

City of Edinburgh Council

# GIRFEC Staff Survey 2024

Whole Family Wellbeing Team  
13/09/2024

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## Executive Summary

### Training

- 62% of staff reported having received trauma-informed training in the last year. Staff from Early Years and school-based education were more likely to express a lack of confidence in recognising trauma.
- Only 27% of respondents received GIRFEC training last year. No single service was more or less likely to have been trained. Refreshed GIRFEC training is recommended, especially around the topic of roles.
- 36% of staff received poverty training. Early Years, Social Work, and Health Visiting staff were significantly less likely to have been trained. Confidence in poverty-informed practice was generally high at 70%.

### Family Experience

- Most professionals believe the GIRFEC process supports families well. However, only 10% feel parents have a moderately good understanding of GIRFEC during initial meetings. Providing standardised information about the GIRFEC process would go some way towards alleviating this problem.
- 77% of professionals believe the professional closest to the families are consulted for their views, but this drops to 56% in the Third Sector. Families should be consulted for their views on this.
- Families with English as an additional language are perceived as being moderately well supported, however Third Sector staff felt this was not the case.
- Only 19% of staff report families are often consulted on selecting the lead professional.

- Only 23% of staff believe children and young people have a good or excellent understanding of their rights.
- Open-text responses indicate that professionals feel that communication with families is a significant area for improvement in Edinburgh. Standardised information should be made widely available to all families.

## Processes

- 83% of staff find SHANARRI indicators moderately to extremely useful. However, concerns have been raised that they do not fully address the needs of infants.
- 76% of staff find the My World Triangle somewhat or extremely useful, but staff from Education rated it less positively (36% found it not at all or only slightly useful).  
**Recommendation:** Investigate the concerns of school staff regarding the My World Triangle to understand and address their specific challenges.
- While 86% of staff believe the paperwork enhances support for children and families, feedback suggests it is often time-consuming and not user-friendly. **Recommendation:**
  - **Streamlining and Consistency:** Implement a unified framework to improve consistency across sectors and reduce duplication.
  - **Technology Issues:** Address accessibility issues with PDFs by exploring alternative formats or updating software to ensure all users can effectively interact with documents.
  - **Structure and Content:** Gather feedback from families, especially those with complex needs, to improve the clarity and usability of paperwork.
- 65% of staff find GIRFEC somewhat to very effective in supporting transitions between services, though social work staff are less satisfied (45% found it ineffective), and 22% of Early Years staff reported significant concerns. **Recommendation:** (1) Collect more specific feedback from Early Years and social work staff to refine and improve transition processes, (2) Improve collaboration and communication among professionals to enhance support for families with children in different nurseries or schools.
- Only 39% of staff feel GIRFEC supports all children equally. **Recommendation:** Explore this issue further with staff to identify and address any disparities in support, ensuring all children receive equitable assistance.

## Early Intervention

- Responses are evenly split between "slightly effective" (40%) and "moderately effective" (41%) regarding GIRFEC's role in early support, with 14% finding it "not at all effective." Early Years (22%) and Education (18%) services are particularly critical of the current effectiveness.
- Barriers to early intervention featured heavily in open-text responses.  
**Recommendation:** Seek feedback from professionals on where they believe early intervention could be better supported.

## Collaboration

- 70% of staff feel the role of the lead person is moderately or very well understood, but confidence is lower among Third and Voluntary Sector staff (57%). **Recommendation:**

Enhance clarity on the role of the lead person, especially for Third and Voluntary Sector staff, to improve understanding and effectiveness.

- Communication between professionals is rated moderately, with 63% reporting moderate or strong communication. Lower satisfaction is reported among school-based staff (58%) and Third Sector workers (54%).
- Issues around professional collaboration featured heavily in open-text responses.  
**Recommendation:** Explore issues around inter-agency collaboration in more detail in focus groups.
- Main areas for improvement around collaboration focused on information sharing; coordination and communication; roles and responsibilities; shared burden and responsibility.

## Staff

- Staff generally report high confidence in information sharing, knowledge of children's services, and initiating discussions with parents about family supports. However, confidence is lower regarding support available for parents and carers and assessing their needs.
- 55% of staff feel the system supports lead professionals in coordinating multi-agency support moderately to very well, while 45% find it less effective. Early Years staff express the highest dissatisfaction, with nearly a quarter rating the system as 'not at all well.' Third Sector staff also show low confidence, though only 4% of them coordinate child planning meetings.
- 59% of Social Work professionals coordinate child planning meetings and generally feel moderately well supported. In contrast, Early Years staff and Third Sector staff report varying levels of satisfaction.
- Over 16% of school-based education staff are 'not at all confident' in exploring a parent or carer's needs, and there is low confidence in knowledge of adult services, with 29% of staff being 'not at all confident.' Early Years staff also show low confidence in this area, with 20% being 'not at all knowledgeable.' **Recommendation:** Provide additional support and training for school-based education and Early Years staff to improve their confidence and knowledge in exploring parent/carers needs and adult services. This support is critical as schools play a key role in exploring broader supports as part of a child's plan.

## Introduction

GIRFEC (Getting It Right for Every Child) is the national framework for early support and intervention for children, young people, and families.

Several exciting developments in Edinburgh, including the Whole Family Wellbeing Fund, aim to transform children's and families' services. This makes it an ideal time to assess and refresh GIRFEC. A working group with representatives from various sectors has been convened to start this process.

