April to December 2025, the Carers Centre delivered a series of four roadshows in secondary schools and two off-site settings engaging over 820 pupils. The roadshows raise awareness, promote available support and empower Young Carers to take on visible leadership roles within their school communities.

5.2 Overall, from a starting point of significantly lower awareness and support, Young Carers are now benefitting from more systemic identification across the school and wider partnership workforce, earlier intervention, enhanced school-based and community support, digital learning, wellbeing checks and involvement in decision-making.

6.0 STRATEGY REVISION PROCESS & OUTCOME

6.1 In reviewing the strategy, a range of engagement sessions and a survey were conducted. The process has confirmed remaining priorities relating to continued identification and awareness, emotional and mental wellbeing, access to breaks/respite, the impact of caring on education, transitions into adult life and the financial impact of caring. This has informed 4 key outcomes:

- **Outcome 1** - I am heard, recognised, respected, valued and able to be involved.
- **Outcome 2** - I am supported to have the best possible caring experience.
- **Outcome 3** - I can live a full and healthy life and have the support I need to do this.
- **Outcome 4** - I can have a life of my own alongside my caring role.

6.2 To enhance communication and awareness, a high-level short version of the strategy has been developed for members of the public and other stakeholders who do not wish to read the full document (Appendix 2). The Delivery Plan will be finalised once the Carers Strategy has been agreed and includes a focus on:

- Continue a pro-active approach towards identifying Young Carers who may require a Young Carer Statement.
- Ensure that Young Carer voices and the impact of caring roles is fully considered in all relevant service plans and individual care plans.
- Carers Partnership to engage with Transitions Group to align support for Young Carers and Adult Carers to ensure smooth transitions and continuity of care.
- Implementation of the revised Short Breaks Services Statement, including for Young Carers.
- Enhanced community and peer support for young carers via youth groups, community-based peer supports and social opportunities.

6.3 In May 2026, the Care Reform (Scotland) Act 2025 will bring some changes to the responsibilities and duties placed on public bodies in relation to unpaid carers. This includes increased promotion of carer support, new rules on timescales for Adult Carer Support Plans and Young Carer Statements and a right to sufficient personalised short breaks. The revised strategy anticipates these developments, which will be addressed in the Delivery Plan.

7.0 POLICY IMPLICATIONS

7.1 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.

8.0 CONSULTATIONS

8.1 Dundee City Council Leadership Team has been consulted in the preparation of this report.

9.0 BACKGROUND PAPERS

9.1 None

Glyn Lloyd
Interim Executive Director

Caroline Wright
Service Manager

May 2026

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Dundee Carers Strategy 2026- 2032



The vision of this strategy is:

A Caring Dundee
in which all Unpaid Carers are heard, valued,
understood and supported so that they are healthy and
have a life of their own alongside their caring
responsibilities.

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Carers of Dundee- The Experiences of some local Carers.

The information that follows is based on real circumstances in the lives of Carers in Dundee who have agreed that their situations can be shared. Names have changed. Thanks to Dundee Carers Centre colleagues for sharing information about Carers they have supported.

Adam: Balancing Multiple Caring Roles Under Pressure

Adam, a 37-year-old man, was referred to Carer Support Services by a member of the Hospital Discharge Team. He cares for his partner, who has significant mental health challenges. He also supports his uncle and aunt, both older and living with complex health needs. His uncle was recently admitted to Ninewells Hospital for assessment. In addition to his physical health needs, Adams' uncle also has paranoid schizophrenia. His aunt, who has early-onset dementia, has become increasingly forgetful and doesn't easily accept support.

Adam supports his aunt and uncle with shopping, prescriptions, medical appointments, and daily check-ins. He expressed concern that hospital staff did not have the full picture —his aunt said she was the main Carer for his uncle and did not recognise her declining ability to manage his needs. Adam faced hostility from his aunt when trying to help, particularly around food preparation. These concerns were raised with hospital staff.

Adam's uncle was discharged but within one week was readmitted and discharged again. Adam had to take time off work due to stress, after his partner had a psychotic episode.

Adam was directed to advice on benefits for his aunt and uncle and information on applying for Power of Attorney for them, to allow him to consider how best to plan for the future. He accessed the Carers Short Breaks Service, where he received funding for a gym membership to support his physical and mental health.

Beth: Navigating distance, family responsibilities and financial strain

Beth, a 29-year-old woman who is currently on maternity leave, was identified through a call from her sister who lives nearly 150 miles away. Their mother had been admitted to Ninewells Hospital following a brain bleed and required a period of rehabilitation. Beth lives in Dundee. Her mother was discharged to Cameron Hospital in Fife because her home address is in North-East Fife, Beth was extremely anxious. With a new baby and limited income, the prospect of frequent travel to Fife was overwhelming. She was also under the impression that she would need to arrange transport home for her mother. Beth was supported to speak with ward staff, who explained the rationale for the discharge destination and reassured her that hospital transport would be arranged. Although no financial support was available for her travel, she was relieved to learn that video calls (Facetime) could be used to stay connected with her mother. Beth was referred to Fife Carers Centre for advice regarding her caring role with her mother and her hopes to arrange for her to live in Dundee.

Cal: Carer having a voice during a critical transition

Cal is a 60-year-old Carer, whose mother, Mary, was an inpatient in Ninewells Hospital. Cal was distressed when there were discussions of Mary's return home from hospital. Cal felt hospital staff were not acknowledging concerns about Mary's cognitive decline. Cal's anxiety grew because Mary might return home soon, and Cal was due to go on holiday.

Cal was supported to express their concerns. Medical staff reassured Cal that further assessments would be carried out and that Mary would be transferred to Royal Victoria Hospital for continued evaluation.

Although Cal described the caring situation as “all-consuming,” practicing meditation had been helpful and Cal was made aware of other support services available if needed.

Eve’s Journey: Young Carer– From Overwhelmed to Empowered

Eve is 17 years old, an only child living with her single mother. Her mum has complex mental health challenges and a physical condition that often leaves her reliant on a wheelchair (indoor and outdoor).

Eve’s caring role means she is a cleaner, a cook, a shopper, and a constant source of emotional support. Eve’s caring responsibilities left her feeling isolated and overwhelmed. Her own well-being and teenage years have been shaped by responsibilities that many of her peers can’t begin to imagine.

When Eve first connected with the Carers Centre, her school attendance was just 17%. She was struggling academically, emotionally, and mentally. Eve was referred to Carer Support by her School. A Carers Centre Support Worker Sam has continued to meet with Eve on a one-on-one basis. Sam also worked closely with Eve’s mum to ensure that Eve’s needs were being recognised at home as well as school.

Eve has spent time as an inpatient at the Child and Adolescent Young People’s Unit because of self-harm and complex mental health struggles. But with the right medical and social support, Eve began to see positive changes.

Eve began to re-engage with school. A part-time timetable was created that included her Young Carers sessions—something she found was an emotional and social lifeline. Eve is now a Prefect at school, a leader in the Young Carers Group, and a passionate advocate for Young Carers’ Rights. With the right support in place, she’s managing her responsibilities and looking ahead with hope.

Nik: Young Carer

Nik cares for their sibling, Toni, who has complex needs and uses a wheelchair. Toni needs support in many areas of life and has a very vulnerable immune system. Nik also cares for their parent, Mo, who has multiple sclerosis. Mo’s multiple sclerosis means that they can have falls more easily and Mo has an increased risk of becoming unwell. As a result of both these caring roles Nik takes on a lot more responsibilities than their peers. Nik also spends time visiting Rachel House (Children’s Hospice) with their family to get some respite and quality time together.

Nik decided to build their confidence by completing a Dynamic Youth Award, and Nik decided to review local parks and green spaces to see if they were accessible for Toni to use them and enjoy the play equipment. Nik then visited the parks with their Carer Support Worker and with their parent before writing reviews and discussing how accessible the parks were.

Nik received feedback that they made a “Fantastic Submission with great personalised evidence”. The Award made Nik feel more confident and they shared their certificate with school staff that they had a relationship with

Maddison: From Isolation to Empowerment

Maddison is an Adult Carer who has been in a caring role since the age of 13. She currently cares for her mother, who has dementia. Until recently, she also cared for her husband, who had a chronic illness.

Maddison described her life as one of continuous caring, with little recognition or support. It was only after the passing of her husband a year ago that she reached out for help, feeling overwhelmed and emotionally depleted.

Maddison's decision to seek support from the Carers Centre marked a significant turning point. At the time Maddison described her mental health as being at "rock bottom" She was not receiving any formal mental health support and felt isolated in her role.

Maddison accessed counselling services through the Carers Centre. She described the support as "invaluable" and even referred to it as a "life saver," highlighting the profound impact it had on her wellbeing.

Maddison began attending a Connecting Carers Café, a monthly peer support group. Over the months, however, Maddison has grown in confidence and reflects that she is feeling included, valued, and connected—not only as a Carer but as a member of her local community.



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Dundee Carers Strategy 2026-2032

1. FOREWORD *message from IJB chair will be added when strategy has been agreed*

2. INTRODUCTION- About the Dundee Carers Strategy

The Dundee Carer Strategy is a plan which sets out the approach and actions for supporting Carers in Dundee City. This Plan is a Revision of the last Dundee Carers Strategy 'A Caring Dundee 2'¹. In April 2025, Dundee Carers Partnership reviewed 'A Caring Dundee 2'. The Dundee Integration Joint Board (IJB) accepted the recommendation of the Carers Partnership to revise the strategy. During this development process, the Partnership agreed to extend the revised strategy to 2032 to support longer-term planning. The revised strategy will be reviewed every 3 years.

The Revised Strategy (Plan) has been:

- Developed by the **Dundee Carers Partnership**, a multi-agency group including Carers, Carer representatives, and organisations that work with Carers.
- Supported by **Dundee Health and Social Care Partnership** on behalf of the **Integration Joint Board (IJB)**. (Additional information about Dundee IJB can be found at www.dundeehscp.com.)
- Aligned with the **National Carers Strategy** and the **Carers (Scotland) Act 2016**. The Plan extends the Strategy period to **2032** to support stable, long-term planning and delivery

The refreshed Carers Strategy:

- Builds on the commitments made in 'A Caring Dundee 2', updating and expanding them.
- Explains how Dundee Integration Joint Board (IJB) through Dundee Carers Partnership will continue to support Carers and protect their rights.
- Sets out long-term plans for support for Carers in Dundee.
- Will lead to an updated delivery plan with clear goals and ways to measure progress.
- Reflects what Carers have said about their experiences and the challenges they face.
- Includes changes based on the National Carers Strategy.
- Considers that there will possible changes resulting from the Care Reform (Scotland) Act 2025ⁱ and Statutory Guidance which will be developed in 2026.
- Will be published as required by law (under the Carers (Scotland) Act 2016ⁱⁱⁱ).

You can find more details about the laws and policies that influence this strategy in Appendix A.

The National Carers Strategy recognises that 'Unpaid care is vital to how social care is provided in Scotland, and the value of the dedication and expertise of Carers cannot be overstated'

¹ <https://www.dundeehscp.com/publications/caring-dundee-2-strategic-plan-working-alongside-supporting-and-improving-lives-Carers>

3. THE DEFINITION OF CARER (from 'A Caring Dundee 2')

The Carers (Scotland) Act 2016 identifies a Carer as someone "who provides or intends to provide care for another individual". Carers who are the intended target of this Local Carer Strategy include:

- Anyone who supports (plans to support) a friend, partner or family member of any age who is affected by long term illness, disability, frailty, mental health or alcohol or drug use.
- Individuals who give this support who also receive Carers Allowance or Kinship Care payments as well as those who do not these allowances.
- Adults, children and young people who share the care and support of someone with others including other unpaid Carers and paid care workers.

Carers are part of every community and culture and can be any age. Although other people in the City may benefit from some of the actions and plans made as a result of this Strategy (e.g. Foster Carers looking after a child with Additional Support Needs/ disability, and people who give care and support on a paid basis or as part of employment or voluntary work) these people are not the main focus of this plan.

A Young Carer is defined as a child or young person under the age of 18 (or 18 and still at school) who has a significant role in looking after someone in their household/family network. There are some children and young people who may not have any direct caring responsibilities, who experience many of the effects of a caring situation. The Dundee Carers Partnership recognises these young people as 'affected by care responsibilities' and acknowledge that support planned through the Carers Partnership may be needed to address the impact on the outcomes for these young people.

In Dundee, the Carers Strategy supports Carers of all ages. This includes Carers who live in Dundee and those who care for someone living in Dundee, even when the Carer lives elsewhere

Becoming a Carer can be transformational and happen at the turn of a switch, or at least that is what happened to us. One minute, life is normal, the next minute it is abnormal and being able to access support, quickly, from someone with experience and knowledge was very important.

A local Carer 2024

The Dundee Carers Partnership Group brings together Carers, their representatives, and agencies that support Carers in Dundee. The Group leads the strategic planning for Carers in Dundee in relation to the Carers (Scotland) Act 2016. The Carers Partnership is supported by Dundee Health and Social Care Partnership (HSCP) on behalf of the Dundee Integration Joint Board (IJB). The group's main purpose is to develop and review the Dundee Local Carers Strategy, oversee its implementation, and create a Performance Framework. The group monitors and reviews actions from the Plan in several ways. This includes creating communication and involvement activities for Carers and stakeholders, checking progress, and producing progress reports.

4. INFORMATION ABOUT CARERS IN DUNDEE AND ACROSS SCOTLAND

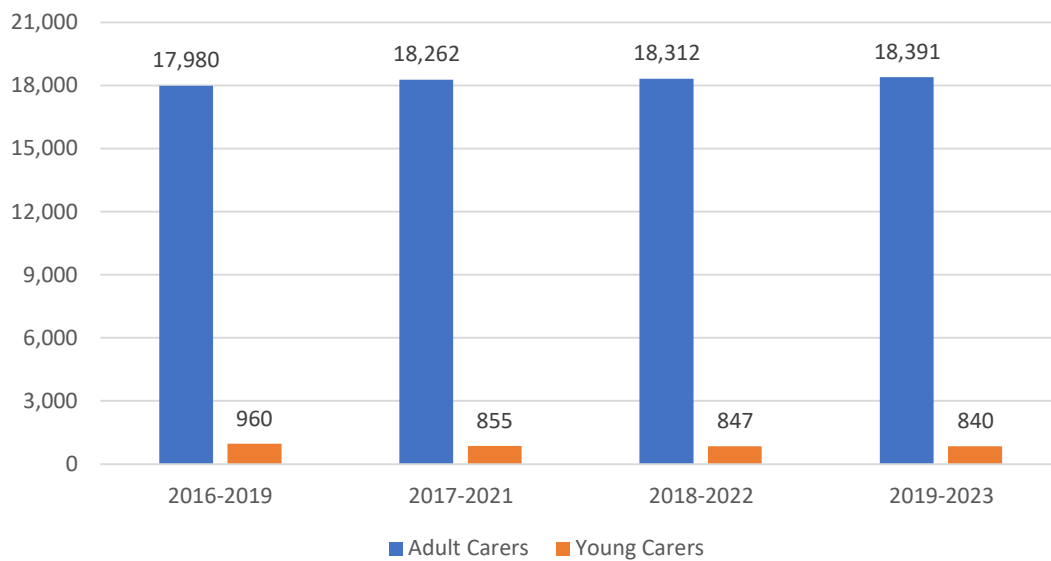
The Dundee Carers Partnership has access to a large amount of data to support strategic planning. A Data Subgroup has been meeting regularly to plan for information needs, review Carers' population data, and check progress against the actions and outcomes in *A Caring Dundee 2*. The subgroup provides written and verbal reports to the Partnership at quarterly meetings. These reports include relevant data and an assurance update. The information below, and elsewhere in this document, is a sample of what is available to the Partnership.

Scotland’s Census is the official count of every person and household in the country. It takes place every 10 years. The 2021 Census was delayed until 2022 because of the pandemic. The Census records Carers across Scotland and provides information about Carers in Dundee and nationally. Health, disability, and unpaid care data was published on 3 October 2024. The census only records unpaid care if the person completing the form identifies a Carer in the household.

Data from the 2022 Census shows a 27.5% increase in people providing unpaid care since 2011. Across Scotland, 12% of the population now provides unpaid care. Almost a quarter (24.3%) of Carers provide 50 hours or more of unpaid care each week. ⁱⁱ

In Dundee, there are about 19,200 Carers. Around 850 of them are young Carers.

