

City of Edinburgh Council

Whole Family Wellbeing Team

Early Intervention Data Overview

19/02/2024

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Summary

Overview

This report aims to:

- Explore early interventions in a holistic, whole family support context in Edinburgh.
- Summarize available early interventions for children, young people, and families in the city.
- Discuss existing local data on GIRFEC.
- Identify areas to shift family support from crisis intervention to earlier stages.
- Provide suggestions for data collection, addressing identified gaps.
- Highlight reports indicating potential training needs.

Notable Points of Interest

GIRFEC

To assess the impact of GIRFEC and pinpoint areas for enhancement, it's crucial to gather feedback from children, youth, parents, and caregivers, especially from those in the six priority family groups.

The 2023 to 2026 Children's Partnership Plan specifies data collection to evaluate its effectiveness, primarily focusing on GIRFEC. The GIRFEC data group should plan on efficiently gathering this data without burdening schools further.

An audit of SCRA cases highlighted that over 50% of children referred had no GIRFEC plan in place. Multi-agency collaboration is required to look into this.

Partnership Aims

I've compiled a preliminary list of data sources for this report, many of which were mentioned here. Most are publicly available reports and there is a need for an internal Partnership evidence bank for smaller projects and research pieces (if this does not exist). A process for regularly gathering data and outcomes of Partnership activities would also be very useful. Ideally, assigning one person to this task would ensure consistent documentation of partnership-related activities.

Crisis-point early intervention shift

The following list outlines areas for support to shift intervention from crisis to earlier stages, which I expand upon on in the relevant sections:

- Involvement of Youth Workers in the GIRFEC process, via increased awareness of the role Youth Workers play.
- Skills and knowledge training around neurodevelopmental disorders for professionals, and parents, to better support all children in mainstream education.
- Alignment of data collected from SPA and CAMHS services, to allow the Partnership to evidence the difference SPA makes to the pressures faced by CAMHS.
- Collaboration between education, youth work, and youth justice to find creative alternatives for exclusion from school in pupils with significant behaviour problems.
- More data on the Early and Effective Interventions (EEI) process, and outcomes for young people.
- Family Group Decision Making plays a vital role in keeping families together and there may be scope within the partnership to further support this service.

- Social Care Direct is likely to be well placed to identify families in danger of escalating to crisis point, and ensuring support is offered at an earlier stage.
- The Family and Household Service provides many benefits but might be prevented from doing important early intervention work due to the workload posed by anti-social behaviour. More data on this might help inform early intervention strategies and highlight areas they may be supported in this.
- The Education Wellbeing Service (previously Education Welfare Service) plays an important role in improving attendance, which is linked to a range of wellbeing outcomes. More data is needed on the role Education Welfare Officers and Pupil Support Officers play in meeting these goals.

Communication

Despite a huge amount of support available, schools and parents anecdotally report feeling overwhelmed by the volume of information. Ongoing work is needed to map resources effectively and present data in a digestible format.

Anecdotally, parents express frustration over the lack of solutions post-neurodevelopmental diagnosis for their child. Better communication regarding realistic expectations, as well as enhanced training and provision, irrespective of diagnosis, could alleviate service pressure to diagnose.

Data gaps

It was challenging to identify data gaps. Most data I have comes from public reports, which offer summaries of progress made, or overviews of future service plans. For the Children's Partnership Plan, there's no central oversight of all activities (as far I know!). Sharing data between services could be modelled within the Children's Partnership, with a centralised structure for storing and reporting activities. Services generally are aware of gaps in their own data, and data collection and analysis has begun in many cases. I've pinpointed areas needing more data, for example Early and Effective Interventions (EEI).

GP's may be well placed to identify problems that schools are not aware of (for example in cases of chronic ill health in parents). More insight or data on the role GPs play could be useful.

Potential training needs

- Trauma-informed practice.
- Ensuring people are adequately trained on techniques to plan activities and evidence the difference make by activities (e.g. Evaluation Scotland's courses, or Outcomes Based Accountability (OBA).
- GIRFEC refreshers for professionals.
- Neurodiversity.

Introduction

The Whole Family Wellbeing (WFW) Funding is a minimum £500 million investment by the Scottish Government, intended to support services that help to keep families together. The overall aim of the funding is to reduce the need for crisis intervention, and shift investment towards prevention and early intervention. The eventual ambition is for at least 5% of all community-based health and social care funds to be allocated to whole family support measures. The WFW funding offers an opportunity to develop innovative ways of providing whole family support.

What is whole family support?

Whole family support refers to a comprehensive approach to providing support and resources to families, to address the diverse range of needs within families. This diversity of needs, along with intersectionality of needs, limited public financial resources, staff shortages, fragmentation of services, barriers to accessing services, and changing needs over time, means there is no 'off the shelf' solution to the difficulties faced by many families.

What is important for whole family support?

Following initial research by the Children and Families [Collective Leadership Group](#) during COVID, the [Family Support Advisory Group](#) developed Principles of Holistic Whole Family support. As outlined in the [national framework](#), support must be non-stigmatising, involve the whole family and be rooted in GIRFEC, needs based, assets and community based, timely and sustainable, promoted so that families can 'reach in' rather than be referred, take account of families' voice, collaborative and seamless, undertaken by a skilled and supported workforce, and underpinned by Children's Rights.

What are early interventions?

Early intervention means identifying and providing effective early support to children and young people who are at risk of poor outcomes. Identifying support needs early prevents the need for larger, costlier interventions later, such as child placement in care due to family breakdown. This approach enables smaller, less disruptive, and more cost-effective solutions to be implemented.

