Getting it right for every child in East Ayrshire
Self-Evaluation Report
June 2019

Focused evaluation of how well we are meeting the needs of our stakeholders, with focus on;

1. The effectiveness of Team around the Child (TAC) processes, and
2. Production of high quality Children's Plans.

1. Executive summary

The Getting it right for every child (GIRFEC) evaluation set out to determine how well embedded GIRFEC processes are in practice. These are detailed in the Child's Pathway supported by the GIRFEC practitioner guidance.

Key Findings

The evaluation evidenced improved partnership working and increased confidence in initiating the Team Around the Child (TAC) process. There is evidence of a shared understanding of wellbeing and practitioners role in improving children and young people's outcomes. More effective use of the practice model has increased confidence in identifying and managing risk to wellbeing. The role of the Named Person is embedded in practice. There is an increased use of AYRshare and practitioners recognise the benefits of AYRshare for sharing information when all partners in the TAC use it efficiently to improve the wellbeing of children and young people.

Areas for improvement: -

1. Inconsistency in communication on the central role of GIRFEC for practice development for practitioners, children and families and wider communities.
2. Inconsistency in information sharing, including the use of AYRshare.
3. Some lack of knowledge of the multi-agency training programme and evidence of some staff not having the opportunity to attend training.
4. Request For Assistance (RFA) being used inconsistently by all agencies and services including Named Persons and Lead Professionals.
5. Lack of clarity on the differences in the role of the Named Person and Lead Professional.
6. Lack of understanding on when a Child's Plan is required and how plans are shared and integrated.
7. Integrated chronologies on AYRshare are being used inconsistently and are not being utilised to support the TAC process.
8. Children and families are not routinely being involved in the wellbeing assessment and child's plan. Some children and young people reported that the format of the TAC meetings prohibit their participation.
9. Lack of documented evidence of children being made aware of their rights.

2. Introduction

East Ayrshire Council has a three year self-evaluation plan for 2018 – 2020. This piece of work is in the plan for year 1.

GIRFEC Policy has been around since 2009 when Ayrshire implemented their Integrated Assessment Framework. More recently, in June 2017, the Child's Pathway was implemented across Ayrshire. This includes Team Around the Child, Request For Assistance, Childs Plan, Information Sharing guidance etc. The local GIRFEC Group oversees this work and consists of members from Health, Social Work, Education, Police, Voluntary Sector, Housing and Vibrant Communities. A sub-group was created to manage the self-evaluation and consisted of Martin Egan representing social work, Sina Currie representing Health, Kirsty Ramsay (chair) representing Education, Lucy Gordon representing the voluntary sector, Lesley Hillian-Fowler representing Vibrant Communities and also included Michael Byers from Planning and Performance.

3. Evaluation Methods and Activities

Detailed overview and description of approaches/activities used in the evaluation exercise to identify and collect data and evidence.

3.1 Getting it right for every child Survey

The Multi-agency GIRFEC Group agreed the questions to be included in the survey.

Survey monkey was used to produce the questionnaire and it stayed open for one month. It was confidential, however, there was the option to give your name and contact details, if you wished to be contacted to discuss some of the written comments in more detail. 178 staff completed the questionnaire following services:

Adult
Health
Education
Social Work
Vibrant Communities
Third Sector

The survey was conducted as part of the full GIRFEC self-evaluation exercise to gain the necessary information to determine how successfully we are embedding GIRFEC processes in practice, including the Child's Pathway. The information gathered will lead to a discussion by the GIRFEC Group on how we continue to progress the implementation of GIRFEC in East Ayrshire and the current Action Plan will be updated appropriately.

The questionnaire was distributed to staff who were familiar or worked with children, young people, their families and carers and adult services. The results of the survey will be used to inform "where we want to be" in relation to future service planning and delivery, the main areas identified for clarification and progress were: -

- Information Sharing
- Communication
- Training

For full details see Appendix 1.

3.2 Focus Groups

4 Multi Agency Focus Groups held between 17/1/19 – 13/3/19 covering East Ayrshire. 77 people attended. Police – 4, Education – 31, Vibrant Communities – 13, Social Work – 9, Health – 11, Voluntary Sector – 9.

The focus groups covered GIRFEC processes, the Childs pathway and information sharing. It was broken down into 5 sections Named Person, Lead Professional, Team Around the Child, National Practice Mode and Child's Plan. Data was gathered under these 5 areas and participates were also asked to give a priority challenge with a solution and also the main thing that was going well, to continue or progress. *See Appendix 2 for details*.

3.3 Case File Audit Findings

The Children and Young People's Strategic Partnership (CYPSP) with the involvement of all partners undertake an audit of case files on a quarterly basis. The Auditing Team who undertake these exercises include a social worker and a range of staff from partner services including Education, Health, Vibrant Communities, Police or Children's Reporter Administration.

The findings from the audit process provide us with an assessment of the quality of current service provision, quality of practice, identification of areas for improvement and also the outcomes achieved by the children, young people and families we support.

In Appendix 3 we have provided an outline of the quantitative findings from each of the previous 4 file audit exercises that relate to the focus of this evaluation i.e.

1. The effectiveness of Team around the Child (TAC) processes, and
2. Production of high quality Children's Plans.

The findings highlight the performance of the services against three of the key quality indicators (QIs) included in the Care Inspectorate Quality Improvement Framework. These QIs include 'assessing and responding to risks and needs' 'planning for individual children and young people' and 'involving children, young people and families'.

In addition, we also provide a qualitative assessment of Wellbeing Indicators (SHANARRI) highlighting areas of strength and areas for development. Findings review the multi-agency use of AYRshare. *See Appendix 3 for details.*

3.4 Request For Assistance Monitoring (3/12/18 – 1/3/19)

Monitoring was carried out by Lead Professionals and Named Persons requesting assistance and services receiving Request For Assistance. The data gathered is shown in the tables below. *See Appendix 4 for details*.