To identify areas for improvement, we are gathering views from both professionals who support children and families, and families with experience of GIRFEC. Our focus is on five broad topics:

1. **Early Intervention:** Assess how effectively GIRFEC practice in Edinburgh provides early and responsive support for families.
2. **Processes:** Identify areas where systems, procedures, and planning can be improved to better support families.
3. **Staff Support:** Identify means of supporting and empowering professionals to better assist the families they work with.
4. **Collaborative/Multi-Agency Working:** Explore methods to strengthen collaborations between services.
5. **Family Experience:** Understand families' experiences of GIRFEC in relation to the ten principles of holistic whole family support.

We began with a large-scale survey to gather professionals' opinions across a broad range of topics, aiming to identify areas for further exploration. A total of 482 professionals responded, representing sectors such as Education, Social Work, the Third and Voluntary Sectors, the NHS, and other services.

The survey results have highlighted specific areas where staff see potential for improvement in the implementation of GIRFEC in Edinburgh. Full methods have been excluded from this report but are available upon request.

## Results

### Service area and Learning Communities

A total of 482 professionals responded to the survey. The distribution of responses across different service areas is illustrated in Figure 1. Service areas with fewer than five responses, which couldn't be logically grouped with others, were categorised as "Other." For statistical analysis, services with fewer than 10 responses were combined, as the variation in these responses made it challenging to draw statistically significant conclusions.

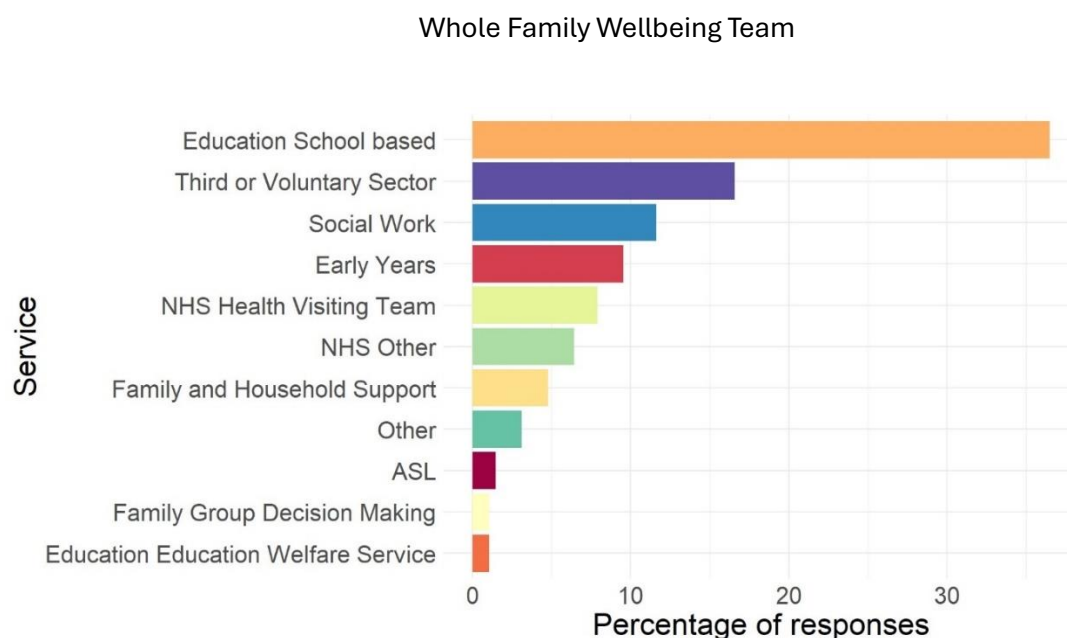


Figure 1. The proportion of GIRFEC staff survey responses from each service area.

## Knowledge and training of GIRFEC, trauma, and poverty

To assess whether staff across different sectors were more or less likely to have received training in the last year, a binary logistic regression analysis was conducted. Survey responses were categorised into binary outcomes: "Received Training" and "Did Not Receive Training." Responses of "No" and "Can't Remember" were combined for simplicity. The regression model used the binary training outcome as the dependent variable, with sector as the independent variable, accounting for varying sample sizes across services.

**Trauma:** Overall, participation in trauma training was high across all services, with 62% of respondents reporting they had completed such training in the past year. Statistically, staff from Early Years ( $p = 0.04$ ) and Health Visiting ( $p = 0.04$ ) services were slightly less likely to have received trauma training, with 61% and 63% of these staff, respectively, indicating they either had not received training or couldn't remember. In addition to training, staff were asked about their confidence in (1) recognising trauma and (2) ensuring their practice was trauma informed. Responses were generally positive, with 84% (1) and 81% (2) feeling moderately to very confident in their abilities. However, staff from Early Years and school-based education were more likely to express a lack of confidence in recognising trauma, highlighting an area where additional support may be needed.

**GIRFEC:** Across all services, only 27% of respondents reported having received GIRFEC training in the last year. The binary logistic regression indicated that no single service was statistically more or less likely to have received this training than others. Refreshed GIRFEC training is recommended, especially around the topic of roles, which is explored in more detail below.