Child Protection

Child protection orders in Edinburgh are currently low, relative to the size of the population. In 2022 Edinburgh was ranked the joint 18th highest local authority, with 1.3 children per 1,000 of the population (104 children in total) having a child protection order in place. This was an improvement from an average of 3.1 per 1,000 children in 2012 (223 children in total), when Edinburgh was ranked 9th highest.

The 2019 child protection Care Inspectorate [report](#), stated there was as 'emerging confidence among staff that...a positive use of GIRFEC plans were positively impacting on the decrease in numbers of children placed on the register'. However, as also stated in the report, there was an overall rise in referrals. A recent [report](#) highlighted the fact that there has been a reduction of almost 20% in the number of children being looked after in the city since 2015, and the [rate](#) of children being looked after is slightly lower than the national average (1.3 per 1000 of the population in Edinburgh, vs 1.4 across Scotland on average).

GIRFEC

What is GIRFEC?

Getting It Right for Every Child (GIRFEC) is Scotland's approach to supporting children and young people, focusing on their wellbeing and providing early intervention when needed. The key principles include putting the child at the centre, considering their holistic needs, and ensuring collaboration among families and professionals to support their development and welfare.

What data do we routinely collect?

Despite being widely accepted by professionals as an effective method of early intervention, and well embedded, there is little research in Edinburgh evidencing the difference GIRFEC makes to children, young people, and families. No data around GIRFEC is routinely collected and evaluated.

Existing GIRFEC data

COVID dataset

During the onset of COVID-19, the Scottish Government requested weekly updates from schools on pupils with multi-agency plans and recent professional contact. In August 2020, 68 schools reported having children on multi-agency plans. The average number of children with GIRFEC plans was 27, although this number was highly skewed by five schools with more than 80 pupils with plans in place. More than 50% of schools had fewer than 20 pupils with GIRFEC plans. While this data is from almost four years ago, it underscores variation in need across schools. Collecting regular data around this could be helpful.

GIRFEC staff survey

In November 2021, staff from organisations across health, education, social work, voluntary/third sector, and police (104 responses) were asked their opinions on GIRFEC. Most (63%) respondents worked in Education.

When asked how well GIRFEC works, the average rating was 61/100, with a minimum response of 3 and a maximum response of 100, and most responses falling above 50. Respondents felt that GIRFEC was very important in the work they did, with an average score of 84/100, and 80% of respondents answering 90 or above to this question.

When asked for specific strengths of GIRFEC, common themes were the collaborative and supportive nature of the process, the common framework and consistency of the approach, and the inclusion of the child and family in the process.

When asked for areas of improvement, common themes included: the burden of paperwork, the need for more training, the need to bring the focus back to the child, issues with communication and data sharing, and clarification on who takes the lead (for example HV or nursery). Given that the paperwork burden was mentioned several times, those schools with more pupils with plans in place (see above) may benefit from additional support dealing with this.

Audit of statutory reports for GIRFEC planning

A 2019 audit looked at GIRFEC plans for children on the edge of statutory interventions across a one-month period (report on file). These cases were identified via requests to The Scottish Children's Reporter Administration (SCRA) for assessments. The audit found that 56% of cases looked at did not have a GIRFEC plan in place. As GIRFEC should be the earliest form of intervention, we would expect

GIRFEC plans in place for all (or almost all) cases audited. Several questions around GIRFEC were asked of the audit, such as 'If the local authority is referring children to SCRA, are we providing evidence that GIRFEC planning has not worked?'. I am not sure what the next course of action was after this audit. It may be that there is no clear guidance on who this responsibility falls to. Involving SCRA in the GIRFEC data group and getting clarification on this, or setting actions and assigning responsibility for this, would be useful.

Evidencing the difference GIRFEC makes

If we want to know if GIRFEC is working as a form of early intervention, we need to ask families about the difference it has made to their lives. The Whole Family Wellbeing team are well placed to do this, as we can seek honest feedback from families.

One of the only reports I have been able to find that gathers families' views on GIRFEC specifically, was a Highland Children's Forum (now known as Inspiring Young Voices) 2014 [report](#). Inspiring Young Voices has confirmed that the exercise has not been repeated recently. Recommendations from parents largely focussed on improving the accessibility of meetings (inclusion, timings, reducing jargon, giving sufficient notice of meetings), and better communication (available services, actions taken). Children's recommendations included more consideration to be given to the rights of the child (child friendly information, prior notice of changes of plans or staff, notice of who will attend meetings, sensitivity around upsetting topics, respecting privacy).

Factors to consider when collecting family voices around GIRFEC

It is well accepted that poverty affects almost every wellbeing outcome for children and families, and that additional factors (for example language barriers) intersect with poverty to affect outcomes in different ways. If we really want to understand how GIRFEC works for everyone we need to collect additional demographic information when surveying families, as well as ensuring we get a representative sample from families in the six priority groups.

Of particular consideration is how to collect views from families for whom English is a barrier. The PhD [thesis](#), 'Getting it Right? The role of children's services with families with precarious immigration status' (Lindsay, 2022), explores the lives of migrant families in Scotland, and the role that different services play in supporting them. Barriers posed by languages are discussed at length, and one case study describes how a nursery was unable or unwilling to provide any written information in a child's parent's language, and how this affected the family. Edinburgh has a high number of families for whom English is an Additional language, as well as the most refugees in Scotland as of 2020 ([source](#)). While getting the views of parents who speak limited English may be difficult in the short term (the thesis outlines the steps needed to do this), it might be possible to collect information from schools and early years on their GIRFEC approach when it comes to families with limited understanding of English.