3.5 Survey with Child Young People and Carers

In March 2019 the family's Home Link Worker facilitated and supported parents to complete the survey. *See Appendix 5 for details.*

In March 2019 the Young Person's Home Link Worker facilitated and supported young people to complete the survey. *See Appendix 6 for details.*

4. Evaluation Findings

The GIRFEC self-evaluation found a consistent triangulation of evidence which has been detailed within the executive summary.

5. Recommendations

1. Improve communication by empowering practitioners to utilise the guidance to promote good practice with peers. Improve communication with children and families by proactively explaining the GIRFEC practice model routinely as part of the TAC process. Use every opportunity to raise awareness of the GIRFEC process within the community and at public engagement events.
2. Update information sharing within the GIRFEC practitioner guide to increase practitioner understanding of how and when they can share information. Reduce misunderstanding of the implications of GDPR. As part of the TAC process ensure that appropriate TAC members have access to AYRshare and comply with AYRshare standards.
3. Improved distribution of the Multi-Agency training calendar. Senior Management endorsement to support practitioners to attend relevant training.
4. Ensure all agencies and services are complying with the RFA process.
5. Improve the understanding of the role of the Lead Professional by developing training for Social Work. The GIRFEC training module on the Ayrshire GIRFEC website to be included in the mandatory training for all staff in the Health and Social Care Partnership and the Local Authority.
6. A consistent message around Child's Plan will be developed and cascaded to all agencies that support children's wellbeing.
7. Feedback from the multi-agency case file audit to be given to all relevant practitioners. Integrated chronology from AYRshare to be used to facilitate discussion at every TAC meeting and practitioners to use peer support to

improve the quality of information recorded. Continue to improve quality through supervision and 1:1 coaching.

8. Empower parents and children to actively contribute to their wellbeing assessment and Child's Plan. Give the child the opportunity to share their views in a manner that they feel most comfortable in doing.

9. Support good quality discussion with children and young people regarding their rights and ensure evidence of this is recorded in the child's record by an appropriate member of the TAC.

These recommendations will be scrutinised by the GIRFEC group and will be incorporated in the action plan.

GIRFEC Survey

In terms of how well embedded in practice are single planning processes?

Communication and collaboration between services could be better, with better access to shared records and streamlining of paperwork processes and electronic systems. Improve information sharing and all agencies to be using same format for recording chronologies.

It's important we have a holistic understanding of the wellbeing of a child or young person and that staff and children are aware of the importance of UNCRC and the rights of the child. Provide young people opportunities which will support them to grow and develop in all aspects of their lives.

Need clear guidance on how schools should be notified that a young person is currently on the Child Protection (CP) register. Better inclusion of third sector agencies/ organisations.

Training for everyone and for the majority of services to be on AYRshare and for all services to be using it consistently - this would then help with chronologies, child's plan and all other aspects of GIRFEC. It would be good to have training with real life examples relevant to professional role.

Feedback from the multi-agency audit will help embed GIRFEC into practice.

It would be good to bring practitioners on board such as Primary Care, A&E, Police etc.

Do staff access or use the Information Sharing resources?

Although staff said they used the information sharing resources, however, it was felt that further training on information sharing was critical.

Education has been refusing to provide contact numbers for parents to Social Work when dealing with issues on a duty basis, thus causing further delays in actioning Request For Assistance.

In terms of communications what do you access?

Approximately 53% accessed the Ayrshire GIRFEC website, 12% accessed Twitter, 35% accessed GIRFEC Tile on Glow and 18% accessed Athena (Health staff only).
Training – either accessed/attended/booked on/or interested in

There was a good mix of training on offer and everyone had either 'accessed', 'attended', 'booked on' or were 'interested in' training. However, there were some issues in attending training due to time pressures and poor staffing levels.

There were suggestions for other training courses. One of which was twilight sessions for education. The following Sectors / Services were documented as required more information / training:

- Adult services.
- CAMHS.
- Children's Houses.
- Maternity.
- Residential Homes.
- Early years practitioners & senior staff, rather than just for head management.
- Adult services need more training.
- Nurseries.
- Vibrant Communities.
- Social Work role in relation to Lead Professional.
- Lead Professional role in relation to education when a child is looked after.
- More training for the children's panel.

Are you aware of the East Ayrshire GIRFEC Action Plan?

Two thirds of staff who completed the survey were aware of the East Ayrshire GIRFEC Action Plan, of which just over 50% were aware of the how it linked to the Children's Services Plan.

In relation to how we could further improve outcomes for children, the following was noted:

- Allow time for creative ways to work with children.
- Allow time for research to be undertaken in order that it can inform practice and improved outcomes for children and their families.
- Counsellor in all secondary schools.
- Increase resource in terms of staffing to support children in education.
- Increase support to work with families at home and in kinship placements.
- Earlier intervention, involving parents in their child's education.
- Consistent approach by all levels of management.
- Investment, leadership in a multiagency approach in assessment and decision.
- Having children and their families involved in key parts of the design.
- Children need to be involved in planning for all their outcomes.
- Cutting bureaucracy of paperwork and better development of child's plans.
- By adopting a holistic play based kindergarten approach for children up to p2 - formal learning should begin at 7 years old. By offering play based learning children are more creative, imaginative can problem solve and work with others. They feel more safe and secure and therefore thrive.
- Prioritising wellbeing for staff and pupils. Workload issues - Mindfulness approaches developed across all areas.
- More opportunities for home school links, especially in the secondary sector.
- More funding and better resources. Enable more families to benefit from PEF.
- More effective communication and taking the time to listen to the children.

- Attendance/school refusers. There is a big gap in provision for these young people.
- Support children and kinship carers more, everyone receiving the same amount of support.
- Information given to parents anecdotally about child development and requirements from them.
- Continue the MA team around child meetings and highlight importance of sharing info to all services.
- Organisation. Integrated working. Better relations between different disciplines. Information hubs with contacts.
- Therapeutic interventions A number of children are clearly indicating post-traumatic stress and bereavement symptoms (removed from parents /carer or split from siblings witnessing or hearing domestic abuse) Services not being used to treat children.
- Better educational resources for under 3's in rural areas - currently no access for entitled 2 year olds in rural nurseries and no local family centres.
- Provide more community links free of charge to families, such as at holiday time. Free swimming or travel expenses, out of school care.
- Smaller class sizes and smaller schools "super-sized campuses" not good idea.
- Stop adding new paperwork to 'tick boxes' that provision is being made.
- Ensure interventions are timely, reduce waiting lists for services such as CAMHS, adult mental health services, housing etc.
- Better behaviour support.
- Still too much duplication of elements re one child one plan.