**Poverty:** Like GIREFC, the number of staff who reported having received poverty training in the last year was relatively low (36%). Early Years ( $p = 0.02$ ), Social Work ( $p = 0.02$ ), Health Visiting ( $p = 0.02$ ), and Other NHS services ( $p = 0.01$ ) were less likely to have received poverty training than other services (Figure 4). 70% of staff felt confident their own practice is informed by a knowledge of poverty, with Family and Household Support reporting slightly lower confidence compared to other services (Figure 5).

## Family Experience

### Overview of family experience

We asked several questions designed to understand how well professionals believe GIRFEC supports families. Overall, professionals were positive about the level of support they felt families received, with a few exceptions (Table 1). One of the most striking findings was that across all sectors, very few staff felt that parents and carers have a good understanding of GIRFEC when they first attend a child's planning meeting.

*Table 1. An overview of the percentage of people who reported positive experiences for families for a range of questions (all services combined). Some questions have been amended for brevity. Results are ordered by percentage in descending order.*

Question	Positive Responses	Overall Percentage
How confident do you feel in your ability to incorporate the needs of children, young people, and families (including parents / carers) with disabilities in your GIRFEC practice?	Moderately / Very confident	84%
GIRFEC meetings succeed in normalising the process of accessing support, similar to accessing universal services	Agree / Strongly agree	80%
How do you perceive the current effectiveness of the named person role for this purpose? (Being the person children and families can contact when they need access to support)	Somewhat effective / Very effective	78%
How often can the people working closest with the child provide views that may be considered at the child's planning meeting?	Often / Almost always	77%
How confident do you feel in taking account of the cultural backgrounds and needs of families from diverse ethnic groups?	Moderately / Very confident	76%
How well do you think GIRFEC practice in Edinburgh promotes, supports and safeguards the wellbeing of children and young people	Moderately / Very well	69%
How often is it possible to arrange a Child's Planning at a time and place that is convenient for families?	Often / Almost always	62%
How well does GIRFEC planning help families and agencies communicate and coordinate?	Moderately / Very well	62%

How well does current GIRFEC practice in Edinburgh achieve placing a child or young person at the heart of decisions that affect them?	Moderately / Very well	57%
How well do you believe families with English as an additional language are supported to be actively involved in the GIRFEC process?	Moderately / Extremely supported	57%
How often are families consulted on who should be invited to attend the child's planning meeting?	Often / Almost Always	46%
How confident are you that parents and carers are fully informed about GIRFEC processes?	Moderately / Very confident	37%
In your opinion, what level of understanding do children have about their rights and how they can exercise them, within the GIRFEC process?	Good / Excellent understanding	23%
How often are families consulted on who should be the lead professional?	Often / Almost always	19%
How often do parents and carers tend to have a good understanding of GIRFEC when they first attend a child's planning meeting?	Often / Almost always	10%

## More detailed analysis of family experience

### *Normalisation of GIRFEC*

Most professionals (80%) felt that GIRFEC meetings help normalise the process of accessing support, making it feel similar to accessing universal services (Table 1). However, Social Services staff were less likely to agree, with only 63% believing this to be true. This is understandable given that Social Work is not a universal service, and their involvement typically arises from more complex family circumstances.

### *Child's Planning Meetings*

Most staff believed that the person closest to the family is often or almost always consulted for their views ahead of Child Planning Meetings (**CPMs**). However, only 56% of staff from the Third and Voluntary Sector felt the closest person to the family is regularly consulted. Anecdotal feedback suggests that Third Sector organisations, despite often working closely with children and families, sometimes feel overlooked. This issue warrants further exploration with both the Third Sector and families. For instance, do families feel that the involvement of Third Sector organisations in CPMs is lacking and desirable? In the open-text responses staff from many services report being stretched too thin to offer early intervention, while the Third Sector feels underutilised. Addressing this could be a valuable area for improvement.



There was a difference in perceptions between professions regarding how frequently families are consulted on attendees of CPMs, with 62% of education staff saying families are frequently consulted and only 12% of Third Sector Staff agreeing. Similarly, 62% of professionals believe meetings are scheduled at convenient times for families (Table 1), but only 26% of Third and Voluntary sector staff agree.

While gathering families' views on this would be interesting, it's acknowledged that coordinating meetings convenient for both professionals and families is challenging, especially when multi-agency attendance is required. One suggestion in the open-text response was to make meetings less intimidating by limiting the number of professionals and using simpler language. The Single Point of Access and Whole Family Wellbeing Funded collaborative hubs may help alleviate this pressure, by providing a regular time for professionals to set aside time and limiting the need for multiple professionals attending meetings for individual children. Raising awareness of these services city-wide, once they are operational, could better support Education staff in coordinating multi-agency support.

#### *Lead Professional and Named Person Roles*

Very few professionals felt that families are consulted about who the lead professional should be, with only 19% saying this happens often or almost always (Table 1). Gathering feedback from families on their experiences with lead professionals may reveal whether this is a significant issue and if it presents an opportunity to empower families further. Similarly, families should be consulted on their views about the named person role. For example, are families aware of the role and the way in which they can support them? Do they feel they could approach the named person for their child for support? Results of the survey suggest professionals perceive the Named Person role as somewhat to very effective (Table 1).