GIRFEC group

The Partnership recognises the data gap around GIRFEC, and as a result a GIRFEC data group has very recently been established. This group includes representatives from Education, NHS Lothian (Public Health and Health Visiting) Childrens Services, Police Scotland, EVOC and LAYC. SCRA has also been invited.

The Edinburgh Children's Partnership

In Edinburgh, the activities of the Whole Family Wellbeing team are aligned with the activities and outcomes of the Children's Services Plans developed by The Edinburgh Children's Partnership.

The Edinburgh Children's Partnership 2020 to 2023 plan

In a [review](#) of the 2020 to 2023 Children's Services Plans, the Scottish Government cited The Edinburgh Children's Partnership as a good practice example in its use of data in monitoring the progress of its plans.

There were specific plans to monitor success through:

- The ongoing collection of feedback from children, young people and their families about their lives and specifically around the aims and priorities set out in this plan.
- The periodic reporting to the Edinburgh Children's Partnership from the project/delivery groups, drawing on a wide range of evidence of progress from partners.
- A small set of population measures relating to the three Aims, that reflect national measures wherever possible.
- The collation of the above into a richer narrative in an Annual Report that will reflect what is working well and what continues to be a challenge.

I have a meeting planned in March to discuss progress and reporting on these monitoring activities.

Edinburgh Children's Partnership 2023 to 2026 plan

The newest Partnership plan (2023 to 2026) begins by setting out the core principles of the Partnership:

1. Multi-agency collaboration
2. Prevention and early intervention
3. Voice of the child and young people
4. Reducing inequalities
5. Equality, diversity, and anti-racism

The report provides data that demonstrates the needs of children and young people, particularly the gap in attainment, attendance, and maternal health for people from the most socially deprived areas.

The report also sets out the Partnerships aims, alongside programme descriptions designed to reach those aims. Finally, the report outlines key objectives required to measure the effectiveness of the plan. The points that relate to GIRFEC are:

- An increase in the number of families supported through a whole family GIRFEC early help plan.
- An increase in the number of children, young people and families making progress against the goals in their GIRFEC plan.
- An increase in the number of children, young people and families who are satisfied with the support they receive.

As none of these statistics are currently recorded there is an urgent need to collect them, if they are to be used to measure success.

It is difficult to get a handle on who is ultimately responsible for ensuring all Partnership actions are met. There is some reluctance to share data, even in the name of the partnership.

To improve data collection for meeting measures, the following might be useful:

1. Create a master list of data collection activities for the Plan's duration.
2. Develop quarterly data collection task lists with designated lead contacts.
3. Develop concise logic models for each task, detailing activities, aims, outcomes, and indicators.
4. Appoint one person to update the list, maintain logic model records, and compile quarterly activity updates.
5. Ensure that all partners are aware of, and in agreement with the tasks and the person nominated in point 4, above.
6. Provide training in Outcomes-Based Accountability (OBA) or Evaluation Scotland's Let's Evaluate! for those needing it, to ensure consistent communication.

These measures would aim to streamline data collection efforts and enhance coordination.

End Poverty in Edinburgh Annual report

The Edinburgh Partnership Children's Plan aligns closely with the End Poverty in Edinburgh Plan. The 2023 annual poverty report aims to end relative poverty by 2030, focusing on city-wide efforts to increase incomes, maximize social safety net support, and reduce living costs. The report provides population-level data, including baselines and recent changes, along with action updates. Individual activity performance details are not included in the report.

Early intervention in Edinburgh

This report section highlights additional early intervention areas, covering both available data and identified gaps. It's not exhaustive and includes some anecdotal evidence from conversations. Grouping services by theme was challenging due to collaborative efforts, however I have tried to group services with a similar theme together.

Upskilling of the workforce

A principle of holistic whole family support is the need for a skilled and supported workforce, which is informed by an understanding of attachment, trauma, inequality, and poverty.

Trauma

Many individuals with multiple needs experience higher rates of trauma. For instance, 75% of those in substance misuse services and up to 94% of incarcerated individuals report trauma ([source](#)). Trauma-informed practice necessitates a cultural shift across workplaces, and addressing both client trauma and staff burnout is crucial. The National Trauma Transformation Programme, developed by NHS Education for Scotland, provides tools for implementing trauma-informed approaches. Edinburgh Council's Trauma Partnership Strategic Planning Group drafted an action [plan](#) published in December 2023 to develop a trauma-informed workforce, with some services already trained. There is a gap in local and national resources at the level three enhanced level, Further training rollout is recommended, utilising a Train the Trainer model for sustainable delivery, as well as increased provision for enhanced level three trauma training.

Poverty and inequality

The 'Money Counts' online training is available to all council employees via the myLearning service. This learning model was introduced in response to citizens and staff who reported confusion over how to access information, advice and support to alleviate money worries and poverty. Ensuring all staff are aware of this training (or perhaps recommending it is made mandatory) could be an area where early intervention might be improved. A meeting is planned with a Lead Officer at corporate services to discuss the latest plans regarding this.

Single Point of Access and Locality Operational Groups

The COVID-19 pandemic prompted the creation of Locality Operational Groups (LOGs) to address emerging needs in Edinburgh's families. These groups, co-chaired by Social Work and EVOC representatives, provide quick responses to referrals for additional support, without gathering identifying information on families. LOGs meet weekly to offer advice based on referrals. An EVOC [evaluation](#) found LOGs successful in coordinating supports for families. A Single Point of Access (SPA) service, currently trialled in the North West of Edinburgh, with city-wide rollout in the planning stage. SPA differs from LOGs by requesting non-anonymous information and directly liaising with families. The SPA team triages and provides immediate or complex support as needed. SPA can follow up directly with families to tailor advice and gather feedback.