Describe how you think we could improve communication with children, young people, parents/carers and the wider community?

- Use AYRshare more.
- TAC approach to be imbedded with families' part of the team and playing a full and empowering role.
- Joint working.
- Extend the Having a Conversation with Children to include approaches for children in specific circumstances, for example, foster placements, pre-adoptive placements and children within children's homes.
- More child's voice - Ask the children.
- Support parents and try to involve parents/young people to be made aware of our wider community and what can be offered.
- Providing more awareness to the public.
- Being visible, approachable. Accurate information on service being available to public.
- More user friendly language, getting parents involved in policy making.
- Given practitioners more time and space to work directly with families instead of time spent writing assessments.
- More use of visual and electronic/social media.
- Have a dedicated communications professional tasked with liaising across the various multi-agency partnerships involved in protecting and keeping children and young people safe, with a clear remit to further the GIRFEC agenda whilst also

building resilience in communities of East Ayrshire so we can all work together to keep our children safe.

- More advocates.
- Engage parents in activities they enjoy attending.
- Keep talking, build trust, advertising campaigns.
- By making it less taboo to talk about issues that worry them.
- Provide more groups in familiar places. Like professionals in nurseries and rotated for families to pre-empt and access. Speech and language drop in centres. Therapists allocated to centres and Early Childhood Centres.
- More youth groups, parents and carers drop in centres.
- Drop in sessions.
- Involve children, young people and their families in forward planning for implementation of GIRFEC in practice.

Focus Groups

Question 1   Named Person
In what ways are things better since the role of Named Person was implemented? What works well, why and is the practice embedded?

- The Named Person holds relevant information which underpins assessment and decision making and is passed to Social Work and other agencies and services as appropriate.
- Named Persons are calling Team Around Child meetings as appropriate, less drift.
- Good joint working with the Lead Professional and other members of the Team Around the Child.
- Improved information sharing clear roles and responsibilities, one point of contact for families and professionals, less duplication.
- Effective handover process from one Named Person to the next Named Person, focuses more on the voice of the child.

Question 1   Named Person
What doesn't work well and why? What could work better and how could this be achieved?

- Conflict at times regarding Named Person role if acting as the Lead Professional.
- Can be confusion around roles.
- Defensive record keeping at times.
- Expectations v budget.
- Role and remint not as clear as it should be more training for professionals and parents.
- Issue of consistency if Named Person is absent.

Question 1   Named Person
What else would help you do your job, particularly in terms of assessing children and young people? Examples of tools, materials.

- Better understanding of differences re Named Person/Lead Professional.
- Clarity around responsibilities in chairing/minute taking Team Around the Child's etc. for Named Person.
- Children with complex health and education – plans/support etc. Is it always needed – paperwork doesn't always fit with practice.
- Mechanism for getting information to Named Person e.g. through Health – not to school nurse.
- Positive approach – from above.
- Wellbeing Webs – are they getting shared, too many.
- Put all on AYRshare.
- Specialist skills (i.e. for dealing with self harm – Named Person not a counsellor/psychologist).

- Nurture time – to deal with anxiety/confidence issues (nurture group) Kilmarnock Academy connect hub is a good example.
- Protected time for Named Person.
- More tools for children with complex needs who don't have a voice – talking mats etc.
- Develop existing tools for younger children.
- Graded care with families.
- Shadowing each other's roles.

Question 1   Named Person
How can we publicise the role of Named Person to children, families and communities?

- Emphasising that service has always been there – now just formalising it.
- Normalise the use of the word Named Person – in handbook?? Letters making language friendly.
- All schools add to website.
- Shout Packs add Named Person.
- Authority Wide message, sent to all schools and parents.
- Stand at parent's evenings etc.
- Parents from previous years with good experiences speaking to new parents about it – more relatable.
- Posters in nurseries etc. (this is the Named Person, this is how they help you and this is how you contact them for example).
- Social Media – stories of a child's journey (real life stories).
- Workshops for children – activities around NP to help them understand.

Question 2   Lead Professional
Is there inter-agency awareness and understanding on the role of Lead Professional? What works well, why and is the practice embedded?

- Works well in Child Protection.
- Works best when we can rely on the Team Around the Child to support and share information.
- Role well understood.
- Change of Lead Professional should happen more often as appropriate.

Question 2   Lead Professional
What doesn't work well and why? What could work better and how could this be achieved?

- Expectation that Lead Professional will take all responsibility.
- Sometimes confusion between Lead Professional and Named Person role.
- Lead Professional not always using AYRshare the way they should.
- Require awareness raising for children and young people.
- Uncertainty around who should be the Lead Professional.
- Concern around who covers if the Lead Professional is absent.

- When there is a Lead Professional everyone is still doing their own assessment rather than completing as part of a team.

Question 2   Lead Professional
Is information Sharing Guidance easily understood and followed? If not, what is required?

- Still a fear around information sharing particularly in terms of gray areas.
- Disguise compliance as difficult to manage.
- GDPR restrictions.
- Wellbeing webs have helped communications with children and young people.
- Information sharing guidance and flow chart are good and easy to follow.

Question 3 Supporting Partnerships to take a proportionate approach to managing all risks and concerns – Team Around the Child
Do you feel a proportionate approach for managing all risks and concerns is in place? What works well, why and is the practice embedded?