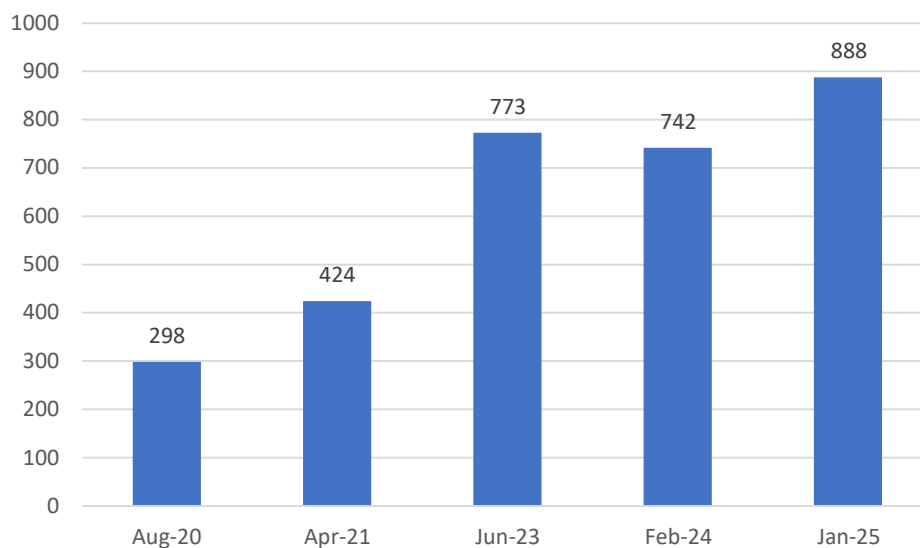
Chart 1: Number of Adult and Young Carers in Dundee: 2019 – 2023



Source: Scotland's Carers Update Release March 2025 - gov.scot

In Dundee, the number of Adult Carers has increased over the last 3 reporting periods (17,980 (2016-2019) to 18,391 (2019-2023)).

The number of recorded Young Carers in Dundee Schools has decreased over the last 3 local reporting periods [960 (2016-2019) to 840 (2019-2023)]. This decrease has occurred despite intense efforts in services for children and young people to identify and support Young Carers. It is not clear why the numbers of recorded/ identified Young Carers have reduced. Dundee Carers Partnership has agreed to investigate this and consider if action is needed as a result.

Chart 2: Number of Young Carers at School, Dundee, 2020 - 2025

Source: Dundee City Council Education Department, SEEMIS

In the Dundee Carers Strategy Survey, 2025.

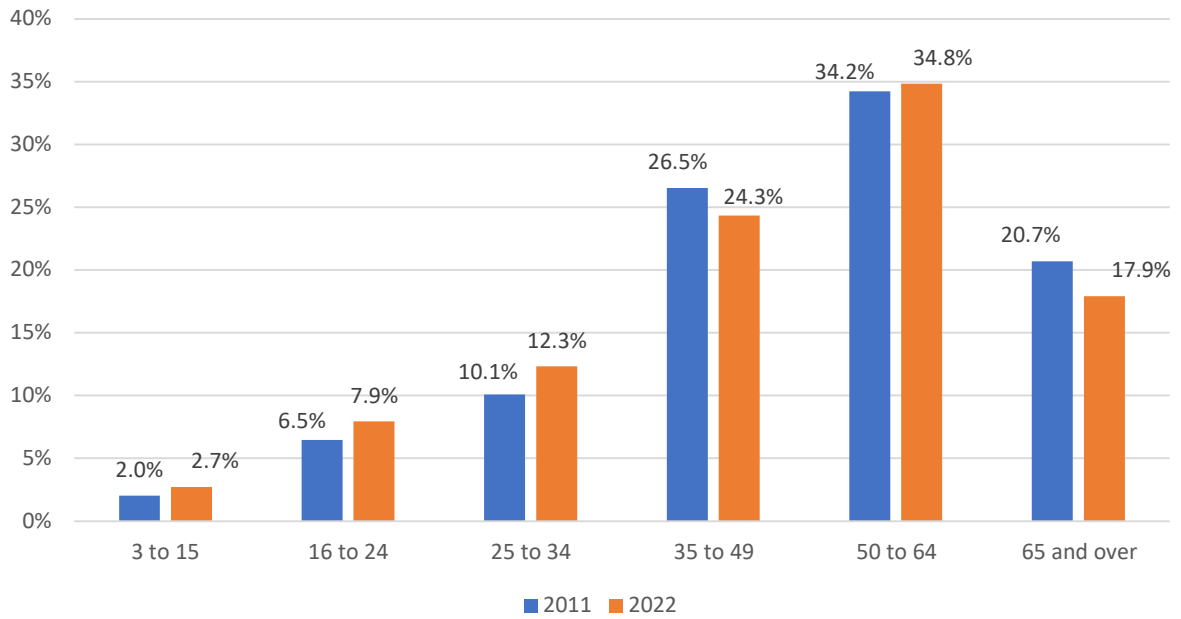
Respondents selected the 2 most important aspects of the strategy which were that

- it should have views from Carers and the people Carers support - 86% and
- it must be based data and information about local Carers -46%

As reported by the National Census Scotland, the following chart shows the % of (self-identified) Carers by age group for Dundee. (In 2011 and 2022)

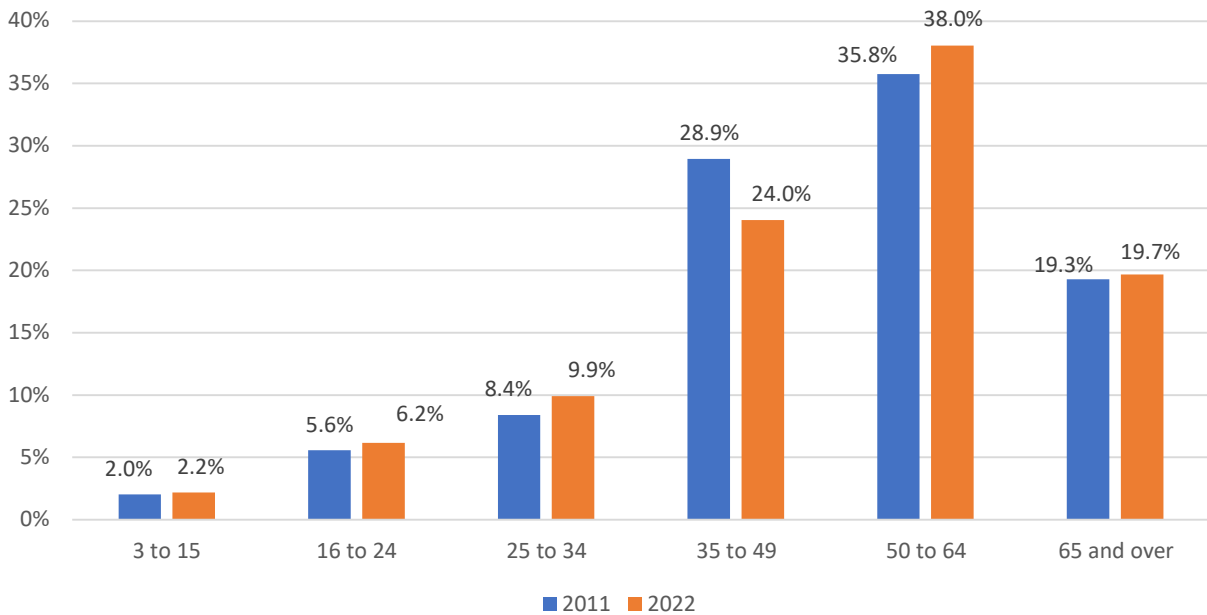
Most identified Carers in Dundee are aged between 50 and 64. Over the past ten years, the number of Carers aged 35 to 49 has gone down. At the same time, there has been an increase in the number of Young Carers (aged 16–24) and Carers aged 25–34. It's likely that more people over 65 are also Carers but don't identify themselves as such in the Census. This can be because older couples don't see themselves as Carers—they just see it as helping their partner. The 2022 Census for Scotland shows that more people over 65 are now identifying themselves as Carers. This may be because older Carers are more aware of their role and are more likely to ask for support for caring. It could also mean that more older people are becoming Carers.

Chart 3: Percentage of Carers by age group, Dundee, 2011 and 2022



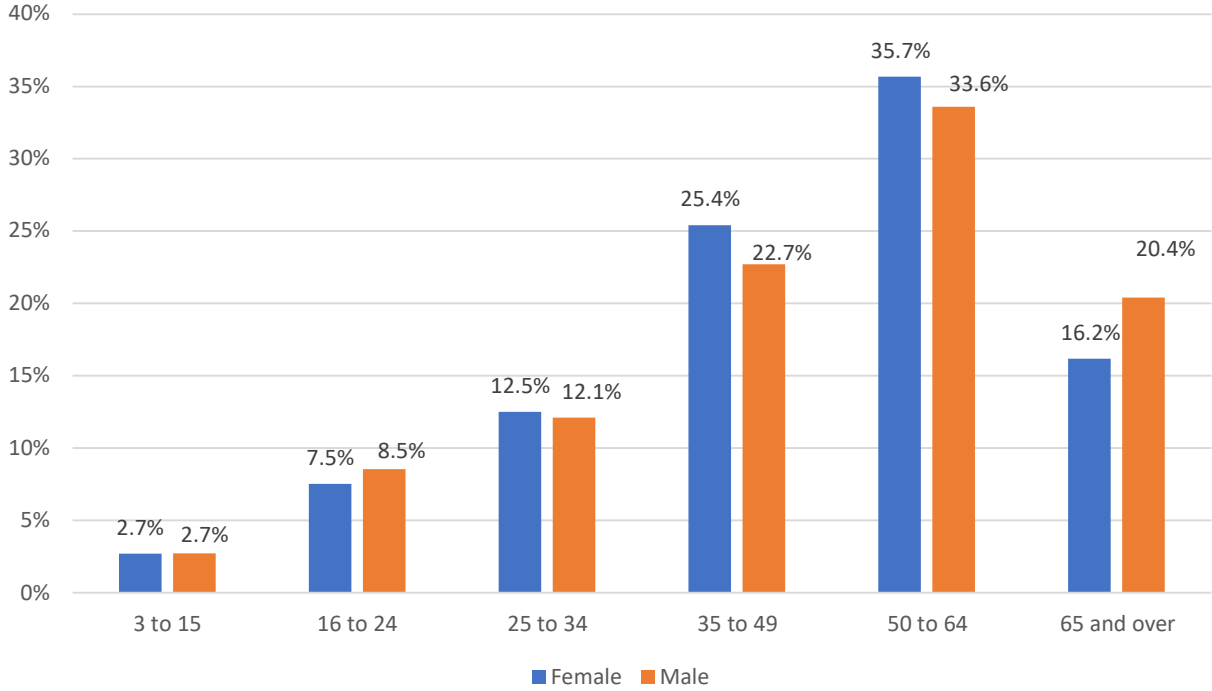
Source: Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census

Chart 4: Percentage of Carers by age group, Scotland, 2011 and 2022



Source: Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census

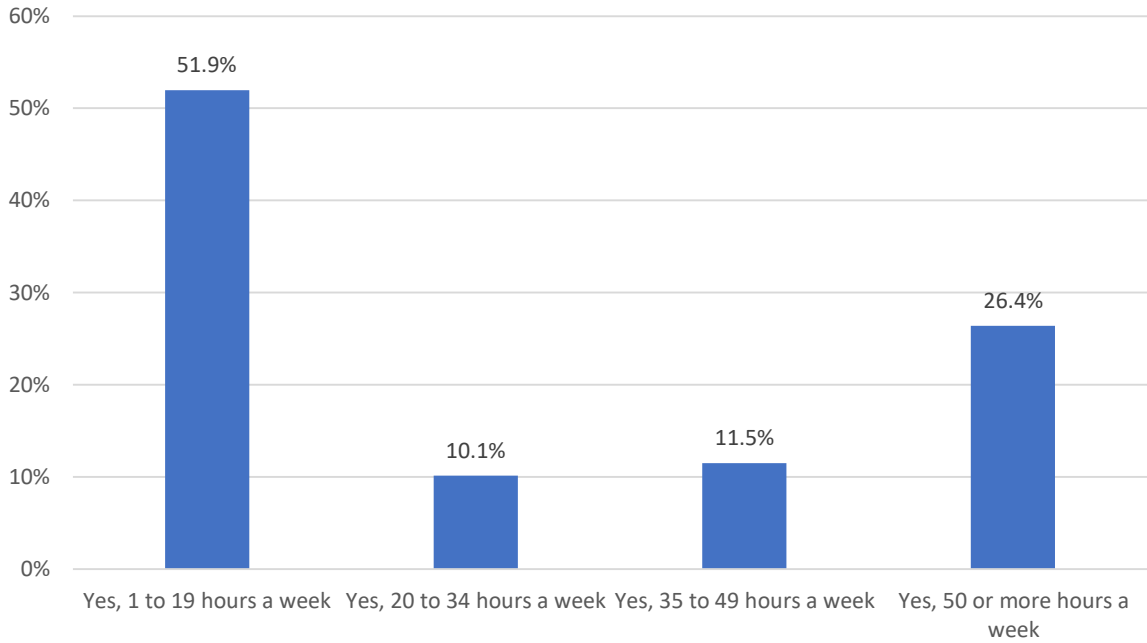
Chart 5: Percentage of Carers by age and sex, Dundee, 2022



Source: Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census

Chart 5 shows the percentage of Carers by age and sex in Dundee, as a portion of the total number of identified Carers. For many years the data collected via the census suggested that Carers were predominantly female. Between 2011 and 2022 the number of male Carers who recognised their role increased. The percentage of men in the age group 65 and over has now increased in Dundee and men outnumber Carers who are women in this group.

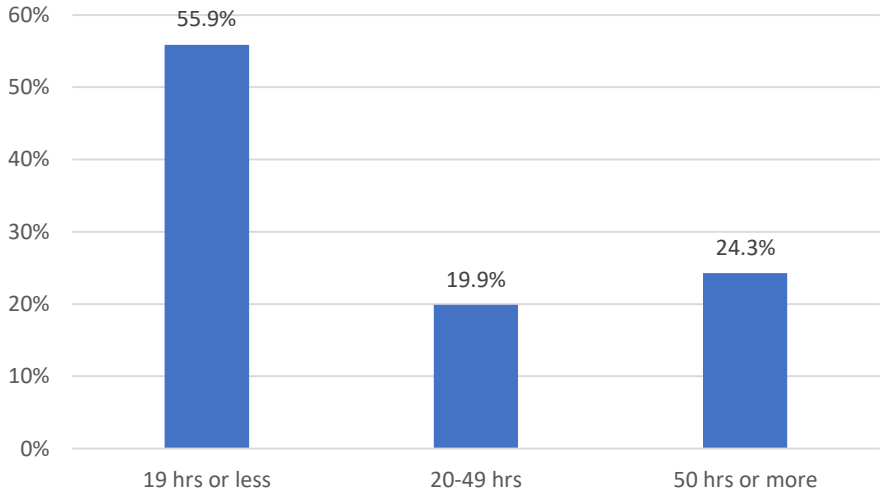
Chart 6: Percentage of Carers providing care by hours per week, Dundee, 2022



Source: Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census

In Dundee, over half of the known Carers support someone for up to 19 hours per week. This number is less than across Scotland. There is a higher proportion of Carers in Dundee who provide over 50 hrs a week of care.