Most referrals to the SPA come from the child's school, and for most referrals a child has a GIRFEC plan in place. GIRFEC paperwork is sent with each referral, however sometimes the child or young person is being well supported at school and at home, but the parents or caregivers require additional assistance to help them cope day to day. This highlights a limitation of using GIRFEC as a measure of early intervention in the context of whole family support. SPA helps address this issue but is not yet

provided city-wide, therefore accessing whole family support, beyond what the child requires, continues to be a challenge.

The Single Point of Access is listed in the newest Edinburgh Partnership Plan as a key aspect of delivering timely access to appropriate emotional, mental health and wellbeing support. This will also play a key part in addressing the need for support while awaiting neurodevelopmental assessment. Data is being collected from service users to help in the design and rollout of the service. As SPA will interact with other services to reduce pressure from demand, it is important that insights from this are collated and incorporated in analysis by the Children's Partnership.

Family Group Decision Making

Family Group Decision Making (FGDM), sometimes referred to as Family Group Conferencing (FGC) outwith Edinburgh, empowers families to make decisions about their members' care and well-being with professional support. It involves bringing together extended family, friends, and other significant individuals to develop and implement plans addressing their needs. Referrals come from health, social work, voluntary sector, and self-referrals.

The 2022 Chief Social Work Officer Annual [report](#) highlighted FGDM's performance, with 382 meetings resulting in 173 plans that year. Notably, 68 plans supported children at risk of accommodation, plans for 8 children to have 'rehabilitation home from care' placements, and 18 kinship placements were supported. Parental mental health and domestic abuse were key referral factors. An estimated £858,000 in savings was previously [reported](#).

Scientific evidence supports FGDM as early intervention. A randomised controlled trial based in England [found](#) significantly fewer children in care twelve months after Family Group Conferencing referral. The report estimated that over 2,000 children per year could avoid being looked after through Family Group Conferences. The doubling of the FGDM team's capacity in Edinburgh ([source](#)) underscores the recognition of the importance of this service in preventing children entering care. Further support via the Partnership may be helpful to identify eligible families earlier, or address increased demand.

Family and Household Support Service

The Family and Household Support Service (FHS) provides early intervention to promote the well-being of children, families, and communities, focusing on preventing deprivation, homelessness, anti-social behaviour, and school expulsions. A 2023 [report](#) details FHS activities and 2022 to 2023 referral statistics, including structure, staffing, referral routes, trauma-informed practice, prevention efforts, and outcomes achieved. Interventions include trauma-informed approaches, multi-agency coordination, and programs like "Keys and a Kit" programme to prevent homelessness and provide parenting support.

The report identifies barriers to effective early intervention, emphasising the need for systems promoting workforce ability to identify and respond to families in need across service areas. FHS coordinates support where services intersect, but more collaborative information could enhance early intervention strategies. Additional data on outcomes achieved and insights into reducing pressure from anti-social behaviour fallout would enhance understanding of the service's effectiveness.

Corporate Parenting

The Scottish Government provides comprehensive social service statistics on child protection and looked-after children, with recent efforts focused on involving care-experienced individuals in policy development, such as The Promise.

The new Edinburgh Children's Services Plan and the Scottish Government's Whole Family Wellbeing Fund prioritise supporting families to stay together at home, emphasizing The Promise and new Corporate Parenting plans. The 2023 Corporate Parenting [report](#) highlights a 20% reduction in looked-after children in Edinburgh since 2015, with early intervention playing a key role. Interventions include promoting trauma-informed practice, improving communication with care-experienced individuals, linking social work and education, increasing FGSM capacity, enhancing foster care options, recruiting participation officers for the Champions Board, and monitoring educational progress and attainment for looked-after children.

Social Care Direct and Children's Social Work

In Edinburgh, Social Care Direct serves as the initial point of contact for child welfare referrals, accessible through an online form by anyone concerned about a child's welfare. Each request results in an open case, with data recorded for all referrals. A practitioner reviews referral requests, prioritising children with critical or substantial needs. Cases not deemed immediate are further investigated before action is decided. Referrals may be passed to practice teams for intensive support, but if not, Social Care Direct cannot currently offer further assistance. Currently, only around 5% percentage of referrals progress to practice teams out of the 350 to 500 weekly referrals.

Recording of GIRFEC/Child's Plans in SWIFT primarily involves Looked After or Child Protection cases, with plans dates recorded but no plan details stored. Efforts are underway to include plan dates for other children in need allocated to social workers.

Children on the child protection register or in care would have been initially referred to Social Care Direct, making it an excellent potential source for assessing GIRFEC plan integration for children with significant needs. It may be possible to develop methods of identify families in need of help before it escalates to social work intervention.

Detailed data on repeat referrals to Social Care Direct escalated to practice teams is lacking but recently initiated data collection aims to address this gap, informing early intervention strategies for at-risk families. Glasgow's Family Support Strategy also aims to divert children, young people and families from Social Work, and have outlined a plan to implement this (see the 'Early intervention elsewhere' section, below).

Education

Education data

A huge amount of data is collected on schools and pupils. The Scottish Educational Management Information Software (SEEMiS) is used by all Scotland's local authority run schools. Information routinely recorded, includes the name of the school, a child's attendance rate, gender, DOB, asylum status, home postcode, languages spoken, reasons for additional Support Needs, and additional support needs plan type ([source](#)). This information is collated and provided to the Scottish Government for reporting purposes, and used within Education to assess service performance and develop local policy. Anecdotally, a source of frustration for school workers is the lack of provision in SEEMIS for tracking a child through education and comparing outcomes across time.