#### *Parent and Carer understanding of GIRFEC*

The least positive feedback came from the understanding of GIRFEC by parents and carers at initial meetings, with only 10% feeling they had a good understanding. Additionally, only 37% of staff felt parents and carers are fully informed. One respondent recommended that standardised information about the GIRFEC process be posted on every school's website. This would make information universally accessible and give parents an easy way to familiarise themselves with the process before meetings. Such a measure could also help reduce stigma by providing neutral examples of situations where families might need support, such as during a parent's hospital stay. The Whole Family Wellbeing Team could explore having parents review this information before it is widely shared. The Third Sector could be consulted on how best to disseminate this information to families from non-English speaking and people from minority ethnic groups, in co-ordination with CEC's EAL team (see below).

#### *English as an additional language*

Staff across most sectors believed that families with English as an additional language are moderately well supported to actively participate in the GIRFEC process. However, a significant exception was noted in the Third and Voluntary Sector, where 76% of staff felt that these families are only slightly or not at all supported (Figure 2). One comment highlighting this concern stated:

*"...GIRFEC will also need to take on a non-Eurocentric approach. It will be helpful for the framework to be in other language and explain to families how exactly they can be involved in the planning and decision making for issues that affect their lives." (Third Sector)*

## Whole Family Wellbeing Team

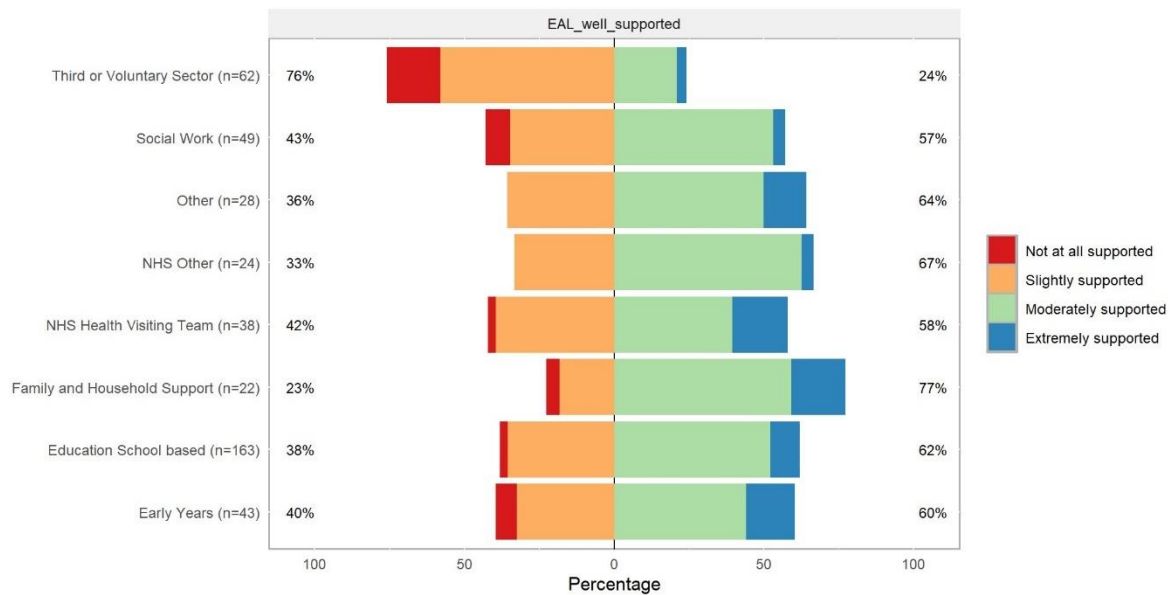


Figure 2. Staff responses to the question, “How well do you believe families with English as an additional language are supported to be actively involved in the GIRFEC process?”. The responses are broken down by service area, with the number of responses received from each service shown next to its name. ‘Don’t know’ responses are excluded.

Edinburgh has a high proportion of families for whom English is an Additional language ([source](#)), as well as the most refugees in Scotland as of 2020 ([source](#)). Edinburgh Council has a large EAL Team and there are many [resources](#) to support learning English for speakers of other languages. However, issues around language and communication are not the only barriers to accessing support. Research by SCRA has [highlighted](#) key barriers to services engaging with ethnic minority families, including mistrust of services, culture-specific parenting, and the perception of systems as predominantly white and discriminatory. These concerns are supported by [NIHR](#) studies focusing on improving mental healthcare for diverse groups. SCRA notes that third sector organisations often serve as the first point of contact for these families, leveraging trusted relationships and shared cultural backgrounds. Therefore, the input from these organisations should be considered crucial, as mainstream services might not fully grasp how effectively they cater to different ethnic groups. It is essential to ensure that standard information about GIRFEC is readily accessible in multiple languages. Additionally, gathering feedback from ethnically diverse families about GIRFEC’s effectiveness is vital (see also [Lindsay, 2022](#) for an overview of how this might be achieved).

### Children’s Understanding of their rights

Regarding children’s understanding of their rights, only 23% of staff felt that children have a good or excellent grasp, while 53% believed they have some understanding. Since a child’s comprehension varies with age and cognitive ability, and with the UNCRC Act now part of domestic law, it would be beneficial to review policies and practices. Gathering children’s perspectives on this topic could help establish a baseline against which to measure progress in this area.

### *Communication with Families*

Despite 62% of professionals believing they communicate moderately to very well with families (Table 1), communication issues were a major theme in the open-text responses. This aligns with professionals' concerns about how well families understand the GIRFEC process (see above).

The responses emphasised the need for parents to be better informed about GIRFEC, what to expect from the process, and how it can benefit them. Standardising and promoting clear, accessible information for all parents would improve understanding. Existing resources could be adapted, but care should be taken to ensure that information is concise, easy to understand, and not overwhelming.