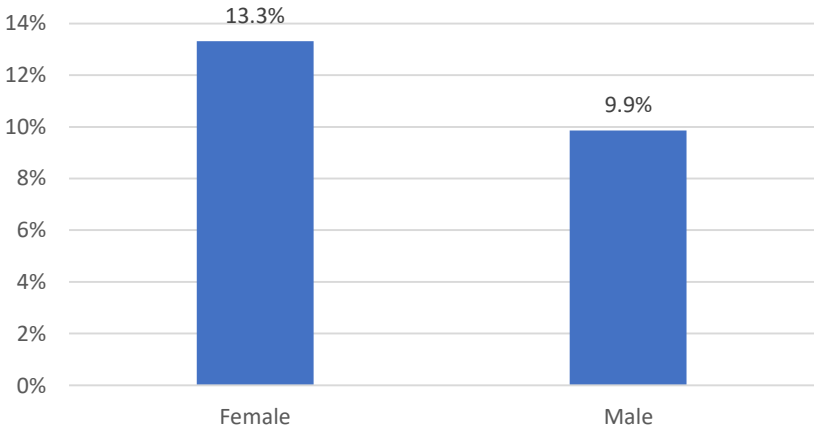
Chart 7: Percentage of Carers providing care by hours per week, Scotland, 2022



Source: Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census

13.3% of females Dundee reported that they provide unpaid care, compared with 9.9% of males (Scotland's Census, 2022)

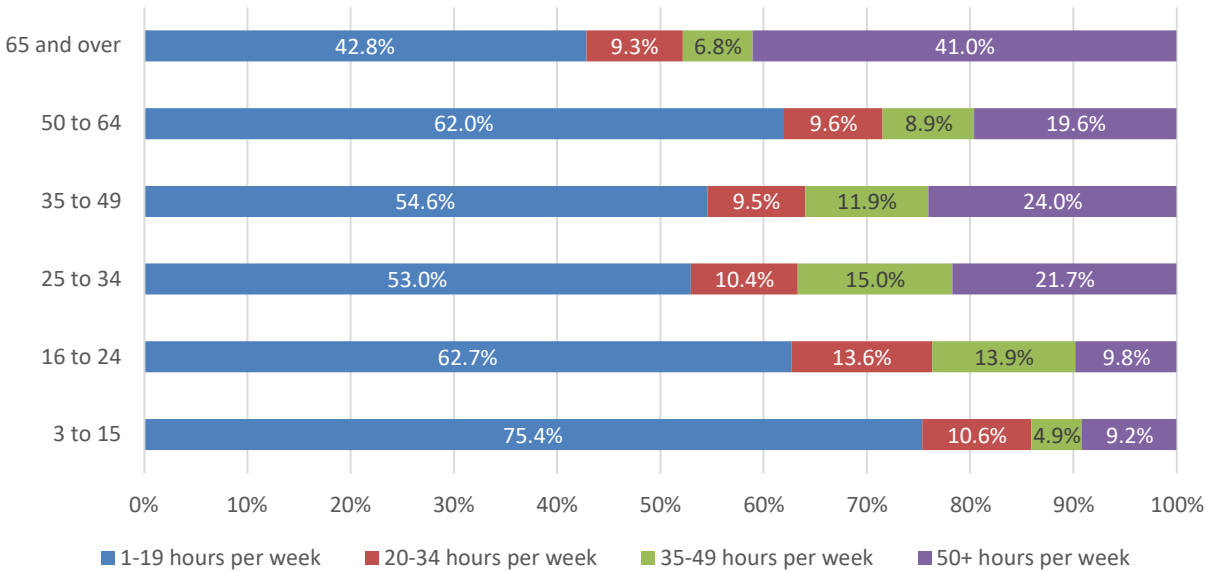
Chart 8: Percentage of Carers by sex, Dundee, 2022



Source: Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census

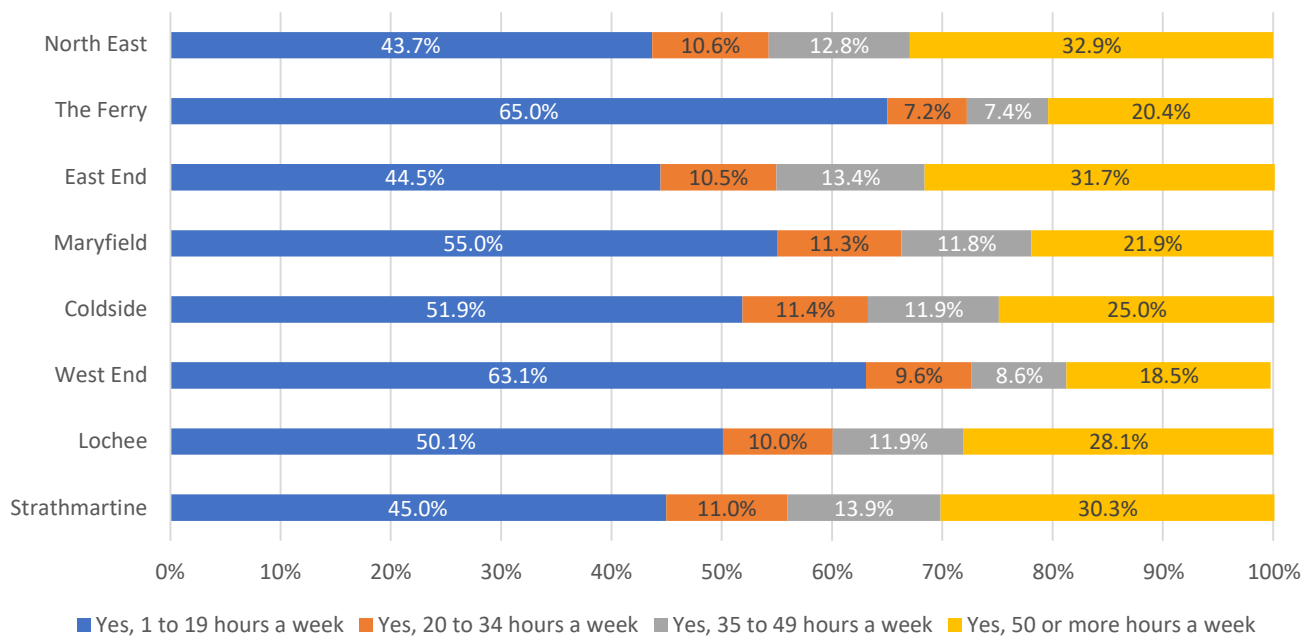
Chart 8 shows the percentage of Carers by sex in Dundee, as a portion of the female and male population.

Chart 9: Percentage of Carers providing care by age and hours provided per week, Scotland, 2022



Source: Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census

Over 50% of Carers are aged 50+, with 30% of Carers aged 50+ providing 50+ hours of care each week (Scotland's Census, 2022).

Chart 10: Percentage of Carers providing care by hours per week and locality, Dundee 2022

Source: Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census

This chart shows the % of Carers as a portion of all identified Carers in each local Electoral ward area, known as a "Locality", and the number of hours of care provided per week.

In 2025 Carers UKⁱⁱⁱ advised that across Scotland

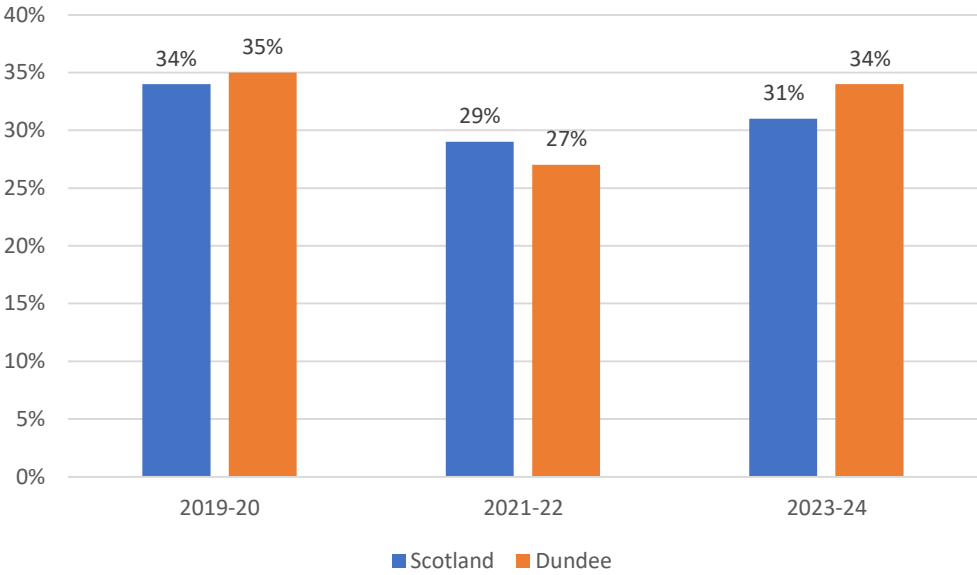
- As many as 100,000 Carers are living in poverty.
- The rate of poverty amongst Carers is 56% higher than those who do not provide unpaid care.
- 50% of Carers are below the poverty line;
- 8% of Carers live in deep poverty.

The impact of caring on employment.

Nearly half of working age Carers lose £12,000 of income per year because they provide care. Scottish Care (2025) concluded that "Financial strain is another pressing issue..... This economic hardship often forces Carers to reduce working hours or leave employment altogether, exacerbating their financial vulnerability. Regarding the impact of caring on employment, Carers UK^{iv} said, 'nearly half of working age Carers lose £12,000 of income per year because they provide care'.

In Dundee Carers in the North-East and in the East End are more likely to be caring for more than 50 hours per week. These areas are areas where there is more social deprivation. In the West End and The Ferry, areas where there is less social deprivation, more Carers care for 19 hours per week or less.

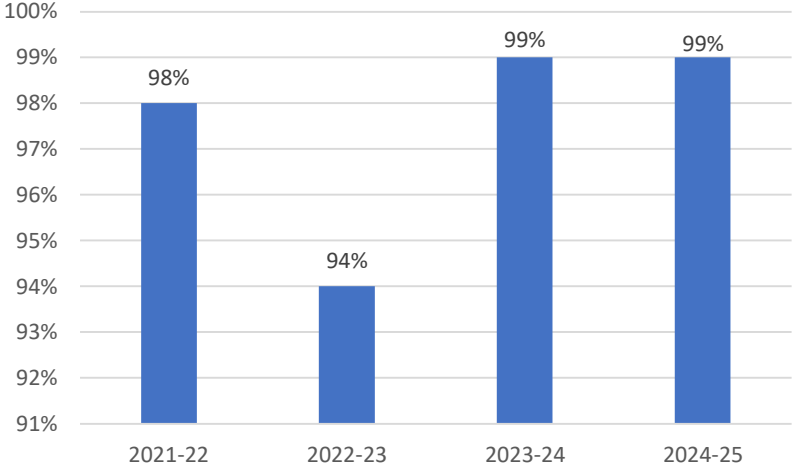
Chart 11: Percentage of Carers who feel supported to continue caring, Dundee & Scotland, HACE Survey, 2020 - 2024



Source: Health and Care Experience Survey - gov.scot

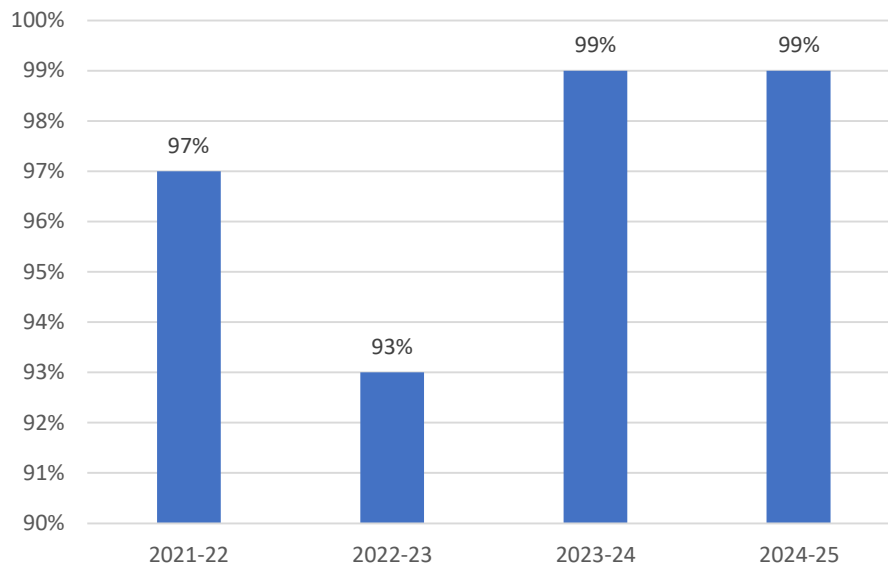
In a national survey, 34% of all Carers in Dundee reported that they feel supported to continue their caring role. This is slightly higher than the Scotland result of 31% (Scottish Government, 2024). Carers supported by the Carer’s Centre reported positively in a recent survey of outcomes (99% feeling improved health and wellbeing and feeling more confident). Whether carers “feel supported to continue caring” will also include things like financial situation, housing circumstances, availability and acceptance of Health and Social Care for the person they care for, and other factors like workplace support arrangements and support from other family members (siblings, co-parents etc.).

Chart 12: I feel my health and wellbeing has increased as a result of receiving support, Carers Centre Service Outcome Survey, 2022 - 2025



Source: Dundee Carers Centre

Chart 13: I feel more confident and able to care as a result of receiving support, Carers Centre Service Outcome Survey, 2022 - 2025



Source: Dundee Carers Centre

5. PROGRESS MADE SUPPORTING DUNDEE CARERS

FROM 2021

2021 Onwards - New learning opportunities were created to help practitioners better understand Carers, their needs, and how to support them. A new online Learning Portal was launched at www.Carersofdundee.org, which Carers can also use for their own learning.

2022/23 A successful Carers of Dundee Awareness Campaign ran during National Carers Week, including TV adverts, to help the public understand who Carers are and the different roles they play. 2022/23 and 23/4 Winter Assistance Funds were awarded to Carers in Dundee to help with basic needs like heating costs, warm bedding, clothing, and essential household items. (The Carers Winter Fund was not continued after 22023/24.)

2022/23 Local employers were encouraged to support employees who are Carers by using the Local Carers Charter. Over 50 organisations were awarded the Charter; many employers have increased their understanding of Carers in the workplace, and some have found they can offer flexible working options to Carers.

June 2023 - Young Carer Ambassadors and College Carer Ambassadors were recruited and trained. They continue to work with school coordinators and link workers on local projects. Recruitment is ongoing as Ambassadors grow older and leave education.

June 2023 – improvement work completed to enhance the uptake of adult carers support plans including guidance to facilitate the waiving of fees, where assessed as appropriate. 2023. Dundee Carers Centre and Lead Scotland ran drop-in sessions to help Carers of all ages improve their digital skills.

2023 onwards- The Community Listening Service was expanded to meet growing demand, including from Carers. Awareness campaigns were run to promote the service 2022/23 Carer Health Checks and Wellbeing Sessions offered (through The Corner) to all identified Young Carers in Dundee.

2023 Funding was increased for the Dundee Carers Centre counselling service to help meet rising demand.

2024 Sessions at Dundee HSCP Providers Forums to raise awareness of Dundee Carers Strategy and encourage feedback.

November 2024 The Dundee Carers Partnership launched a new Carers Involvement Framework^v to help Carers have a stronger voice in decisions.

2024/25- Work undertaken to support Carers to be more involved in hospital discharge planning, especially at Ninewells Hospital, with better identification and referral for support.

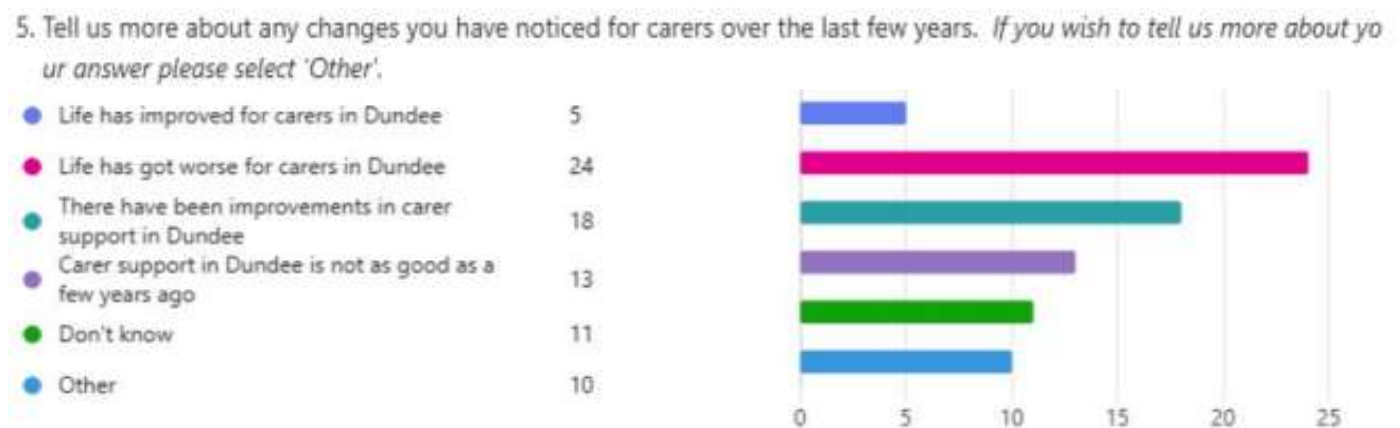
2024/5 Work began to optimise the Triangle of Care approach at Carseview Mental Health Centre This includes collaboration between Carseview staff, mental health agencies, and Carers, with information sessions to help staff understand each other's roles to enhance support to Carers.

Early identification is vital. Carers who are not identified will not be able to know and claim their rights. Carer Support Worker

Information from Carers Strategy Survey 2025.

24 out of 56 people thought life had 'got worse for Carers in Dundee.' in the last few years. 18 people thought there were some improvements in Carer Support with one person saying "support is still high quality, but services are stretched. many factors that are out with individuals' control such as financial and cultural division (racism & homophobia etc.) make the lives of Carers worse ". See Chart 14 for answers in Survey.