GIRFEC data

In education, schools are typically the primary initiators and implementers of GIRFEC plans for children. However, data gaps exist, and SEEMiS lacks quality control measures for recording GIRFEC plan start and end dates. Some schools use bespoke systems due to SEEMiS' complexity. Finding out if schools always use SEEMiS to record this might be a good starting place, if we want to know the number of children with GIRFEC plans. Arran Findlay and Claire Thompson would be well placed to find this information out easily. The Parent and Carer support team regularly provides schools with support information, but some schools struggle to manage this influx. Further investigation is needed to determine how to improve this situation.

PEF and CEF Funding

Pupil Equity Funding (PEF) Strategic Equity Funding (SEF) was introduced by the Scottish Government to bring a greater sense of urgency to achieving equity in educational outcomes with a particular focus on closing the poverty related attainment gap. In total 58 schools have chosen to employ a Pupil Support Officer (PSO), utilising approximately £2.5 million of PEF funding for school-based posts to maximise attendance ([source](#)). It would be interesting to see a detailed breakdown of where PEF and SEF are used, aside from employing PSOs.

Early intervention in schools

In addition to the GIRFEC process for children with a recognised need, there's a wealth of early intervention that is implemented by or takes place in schools. Third sector organisations often use schools as hubs for carrying out their work, for example the Maximise! service, which takes place in schools and hospitals.

A lot of early intervention in schools is hard to quantify. Services such as breakfast clubs, free school meals, after school sports teams and other wraparound care, wellbeing support, inclusion initiatives, parental engagement, and the relationships that form around these services, all provide vital support to children, young people, and families.

Additional services providing support and early intervention in schools might include wellbeing support, anti-bullying programmes, and parental engagement.

Attendance

The [report](#) 'Attendance: the next pandemic?' highlights a strong link between school attendance and well-being, attainment, and child development. In Edinburgh, pre-COVID, 1 in 15 primary pupils had low attendance, compared to 1 in 7 as of February 2023. For secondary pupils, it was 1 in 5 compared to 1 in 7 pre-pandemic (source: Edinburgh Council Committee 2023 attendance [report](#)). An Attendance Strategic Group was formed to address this issue, focusing on clear policies, rigorous management, family engagement, and fostering an attendance-supportive culture. Shifting intervention from crisis points may be possible in this area (see Police and Justice section, below).

Education Welfare Service

Following a consultation, it was recently determined that the Education Welfare Service needed to be revised to better address present requirements. This service includes the employment of Education Welfare Officers (EWOs) to assist with school attendance. As a result, it will now be known as the Education Wellbeing Service, with a primary focus on wellbeing indicators aligned with the GIRFEC approach. The revised service will be part of the broader Education Inclusion Service, with initial funding provided by the Scottish Government Pupil Equity Funding (PEF). This change will bring EWO roles more in line with Pupil Support Officers (PSOs) in Edinburgh schools, who play a key role in

attendance maximization and provide various supports to students, including mental health, behaviour management, and family engagement. There may be potential for EWOs and PSOs to contribute even more to early intervention strategies in schools, however more data is needed on these services.

Inclusion

In education, inclusion refers to ensuring equitable opportunities for all students regardless of background, abilities, or differences. The Additional Support for Learning service ([ASL](#)) supports pupils with Additional Support Needs (ASN) to achieve success in the school system. Additional support may include supporting English language learners, children with complex needs, children in chaotic living situations, and children with disabilities or chronic illness.

Predominant ASN reasons in Edinburgh include English as an Additional Language, moderate learning difficulties, and social-emotional needs ([source](#)). An English as an Additional Learning need accounted for 17% of all ASN pupils, compared to the national average of 8%. However, this percentage rises to 29% (primary) or 46% (secondary) when only mainstream schools are considered, given that English as an Additional Language is not a significant factor for children attending special schools.

Gender, ethnicity, and poverty intersect with the likelihood of a child being identified with an ASN. One [study](#) found that boys and pupils from deprived backgrounds are more often identified with ASN/SEN. Excluding English language learners, minority ethnic background pupils have below-average ASN rates, while indigenous white pupils have slightly higher rates. Pressure on mainstream schools has increased due to a static number of children in special schools despite rising needs. For instance, approximately 10% of Edinburgh's secondary pupils have an ASD diagnosis, with a 60% increase since 2019. Rising ASD diagnoses signal a need for earlier intervention (see NHS, CAMHS section, below).

NHS

Health visitors

A Health Visitor is a trained nurse or midwife specialising in child and family health, providing support from pregnancy until a child starts school through standardised home visits. The [Universal Health Visiting Pathway](#) in Scotland aims to ensure consistent early years support. Home visits allow the Health Visitor to build a picture of the child's world, including the support network available to the family. While overall implementation appears successful, with the overall number of children reaching a 'cause for concern' threshold reducing, some local areas show rising cases (source: Health Visitor Team Leader). There's no evidence of missed children, but tracking mechanisms are lacking. NHS Lothian acknowledges the need for data analysis to assess intervention efficacy, with a dedicated data analyst in the Health Visitor team. Current data collection limitations hinder tracking of GIRFEC plan implementation. Transition gaps exist between Health Visiting and education, with uncertainties from some professional voiced regarding responsibility for children, particularly in private nursery settings (see GIRFEC survey, above).

Midwives and other prenatal support

Midwives and maternity professionals provide antenatal care, information and support, early identification of needs, transition to parenting, and postnatal support, amongst other things. Midwives and GPs are therefore well placed to identify vulnerability in pregnancy, and midwives assume the role of named person until a child is born.