Key information to provide:

- What GIRFEC is (with links for those wanting more details)
- Why a Child's Planning Meeting (CPM) might be helpful
- The purpose and outcomes of a CPM
- The rights of parents and children

Care should be taken to ensure this information is presented in an engaging, understandable way.

## Processes

### *Assessment tools*

Staff views on the SHANARRI indicators were largely positive, with 83% agreeing they are moderately to extremely useful. However, one participant pointed out that these indicators don't translate well to infants, emphasising the need for wellbeing measures that consider a baby's needs. Getting this right from the start is crucial for effective early intervention.

The My World Triangle also received generally positive feedback, with 76% of staff finding it somewhat or extremely useful. Interestingly, staff from Education were the least likely to find it helpful, with 36% reporting it as not at all or only slightly useful. Given that schools conduct the majority of GIRFEC assessments, this discrepancy warrants further investigation to understand what aspects school staff find unhelpful.

### *Paperwork*

Overall, staff felt that GIRFEC paperwork enhances support for children, young people, and families, with only 14% disagreeing. However, many open-text responses suggested that the paperwork could be improved. The wording of the related question might have caused confusion, as 44% of respondents said they 'sometimes' agree that all paperwork improves support. In the future, offering only 'yes,' 'no,' or 'unsure' options could make the results clearer.

The open-text responses highlighted a range of issues, with most comments suggesting that paperwork is either time-consuming or not user-friendly for parents and carers. The main themes were:

1. **Streamlining and consistency**

Many staff pointed out the inconsistency in paperwork across sectors, leading to duplication and extra work. They called for a common, updated framework for all documents, including meeting formats, agendas, minutes, and guidance on planning documents and chairing meetings.

## **2. Technology (specifically PDFs)**

Several people commented on the use of PDFs, with many reporting that the format is inaccessible for some parents. It is unclear what the issue is, but the following may contribute to this problem:

- Older mobile devices may not have built-in apps for opening PDFs, and specialist apps require sufficient memory on the parent's phone.
- Locating downloaded items on mobile devices can be challenging.
- Large files may be difficult to open.
- Outdated software on school computers can also hinder working with PDFs.

While this issue may improve as newer phones standardise PDF compatibility, it should still be explored with parents during participation work.

## **3. Structure and content of paperwork**

Similarly to section 2 above, several people noted that families, especially those with complex needs, often struggle to understand documents without professional help. Gathering families' views on this issue would be valuable, as difficulty understanding paperwork significantly hinders parent's ability to take charge of their own support.

### *Transitions and inter-school co-ordination*

Generally, staff across services, including the Third Sector and Early Years, felt that GIRFEC effectively supported transitions between services, with 65% reporting it as 'somewhat' to 'very' effective. Social work staff were the least satisfied in this area, with 45% responding that transitions were 'very' or 'somewhat' ineffective (Figure 3). Given that social work plays a crucial role in transitioning individuals with complex needs from children's to adult's services, their insights are particularly important. Interestingly, while 71% of Early Years staff reported high effectiveness for transitions, 22% rated the process as 'very ineffective' (Figure 3). Early Years staff play a crucial role in transitions, as all children in their care eventually move on to primary school. These findings suggest that while the transition process is generally smooth, it can be quite difficult for some children, leading to significant concerns among staff. Gathering more detailed feedback from Early Years staff on how transitions could be improved would be highly beneficial.

Staff opinions were mixed on the effectiveness of providing coordinated support to families with siblings in different nurseries or schools. While 46% rated this support as moderately effective, 35% saw it as only slightly effective. Only 5% of participants felt it was done very effectively, whereas 14% considered it very ineffective. Schools were particularly critical, with just 40% rating the support as moderately to very effective, and 17% labelling it as very ineffective. This aligns with issues raised in the open-text responses about the need for better collaboration and communication among professionals, which is essential for cross-school or nursery support.

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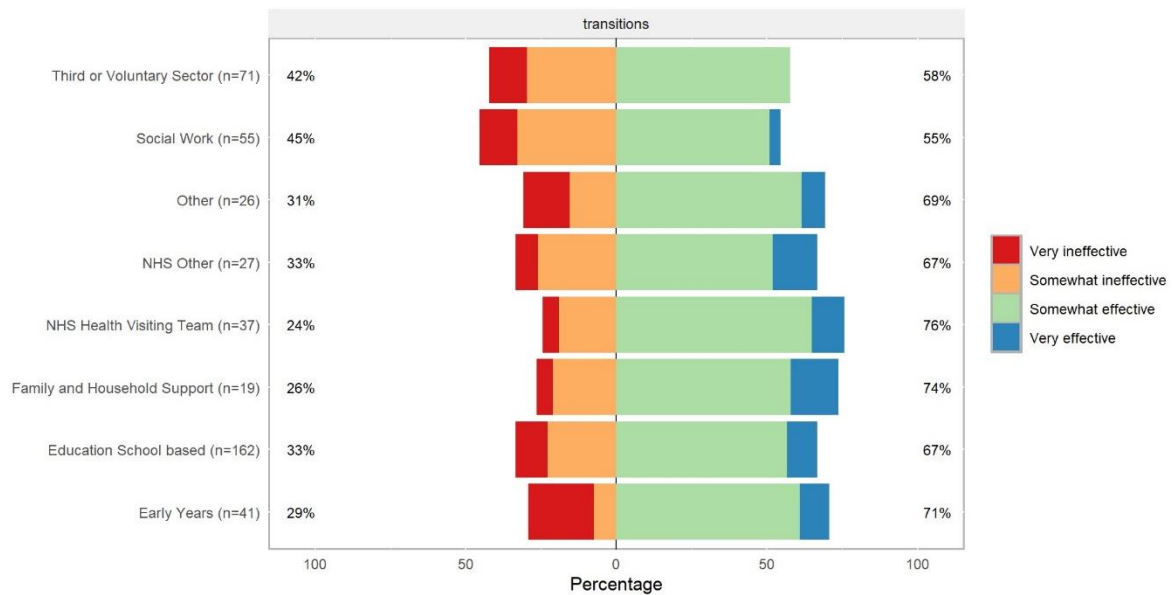