Chart 14: Carers Strategy Survey Results 2025



Source: Carers Strategy Survey results 2025

The Carers Strategy Survey 2025 asked what was for respondents to identify their Top 3 priorities for the Carers Strategy to address. There was a broad selection identified. See the following Diagram.

| | | | | | |
|--|----------------------------------|---|--|--|--|
| Carers health and wellbeing 29 | Short breaks for Carers 23 | Replacement care for Carers to allow them to have a rest 21 | | Local support services and groups for Carers 17 | |
| | | Carer support to continue/access education and employment 16 | Workplace Support 12 | | Support for Carers to manage discharge from hospital of the person they care for 12 |
| Financial support/ assistance for Carers 24 | Carer whole family support 22 | | Carer information and advice opportunities to learn how to manage your caring role 16 | | Carer support when the supported child transitions to adult life and support 9 |
| | | Identification of Carers 11 | | | Other 3 |

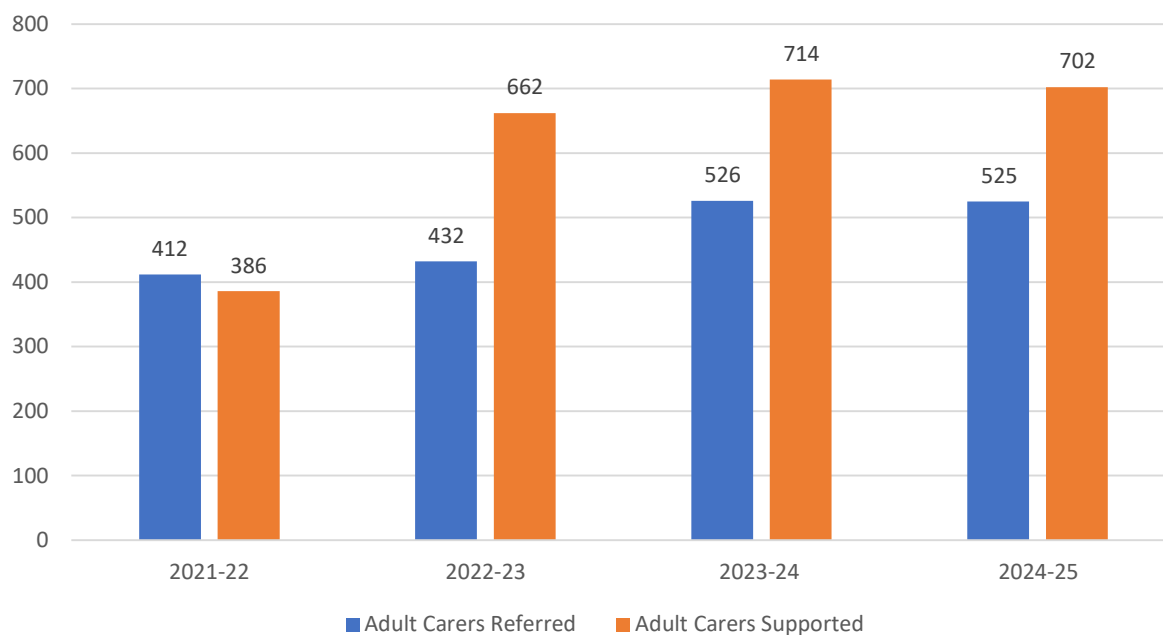
Source: Carers Strategy Survey results 2025

One person said ‘I can’t pick 3 because caring roles vary so much’

Resources are very limited. Carers are individuals with different needs and expectations of a very small pot of resources.
Carers Strategy Survey 2025

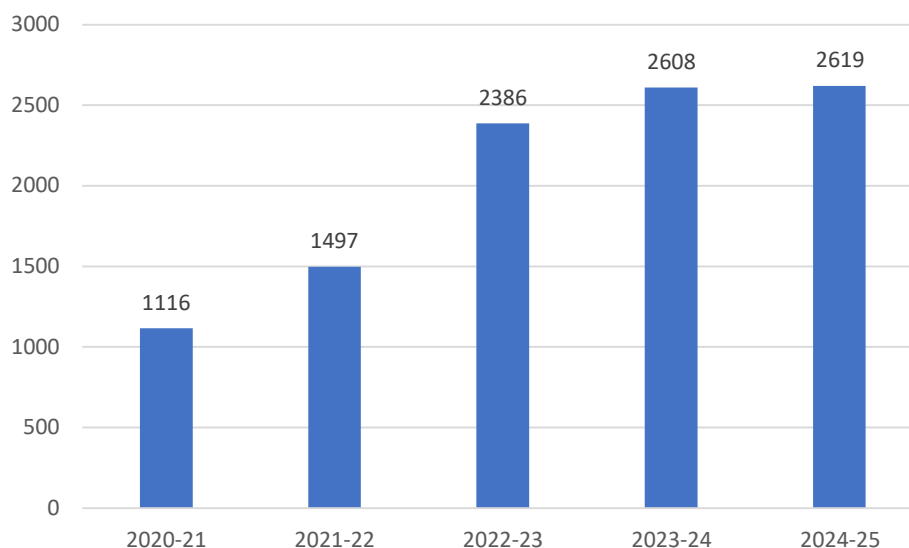
Carers in Dundee are supported by a wide range of services. Support that Carers access such as the Listening Service (NHS) can be accessed by all residents in Dundee. Carers can access services specifically designed to meet their needs, including Dundee Carers Centre support. The following chart notes the number of Carers supported each year by Dundee Carers Centre.

Chart 15: Number of Carers Support referrals and total number of Adult Carers Supported, Carers Centre



Source: Dundee Carers Centre

Chart 16: Number of people supported across all services from Dundee Carers Centre



Source: Dundee Carers Centre

6. CARER ENGAGEMENT

Ways Carers and those who care about them gave their views.

Dundee Carers Partnership works continuously to hear from local Carers and find new ways to involve them. Every Carer is different, and how they choose to get involved depends on what matters to them and what they want to achieve. The Dundee Carers Involvement Framework^{vi} explains how organisations and services can work with Carers, giving them a chance to help shape the support and services they receive.

Strategies are vital and more Carers views are important in the making of Carer strategies and how to go forward with realistic outcomes that are achievable and not promoting outcomes that are far out of reach to implement in the real caring Dundee community.

(Person who has support from a Carer) Carers Strategy Survey 2025

Carer Representatives and Advisory Group

As well as other ways of getting involved, some Carers in Dundee act as Carer Representatives (Reps). These Reps play an important role in helping plan health and social care services. Dundee Carers Centre supports Reps by giving advice and helping them connect with other Carers.

A new group has also been set up by Dundee Carers Centre called the 'Carer Advisory Group'. The Group is made up of Adult Carers who use their caring experience who have agreed to help guide and improve the Dundee Carers Strategy and other areas important to them. The aim is that they will strengthen Carer involvement across the Dundee to make sure Carers' concerns, views, and ideas are heard and taken seriously.

Young Carers Subgroup

The Young Carers subgroup has been established to ensure the implementation in Dundee of the duties to Young Carers under the Carers (Scotland) Act 2016.

This group will carry on and build on previous work to:

- Increase the number of Young Carers in Dundee that are identified, in particular the number of Young Carers identified before reaching a crisis point.
- Increase the number of Young Carers in Dundee that receive the appropriate support, and work towards ensuring that the Young Carers receive support as early as possible.
- Develop training, information and resources to ensure that the wider Children & Families workforce is confident, skilled and has access to resources to identify and support Young Carers and their families and feel supported in that role.
- Work with 'Young Carers Voice' to raise awareness throughout Dundee – in communities, workplaces, services, schools and other educational settings - of Young Carers and their rights.
- Work with key partners to develop relevant indicators and methods to evidence the impact of the work of the group, report on progress and plan future priorities for action.

Young Carers Voice

'Young Carers Voice' are a group of Young Carers (aged between 14-18 years old) from across Dundee. They are supported by Dundee Carers Centre. They have been the driving force of change in the City, working with key decision makers and ensuring Young Carers' voices are heard and acted upon.

'Young Carers Voice' have identified that while Dundee has made significant progress in identifying Young Carers, the wider community still does not understand the diversity and variety of caring roles Young Carers undertake and their different experiences.

The group also leads 'Young Carers Action Day' in Dundee – an Annual National event that raises awareness of Young Carers, and the incredible contribution Young Carers make to their families and their local communities.

Young Carer Ambassadors

Young Carer Ambassadors are young volunteers with experience in a Caring role who give their time to raise awareness of Young Carers in their school and community, including Young Carers' rights and the support available to them.

They work alongside Dundee Carers Centre staff and School Young Carer Coordinators to develop tailored opportunities to identify and support Young Carers within their school community.



DUNDEE CARERS PARTNERSHIP

Carers Involvement Framework 2024

Engagement to update Dundee Carer Strategy.

Throughout the life of 'A Caring Dundee2', Carers have shared their views in both formal and informal ways. Formal feedback regarding the Strategy Review started at the Dundee Carers Centre Annual General Meeting on 25 October 2024, where around 60 Carers and stakeholders took part in discussions and shared their thoughts. This helped guide the next steps and indicated that the direction of travel for 'A Caring Dundee 2' was the right one indicating that it might be best revised rather than replaced.

This was followed by a series of visits to local Carers groups to hear views from over 45 Carers. The Carers Partnership and its Communication and Involvement sub-group also gathered feedback from organisations and services that work with Carers, helping to build a fuller picture of what Carers need and want.

An on-line survey was shared in September 2025 to gather views for the refreshed strategy. Just under 60 people completed the survey, including 34 Carers and 13 former Carers as well as other stakeholders. Most responses came from adults, with a small number of under 18-year-olds with experience of being a Young Carer. 21 of those adults who responded worked in Health, Social Work or Social Care.

Some Themes and Key Information from Engagement

Managing caring

Advice & Information

People said

- We have difficulty finding Information about services and support for person we care for.
- You need to look at how to better share info with the older generation.
- Schools should do more to identify Young Carers.
- Young Carers miss out on having a normal childhood, learning and friendships.

Care to support, release, relieve and/or replace Carer.

People advise that

- Sometimes the person the Carer supports refuses services because they worry about means-testing and costs.
- There are not enough care services/supports (e.g. Day time support to occupy young adults with learning disabilities).
- Having a recuperative (or even essential) activity often needs forward planning, but Respite Care admission planned dates are often not possible/available.
- When Carers are seeking Respite Care Placements, they worry about costs- the thought of charging means some Carers and some people don't want even to look into Respite.
- Carers are experiencing high level of distress follow hospital discharge if services are not enough to meet needs
- Concern that there are no longer any Day Centres for disabled adults
- Some service users seem to have extremely long waits for outcomes of Self-Directed Support assessments, and this impacts the Carer.

Transitions of Young People to adulthood

Some people raised that

- There are issues with transitions to adulthood (for disabled young people), including lack of information, and conflicting information (e.g. guardianship).

Good Lifestyle

Carer Support

People suggested that

- We capitalise on Peer Support Groups -to support Carers continue in their caring role. Volunteers (with Carer experience) could be supported to provide peer support and contacts. Support like this could be based in local community centres.
- We need to support Young Carers as they can have even more challenges, especially their own education needs with managing their caring role.

Financial

Finances

People clearly told us

- Lack of money is a problem for many Carers. There is disparity as not all Carers can access Carers benefits, and not all disabled people get disability benefits. There needs to be greater awareness of what financial support is available.
- The Cost-of-Living Crisis is a major concern. There can be increased costs looking after someone with a disability.
- Heating is a big issue, and uncertainties around winter fuel allowance are causing stress.

Carer Health

Mental Wellbeing

People said

- Mental Wellbeing is a major concern in Carers day-to-day lives
- The mental health and wellbeing of the person Carers care for can have major impacts on the Carers wellbeing
- Carers can struggle even more when it's hard to get the right mental health support for the person they're looking after.

Sharing information with Carers

'General Practices are an untapped resource. Carers usually speak to doctors first and doctor's receptionists'
Carers Centre AGM 2024

7. THE VISION

Strategies like this usually have a stated vision; this confirms what the strategy is looking to achieve. Carers and stakeholders have suggested that the previous vision be updated slightly to reflect their current thoughts.

The vision of this strategy is:

A Caring Dundee in which all Unpaid Carers are heard, valued, understood and supported so that they are healthy and have a life of their own alongside their caring responsibilities.

8. CORE PRINCIPLES

These Core principles have continued to be the basic guidelines of the strategy. These have been copied from 'A Caring Dundee 2'. See the following Health and Social Care Standards information and EPIC information.

Across Dundee we listen to and work with Carers in accordance with the Health and Social Care Standards prioritising and respecting people and their choices when they seek support.



The Equal Partners in Care (EPIC) principles developed by NHS Education for Scotland (NES) and the Scottish Social Services Council (SSSC) are embodied in local plans, actions and direct work with Carers. This strategy embeds the Equal Partners in Care (EPiC) core principles: Carers are identified; Carers are supported and empowered to manage their caring role; Carers are enabled to have a life outside of caring; Carers are free from disadvantage and discrimination related to their caring role; Carers are fully engaged in the planning of services; Carers are recognised and valued as equal partners in care. See Figure 1



Figure 1

9. CARERS RESOURCES *Supports and services for Carers in Dundee*

Considerable data and information is available to support the Carers Partnership plans for Carers in Dundee. The information that is available is structured in a way that allows the Carers Partnership to consider the extent to which the Strategic Outcomes have been achieved.

Everything has rules and red tape. Even when the person is entitled, it seems there are always waiting lists. It is difficult for everyone. One Carer of 5-year-old says they cannot get specialist help to meet their needs.

Carers at group meeting

Information and Advice

Dundee Carers Centre continues to provide Information and Advice on behalf of Dundee HSCP. The arrangements for this include providing advice and information by phone, or face-to-face and through the Carers of Dundee Website - www.Carersofdundee.org

Support for Young Carers

The Carers Strategy Survey asked, 'Do you feel any changes need to be made to ensure Young Carers can have a life of their own alongside their caring role?' Most of those who answered thought support for Young Carers was important.

Comments about what is needed included:

Young Carers groups in school do help.

Respite time to recharge from their high demanding caring role that impacts their own health and well-being.

Make sure 'services to care for the looked after person while the young Carer has a break or support as a young Carer

Young Carers need to be provided with protective time of their own to explore their own life experiences and journeys.

I was a Carer at age 21. I personally have experience of isolation and loneliness with no support from peers, no social life. It can be a very lonely place for a young Carer to be

We need more youth groups for 8+.

Moving into adult life, finding work, going to university, etc. can be quite difficult.

Transition support from primary to secondary moving onto further education.

Financial means to support IT equipment, travel, etc.

This what 'A Caring Dundee 2' said

Support to Young Carers is part of the 'Getting it Right for Every Child' (GIRFEC) approach in Dundee, which improves outcomes and supports the wellbeing of children and young people by providing the right support at the right time. For more information on GIRFEC in Dundee go to www.dundeeprotectschildren.co.uk

Some children and young people who are Young Carers are assessed as having Additional Support Needs and where there is a need for coordination of support this is done through the TATC (Team Around The Child) process and a Child's Plan may be created to coordinate and monitor outcomes.

Schools in Dundee have a designated Young Carer Coordinator, an Education employee, who works closely with identified link workers (from Dundee Carers Centre) to support the needs of Young Carers. The Co-ordinators ensure other school staff are aware of any concerns that may impact on the engagement and participation of the Young Carer in School commitments and activities. In some schools the Co-ordinators facilitate a Young Carers group allowing a safe space for Young Carers to share views, advice and mutual support and come together with others experiencing similar caring duties. Every secondary school has a group of young Carers who volunteer as Young Carer Ambassadors. There are currently 32 Young Carer Ambassadors who lead activities for their peers, raising awareness of what it means to be a Young Carer. Dundee City Council Children and Family Service have two Carers Champions who are working with Dundee Carers Centre link workers to develop the Champions role within children's social work teams to better identify and support Young Carers in those settings. Young Carer Ambassadors have recently been recruited at Dundee & Angus College to develop this programme beyond Secondary School.

Support For Adult Carers

Carers Personal Outcomes continue to be a focus for casework with Adult Carers. The information in “A Caring Dundee 2” remains relevant. This is what A Caring Dundee 2 said:

Carers can currently access both formal and informal supports for themselves from a range of resources across Dundee. Personal Outcomes for Adult Carers are described in the following diagram. Local Carers identified outcomes that were relevant to them these are grouped under outcome domains of Health; Having a Good Lifestyle; Financial Security and Managing the Caring Role. See diagram. (Figure2).



Figure 2

In Dundee it is recommended that Assessment Practitioners complete Adult Carer Support Plans within 90 days of the initial request for these. All known Carers of people who are terminally ill should be offered an Adult Carer Support Plan or Young Carer Statement within 2 working days of a person being identified as a relevant Carer. A “substantive conversation” should take place with the within five working days with ACSP/YCS within ten working days.