- Team Around the Child is good and is helping to mitigate/help risk.
- The use of Wellbeing assessments with input from all member of the Team Around the Child is crucial for identify managing risk.
- Development of relationships across agencies had enhances approaches to the management of risk.
- Use of AYRshare is crucial.
- Good information sharing and communication helping to better manage concerns and risk.
- The share language, tools and training that GIRFEC provides is helpful.
- Making use of greater involvement of children and families rather than "doing to them".

Question 3 Supporting Partnerships to take a proportionate approach to managing all risks and concerns – Team Around the Child

What doesn't work well and why? What could work better and how could this be achieved?

- Inconsistent approach to risk "threshold" amongst staff and across partner agencies.
- Lack of resources (money) still remains a key issue. Having a detrimental impact on agencies and services and their ability to effectively manage risk and wider concerns.
- AYRshare – not all appropriate individuals and professionals have access.
- Need to consider provision of further multi-agency training on the management of risk.
- There is too much focus on Team Around the Child Meetings as a method to manage risk.
- There is frustration around the inability to access the right services at the right time.
- Families need to have greater awareness of the process.

- The language used and jargon can be an issue.

Question 3 Supporting Partnerships to take a proportionate approach to managing all risks and concerns – Team Around the Child

Do you feel packages of support and services are better matched to the needs of the children and young people you are working with? If not, why?

- We still see instances where provision is more a case of "Plugging a Gap" because the appropriate support is not available.
- Still have long waiting time i.e. CAMHS and Speech and Language Therapy.
- Also need to recognise that travelling to some services is a struggle for many families.
- There is a much greater awareness across all agencies/services of what resources are available and able to be utilised for the support to children, young people and their families.
- Clear signs that partnership working has improved.
- Whilst there is a growing awareness and recognition of children's issues in our communities, although this is still not widespread enough and more needs to be done to educate our communities about the services that support children, young people and families.
- Yes there has been a marked improvement in the supports and services that we can offer to children and young people.
- We now have a greater ability to ensure that work is not being duplicated across the different agencies.
- Team Around the Child meetings are very supportive and parent's involvement is leading to more effective decision making.
- Yes, but it would be extremely helpful if we have a comprehensive directory of supports available.
- Support and services could be more streamlined.
- Services should be more inclusive of the child. This has been the case in the past where children/parents have been part of the process.
- Knowledge of what services are available needs to improve and should be managed more effectively.
- Not always needs led due to budget constraints i.e. if child would fully benefit from having nurture class within school but not having the staffing to cover.
- Homelink referrals process is improving due to Team Around the Child meetings and better understanding of the service.

Question 3 Supporting Partnerships to take a proportionate approach to managing all risks and concerns – Team Around the Child

Do you feel that systems and processes are in place to consult and engage with children and families? If not, what do you think requires to be done to improve this?

- There is a need for more resources and training to allow for more effective engagement with parents.

- Time is the main issue – just not enough time for us to engage effectively with children.
- Education – Experience is of positive parental engagement in Education.
- Education – We are confident that we are supporting our families to better understand our role as part of the wider GIRFEC agenda.
- General – parents are more accepting of the role of other agencies.
- Utilisation of "child friendly" tools is enhancing our engagement activities with children and young people and helping to provide more positive outcomes.
- Use of Wellbeing Web is encouraging the recording of views of children and parents.
- Frustrations still exist around the issue of the level of paperwork that requires to be completed.
- The third sector doesn't think appropriate systems and processes are in place to help them consult/engage with children and families.
- Hard to reach families still remain hard to reach.
- There needs to be a bigger focus on outreach and relational approaches to improve engagement.
- Systems and processes should be more person-centred and tailored to individuals.
- Needs to be improved to deal with the problem of disengaged families and children not attending school.
- A neutral venue could encourage engagement from children and families as hard to reach families can have negative experiences of school setting.
- Parents having say through process of Team Around the Child meetings and paperwork.
- Homelink team helping to advocate for children/families and support to attend meetings.
- Require less recording systems.

Question 4 National Practice Model
Are practitioners confident in the use of the National Practice Model? What works well, why and is the practice embedded?

- Wellbeing indicators and my world triangle embedded in practice by most practitioners.
- RFA well established in some disciplines but not in others.
- Keeps assessment Child's Plan child focused.
- Relationships Framework helps but needs buy in from others.
- Good understanding of the importance of wellbeing and improving outcomes.
- Confident from an individual level but not so much as a team.
- A more holistic approach which leads to a though wellbeing assessment of child's needs.
- Shared language/approach works well.
- Parents and now aware of the language.
- GIRFEC pathway is clear and a valuable resource.

Question 4 National Practice Model
What doesn't work well and why? What could work better and how could this be achieved?

- Time Challenges.
- Issues with accessing information particularly third sector.
- Information in Request for Assistance often incomplete which means the decision making of the receiving service is impacted.
- There can sometimes be too much information on the Request for Assistance.
- Lack of trauma informed practice, gap in training.
- Paper heavy, more time writing up than spending with the child.
- Practitioners are scared to be innovative and creative with the National practice model when working with young people.
- Issues with separate child's plans.
- Child's voice not being included in the plan.
- Family not always given the change to lead or have a proper say.
- More team work and transparency required.

Question 4 National Practice Model
What else would help you do your job, particularly in terms of assessing children and young people? Examples of tools, materials

- More timeous sharing of relevant information particular from police concern hub.
- Once child one plan.
- More flexibility on how RFA can be made.
- Better communication with children's reporter.
- Less documentation/duplication.
- Multi-Agency Training.
- Wellbeing of staff – tools to support such as counselling.
- Feedback from children.

Question 5 Child's Plan
Has the quality of assessments improved? Are practitioners completing the Child's Plan proportionately and appropriately? What works well, why and is the practice embedded?

- Not always seeing plans on AYRshare.
- Inconsistencies.
- Good examples of where it is working well.
- Good working relationships – good focus on improved outcomes for families.
- Quality of Child's Plan has improved, moves with child.
- Prefer one format.
- Improving but requires to be more child lead and needs to be more on the needs of the child.
- Practitioners all complete it differently.

Question 5 Child's Plan
What doesn't work well and why? What could work better and how could this be achieved?