In Edinburgh, the Alcohol and Drug partnership provides the PrePare service provides midwifery and health visiting support to pregnant women who have a significant history of substance misuse. NHS Lothian provides a perinatal mental health service provides assessment and treatment who are either at risk of, or are affected by, significant mental illness during pregnancy and/or in the first year after childbirth.

A maternal and early years social and complex needs survey is currently underway to map services across the city, and identify gaps in provision.

General Practitioners

The City of York's Early Help strategy places emphasis on it being the responsibility of all professionals to assess whole family wellbeing, not just people working with children. This could be incorporated more into Edinburgh's Plan, where there is much emphasis on GIRFEC and a lot of the responsibility falls on Health Visitors and Schools to spot potential wellbeing needs. There will be families with significant wellbeing needs being missed where their children behave and perform well (or 'well enough') at school. For example, a school may not be aware that a child is a young carer, and a GP may be well placed to identify a struggling family. I don't have much information about how involved GPs are in the GIRFEC process, or how much emphasis is placed on them in the Partnership Plan, but this is perhaps another area where early intervention may be strengthened.

Public Health Annual Report

The 2022 Director of Public Health Annual Report highlighted poverty as the most pressing need affecting public health. The report highlights collaboration between Public Health teams and Children's Partnership to expand the No Wrong Door Approach. This approach is based on a single point of access which simplifies the referral process for support for children and young people with mental health and wellbeing related needs and ensures that they are being matched with the most appropriate service for them. Edinburgh's Single Point of Access service is under development and is discussed elsewhere in this report.

Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services (CAMHS) is the name for the NHS services that assesses and treat young people with emotional, behavioural, or mental health difficulties.

Public Health Scotland reports on CAMHS [waiting times](#), which generally show a decrease in the length of time a child waits between referral and starting treatment for NHS Lothian. This data does not show the number of referrals, or the waiting times for children who are assessed and do not go on to start treatment.

By all anecdotal accounts CAMHS is overstretched however I couldn't find any public data around this. The Partnership Plan identifies the Single Point of Access as the service to alleviate some of this pressure by efficiently allocating mental health & wellbeing supports, as well as implementing a neurodevelopmental pathway. Ensuring that data from CAMHS and the Edinburgh SPA align well is important to evidence the effectiveness of the SPA in reducing pressure on the CAMHS service.

East Lothian Council have set up a Single Point of Access specifically for mental health. Request for a neurodevelopmental assessment makes up around 60% of referrals, and the SPA has helped to streamline this by front-loading the data, preventing CAMHS staff having to go back and forth. Weekly screening groups that include a CAMHS worker decide whether an assessment is necessary or if alternative solutions (perhaps via GIRFEC) might be more appropriate. Additionally, once assessment

has been agreed for a child, CAMHS will assess them for all conditions, rather than reassess for additional disorders further down the line.

Anecdotal reports highlight the strain on services for assessing and diagnosing neurodevelopmental conditions, leading to frustration for families when diagnoses don't yield solutions. Similar discussions with East Lothian council underscore the need for improved communication with parents to manage post-diagnosis expectations. Shifting intervention focus from diagnosis, and equipping professionals and parents with skills to support all children, irrespective of an eventual neurodevelopmental diagnosis, could alleviate these challenges.

Third Sector

Edinburgh has a large third sector, including charities, voluntary organizations, social enterprises, and community groups. The Edinburgh Voluntary Organisations' Council (EVOC) plays a pivotal role in supporting and promoting the interests of these organizations, including its involvement in setting up the Locality Operational Groups (LOGs).

Within this sector, the Lothian Association of Youth Clubs (LAYC) supports approximately 130 organizations, reaching nearly 29,000 children and young people in the city. LAYC offers various services, including training on topics like GIRFEC and child protection policies. They also maintain data on membership, training uptake, and organizational impact. LAYC evaluated the impact of their work and have data on this that they can provide.

Although capturing the impact of youth work is challenging due to its diverse nature and individualised approach, [reports](#) like 'The Impact of Community-based Universal Youth Work in Edinburgh' by YouthLink highlight its positive effects on young people.

The 2023 NHS Lothian Acute and Community Outreach Youth Work Services Evaluation (report on file) evaluated services provided by five youth work organisations working in hospitals. Service users were young people attending A&E, specifically those presenting with self-harm and substance use. The report highlighted the positive effect Youth Workers had on the lives of the service users. Improvement suggestions from staff and clinicians include addressing second-hand trauma, enhancing senior management awareness of youth work importance, increasing staff support, improving awareness of available services, and expanding service provision, particularly in sexual health and emergency department settings.

The newest Edinburgh Partnership Plan specifies the need to continue to increase community-based opportunities for Edinburgh's Children and Young People in safe spaces with trusted adults, and to sustainably embed youth work into service models. Details on the plans for this might help with developing an early intervention strategy.

Anecdotally there's room for improvement in involving Youth Work in the GIRFEC process. Typically, a child's named person, often the head teacher, is notified when a GIRFEC plan is initiated. However, there is a need to collect more data to fully acknowledge and understand the significant role that youth workers play in early intervention. Despite their established relationships and trust with the child and family, youth workers are sometimes overlooked for further involvement. This suggests that there may be room for local authorities to enhance their recognition of the valuable contributions made by youth workers in early intervention efforts.