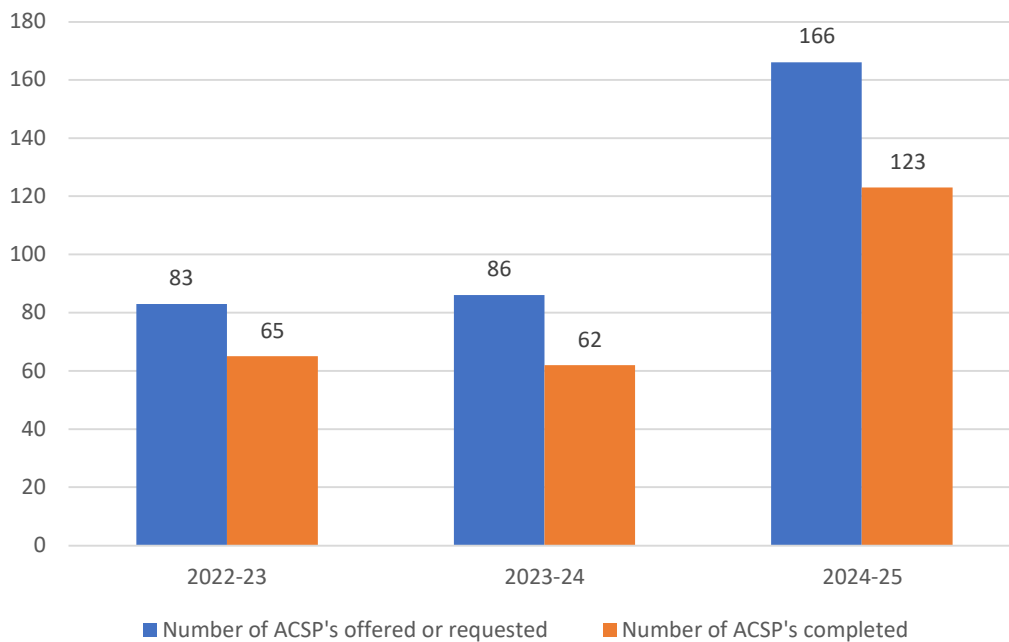
Adult Carer Support Plans

There are many supports that can be accessed directly by Carers without a formal Adult Carer Support Plan. Adult Carer Support Plans continue to be the best option when Carers have accessed the other supports and have needs that cannot be met in other ways. In addition, an Adult Carer Support Plan can help the Carer identify their goals and aspirations.

Just now I feel that my longer-term Mental health struggles are reducing my caring capacity. I feel I am not seen as a person, I would like the chance to develop my writing and blogging, to generate

income with this but cannot find support for myself to do this. Local Carer

Chart 17: Number of Adult Carer Support Plans offered or requested with number of Adult Carer Support Plans completed, 2023 – 2025



Source: Dundee HSCP, Mosaic

The following information is from A Caring Dundee 2.

The next diagram (Figure3) shows the Triangle of Support which illustrates the level of risk that Carers might not achieve their personal outcomes. The lower part of the triangle describes the support that Carers can access directly. When the risk to a Carer achieving their personal outcomes is higher they should access supports at other levels as well. During the Adult Carer Support Plan Process Carers explore their outcomes on a one-to-one basis with an assessment worker who can identify their eligibility for a funded support plan as well as considering other resources and supports.

Individually Funded Adult Carer Support Plans are available for Carers who meet the Eligibility Criteria for Carers in Dundee; that is, they are identified to be at a very high level of risk to achieving one or more of any of the 4 Carers personal outcomes. Individually Funded Adult Carers Support Plans will be offered as Self-Directed Support where Carers can choose from 4 options in order meet their outcomes. These options include getting the funding to spend on their own support; agreeing their support and asking for this to be paid; having the support arranged or a mixture of these 3 options. Table1 gives information about the type of support that might be available to Carers who live in Dundee as well as Carers who support someone in Dundee. In order to support Carers and help them maintain or reach their personal outcomes there is a wide and varied choice of supports for Carers who do not reach the Eligibility Threshold. Carers who live in Dundee can also access all the supports that are available below the threshold. Responsibility for Adult Carer Support Plans for Carers who live in Dundee but support someone out with Dundee rests with the area the person they support lives in and that areas Carers Eligibility Criteria will be applied.

Triangle of Support for Adult Carers



Figure 3

| The level of risk to Carer outcomes | | Examples of types of support (not exhaustive) |
|---|--|---|
| | | Specific Examples given may not all always be available |
| Very high risk | Eligible for funded support | Personalised support e.g. Counselling, training for care role/tasks or whatever else that can meet outcomes and is not available in Green, yellow amber stages. Can still access all other supports in other stages to make full package. Advice can be given to Eligible Carers through Self-directed support service at Dundee Carers Centre |
| High Risk | Direct support & intervention from one or more agency | Support from Community Nurse, Social Care Organiser etc. along with One-to-One support from Carers Agency. Sources of Support, Community Health Service. Can still access all other supports in yellow and green stages to make full package. |
| Medium risk | Mainstream Carers support that can be accessed directly | Alzheimer's Society, Penumbra Carers Support, Carers cinema Club (Adler Community Centre) Short Break Brokerage. Peer support groups. Can still access all other supports in green stages to make full package. Parent-to-Parent |
| No/Low Risk | Self-Care, friends and family, Carers agencies like plus other Universally available supports available for all in local community | Local Zumba Class, Mindfulness, Community Centre Social Groups, Welfare Rights/Money Advice. Learning Portal on CarersofDundee. Carers Decide Groupwork National Support on line e.g. Mobilise. Workplace Carers groups. Virtual Hubs. Local Walking Groups, Mindfulness. Volunteering. Dash. Dundee Deaf Hub. Activities in local Community Centre's. |
| Information and advice are available for all Carers. For contact information for organisations visit carersofdundee.org/organisations/ & www.aliss.org/ | | |

Dundee Carers Strategy Survey 2025
 43% of respondents thought 'Life has got worse for Carers in Dundee'
 32% said 'There have been improvements in Carer support in Dundee'
 23% said 'Carer support in Dundee is not as good as a few years ago'

Support for the Child or Adult that the Carer looks after

The child or adult that the Carer supports can also be supported by services that may relieve or support their Carer. These would be based on either a Childs Plan for the child with additional support or wellbeing needs or an outcome focussed assessment of the supported adult. Many Carers worry what will happen if the child or adult they care for needs care in an emergency. When a Carer wants to plan with the person they support in case the Carer becomes suddenly unavailable the professionals who are responsible for assessment of the child or adult who the Carer looks after should discuss alternative care and support and help make a plan for this.

Any Carer who is experiencing a crisis and needs additional or emergency support for caring responsibilities they should contact the professionals already working with the person they care for- this could be a named person, school contact, a health care contact or someone in Social Work or Social Care.

Support for children

Children and young people who have additional support needs the Children and Families Supporting Learners Strategy www.dundee.gov.uk/additional-support-needs/support-for-learning supports their needs, as well as the Team Around The Child Framework. For more information visit www.dundee.gov.uk/service-area/children-and-families-service

If you are unsure of who to contact, you can seek advice by phoning the Child Protection phoneline on 01382 307999.

Support for Adults

When a Carer is looking for more support for an adult, if the Carer is unsure of who to contact they should seek advice from the Dundee Health and Social Care Partnership First Contact Team on **01382 434019**.

Information about how to get support from Social Work Out-of-Hours services will be given via First Contact Team answer machine service. Further information about resources for the person that the Carer supports are available through Health, Social Care, Social Work and the Third and Independent agencies can be sourced through <https://www.aliss.org/> Information about supports for Carers and the person they support is available at <https://www.carersofdundee.org>.

Some Carers raised concerns about not getting accurate communication about Self-Directed Support. *'I was told to ask about SDS through Carers Centre because there was no suitable service available for my mum, but this was not a solution she wanted, and we can't imagine that we could organise support 4 times a day through this especially as her needs are growing quickly.'*

Comment from Carer- 2025

10. ANTICIPATED CHANGES DUE TO CARE REFORM (Scotland) Act 2025

A number of changes will be introduced as a result of the Care Reform Act implementation. The changes are expected to have a positive impact on Carers directly and indirectly. Decisions on the implementation date are likely to be taken by incoming Ministers, following the May 2026 Scottish elections. The changes mean:

- There is a new duty on “relevant bodies” to promote take up of support to Carers.
- Scottish Government Ministers have the power to set timescales for the preparation of Adult Carers’ Support Plans and Young Carers’ Statements.
- The Carers Act, as amended by the 2025 Act, will deliver a right to personalised short breaks for Carers who need it

- Local Authorities (Council and Health and Social Care Partnership) will determine whether a Carer is able to take sufficient breaks from their caring role. This will be determined through assessment for a Carer's Personalised Plan (Adult Carer Support Plan and Young Carer Statement). The Local Authority will be expected to provide support to enable sufficient short breaks for the Carer. Any reference to a Carer taking a break may also include the person they care for.
- Further regulations from Ministers are expected to expand the support available to Carers and on the definition of "sufficient" breaks, supporting criteria and types of support.

A lot of stress and worry comes with the cared for person not receiving the support they require, so (need to do) something regarding this as well. Carers Strategy Survey 2025

Right to breaks

Short breaks are recognised as essential for Carers to maintain and improve their wellbeing and that of the people they care for. This means Carers in Scotland will have a legal right to a break which will be subject to new statutory guidance to be issued after May 2026

Short Breaks Service Statement

A refreshed Short Breaks Service Statement for Dundee will be available in 2026. The statement may need further updated after regulations are set. There is likely to be a new duty that requires more detail to be provided in Short Break Services Statements about the range of breaks and how sufficient availability and variety will be ensured.

11. STRATEGIC OUTCOMES FOR CARERS IN DUNDEE

Strategic outcomes are goals that Dundee Carers Partnership and local Carers want to achieve with and for Carers. The Outcomes from "2A Caring Dundee2" have been refreshed after hearing from local Carers and stakeholders and are influenced by the National Carers Strategy Themes and Outcomes. The Carers Strategy Survey indicated general agreement on the outcomes which had been revised following earlier discussions. There were additional comments, mainly from Carers, to emphasise the importance of delivering the outcomes at all levels to make the aims a reality. One Carer noted that '*Outcomes are important as detailed but only if they can be implemented and fully funded. We need to work towards positive outcomes for Carers within Dundee and explore new ways to support them more as they are our key to caring within communities and they provide vast number of hours caring for another and unpaid for many. Certainly, new strategy needs to be realistic in outcomes due to underfunding over years Carers support services are overly stretched and struggling to meet increasing demands on their services.*' This was echoed in responses across the Survey that raised concerns about potential limitations on resources.

Until unpaid working age Carers are paid a decent amount; they will rarely have financial security. The Welfare system also changes regularly, so there is never any guarantee the income they have will continue. Carers strategy survey 2025

Carers Strategy Outcome 1

As a Carer in Dundee:

I am heard, recognised, respected, valued, and I am able to be involved.

This means

- Carers will know and understand their rights as a Carer.
- Carers' voices will be heard, and their views and experiences are considered in decisions which affect them
- Carers will have been identified, recognised and valued by a wider society and local communities, as well as those they are directly involved with. This will be reflected in local policy making in all areas relevant to Carers.

- Carers have a voice and feel listened to, heard, understood and respected and an equal partner in the planning and shaping services and supports for those they care for. In addition, they have an opportunity to contribute to future planning for services and support across the city for them and those they care for

National Carers Strategy- Relevant Themes and Outcomes

- Valuing, Recognising and Supporting Carers
- Carers are recognised and their contribution is understood and valued by society.
- Carers' voices are heard, and their views and experiences are taken into account in decisions which affect them.

Actions for Dundee Carers Partnership Delivery Plan

1. Develop a plan to build confidence and skills of the workforce in supporting Carers and understand and implement their roles and responsibilities in relation to identification of/support to Carers of all ages.
2. Dundee Carers Partnership to investigate reduction of numbers of Young Carers recorded through Schools and consider if any action is needed as a result.
3. Continue a pro-active approach towards identifying those Young Carers who may require a Young Carer Statement and to look further into circumstances, views and needs of Young Carers.
4. Complete review of contractual arrangements for engagement with Carers in wider Carers Centre Service Review
5. Deliver targeted work to develop and strengthen support and opportunities for Carer participation in the decisions that impact their lives, services and communities.
6. Include review of contractual arrangements for engagement with Carers in wider Carers Centre Service Review
7. Dundee Carers Partnership, working with other agencies, will continue to carry out plans to support Carers to identify their caring role.
8. Carers Partnership to consider how best to support Carers representatives in Strategic Planning including IJB Carers Rep

Due to a lack of opportunities for young people (who have Disabilities) transitioning from school to adult services, I am unable to do many of the things I want to do to enable me to do the things I want to do and spend time with people outside my caring role.
Carer (mother of young adult)– Carers Strategy Survey 2025

Carers Strategy Outcome 2

As a Carer in Dundee:

I am supported to have the best possible caring experience

This means:

-Carers will feel supported throughout all stages and developments in their own life and the lives of the people they care for.

-Carers will have positive experiences of services designed to support them and the person they care for.

-Carers will feel services are well coordinated for them and the person they care for, and they have access to the information and advice they need, when they need

National Carers Strategy- Relevant Themes and Outcomes

Social & Financial Inclusion

- Carers can participate in and are valued by their community and wider society.

Young Carers

- Young Carers are supported and protected from inappropriate caring and negative impacts on their education, social lives and future opportunities.

Actions for Dundee Carers Partnership Delivery Plan

1. Continue workforce learning & development via HSCP Adult Carer Support Plan Improvement Activity
2. Develop and promote use of Mosaic workflow and contingency plan for supported person, consider links with ACSP improvement work
3. Improve the extent to which Young Carers views, and the impact of the caring role, is taken into account by all services when planning for the supported person.
4. Carers Partnership to work collaboratively with HSCP/Children's services colleagues to explore support available for parents/Carers of children with additional support needs
5. Carers Partnership to engage with local Transitions Group to align support for Young Carers and parent Carers to ensure smooth transitions and continuity of care, coordinated support across child and adult service

Young Carers and adult Carers in Dundee share some overlapping challenges, but they also face distinct issues due to differences in age, life stage, and support systems.

Carers Strategy Survey 2025

Carers Strategy Outcome 3

As a Carer in Dundee:

I can live a full and healthy life and have the support I need to do this, including support and advice to have financial security.

This means:

-Carers will

have opportunities to lead a full and healthy life.

-Carers can access support and assistance to improve their own health and wellbeing, and financial security.

-Carers will say they can identify what is important to them and how they will achieve their goals for the future

National Carers Strategy- Relevant Themes and Outcomes

Health & Social Care Support

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

(National health and wellbeing outcome 6)

Living with COVID-19

- Carers feel confident and supported to protect themselves from COVID-19.
- Carers and the people they care for feel supported and confident to re-engage with their communities.
- Carers are supported to recover from the negative impacts of COVID-19.
- Carers are able to access the financial support and assistance to which they are entitled.

Young Carers are supported and protected from inappropriate caring and negative impacts on their education, social lives, and future opportunities.

Young Adult Carers are supported when moving from education to training and work while balancing an ongoing caring role

Actions for Dundee Carers Partnership Delivery Plan

1. Work with the money advice services to ensure that Carers know their rights, information and advice is available and enhance access to financial support.
2. Support Carers to access employability advice and support.

Dundee Carers Centre supported 76 Carers through the Counselling Service in one year. (2021/2022)

Discussion re poverty of long-term Carers- finances poor during working life and the implications for retirement
Carers Centre AGM 2024

Carers Strategy Outcome 4

As a Carer in Dundee:

I can have a life of my own alongside my caring role.

This means:

- Carers will have a good balance between caring and other things in their life and have choices about caring.
- Carers will have support to reduce, change or end their caring role if that is their choice and have supports identified if the caring role ends
- Carers will be able to spend enough time with people and activities they want to do and are able to continue in the caring role if they wish to do so.
- Carers will be supported to choose to work, study and to transition from education to the workforce.

National Carers Strategy- Relevant Themes and Outcomes

Social & Financial Inclusion

- That the social and economic contribution, impacts and scale of caring are recognised, understood and reflected in local and national policy making across all areas.
- Carers are able to take up or maintain employment & education alongside caring if they wish to do so.
- Young Adult Carers are supported when moving from education to training and work while balancing an ongoing caring role

Actions for Dundee Carers Partnership Delivery Plan

1. Publish the revised Local Authority Short Breaks Statement, ensuring it reflects the statutory guidance issued for the Care Reform Act.
2. Monitor the impact of recent Self-Directed Support ongoing development work, to enhance Carer outcomes and reduce barriers to accessing SDS and increase local uptake.
3. Collaborate with Skills Development Scotland and Colleges, to support Young Adult Carers in education and employment, Increased support and opportunities for Young Adult Carers

We need to see that Carers are part of the family and have a whole family approach

Comment from group discussion

Carers Centre AGM 2024

12. FINANCE and RESOURCES

Dundee City Council and NHS Tayside provide the IJB with funding to deliver and improve adult health and social care services. These resources are used to commission services that meet local needs and align with the ambitions and priorities set out in the IJB Strategic Plan. Additional funding for Carers has been provided by Scottish Government. These funds have allocated to a range of services and supports that meet the needs of Carers in Dundee and that will help to achieve the ambitions and priorities set out in this Strategy.

Following the introduction of The Carers (Scotland) Act 2016 funding was allocated by Scottish Government was for implementing the Act. A portion of the funding was allocated each year to Dundee City Council Children and Families Service, and the majority of funding was retained by Dundee IJB and allocated to priorities identified by Dundee Carers Partnership.