Figure 3. Staff responses to the question, “How effective are GIRFEC processes in supporting children during transitions?”. The responses are broken down by service area, with the number of responses received from each service shown next to its name. ‘Don’t know.’

### Equal Support for All Children

Only 39% of staff agreed that GIRFEC supports all children and young people equally, regardless of their family's apparent life circumstances. Few people expanded upon this in the open-text responses, therefore this is another area for possible exploration with staff.

### Early Intervention

Assessing the effectiveness of GIRFEC practice in providing early support was a key aim of this survey. One question explicitly addressed the effectiveness of as a means of providing early intervention:

*“The Scottish Government defines early intervention strategies as shifting focus from crisis intervention to prevention, emphasising the importance of building resilience and providing the right level of support before problems arise. **How effective is GIRFEC at ensuring children receive the appropriate early support they need?**”*

Combined, responses to this question were evenly split between "slightly effective" (40%) and "moderately effective" (41%). However, 14% of respondents indicated that GIRFEC was "not at all effective". Within services, Early Years (22%) and Education (18%) most likely to believe that early intervention is not at all effective (Figure 4).

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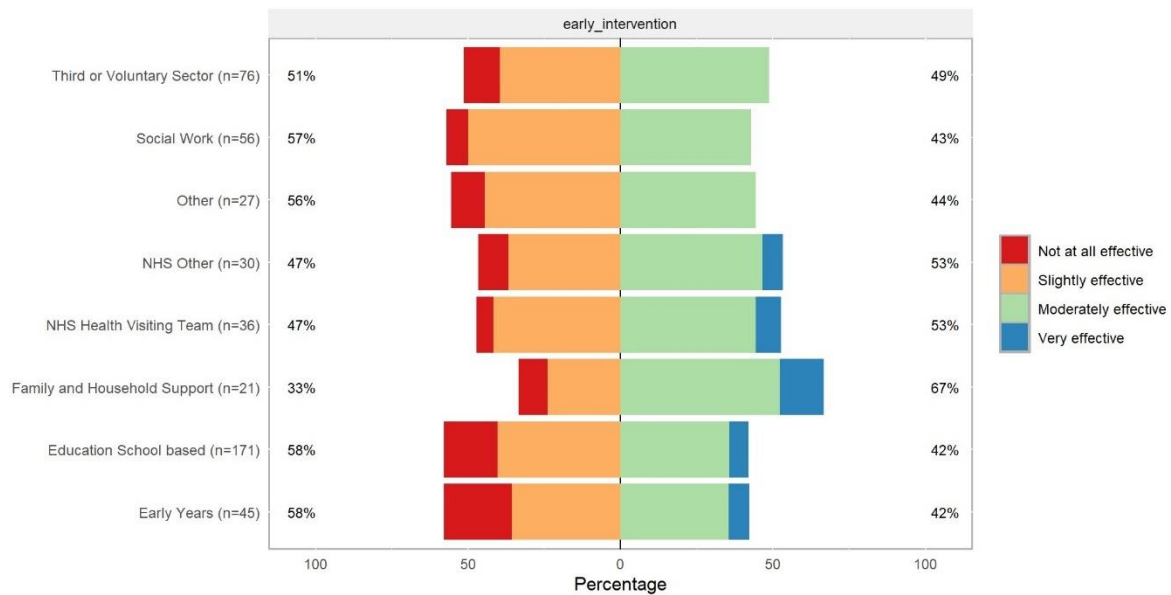


Figure 4. Staff responses to the question, “How effective is GIRFEC at ensuring children receive the appropriate early support they need?”. The responses are broken down by service area, with the number of responses received from each service shown next to its name. ‘Don’t know’ responses are excluded.

Responses related to early intervention were tagged in an open-text question asking participants to identify key areas for improvement. Of the 305 responses on how GIRFEC practice could be improved, 178 comments related to early intervention. Thematic analysis of these responses revealed several prevalent themes, which are briefly explored below. Note that several themes overlap:

### *Identifying / actioning / accessing the appropriate support*

**Sub-themes:** Perceived high thresholds to access supports (including Social Work, the audited hours assessment process for ASN children, and access to Early Years placements for 0 - 2 year-olds); waiting lists, including CAMHS; lack of early-intervention supports.

### *Barriers to responding early*

**Sub-themes:** Reactive vs proactive intervention; waiting lists; time lapsed to first CPM, Social Work support at early stages; early-stage needs missed due to high volume of crisis-level support required.