- Time and capacity for some services due to other priority.
- Consistency.
- Require feedback from Multi Agency Audit.
- Not enough use of AYRshare.
- Support Directory.
- Not working – not one child one plan.
- Require development session for practitioners with children and young people on an annual basis.
- Child plans not reviewed or referred too often enough.
- Getting the TAC together can be difficult.
- Sometimes plans can be too large and complicated of a small area of a child's life, require to be more proportionate.
- One agency should not write a plan in isolation.
- More training required.
- Too many plans are driven by professionals.
- Gaps in services require to be addressed.
- Timescales require to be measureable.
- Focus should be on the action plan.
- If the child has a plan they should have an AYRshare record.
- Streamline child's plan for all agencies.

Case File Audit Findings

The tables and graphs outlined below represent the comparative findings from the previous 4 file audit exercises. The findings highlighted are those that are aligned with the focus of this evaluation i.e.

1. The effectiveness of Team around the Child (TAC) processes, and
2. Production of high quality Children's Plans.

Quality Indicator 5.2: Assessing and responding to risks and needs

File Reading Part F: Assessing Needs

F1. Does the child or young person have an assessment of needs?

| Assessment of Needs	June 2017	Sept 2018	Dec 2018	Mar 2019	Variance (Dec 2018 - Mar 2019) (% Points)
Yes	89%	56%	68%	72%	4%
No	11%	25%	28%	12%	-16%
NA	0%	19%	5%	8%	3%
Not Selected	0%	0%	0%	8%	8%

In comparison to December 2018, the March 2019 exercise highlighted a significant reduction (16%) in the proportion of files showing that an assessment of the child's needs had been undertaken.
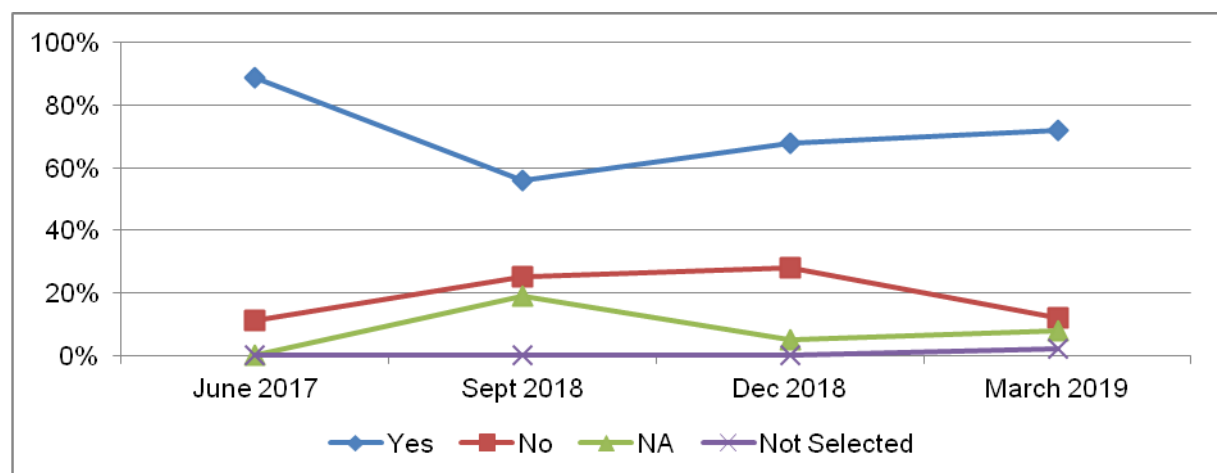
F2. Please rate the quality of the assessment of the child's needs

Quality of Assessment of Needs	June 2017	Sept 2018	Dec 2018	Mar 2019	Variance (Dec 2018 - Mar 2019) (% Points)
Excellent	4%	0%	13%	0%	-13%
Very Good	33%	12%	15%	28%	13%
Good	22%	32%	28%	40%	12%
Adequate	11%	12%	10%	4%	-6%
Weak	11%	0%	3%	4%	1%
Unsatisfactory	7%	0%	0%	0%	0%
NA	11%	44%	33%	20%	-13%
Not Selected	0%	0%	0%	4%	4%

In terms of the quality of the assessment of the child's needs, there was a notable decrease (13%) in the proportion of files rated as 'excellent'. Positively, this was offset by an increase in assessments recorded as 'very good' (13%) or 'good' (12%).
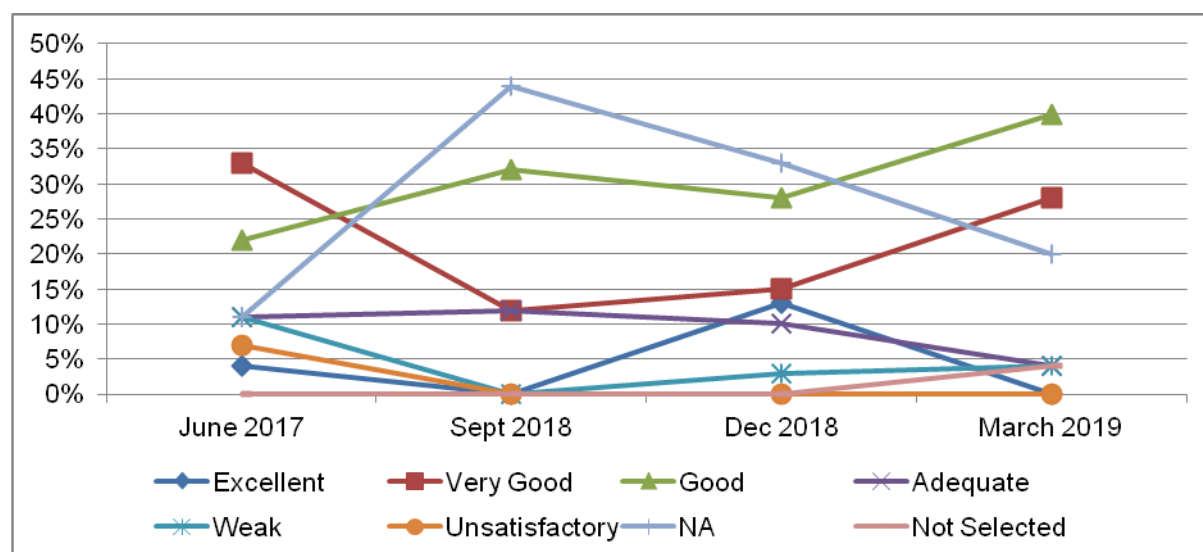
**Quality Indicator 5.3: Planning for individual children and young people**

File Reading Part G: Making plans to manage risks and meet needs

G1. Is there a plan which provides direction to staff in addressing the risks to and from the child?