The Carers Act Funding was allocated to new developments and projects which, when proved successful, were allocated longer term funding. This information was recorded and regularly reported by the Carers Partnership through IJB meetings.

In **2024/25**, Dundee Health and Social Care Partnership received an allocation of **£2.151 million** in Carers funding. An investment plan was developed and approved by the IJB, enabling this funding to be mainstreamed across partnership services and third-sector providers to meet statutory requirements. This investment supported key initiatives, including;

- Dundee Carers Centre funding
- Additional Social Work posts to undertake Adult Carer Support Plan Assessments
- Listening and Bereavement Services, and

- Enhanced respite provision offering respite and short breaks to support Carers when required. *(The charges for Respite/Short Breaks are waived if the break is to meet Carers Outcomes and the breaks are provided free of charge.*

Dundee IJB Financial Position

Each year, the IJB must set a balanced budget, meaning it cannot spend more than the funding available. All services and supports including Carers support have been impacted by rising costs—driven by workforce pay increases, inflationary pressures on energy and property costs, and growing demand for services—have created significant financial challenges. This is set against a backdrop of increasing numbers of Carers and complexity in their needs. Funding allocations have not increased at a level sufficient to meet the challenges faced by the IJB, and savings plans and proposals are expected across all service areas to bring expenditure back within budget.

It is recognised that some of the future savings' proposals may negatively impact Carers either because they impact the person they care for, or it is about a service that Carers use. Dundee IJB and Dundee HSCP are committed to ensuring that Carers' voices are included in all budget consultations, and impacts on Carers are considered when proposals are developed. In addition to considering people who have Equality Act Protected Characteristics and/or who may be impacted by socio-economic, or fairness issues the IJB expects managers who propose changes to highlight, and where possible, mitigate negative impacts of any proposed changes on Carers.

| | |
|--|-------------------------------|
| <p>All the strategies in the world won't matter if professionals ignore them and there's no funding to implement. 2025</p> | <p>Carers Strategy Survey</p> |
|--|-------------------------------|

13. MONITORING PROGRESS

Each Delivery Plan action will be updated and monitored at the Carers Partnership Data Group. This will include a written update for each action and, where available, activity and or outcome data. The evaluation of delivery plan actions will be considered alongside Carers Partnership performance indicators and relevant population and socio-economic data about Carers. The Delivery Plan is a live document. It will be updated when needed, including any changes required by the Care Reform (Scotland) Act guidance. This evaluation will be used to produce an Assurance Report which is reported at each Carers Partnership meeting to allow for scrutiny and further planning

Advice for a Carer

Hello Carer, stay calm breathe deeply.

Prepare for a new life, a different life, one that is as much a whirlwind of endless uncertainty as it is wading in a pool of stagnant sludge.
Never give in or give up though.

Don't misjudge or let mistrust rule your thought processes.

Try to appreciate, try to understand, and try to love, even when the temptation to shout and scream out are the stronger feelings and emotions.

Share your problems and your worries; talk to others who you can trust.

Meet with others who you have never met before or might have never met before, through chance but who face the same issues as you. Different people, same problem.

You have a personal crisis on your hands but so do they. They can listen and they can help. You are not alone.

Develop simple diversional therapies and coping strategies.

Try to uncloud the cloudiness in your brain which endlessly twists and squeezes your emotions.

Research the facts, don't be unfairly judgemental.

Always be that someone who your one, in need of care, can rely on for support and love.

Even if all you see is selfishness, greed, despair and heartache that seemingly have no end. They will, but it will take time.

Just when you think you have turned the corner don't be surprised to have to face another one.

Be reassured. Be positive. Be careful.

Your life as a Carer has just begun, there will one day be an end in sight even though you can't see it yet.

Trust me, I trusted myself and now my son trusts me.

A Carer. From a "On the Map" Collection- Dundee Carers Centre Creative Writing Group.

APPENDIX 2

The vision of **Dundee Carers Strategy 2026- 2032** is:

A Caring Dundee in which all Unpaid Carers are heard, valued, understood and supported so that they are healthy and have a life of their own alongside their caring responsibilities.

What is the Dundee Carers Strategy?

This is a plan for supporting Unpaid Carers in Dundee City. The Dundee Carers Partnership has developed the plan on behalf of the Dundee Integration Joint Board (IJB) and Dundee City Council. The strategy follows the Carers (Scotland) Act 2016 and will be reviewed every 3 years. It is based on Carers' experiences and views, and local statistics. The Carers Partnership will oversee and monitor its progress.

Who is an Unpaid Carer?

A Carer is an adult or child who looks after someone—such as a family member, partner, or friend—affected by long-term illness, disability, frailty, mental health issues, or alcohol or drug use. The Carers supported by this strategy are not paid employees but might receive financial benefits as an unpaid Carer.

What's in the Strategy?

There is information about

- Carer Engagement
- Key achievements from the last strategy, “A Caring Dundee 2”
- Resources and support to help Carers

The support available for carers aims to help them achieve their personal outcomes in the areas of Managing Caring, Carer Health, Good Lifestyle, and Financial Wellbeing.
- The Strategic Outcomes of Dundee Carers Strategy 2026-2032

Strategic outcomes are goals that Dundee Carers Partnership and local Carers want to achieve with and for Carers.

There are 4 strategic outcomes identified in the plan. These are

- **I am heard, recognised, respected, valued, and I am able to be involved.**
- **I am supported to have the best possible caring experience**

- I can live a full and healthy life and have the support I need to do this, including support and advice to have financial security.
- I can have a life of my own alongside my caring role.

Upcoming Changes:

From May 2026, the Care Reform (Scotland) Act 2025 is expected to bring:

- Increased promotion of Carer support
- New rules on timescales for Adult Carer Support Plans and Young Carer Statements
- A right to sufficient personalised short breaks for Carers who need them

Funding and Support.

Dundee City Council and NHS Tayside provide funding to Dundee IJB to provide adult health and social care services. Part of this funding pays for services that support Carers and help achieve the goals in this Strategy.

It is recognised that some of the future savings' proposals may affect Carers—either through changes to services they use or services for the person they care for.

Dundee IJB promises to:

- Include Carers' views in all budget consultations.
- Check how changes might impact Carers.
- Ask managers to explain any negative impacts and reduce them where possible.
- Consider equality, fairness, and socio-economic issues when making decisions.

Delivery and Monitoring

The Carers Strategy has a Delivery Plan. This will be reviewed regularly by the Carers Partnership Group. The Delivery Plan is a live document. It will be updated when needed, including any changes required by the Care Reform Act guidance. An Assurance Report will be shared at each meeting, to check progress and plan the next steps.



Short Breaks Services Statement

Updated January 2026

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1. Introduction and Background

In Dundee, we are committed to ensuring that Carers, Young Carers and Supported People have access to quality Short Breaks, and that we maintain a clear understanding of people's needs and wants. We are committed to continuing to co-produce Short Breaks with a range and availability of Short Break provision that ensures that breaks are flexible and meet people's outcomes.

The Carers (Scotland) Act 2016 requires local authorities to prepare and publish a Short Breaks Services Statement that sets out short breaks available for unpaid carers and the people that they care for:

<http://www.legislation.gov.uk/asp/2016/9/section/35>

In 2018, Dundee Carers Partnership developed a Short Breaks Services Statement along with Dundee Health and Social Care Partnership who are part of the Local Authority in Dundee with responsibility for this Statement. The statement was updated in 2025/2026 alongside the review of the local strategy A Caring Dundee 2. The Carers Partnership gained views from local Carers, people with care and support needs, practitioners, and representatives from agencies in the development of Short Breaks and this Short Breaks Services Statement. Further information can be found here:

What's Best for Dundee Carers 2017:

https://www.dundeehscp.com/publications/all?field_publication_type_tid%5B0%5D=17&page=9

The latest local Carers Strategy has been produced, and the delivery plan has been updated.

The Dundee Carers strategy 2026-2032

[Link to be added](#)

The purpose of the Statement is to provide information on Short Breaks to Carers, Young Carers, Supported People, and workers.² This includes what a Short Break is and how to access one. We also want people to consider whether a planned Short Break would make a difference to their life, and to give a better understanding of what a Short Break might look like and how it could make a difference.

People have told us that there can be barriers for them in accessing and taking a break, including knowing what is available to them, how to access it, and what the cost will be.

People have also told us that not seeing yourself as a Carer is a barrier to accessing any support that is available to you. We therefore want this Statement to give people that information and have implemented a communications plan to make sure that as many people as possible continue to have access to the support and information that they need.

'It makes such a difference that it is recognised that the role of caring for a family member can be very tiring and stressful and anything that gives you a break or something for pleasure or relaxation is invaluable.'

Unpaid Carer Feedback 2025

² The Care Reform (Scotland) Act will introduce changes related to the SBSS and Short Breaks through regulations which are expected after May 2026.

2. Short Breaks

What is a Short Break?

‘A Short Break is any form of service or assistance which enables carers to have sufficient and regular periods away from their caring routines or responsibilities. It is designed to support the caring relationship and promote the health and wellbeing of the carer, the supported person, and other family members affected by the caring situation’ (Shared Care Scotland 2025)

‘Short breaks allow you to rest, enjoy hobbies, or spend time with friends or family. Short breaks can take the form you need to help your health and wellbeing, such as:

short holidays

overnight breaks

an hour for yourself each week

a one-off occasion

You can take breaks on your own or with the person you care for with extra help.

A break may involve someone else providing residential care or care at home (also called respite care or replacement care).’

(Scottish Government 2025)

In Dundee we are committed to ensuring that Carers, Young Carers and Supported People have access to meaningful, personalised Short Breaks. The Break should make a difference to your life, and the approach to this is sometimes described as a **personal outcomes** approach. Dundee Carers Partnership continues to work collectively to understand what is important to people and what it is that truly makes people **feel** that they have had a Short Break. It is inevitable that Short Breaks for Carers must include consideration of how the care needs of the person or persons (child or adult) that the Carer supports will be met. Some Carers may have a caring role that is reciprocal and may need to plan Short Breaks for themselves and their mutual Carer.

Health and Social Care services have, for many years, provided services and support that have given valuable relief to Carers by providing short term care to the person they care for. Often this care is provided in a group living setting (previously known as respite care) or at a day care service. It is recognised that many people benefit from this type of traditional respite/short break arrangement, and it is anticipated that this type of support will continue to meet the needs of some Carers and Supported Persons.

In some circumstances this will be the only help that some Carers are looking for. Even when Care Services are delivered in the most personalised way, some Carers find that the traditional type of Care Service does not fully meet their assessed and agreed outcomes for them or the person they care for. Some Carers may find that they need something different or something in addition to the provision of alternative Care and Support Services.

Because each Carer and the person they support is unique, short break should be personalised, flexible, and responsive to meet their assessed and agreed outcomes, to design a break that works for them, and is

achievable and affordable within the self-directed support (SDS) budget allocated.³ Carers can opt to fund additional elements not funded by Dundee Health & Social Care Partnership or other funding sources, to enhance their break.

When we speak to Carers about what a Short Break means to them a consistent theme is ‘quality time’ or ‘time away’ as well as the aspiration to have a new experience or re-establish a hobby or interest which had become too difficult to continue due to the caring role. In general, people advise that a break is what they as an individual feel will make a difference, and that it should benefit both the Carer and the person they are supporting. People recognise it as a time to look after themselves and consider their own individual needs. It also enables them to have peace of mind.

‘Being able to spend some time away in a different environment (is) good for wellbeing and recharges batteries.’ (Adult Carer)

‘A massage treatment is wonderful, such a treat and very relaxing.’ (Adult Carer)

‘A greenhouse means time in the garden ... great for mental health.’ (Adult Carer)

‘Time with friends having lunch with no financial worries.’ (Adult Carer)

‘A piece of tech helps (with) down time and socialising ... it’s a great opportunity for kids like me who just need time to themselves (Young Carer)

³ The Social Work team member carrying out the adult carers support plan assessment or young carers statement can advise on the four SDS options available.

Who can have a Short Break?

Anyone can, but Carers, Young Carers and the people they support sometimes need a bit more help to have a Short Break and to make the arrangements for this.

This Statement is for Carers, Young Carers and Supported People. The definitions below will help you identify if this applies to you or someone that you know.

Carers

The Carers (Scotland) Act 2016 describes a Carer as an individual who provides, or intends to provide, care for another individual (the “cared-for person”). This is not the same as someone who provides care professionally, or through a voluntary organisation.

A Carer is anyone who cares, unpaid, for a friend or family member who is affected by illness, disability, frailty, mental health challenge or alcohol or drug use. Many Carers support people through giving practical help; people tend to associate caring with physical tasks, but giving emotional support can also be a big part of caring. Whether you give practical or emotional support, or both, you are a Carer. The circumstances of each Carer are unique. Carers can be any age, and are part of every community and culture. Carers may be parents, spouses, grandparents, daughters, brothers, same sex partners, friends, or neighbours. Some Carers may be disabled or have care needs themselves. Sometimes two people with care needs are Carers for each other. Some Carers can provide care and support for more than one person.

Young Carers

A Young Carer is a child or young person under the age of 18, or someone who has reached the age of 18 years and is still a pupil at a school. They may have practical caring responsibilities or be emotionally affected by a family member’s care needs. Just like Adult Carers, Young Carers can sometimes put the needs of the person for whom they support, before their own. This means that they can sometimes miss out on things that other young people get to do or experience stress, anxiety, and worry. Because of this, they may sometimes need help or support from other people. For all practitioners working with families where there are Young Carers, it is important to recognise the important differences between Young Carers and Adult Carers and the importance of Young Carers being seen as children first and foremost. This will help to consider what further support is required to enable them to access the same opportunities as their peers and achieve their full potential.

Supported People

In this context, “Supported Person” is used to describe any adult or child who relies on care and support in their day-to-day lives. For children and young people this would be the care and support they need as a consequence of health issues or disability, which is additional to that which is needed for other children of a similar age.

The term “Supported Person” is used here to describe anyone who receives (or requires) this support. It includes people who get this support from Carers as well as those who get support from Health and Social Care Services, or both. Carers legislation refers to people who get support from Carers as a ‘Cared-for Person’, in local consultation carers told us they preferred the use of the wider term ‘Supported Person’, if possible, with clarification after it when needed to indicate if a Carer was involved in looking after the person.

People who are supported by a Carer have a right to request an assessment of their own needs. Adults can request an assessment of their community care needs from Health and Social Care Services. This may result in an **Outcome Focused Care Plan** and a range of supports, which may include Short Breaks, if the person is also a carer.

Children and families can request a **Child in Need Assessment** when supporting a child with disability or Additional Support Needs.

For some people who get support from a Carer, this may be the only support they receive. Some Supported People or Carers may be assessed as not needing services or formal support. This does not mean that the Supported Person or the Carer does not need a Short Break; it just means they may not be entitled to help or funding from Statutory Services.

What can a Short Break look like?

A Short Break is whatever you think would give you time and space for yourself. As a Carer you can make choices about how you might have a Short Break. You might choose to have a Short Break by yourself or with family and friends or with the person you support.

In Dundee, people have told us that a Short Break could be anything, and we have received a wide variety of responses from people to demonstrate this.

‘I think that Short Breaks could be one day to several days. They are for Carers to pursue activities that they would have normally pursued prior to adopting their caring role, which may now restrict their lives in some way, whether it is going out for a coffee with friends, shopping, a Short Break (perhaps a bus trip or a couple days away with friends or other family) a break that allows them to relax knowing their loved one is safe and they can enjoy themselves for a time without the physical and mental stresses of being a Carer.’

‘Anything which gives the Carer a break.’

‘To help Carers get a bit of ‘me’ time; recharge their batteries. Even an hour to yourself is a Short Break - it doesn’t have to be a holiday which may be impossible for some.’

‘I think Short Breaks are for doing the things that you were unable to do when you are caring, i.e. recreation.’

‘Being given the opportunity for both the Carer and the person being cared for to have part payment vouchers available for (e.g.) short city breaks, hotel spa, train journey and anxiety coaching.’

(What’s Best for Dundee Carers? Oct 2017)

'Taking my puppy out is my Short Break. I enjoy walking her and sharing our trips on Facebook. Exploring local sights along the coast'

'My Short Break is spending time on social media catching up with my granddaughter' 'My son's Short Break is going to a gym three times a week'

'I did not realise it was something we could do together as a family. I now know a break can be from caring and to do something fun together'

(Short Breaks Statement Consultation, 2018)

Below are some examples of the types of breaks that people have had in Dundee after speaking to a worker in the Short Breaks Service at Dundee Carers Centre.

A Carer and the person they care for designed a break to go on a hotel stay. This included arranging care services for the Supported Person in the hotel. This enabled them to go away together and have family time and give the Carer the opportunity to relax and recharge batteries. They both had a fantastic time.