### *Staff / time shortages*

**Sub-themes:** Time required to complete CPMs and related paperwork (especially in schools); insufficient ASL staff; professions unable to attend CPMs due to time constraints; difficulty arranging times convenient for staff and families.

### *Equality of support*

**Sub-themes:** Inequality between parent / carers in navigating ‘the system’; disparities across the city due to higher staff demands in deprived areas; inconsistent practice across schools; support for EAL families and families from different cultures; unequal provision for ASN children in council vs. private nurseries; unmet needs of children with complex ASN in mainstream settings, affecting both the children with ASN and others.

The ‘presumption of mainstreaming’, contained within Section 15 of the [Standards in Scotland's Schools etc Act 2000](#) mandates that education authorities provide education in mainstream

schools unless specific exceptions apply. However, a well-documented gap exists between this policy and its practical implementation (e.g. [Alliance](#), [EIS](#)). Many survey participants noted challenges in supporting children with significant ASN in mainstream settings. A 2020 Scottish Government [review](#) acknowledged that while the intent of the legislation remains sound, increased ASN numbers and austerity have strained resources, posing significant challenges in implementing this policy. Since extensive views from parents, carers, and staff have already been collected by the government, duplicating this in our participation work is unnecessary. The shift towards early, holistic family support under the Whole Family Wellbeing Funding underscores the need to ensure sufficient resources for ASN pupils in mainstream education.

## Collaboration

There were only two Likert-style questions on professional collaboration, but issues around this were frequently mentioned in the open-text responses. Overall, 70% of staff felt the role of the lead person was moderately or very well understood, though confidence was lower among Third and Voluntary Sector staff (57%). Communication between professionals was rated slightly lower, with 63% reporting moderate or strong communication. School-based staff and Third Sector workers reported lower satisfaction with communication (58% and 54%, respectively). Open-text responses highlighted three key areas for improvement: communication, multi-agency collaboration, and an unequal workload and responsibility burden.

Responses about professional collaboration were tagged in an open-text question asking for key areas of improvement. Of the 305 responses on enhancing GIRFEC practice, 167 referenced collaboration. Key themes included:

### *Sharing Information:*

Issues at transition points (e.g., nursery to school), between education settings, and across services (e.g., GPs, HVs, and school nurses). Timely, clear communication of minutes and better inter-service links were also highlighted.

### *Coordination and communication*

Challenges in communication were raised across sectors, making this an important topic for further exploration. Suggested follow-up questions include:

1. Where is communication breaking down?
2. What improvements are needed?

### *Roles*

Staff from all sectors reported confusion around roles and responsibilities, and this was a prominent theme. Issues included referral criteria, social work thresholds, child protection protocols, and clarity on roles in CPMs.

### *Shared burden / responsibility between agencies*

An unequal burden on schools and health visitors to manage multi-agency coordination was a significant theme. Schools often felt overwhelmed when non-educational issues dominated the support plan. The third sector also felt sidelined, despite often having close relationships with families.

Improving connections between schools and third-sector organisations may alleviate these issues. The rollout of the Single Point of Access and Whole Family Wellbeing (WFW) initiatives offers an opportunity to set clear expectations and roles.



Some concerns, such as how we communicate GIRFEC to families, will be brought to the GIRFEC working group. Staff also expressed a need for a refresh on roles and responsibilities, especially regarding multi-agency collaboration.

## Staff

Several questions focused on how professionals perceive the support they receive and their confidence in their knowledge. Overall, staff reported high confidence in areas like information sharing, knowledge of children's services, and initiating conversations with parents about broader family supports. However, they were less confident about the support available for parents and carers and assessing their needs (Table 2).

Responses were mixed on how well the system supports lead professionals in coordinating multi-agency support for families facing complex issues: 55% rated it moderately to very well, while 45% felt it was less effective (Figure 5). Among Early Years staff, nearly a quarter felt the system worked 'not at all well,' the highest dissatisfaction of any service. Third Sector staff also expressed low confidence, although only 4% of them actually coordinate child planning meetings, suggesting their views may reflect observation rather than direct experience.

In contrast, 59% of Social Work professionals coordinated child planning meetings and generally felt lead professionals were moderately well supported. These differences highlight areas for potential further exploration, especially with Third Sector staff.

*Table 2. An overview of the percentage of people who reported positive experiences for families for a range of questions (all services combined). Results are ordered by percentage in descending order.*

Question	Positive Responses	Overall Percentage
How confident do you feel knowing who to share information with under GIRFEC?	Moderately / very confident	89%
How confident do you feel knowing what information to share under GIRFEC?	Moderately / very confident	89%
How knowledgeable do you feel about the services available to support children and young people?	Moderately / extremely knowledgeable	81%
How confident do you feel initiating discussions about wider supports available to the whole family [when a parent discloses information such as financial or health problems]	Moderately / very confident	81%
How confident do you feel using GIREFC to explore a parent or carer's needs?	Moderately / very confident	65%
How well does the current system support lead professionals to co-ordinating a multi-agency support for children, young people and families experiencing complex issues?	Moderately / very well	55%