Risk Plan	June 2017	Sept 2018	Dec 2018	Mar 2019	Variance (Dec 2018 - Mar 2019) (% Points)

|					
Yes	89%	56%	58%	64%	6%
No	11%	25%	30%	16%	-14%
Not Applicable	0%	19%	13%	16%	3%
Not Selected	0%	0%	0%	4%	4%

Between the December 2018 and March 2019 file reading exercises, there was a significant reduction (14%) in the proportion of audited files which <u>did not</u> include a plan to provide direction to staff in addressing the risks to/from the child.
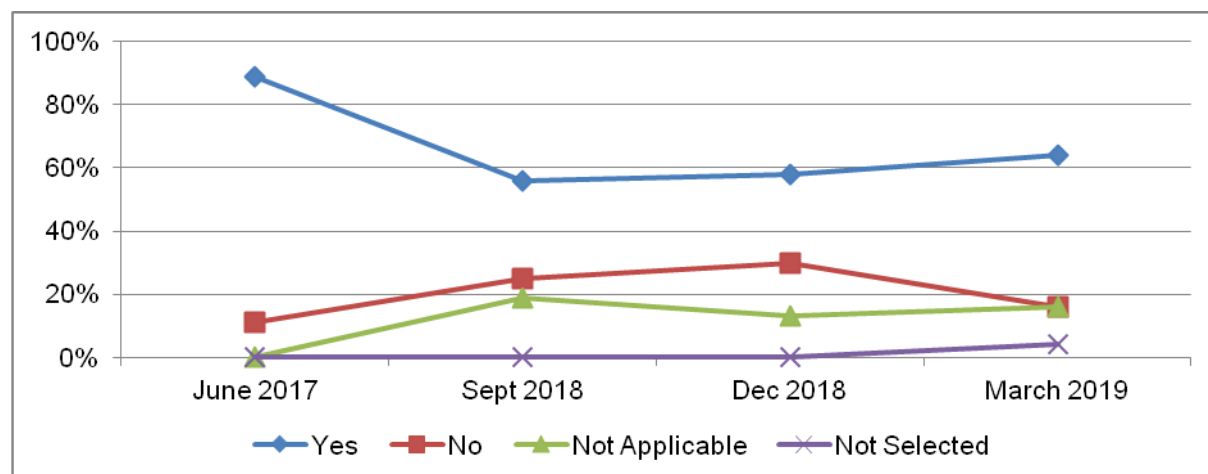
G2. Please rate the quality of the child's plan to manage risks.

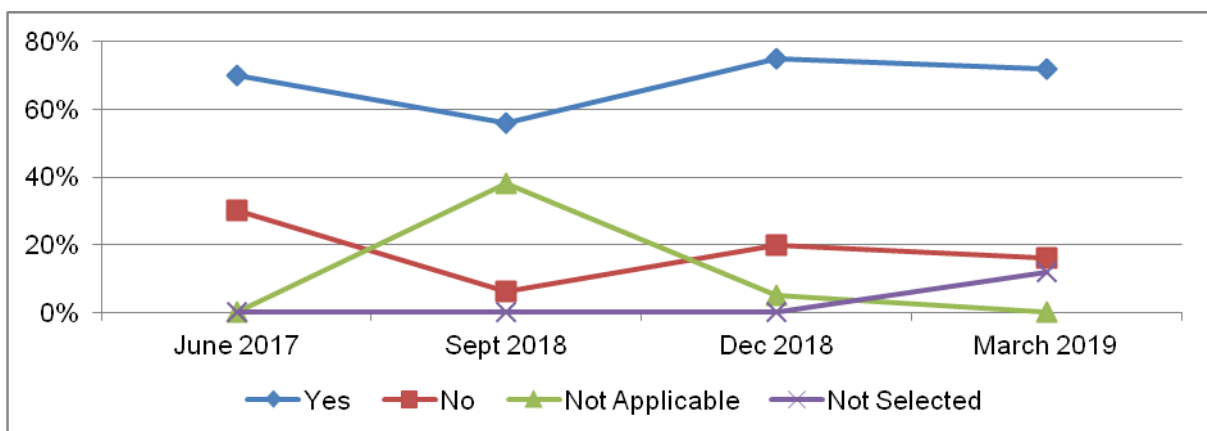| Quality of Risk Plan	June 2017	Sept 2018	Dec 2018	Mar 2019	Variance (Dec 2018 - Mar 2019) (% Points)
Excellent	7%	0%	10%	0%	-10%
Very Good	15%	19%	18%	20%	2%
Good	22%	19%	18%	40%	22%
Adequate	3%	5%	8%	0%	-8%
Weak	19%	6%	5%	0%	-5%
Unsatisfactory	0%	0%	3%	4%	1%
Not Applicable	11%	44%	38%	28%	-10%
Not Selected	0%	0%	0%	8%	8%