Police and Justice system

The Children's Hearings system

A Children's Hearing is a legal tribunal that decides what is best for a child who has a problem, and the system can take the legal steps required to help a child. Children's Hearings Scotland is part of that system. They ensure that three skilled and trained independent Panel Members attend each hearing and make decisions. The Scottish Children's Reporter Administration (SCRA) also works within the Children's Hearings system. They receive referrals when there is a concern about a child, and decide whether a hearing is required. Evidence from 2019 suggests a high proportion of children referred to SCRA do not have a GIRFEC plan in place (see GIRFEC section, above). Issues with attendance (see Education section above) is likely to be driving up SCRA referrals and may explain the high proportion of referrals with no multi-agency plan in place. This is another area where intervention might be shifted from crisis point, and the inclusion of SCRA in the GIRFEC data group is a useful start.

Early and Effective Interventions

Early and Effective Interventions (EEI – previously known as PRS) is an intervention involving weekly, multi-agency meetings to discuss children and young people who have been reported to the police for offenses. During these meetings, discussions are held to collectively decide on the best approach to address the offending behaviour of each person. The idea behind EEI is to prevent further involvement in criminal activities and reduce the likelihood of re-offending, by identifying and addressing the underlying issues that contribute to youth offending behaviour at an early stage.

Services involved in this process include Police Scotland, Social Work, Family & Household Support and Young Peoples' Service. The child's school will also be asked for information on attendance and any exclusions. Education Welfare Officers are also asked for input and support, if they have been involved with the child, and the Education Welfare Service will advise the pupil's school of the action taken.

The number of referrals has [decreased](#) over the last 4 years, with 495 referrals for the year 2019 to 2020, and 350 referrals for 2022 to 2023. The proportion of cases diverted to Education has increased over the years, with 45% of cases diverted to education in 2022 to 2023, compared to just 22% of cases 2019 to 2020.

Data we are missing includes:

- Data on common interventions when a case is not diverted to education.
- How schools handle cases diverted back to them.
- Specific details about the relationship between GIRFEC and EEI
- Long-term impact on reducing re-offending rates.
- Experiences and perspectives of children and young people who have gone through this early intervention process to better understand its effectiveness from their point of view.

This may be a good area to look at where intervention might be shifted from crisis point. For example, it could be that cases are sometimes inappropriately referred to schools who are unable to effectively intervene.

Indicators of involvement in the criminal justice system

The Edinburgh Study of Youth Transitions and Crimes followed 4,300 children who started secondary school in 1998. This study has resulted in over two decades of academic publications, however a key finding was that exclusion from school was the strongest corollary with involvement in the criminal justice system. However, these children were not always the 'worst' behaved pupils, and children

from more affluent families were less likely to be excluded from school, even when displaying similar or escalated behaviour. Two key recommendations of the latest [report](#) that are likely to reduce involvement in crime were:

- To be more creative in how we deal with disruptive behaviour in schools, to avoid expulsion.
- Deal with young people who come into conflict with the law through informal measures (such as referral to youth services and support) rather than formal measures.

These may be areas where early intervention can be shifted, via collaboration between the police, schools, youth work and other services.

Voices

Children and Young People's Voices

The importance of incorporating service user perspectives into service design and improvement is widely acknowledged and aligned with the principles of the Children's Partnership Plan and the goals of the Whole Family Wellbeing Fund by the Scottish Government. Local consultations with various youth and advocacy groups, including Edinburgh Youth Action, Edinburgh Champions Board, and others, have influenced strategic planning in Edinburgh. However, I have not read a report on these consultations, which could identify gaps and offer insights for early intervention strategies.

Additionally, during the 2021-2022 academic year, schools across Scotland conducted Health and Wellbeing Censuses for P5 to S6 pupils, with preliminary findings available. Local results from this census could inform early intervention strategies.

While the third sector routinely gathers feedback from service users, this data typically remains within organizations for funding purposes. Enhanced information sharing between services, especially to address data gaps and implementation barriers, could facilitate a more collaborative approach. Establishing a centralised service with data-sharing agreements could gather, analyse, and disseminate this feedback to benefit all relevant services.

Parent and carer voices

The 2020 Family Support Mapping exercise, gathering input from 2,424 parents and carers over three weeks, focused on the impact of COVID-19 lockdowns. Findings revealed that 22% of families felt they needed more support, with over 50% seeking better information on available family support services. Key factors for successful family support included interactions with empathetic staff (59%), consistent availability of support (46%), and the ability to influence the type of support received (43%). Insights from this exercise led to the creation of the Support for Families webpage. A follow-up digital survey is planned for February 2024 to assess changes in views on digital access since the pandemic.

Public voices

The 2023 Edinburgh Partnership [Survey](#) conducted 3,736 face-to-face interviews with residents over 16, aiming to measure indicators related to the Local Outcome Improvement Plan. It ensured representation from all four localities, prioritising voices from deprived and ethnic minority communities. Results showed that deprivation significantly impacts life experiences, with residents in the most deprived areas facing the greatest challenges. Over a quarter reported using food banks, missing household bill payments, or relying on credit for payments in the past year. Unemployed individuals reported the poorest mental health and increased loneliness.

Early intervention elsewhere

This is not a comprehensive overview of other early intervention plans and I've tried to highlight early intervention strategies that might help enhance our own.

City of York

The City of York's Early Help plan is very similar to GIRFEC, combined with a single point of access. The plan places additional emphasis it being the responsibility of all professionals to identify and flag potential wellbeing issues, not just those working with children. The city has a 12 point plan of data they plan to collect to evidence the difference their plan makes. For families requiring a targeted response, a referral can be made to the Child and Family Support Service, which will be delivered by social work assistants managed by social workers. It is planned that interventions will typically last for between 6 and 12 weeks.

Glasgow Family Support Strategy (2020 – 2023)

The first step of Glasgow's Early Intervention plan was to map the main services according to three categories:

- Service provider
- Service type (universal, family support and intensive services)
- Age range/unique demographic groups

They mapped 91 services, which have been collated into an interactive [map](#).