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How knowledgeable do you feel about the adult services available to support parents and carers needs?	Moderately / extremely knowledgeable	40%
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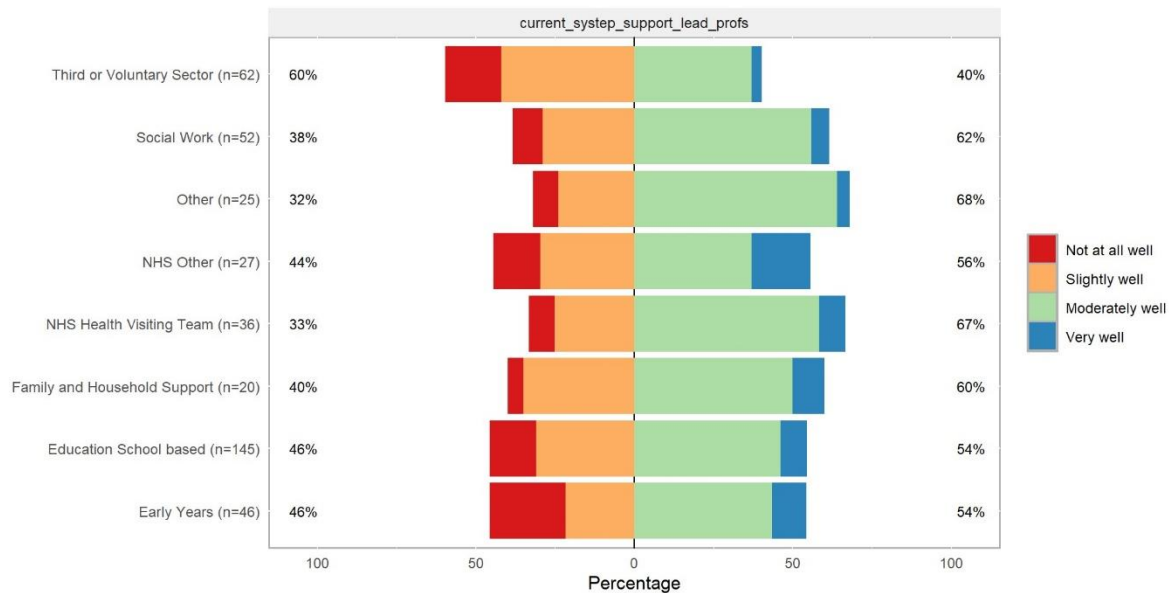


Figure 5. Responses to the question, 'How well does the current system support lead professionals to co-ordinating a multi-agency support for children, young people and families experiencing complex issues?', broken down by service area. 'Don't know' responses are excluded.

Among services, school-based education staff were less confident about exploring a parent or carer's needs compared to other professionals, with over 16% responding 'not at all confident' to this question. A similar trend was observed in professionals' self-reported knowledge of adult services, with a huge 29% of staff indicating they were 'not at all confident' in this area. Early years staff also reported low confidence of adult services, with 20% responding 'not at all knowledgeable' and no participants responding, 'extremely knowledgeable' (Figure 6). Since schools, as the named person for a child or young person, are expected to explore these wider supports as part of a child's plan, this highlights a critical area where schools could benefit from additional support.

## Whole Family Wellbeing Team

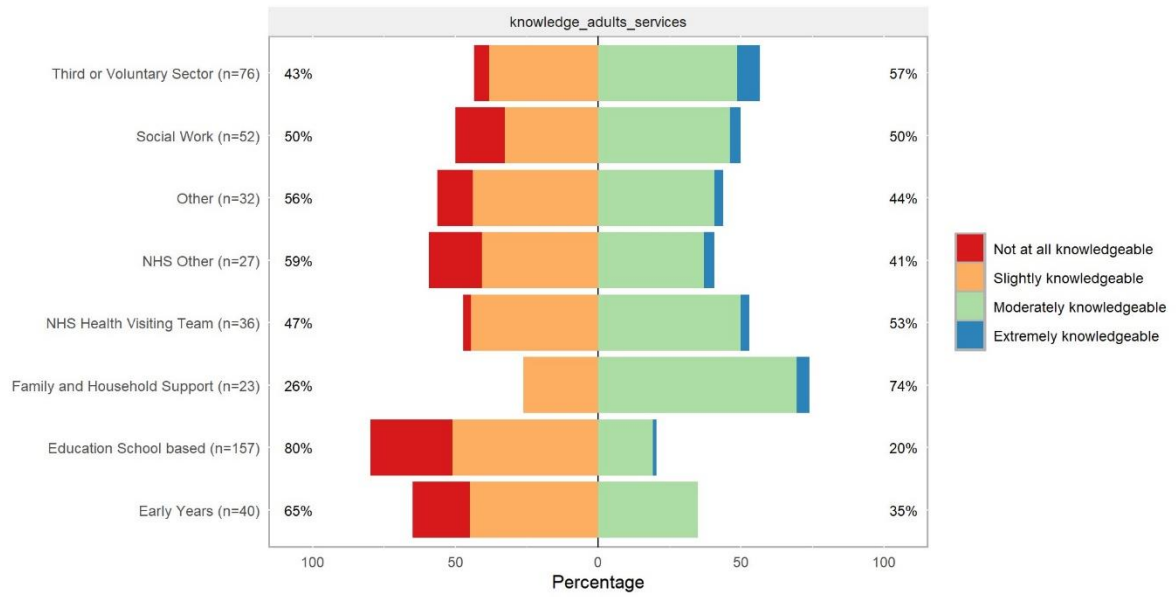


Figure 6. Responses to the question, 'How knowledgeable do you feel about the adult services available to support parents and carers needs?', broken down by service area. 'Don't know' responses are excluded.