In comparison to December 2018, the March 2019 file audit highlighted several variances in the quality of the child's plan to manage risks. The most substantial difference was in the proportion of files rated as 'good', which increased by 22%. However, the proportion of files rated as 'excellent' decreased by 10%.
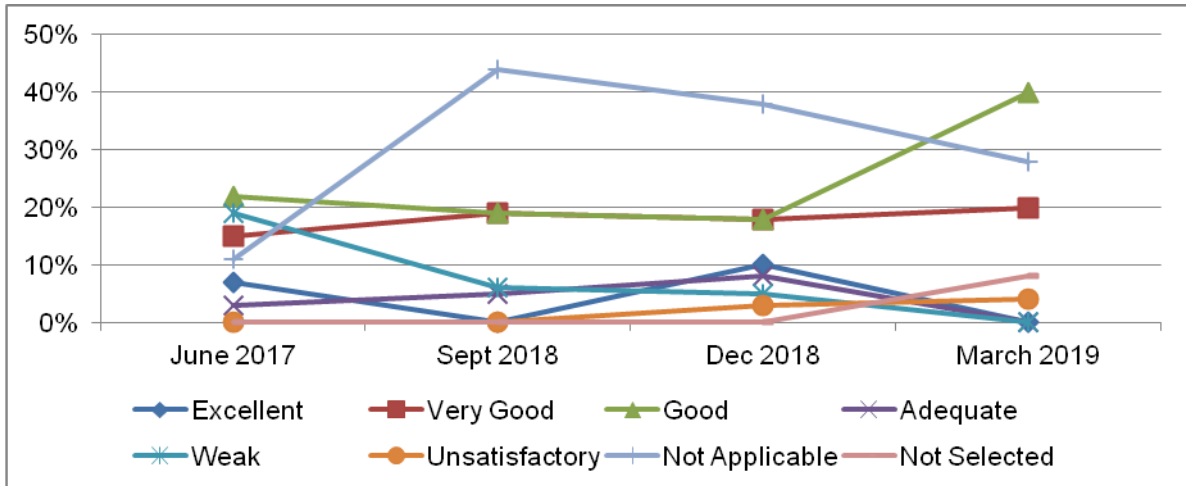
G3. Is there a plan which provides direction to staff to address the needs of the child?

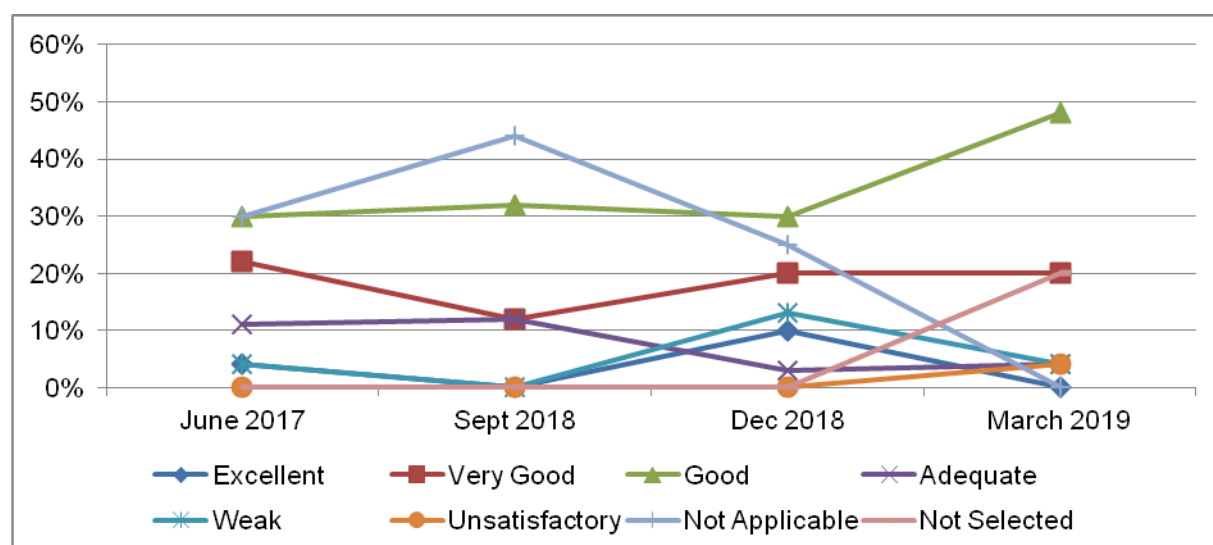| Needs Plan	June 2017	Sept 2018	Dec 2018	Mar 2019	Variance (Dec 2018 - Mar 2019) (% Points)
Yes	70%	56%	75%	72%	-3%
No	30%	6%	20%	16%	-4%
Not Applicable	0%	38%	5%	0%	-5%
Not Selected	0%	0%	0%	12%	12%

The March 2019 exercise highlighted a small reduction in files audited that included (3%) and did not include (4%) a plan providing direction to staff to address the needs of the child. This was offset by an increase (12%) in files where no response was selected.

G4. Please rate the quality of the plan to meet the needs of the child?

Quality of Needs Plan	June 2017	Sept 2018	Dec 2018	Mar 2019	Variance (Dec 2018– Mar 2019) (% Points)
Excellent	4%	0%	10%	0%	-10%
Very Good	22%	12%	20%	20%	0%
Good	30%	32%	30%	48%	18%
Adequate	11%	12%	3%	4%	1%
Weak	4%	0%	13%	4%	-9%
Unsatisfactory	0%	0%	0%	4%	4%
Not Applicable	30%	44%	25%	0%	-25%
Not Selected	0%	0%	0%	20%	20%

In terms of the quality of the plan to meet the needs of the child, there was a significant increase in the proportion of files where the plan was rated as 'good' (18%). However, the proportion of files where the plan was rated as 'excellent' decreased (10%). There was a notable increase (20%) in the proportion of files audited which did not record the quality of the plan.

Quality Indicator 5.3: Planning for individual children and young people

File Reading Part H: Implementing and reviewing plans

H4. Which partners were not involved sufficiently?