A group of Carers who were all caring for someone clubbed together their Short Break funding and went on a break together. They were all tired and stressed and looking for a break from their usual routines and they wanted to take a break with the person they care for. They had a short 2 day stay away. The Carers have since reported that they had a great time and were able to enjoy a relaxing stress-free environment and a good break from their usual routines, they especially enjoyed the peer support that they provided to each other.

A group of Young Carers supported by the Young Carers Project were able to go away to Copenhagen. They all enjoyed the break and exploring a new City.

For more examples of the types of Short Breaks visit:

<https://www.sharedcarescotland.org.uk/learning-exchange/short-break-short-stories/>

It must be noted that not all preferred carers' breaks will be funded, and some may only be part funded. This will depend on the assessed needs and local eligibility criteria to ensure equitable access to limited local resources funds being prioritised for those most in need.

Emergency Breaks

It is always best to take the opportunity to plan Short Breaks; however, there are times when people need access to emergency support including alternative care for the Supported Person. Emergency arrangements are not the same as Short Breaks but can sometimes achieve some Short Break outcomes.

Where possible, an **Emergency Plan** should be discussed by you with the Supported Person and plans prepared in advance of any crisis. You might take the opportunity to raise this when the person you are supporting is undergoing an assessment and care planning. Another time that you could discuss this is when offered or undertaking an **Adult Carers Support Plan** or **Young Carers Statement**. Supported People who do not have an assessment can make an emergency plan; if you do not have or want external support, you can record your own plan (remember it is best to do this with the Supported Person whenever possible). Further advice and a template are available at:

[Emergency planning | Enable](#)

[Emergency planning toolkit | Enable](#)

You may be offered an alternative format when discussing an adult carers support plan but if this version is already completed, we can record a copy on the supported person's case file record.

Why take a Short Break?

For Carers, a Short Break from caring can support you in many ways including reducing stress in your caring role and enabling you to continue to care in good health as well as increasing your confidence and giving you more balance in your life.

There are several reasons that Supported People who have care and support needs may want to consider a Short Break for their carer. These include giving their Carer a chance to recharge so they can continue their caring role, as well as reducing isolation, relief from the stresses and anxiety of day-to-day life, for themselves.

Some Supported People may not want a Short Break outwith their current arrangements such as a residential short stay and when this is the case, they may choose to seek alternative care arrangements that allow their Carer to have a Short Break with minimal disruption to their daily routines.

In our consultation on the updated strategy 2025 one respondent stated ‘carers should be supported to have agency and control over their own life.’

Whether you are a Carer or Supported Person your break should be what you think will make a difference and what you think will make you feel that you have had a break. You might find it helpful to discuss this with someone or to hear about what other people have done.

Carers might find information and inspiration by speaking to other Carers, or to workers or by visiting Carers websites including:

[Short Breaks | Dundee Carers Centre](#)

People consistently tell us accessing a Short Break gives them time to be themselves and often supports Carers to reconnect with the sometimes-buried relationship with the person they support and others. They can be a partner, a friend, a parent, a sibling, again, as well as having a caring relationship. People advise that a Short Break is vital to protect relationships and continue in balancing their caring role with their own needs. Other benefits included supporting recovery and re-charging energy and motivation.

People in Dundee told us that:

‘Getting what is playing on your mind out of your mind for a few days makes all the difference’

‘Having time away or doing something different cheers you up and takes you out of yourself. You forget about your worries for a while’

‘A Short Break from caring can support you in many ways including reducing stress in your caring role and enabling you to continuing to care in good health as well as increasing your confidence and giving you more balance in your life’

‘I was getting depressed. A Short Break combined with counselling and therapies helped me regain balance and get back on my feet again’

‘I was very stressed. I did not realise how much until I had my Short Break and got time to think things over’

(Short Breaks Statement Consultation, 2018)

How can I get a Short Break?

There may be help to pay for your break, or there might be a cost, but there are people to support you to plan your break and discuss this with you.

Help to arrange

There are lots of people that you can speak to in the first instance to find out about what Short Breaks might be available to you. This could be a worker in an organisation that you already know including a Teacher, Social Worker, Nurse, or a Support Worker in services, including Dundee Carers Centre or Penumbra.

'I was awfy apprehensive because I'd never been away, and sometimes you feel that you don't deserve nothing...but I'm so glad I did. She [the worker] helped with the forms and the finances and [accommodation booking] and we just had to turn up and didn't need to worry about it.'

Carer ('It's All About the Break', Evaluation, 2017)

Short Breaks for Carers

Shared Care Scotland has information about Short Breaks across Scotland. They host lists of Short Break Providers as well allocating Scottish Government funds to Third Sector Agencies who apply for funds for breaks for Carers and those they support.

<https://www.sharedcarescotland.org.uk>

Dundee Carers Centre Short Breaks Service

Each Carer is different, and their choice of Short Break will depend on their circumstances and what matters to them. Some Carers may be able to consider a Short Break by discussing this with friends or family or the person they care for. Other Carers may need some outside help to do this. Help is available to all Dundee Carers to consider what type of Short Break might meet their outcomes from the Dundee Carers Centre Short Breaks Support. Many local Carers receive financial help from Dundee Carers Centre Short Breaks Fund. Here is a link to information about the service (Telephone 01382 200422)

Short Breaks for carers of a Supported Adult living in Dundee

All carers are entitled to an assessment of their needs and can request an adult carers support plan. This includes supported people who are also carers in their own right.

An ACSP will include an assessment of eligibility for funded support where the assessed and agreed outcomes cannot be achieved using community support or the support provided to the supported person. Where it is assessed that you do not meet these criteria you will be signposted to third sector or community supports

Short Breaks for a child with a Disability/Additional Support Needs living in Dundee

Scottish Local Authorities have a general duty under the Children (Scotland) Act 1995, to safeguard and promote the interests of children in need. The law recognises disabled children as being in need. This gives a right to have your child's and family's needs assessed by Children and Families Service. The support offered to the child and their family may include Short Breaks.

Paying for my Short Break?

There are a number of ways that a Short Break can be resourced and funded. Sometimes there is no cost and sometimes people will pay for their own break and may have the support of friends and family but sometimes you will need help. People have told us that being able to pay for their break can be their most difficult challenge.

Funding is available from the Dundee Short Breaks Service.

Where an Adult Carers Support Plan or Young Carers Statement identifies unmet outcomes that meet the eligibility criteria, an assessment for funding will also be carried out. This process will identify more information about your caring role and how you can better meet your outcomes. Your outcomes may be met through services already available in your community or the supports provided to the person you support, however, where this is not possible, appropriate Self-directed Support (SDS) funding may be offered to provide you with a Short Break. When services and supports are identified as primarily meeting the Carers needs and these needs cannot be met with community supports or the supported persons current services, charges should be waived under the Carers Act:

<http://www.legislation.gov.uk/ssi/2018/31/contents/made>

If it is agreed that you are eligible to have a funded Adult Carer Support Plan or Young Carers Statement and the break you need is not already available e.g. through existing Short Break Funding sources, you and the person the replacement care is for, can choose from four options which allow you to decide how much control and responsibility you want to take over your funding. These options are:

Option 1: A Direct Payment (a cash payment) where you choose how the budget is used, and you manage the money. The assessor will explain how these funds can be used.

Option 2: You direct how the budget is used, but the money is managed by the Local Authority.

Option 3: You ask the council to choose and arrange services for you.

Option 4: You can choose a mix of these options for different types of support.

The Supported Person may be asked by the Health and Social Care Partnership for a financial contribution towards services including Short Breaks. They might be eligible to get assistance with the cost of Short Breaks such as residential short breaks where the social care element is free personal care, but hotel costs such as food and amenities remain chargeable as they would be at home. Provision of support and services is determined under Local Eligibility criteria which can be provided on request or at the point of assessment.

Other resources that can help you

Carers of Dundee

<http://Carersofdundee.org/>

Carers of Dundee is a website to provide Carers with information that might be helpful to them in their caring role as well as specific information to people who work with Carers and their families.

Shared Care Scotland

<https://www.sharedcarescotland.org.uk>

Shared Care Scotland aims to improve the quality and provision of Short Breaks in Scotland. To do this they offer services including events, publications and research reports and an online directory of Short Breaks services.

ALISS

<http://www.aliss.org/>

ALISS is a local information system for Scotland for people living with long term conditions, disabled people, and unpaid Carers to access the information they need to help them live well.

Euan's guide

<http://www.euansguide.com>

Euan's guide is the disabled access review website which shares experiences of restaurants, hotels and anywhere else visited.

The Care Inspectorate

www.careinspectorate.com

The Care Inspectorate looks at the quality of care in Scotland and ensures it meets standards so that everyone experiences safe, high-quality care that meets their needs, rights, and choices. They have a list of Registered Care Services and provide information about what care is available and what to expect from care providers. Their website contains reports about individual Care Services and advises you what to do if you have a concern or a complaint.

Other Assistance Trip

Advisor

<https://www.tripadvisor.co.uk/>

You can do your own research on identifying the right break for you using websites such as Trip Advisor.

Money Advice

<https://dundee.mylifeportal.co.uk/media/22527/benefit-money-debt-booklet-oct-2017.pdf>

Some Carers and the people they support may experience a low income or financial difficulties. As well as getting assistance with a Short Break people may need help with money advice.

3.Feedback and Review

We welcome all feedback on this Short Breaks Services Statement to continue to provide accessible information to people.

The Dundee Health and Social Care Partnership are responsible for this Statement. You can contact the dundeehscp@dundeecity.gov.uk with specific feedback or comments about the Statement. Please let us know your suggestions for ensuring this Statement is communicated to everyone that needs it.

The Short Breaks Statement will be reviewed by the Dundee Health and Social Care Partnership in line with the carers strategy.

4. Useful Contacts

Carers

Dundee Carers Centre provides an information and advice service for Carers of all ages on behalf of Dundee Health and Social Care Partnership. If you are a Carer who lives in Dundee or a Carer who supports a Dundee resident, you can get in touch for advice about who can support you at the Carers Centre at centre@dundecarerscentre.org.uk or by telephone on 01382 200422.

As well as giving information about Short Breaks and delivering a Short Breaks Service, the staff at the Centre can advise you about other supports available that may help you.

Supported Persons

If you are looking for more care and support for the adult or child you look after to allow you to have a Short Break you can get in touch with any of the Health and Social Care, Social Work and Education professionals who are currently working with them.

The First Contact Team, Dundee Health and Social Care Partnership on 01382 434019, Monday to Friday between 9am and 5pm provides a first point of contact for anyone living in the community, aged 18 and over, who does not have anyone (e.g. District Nurse, Social Work, Social Care) involved in their care. You should discuss this with the person needing support and gain their consent (if appropriate).

If you are a Carer under 18 or you are caring for someone under 18, and are unable to contact the relevant Social Care, Social Work and Education professionals you can contact Children and Families Service, Dundee City Council on 01382 434000 if you or the child/ young person needs to discuss more care and support.

If you or the Supported Person have an urgent matter, the First Contact and Children's Services offices are closed, you can contact the Out-of-Hours Service on 01382 307964.

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Supplementary Information

Help to arrange and pay for a Short Break.

Short Breaks for Carers

The Carers Strategy 2026-2032 - sets out an approach to supporting both Carers who live in Dundee and Carers who look after people who live in Dundee.

Figure 3 of the strategy sets out the Triangle of Support which outlines the levels of assessed risk.

The carer outcomes align with those in the National Strategy:

Outcome 1 I am heard, recognised, respected, valued, and I am able to be involved.

Outcome 2 I am supported to have the best possible caring experience.

Outcome 3 I can live a full and healthy life and have the support I need to do this, including support and advice to have financial security.

Outcome 4 I can have a life of my own alongside my caring role.

Carers in Dundee will have a range of supports and services to help them achieve these Outcomes related to their caring role. Some Carers will be able to achieve their Outcomes independently with the support of family and friends or the current package of support available to the supported person. Some Carers will need more support to achieve their Outcomes.

Triangle of Support for Adult Carers

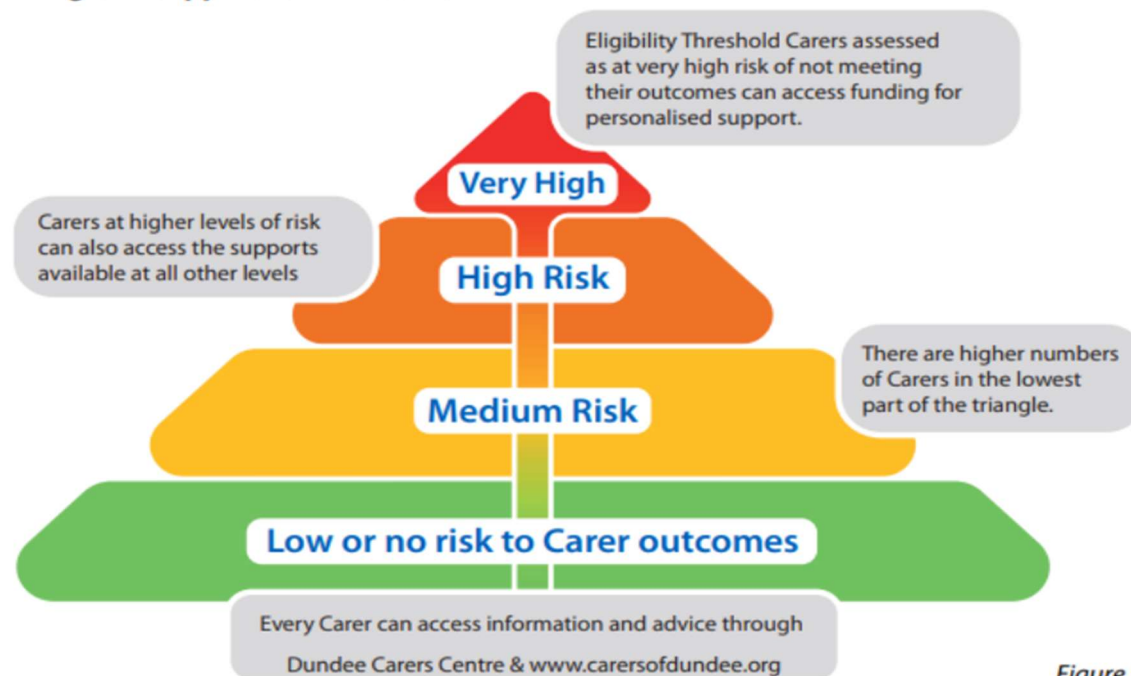


Figure 3





Short Breaks for Carers are one of the ways that Carers Outcomes can be met. Whatever the level of support a Carer needs to achieve their Outcomes there are ways that Carers can access a Short Break for themselves.




Carers who are at greater risk of not achieving positive Outcomes will be able to access more support including, for some Carers, a “Funded” Adult Carer Support Plan.