There is a strong emphasis on online, in person and written engagement and consultation with the third sector and the public within Glasgow's plan.

Through these discussions, six areas of need were identified:

1. Neglect
2. Gender Based Violence
3. Poverty
4. Mental Health
5. Children affected by Disabilities and/or with Additional Support Needs
6. Asylum Seeking Population

The main challenges for accessing family support were:

- Insufficient out of hours provision
- Referral criteria preventing access to services
- Funding sustainability
- Service capacity issues for in-demand services (e.g. services that provide practical support such as those related to routines, cooking, support with bonding)

The plan also outlined the intention to promote continuous learning and improvement of Statutory and Third Sector Organisations practice, achieved through an ethos of strong partnership, collaboration and sharing and accepting feedback.

Glasgow's Plan outlined the intention to prevent / divert children, young people and families from receiving statutory social work intervention. To achieve this:

1. Social work referrals assessed and referred to Glasgow Families Together where appropriate.
2. Families supported as per their needs by suitable Third Sector Organisations.
3. One organisation manages and runs the service.
4. Six main Third Sector Providers offer tiered support, with additional help available if needed.

Finally, not mentioned in the Support Strategy, is Glasgow's [No Wrong Door](#) approach, which is a collaboration between Glasgow Council for the Voluntary Sector and Glasgow City Council. In the No Wrong Door approach, people access 'the system' at different levels, aiming to address the entirety of their situation rather than focusing solely on one aspect or directing them to other services in the hope of access. Nearly 100 voluntary sector organizations have committed to joining the No Wrong Door network.

Fife's Children's Services Plan (2023 – 2026)

At the core of Fife's priorities for improvement are the most vulnerable children, including looked after children and those on the child protection register. To meet their needs the plan is to:

- Improve the approach to Supporting Families through No Wrong Door and Whole Family wellbeing (Supporting Families Strategy Group)
- Address significant challenges related to health and wellbeing, including mental health, physical health and activity, and sexual health & substance use (Health and Wellbeing Strategy Group).
- Engage children, young people, and families in service design through voice and participation (Children's Rights Oversight Group).
- Address a lack of equity and equality, across a range of forms of disadvantage (Equity and Equality Coordination Group)

For each strategy group the Plan highlights key challenges, steps needed to address this, required actions, and evidence of completion / impact.

A logic model is presented for their Whole Family Wellbeing approach. The WFW activities are:

- Short Term Emergency Placement Planning (STEPP): system designed to provide immediate temporary accommodation and care for individuals who require urgent housing or support due to emergency situations.
- Emergency support team: provides immediate assistance and support to individuals and families facing crisis situation.
- Family and parenting support
- Multi agency team supporting pregnant people and children under 4 with drug and alcohol vulnerabilities
- Community social work
- Making it work for families: a partnership project that brings together staff from [Fife Gingerbread](#), Clued Up, Citizens Advice & Rights Fife and Fife Intensive Rehabilitation & Substance Use Team
- Housing WFW team
- Social Work Senior Practitioners in School

- Early Years Collective (third sector): initiative launched in 2021 to offer targeted work to families with a child 8 years and under across Fife.
- WFW Homemakers (???)
- Third sector interface
- Co-design and co-production: via surveys and other participation events
- Multi-agency workforce development

The report also highlights several hard indicators based on SHARNARRI outcomes, which they report against baselines (e.g. % P1, P4 and P7 children achieving expected CfE levels in literacy). These are very broad, and it is difficult to see where they link up with specific Partnership activities.

Early Intervention Support Service (EISS)

In Northern Ireland the Early Intervention Support Service was established in 2016, and aimed to improve family functioning through three chosen interventions. At the time of the programme, Northern Ireland was the most deprived area of the UK, with 37% of the population living in an area that was within the 20% most deprived areas across the UK. A [review](#) of this programme was published in 2021 and I thought it was worth including here for some of the lessons learnt. EISS focusses on 'tier 2' individuals, who are not recognised by social workers. Families are referred to the service in multiple ways, for example, through a general practitioner, health visitor, teacher or self-referral or signposted to the service through the family hubs. The general workflow was:

- Interventions are accessed via referrals by one service, the Family Support Hub
- The Family Support Hub assesses whether the family is Tier 2.
- With the cooperation of the family, an EISS support worker is assigned a family and an intervention.

The three interventions chosen were:

1. Motivational interviewing
2. Solution-focused brief intervention therapy
3. The Solihull approach

To evaluate the effectiveness of early intervention, families completed questionnaires before and after their service. Although all families received intervention, a cohort of families were assigned as 'controls'. These families completed a questionnaire when first added to the waiting list, and then again at a later date, but before intervention.

The aim of the evaluation was to identify and assess:

1. The effectiveness of the service in improving family functioning.
2. Parenting stress and self-confidence.
3. Improving the quality of the child/parent relationship.
4. The reliability and validity of the Outcomes Star as a measure of key outcomes amongst parents and their children.
5. The fit of the EISS, and its component elements, to the local geographical and stakeholder Context.
6. The experience of parents taking part in the service EISS and what elements were most valued, and regarded as most beneficial, by the service providers and the parents.
7. The aspects of the service that may need to be modified to enhance the effectiveness.

'Soft' indicators suggest that families found the services beneficial, although statistical analysis found no effect. The authors highlighted the problems with the data, many of which would have been avoided if a logic model had been included in the design of the service: *'it is now widely accepted that in planning aims, objectives and outcomes, it is helpful that these are underpinned by a logic model which helps portray and understand the interrelationships between outcomes, outputs and inputs/activities.'*