This diagram shows the range of community and third sector services available at each risk threshold to support the Carer to meet their assessed and agreed outcomes and reduce the risk level that they have of not having a positive outcome.



| The level of risk to Carer outcomes | | Examples of types of support (not exhaustive) |
|---|--|---|
| | | Specific Examples given may not all always be available |
| Very high risk | Eligible for funded support | Personalised support e.g. Counselling, training for care role/tasks or whatever else that can meet outcomes and is not available in Green, yellow amber stages. Can still access all other supports in other stages to make full package. Advice can be given to Eligible Carers through Self-directed support service at Dundee Carers Centre |
| High Risk | Direct support & intervention from one or more agency | Support from Community Nurse, Social Care Organiser etc. along with One-to-One support from Carers Agency. Sources of Support, Community Health Service. Can still access all other supports in yellow and green stages to make full package. |
| Medium risk | Mainstream Carers support that can be accessed directly | Alzheimer’s Society, Penumbra Carers Support, Carers cinema Club (Adler Community Centre) Short Break Brokerage. Peer support groups. Can still access all other supports in green stages to make full package. Parent-to-Parent |
| No/Low Risk | Self-Care, friends and family, Carers agencies like plus other Universally available supports available for all in local community | Local Zumba Class, Mindfulness, Community Centre Social Groups, Welfare Rights/Money Advice. Learning Portal on CarersofDundee. Carers Decide Groupwork National Support on line e.g. Mobilise. Workplace Carers groups. Virtual Hubs. Local Walking Groups, Mindfulness. Volunteering. Dash. Dundee Deaf Hub. Activities in local Community Centre’s. |
| Information and advice are available for all Carers. | | |
| For contact information for organisations visit carersofdundee.org/organisations/ & www.aliss.org/ | | |

Diagram 3 gives some examples of how Carers at different levels of risk to achieving Outcomes might experience a Short Break.

| Carer | Supported Person | Short Break |
|---|---|---|
|  <p>Mr G has been married for 50 years and has been a carer for 10 years. Mr W enjoys fishing and needs this activity to relax and take a break to allow him to continue his caring role. It is assessed twice per month would meet his needs. He has family in England and would like to visit once a year to maintain family relationships. Mr W has an Adult Carers Support Plan with agreed outcomes 3 & 4 at high risk of not being met</p> |  <p>Mrs G has COPD, heart failure, dementia and very poor mobility. She receives an SDS option 3 package of support 3 times daily. Mrs G can only be left for short periods unsupported due to short term memory loss and becomes distressed if left for more than an hour.</p> | <p>Mr G is allocated one week of residential respite per year to visit family. As this is solely to meet his outcome the fees are waived but if Mr G goes on holiday for his own enjoyment later in the year any respite arranged would be chargeable. He is also allocated funding for two days respite at home per month for fishing. Mr G chooses to arrange 2 further days per month which he contracts himself with the provider and is directly invoiced for.</p> |
|  <p>Mrs. S has been married for 25 years. She feels like she has always been a Carer. (For her mum, her sister and now her husband). She feels she cannot continue caring without a break away from home and wants to spend quality time with her husband. Mrs. S has a Support Plan* and has a High Risk of not achieving her Outcome of Managing Caring.</p> |  <p>Mr. S has Parkinsons Disease. He also has some PTSD as a result events while serving in the British Army. His Outcome Focused Assessment indicates that he has Care Needs and that for Respite Care he would need a Respite unit with Nursing Care, Mr & Mrs S have opted for a Direct Payment for this as it has been assessed replacement care would be required.</p> | <p>Mr. and Mrs. S have chosen to go for a Short Break to a “Veterans” Respite Unit. Mrs. S is able to self-fund “hotel” facilities, with support from the Carers Centre short breaks fund, alongside her husband whose Nursing Care placement (subsidised by the Armed Forces Charity) is combined with the Direct Payment for replacement care agreed under the Adult Carer Support Plan assessment.</p> |

| | | |
|---|--|--|
|  <p>Mr. D cares for his father and his son. Mr. D has a Support Plan and has identified that he feels he needs regular time to himself to relax and think. He is at a high risk of not meeting Carers outcomes (Health).</p> |  <p>Mr. D (Senior) understands his son needs a break. They live together. His sight is deteriorating, and he has had some falls at home. He has agreed to accept a Pendant Alarm with Social Care Response Service.</p>  <p>Young Mr. D is currently misusing drugs. Sometimes he tries to control his drug use but does not always manage this. He does not wish to address this, and his family frequently have to support him in a crisis.</p> | <p>Mr. D accessed the Short Breaks Service at Dundee Carers Centre who arranged fishing equipment and some preliminary lessons for him. He enjoys fishing on a weekly basis as well as making his own flies and this has given him time to relax. He is sometimes able to bring young Mr. D along with him to fish, which he sees as a good way of supporting him.</p> |
|---|--|--|

| | | |
|--|--|--|
|  <p>Ms. P is Carer for her sister who lives nearby. They have a limited budget and would like to do more together. Ms. P feels a bit isolated since she was made redundant and the time spent with her sister means she has had little time to spend with friends. She thinks she needs some changes to help her reach her Outcomes in terms of a Good Lifestyle, Health, and Finances.</p> |  <p>Miss P has a mild learning disability and as her health has deteriorated, she increasingly uses a wheelchair outside. She is prone to anxiety. Miss P has support to live at home but really enjoys spending time with her sister who gives her a lot of reassurance and emotional support as well as helping with money management.</p> | <p>The sisters started to enjoy the Carers Centre Cinema Group in a local accessible Community Centre. They have both made some new friends there. Ms. P has joined a Carers Walking Group (something she used to enjoy doing with her sister). Ms. P and one of her new friends decided that they wanted to visit Skye and they both applied for Short Break funding towards a coach tour together.</p> |
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| | | |
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|  <p>Mrs. T is main Carer for both her parents. She has recently retired and although her pensions and savings leave her comfortably off, she feels guilty spending money on herself. She is proud of her caring role but does not always feel that others in the family understand that she needs a break too. She is feeling a bit low after retiring and her self-esteem has suffered. She has a chance to go on holiday with friends but worries about her parents.</p> |  <p>Mrs. Ts parents both have declining health but try not to worry anyone. This means they do not always act when a new symptom appears and as a result their condition deteriorates. They have both had unplanned hospital admissions this year. They have 2 daughters, but Mrs. T is the one they confide in, as well as asking her to help them with practical tasks, appointments etc.</p> | <p>Mrs. Ts confidence and self-esteem was boosted through some vouchers for Beauty Therapy and a Haircut through the Respite Scheme at Dundee Carers Centre. She really felt valued as a Carer. After speaking with the Short Breaks Broker Mrs. realised that she should take up her sister's offer to support Mum and Dad while she was away on holiday. She had a discussion with her sister who happily helped while she was on holiday and her parents have now developed more confidence that her sister can share the caring responsibilities on a regular basis.</p> |
| <p>*In Dundee, the threshold for a funded Adult Carer Support Plan, which may include a funded break is currently set at “very high.” A duty on Local Authorities to consider option of breaks from caring when undertaking support planning (Section 25 duty on Local Authorities to provide support (Section 24) to Carers that meet Local Eligibility Criteria.</p> | | |

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Integrated Impact Assessment

Committee Report Number: 143-2026

Document Title: Carers Strategy 2026-2032

Document Type: Strategy

Description:

This report seeks approval of the revised Carers Strategy 2026-2032 and updated Short Breaks Statement. The strategy sets out the planned approach to supporting carers of all ages across Dundee. In relation to Dundee City Council, the report is of particular relevance to Young Carers, for whom the Council retains statutory responsibility.

Intended Outcome:

The intended outcome is a refreshed strategic framework for supporting carers across Dundee, reflecting updated engagement, data and legislative context. In relation to Young Carers, this includes improved identification, recognition and support, contributing to better educational engagement, health and wellbeing, and opportunities to have a life alongside caring.

Period Covered: 01/04/2026 to 31/03/2032

Monitoring:

Delivery of the strategy will be monitored through the Dundee Carers Partnership, including analysis of performance data, service activity and feedback from carers. In relation to Young Carers, monitoring will include school-based identification, uptake of support and engagement measures.

Progress will be overseen through existing governance arrangements, with an annual update provided to committee on delivery of actions relating to Young Carers. Links to wider children's services priorities will also be considered through existing strategic oversight arrangements, including the Child Poverty and Inequalities Strategic Leadership Group, where relevant.

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Equality, Diversity and Human Rights

Impacts & Implications

Age: Positive

Young carers (under 18) are explicitly recognised within the strategy. Strengthening identification, support through schools and access to services is expected to improve educational engagement, wellbeing and participation. A potential limitation is that not all young carers are currently identified.

This is mitigated through continued school-based identification, workforce awareness and monitoring of uptake through partnership reporting arrangements.

Disability: Positive

Many young carers support individuals with disabilities or long-term conditions. Improved support for young carers helps reduce inappropriate caring responsibilities on children and contributes to improved outcomes for both the young person and the cared-for individual. There is limited disaggregated data on young carers with their own additional support needs.

This will be monitored through partnership reporting arrangements, including analysis of participation and support uptake where data is available.

Gender Reassignment: No Impact

Marriage & Civil Partnership: No Impact

Pregnancy & Maternity: No Impact

Race / Ethnicity: Not Known

The strategy is delivered through universal services, including schools, which supports inclusive access.

Monitoring of participation and uptake will assist in identifying any gaps in reach, with action taken through partnership arrangements where required.

Religion or Belief: No Impact

Sex: Not Known

The report does not include specific analysis of young carers by sex. Access to support is through universal services, which supports equitable access.

Ongoing monitoring will be used to identify any differences in uptake.

Sexual Orientation: No Impact

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

Yes

The strategy has a positive impact on children's rights, including access to education, health and wellbeing and participation in decisions affecting them. Supporting young carers to have a life alongside caring is consistent with these rights. 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:

The Ferry:

Positive

West End:

Positive

The strategy is delivered on a city-wide basis through universal services, including schools and partnership provision, which supports consistent access across all areas of Dundee. The focus on improving identification and support for carers, including young carers, is expected to have a positive impact across all localities.

Positive
Implications:

Levels of need are likely to be higher in areas of greater deprivation. This is mitigated through delivery within schools and community-based services across all areas, supported by partnership working and ongoing monitoring of reach and uptake.

Household Group Impacts and Implications

Looked After Children & Care Leavers: Positive

The strategy is expected to have a positive impact where young carers are also care experienced, through improved identification, support and access to services. This can contribute to improved wellbeing, stability and engagement. The report does not provide specific data on overlap with care experienced groups. This will be mitigated through integrated Children and Families services and ongoing monitoring through partnership arrangements.

Carers: Positive

The strategy directly supports carers, including young carers, through improved identification, increased access to support and improved coordination of services. This is expected to improve wellbeing, participation and access to appropriate support. Delivery is dependent on available resources; this is mitigated through partnership delivery and prioritisation based on assessed need.

Lone Parent Families: Positive

Young carers are more likely to live in households experiencing multiple pressures, including lone parent families. Improved identification and support can reduce the impact of caring responsibilities on children and contribute to improved family stability and wellbeing. There is limited specific data on this group; this is addressed through delivery via universal services and ongoing monitoring of uptake.

Single Female Households with Children: Positive

This group is more likely to experience socio-economic disadvantage. Supporting young carers within these households can reduce the impact of caring responsibilities and improve access to support and services. Delivery through universal services, including schools, supports equitable access, with monitoring used to identify and address any gaps in reach.

Greater number of children and/or young children: Positive

Households with a greater number of children may be more likely to include young carers or shared caring responsibilities. Improved identification and support will help ensure that children affected by caring roles are recognised and supported appropriately. This is supported through school-based identification and partnership working across services.

Pensioners - single / couple: No Impact

Unskilled workers or unemployed: Positive

Young carers are more likely to live in households experiencing socio-economic disadvantage, including unemployment. Improved identification and support can help reduce the impact of caring responsibilities on education and participation, supporting better long-term outcomes. The strategy does not directly address family income or employment; this is mitigated through linkages to wider services and support accessed through partnership arrangements.

Serious & enduring mental health problems: Positive

Young carers may be supporting individuals with mental health problems or may experience impacts on their own wellbeing. The strategy includes improved access to support, peer networks and services, which is expected to reduce stress and improve wellbeing. Delivery is dependent on service capacity; this is mitigated through partnership working and prioritisation based on assessed need.

Homeless: Not Known

The report does not provide specific information on young carers affected by homelessness. Universal delivery through schools and services supports identification where this occurs, with monitoring of participation and uptake used to identify any gaps and inform responses through partnership arrangements.

Drug and/or alcohol problems: Positive

Young carers supporting family members with substance use issues are likely to benefit from improved identification, support and access to services. This can reduce isolation and improve wellbeing. The strategy does not specifically quantify this group; this is mitigated through delivery via universal services and ongoing partnership working to ensure access to support.

Household Group Impacts and Implications

Offenders & Ex-offenders: Not Known

The report does not provide specific information on young carers or households affected by offending or re-offending. The strategy is delivered through universal services, including schools and partnership provision, which supports inclusive access where this applies. Monitoring of participation and uptake will help identify any gaps and inform responses through partnership arrangements.

Socio Economic Disadvantage Impacts & Implications

Employment Status: Positive

Young carers are more likely to live in households experiencing socio-economic disadvantage, including unemployment. Improved identification and support can reduce the impact of caring responsibilities on education and participation, supporting better long-term outcomes and future employment opportunities. The strategy does not directly address employment; this is mitigated through linkages to wider services and support accessed through partnership delivery and wider services.

Education & Skills: Positive

The strategy is expected to have a positive impact on education and skills by reducing the negative effects of caring responsibilities on attendance, engagement and attainment. Improved identification and support within schools, including access to targeted support and resources, will help young carers remain engaged in learning. Delivery is dependent on consistent identification; this is mitigated through school-based processes and monitoring of participation and uptake through partnership reporting arrangements

Income: Not Known

The strategy does not directly affect income levels for families. While improved identification and support may reduce some pressures associated with caring responsibilities and support access to wider services, the impact on income cannot be directly assessed. This is mitigated through linkages to other services and supports available through partnership delivery.

Caring Responsibilities (including Childcare): Positive

The strategy is specifically designed to address caring responsibilities, including those undertaken by young carers. Improved identification, support and access to services will help reduce inappropriate caring burdens and ensure that young people are supported to have a life alongside their caring role. Delivery is dependent on available resources; this is mitigated through partnership delivery and prioritisation based on assessed need.

Affordability and accessibility of services: Positive

Support for carers, including young carers, is delivered through accessible and free services, including schools and partner organisations. This supports equitable access regardless of financial circumstances. The strategy improves awareness and access to support; this is supported through universal delivery and monitoring of participation and uptake through partnership reporting arrangements to identify and address any gaps.

Fuel Poverty: Not Known

The report does not provide specific information relating to young carers and fuel poverty. While the strategy may indirectly support families through improved access to services, it does not directly address fuel poverty. Monitoring of participation and engagement will help identify any links to wider socio-economic pressures and inform responses through partnership delivery.

Cost of Living / Poverty Premium: Not Known

The strategy does not directly address cost of living pressures or the poverty premium. While improved identification and support may reduce some pressures associated with caring responsibilities and improve access to wider services, the impact on cost of living cannot be directly assessed. This is mitigated through linkages to other services and supports available through partnership delivery and wider services.

Connectivity / Internet Access: Not Known

The report does not provide specific information on connectivity or internet access for young carers. While access to services may increasingly rely on digital engagement, the strategy does not directly address digital access. This is mitigated through delivery via universal services, including schools and partner organisations, with monitoring of participation and uptake through partnership reporting arrangements used to identify any potential barriers.

Income / Benefit Advice / Income Maximisation Positive

Improved identification and support for carers, including young carers, can facilitate access to advice and support services, including those relating to income and benefits. While the strategy does not directly deliver income maximisation services, it supports improved awareness and access through partnership delivery. This may contribute to reducing some of the impacts of socio-economic disadvantage.

Employment Opportunities: Positive

Improved support for young carers can reduce the negative impact of caring responsibilities on education and participation, supporting better long-term employment opportunities. The strategy does not directly create employment opportunities; this is mitigated through linkages to wider services and support accessed through partnership delivery and wider services.

Education: Positive

The strategy is expected to have a positive impact on education by reducing the negative effects of caring responsibilities on attendance, engagement and attainment. Improved identification and support within schools will help young carers remain engaged in learning and access appropriate supports. Delivery is dependent on consistent identification; this is mitigated through school-based processes and monitoring of participation and uptake through partnership reporting arrangements.

Health: Positive

Young carers may experience impacts on their physical and mental health as a result of caring responsibilities. The strategy includes improved access to support, peer networks and services, which is expected to improve wellbeing and reduce stress. Delivery is dependent on service capacity; this is mitigated through partnership delivery and prioritisation based on assessed need.

Life Expectancy: No Impact**Mental Health: Positive**

Young carers may experience impacts on their mental health as a result of caring responsibilities or through supporting individuals with mental health needs. The strategy includes improved access to support, peer networks and services, which is expected to reduce stress and improve wellbeing. Delivery is dependent on service capacity; this is mitigated through partnership delivery and prioritisation based on assessed need.

Overweight / Obesity: No Impact**Child Health: Positive**

Improved identification and support for young carers is expected to contribute positively to overall child health and wellbeing by reducing inappropriate caring burdens and improving access to support services. This supports better outcomes in relation to wellbeing and development. Delivery is dependent on consistent identification and available resources; this is mitigated through school-based processes and partnership delivery.

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 strategy is expected to have a positive reputational impact by demonstrating a clear and evidence-based commitment to supporting carers, including young carers, and meeting statutory responsibilities. There is a potential risk that expectations of improved support may exceed available resources. This is mitigated through clear governance arrangements, annual reporting and communication of progress through partnership reporting arrangements.

Economic/Financial Sustainability / Security & Equipment: Not Known

The report does not introduce new financial commitments and is based on existing resources and partnership delivery. However, delivery of the strategy is dependent on available capacity and wider financial pressures, and the overall impact on financial sustainability cannot be fully assessed. This is mitigated through delivery within existing resources, partnership working and monitoring of demand and service capacity.

Social Impact / Safety of Staff & Clients: Positive

The strategy is expected to have a positive social impact by improving identification and support for carers, including young carers, contributing to improved wellbeing and reduced risk associated with caring responsibilities. No additional risks to staff or clients are identified. 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 strategy supports the Council in meeting its statutory responsibilities in relation to carers, including young carers, in line with relevant legislation. It provides a clear framework for delivery and monitoring of these duties. Any risks relating to delivery are mitigated through governance arrangements and ongoing partnership oversight.

Organisational / Staffing & Competence: Positive

The strategy builds on existing organisational arrangements and partnership delivery models to support carers, including young carers. It supports improved coordination, awareness and practice across services. Delivery is dependent on workforce capacity; this is mitigated through partnership working, existing staffing structures and prioritisation based on assessed need.

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 £250,000 and this together with other areas of risk can be effectively managed