Partners Not Involved	June 2017	Sept 2018	Dec 2018	Mar 2019	Variance (Dec 2018 - Mar 2019) (% Points)
Education	15%	88%	23%	16%	-7%
Health	15%	88%	15%	20%	5%
Housing	4%	25%	3%	4%	1%
Police	0%	25%	5%	0%	-5%
Social Work	7%	75%	10%	20%	10%

In respect of which partners were judged to be insufficiently involved in the implementation process for children's plans, the March 2019 exercise highlighted slight variances when compared to December 2018. There was an increase in the proportion of files where it was judged that social work (10%) and health (5%) were not sufficiently involved.
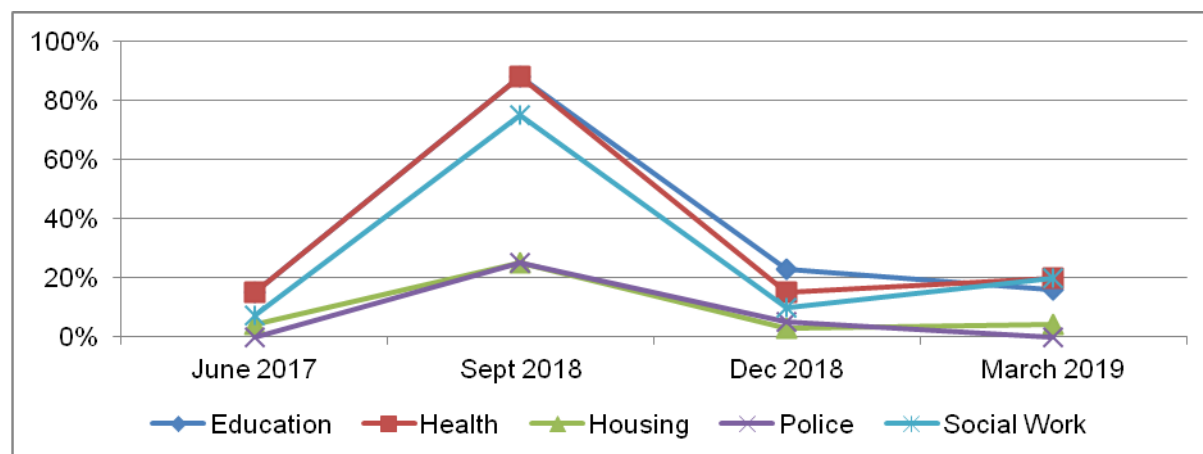
**Quality Indicator 2.1: Impact on children and young people**

Quality Indicator 2.2: Impact on families

File Reading Part K: Impact and outcomes for children

<u>K1. To what extent has the child's safety and wellbeing improved (or is   improving) as a result of the help provided?</u>

| Extent of Improved Child Safety and Wellbeing	June 2017	Sept 2018	Dec 2018	Mar 2019	Variance (Dec 2018- Mar 2019) (% Points)
Considerable improvement evident	19%	0%	10%	20%	10%
More than a little improvement evident	33%	19%	20%	20%	0%
Some improvement evident	22%	19%	15%	20%	5%
No/minimal improvement	15%	6%	20%	12%	-8%
Not Clear	4%	38%	15%	20%	5%
Too Early to Tell	7%	19%	8%	4%	-4%
Not Applicable	0%	0%	13%	4%	-9%

In relation to the child's safety and wellbeing improving as a result of the help provided, the March 2019 exercise highlighted variances when compared to the audit undertaken in December 2018. There was an increase (10%) in the proportion of files where 'considerable improvement was evident'. There was also a reduction (8%) in the proportion of files audited which reported that 'no/minimal improvement was evident'.
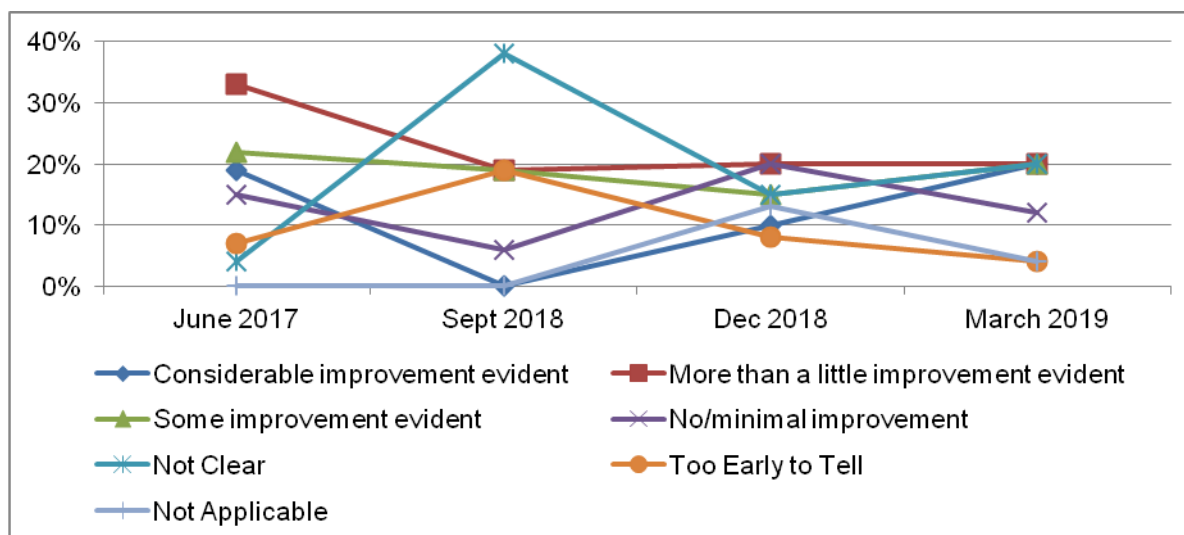
K2. Has this child had regular, meaningful contact with key staff?

| Regular, Meaningful Contact with Staff	June 2017	Sept 2018	Dec 2018	Mar 2019	Variance (Dec 2018- Mar 2019) (% Points)
Yes	74%	69%	70%	80%	10%
No	11%	31%	25%	12%	-13%
Too early to say	7%	0%	0%	4%	4%
N/A	4%	0%	5%	4%	-1%
Unanswered	4%	0%	0%	0%	0%

Between December 2018 and March 2019, there was an increase (10%) in the proportion of audited files where it was judged that the child had experienced regular and meaningful contact with key staff.
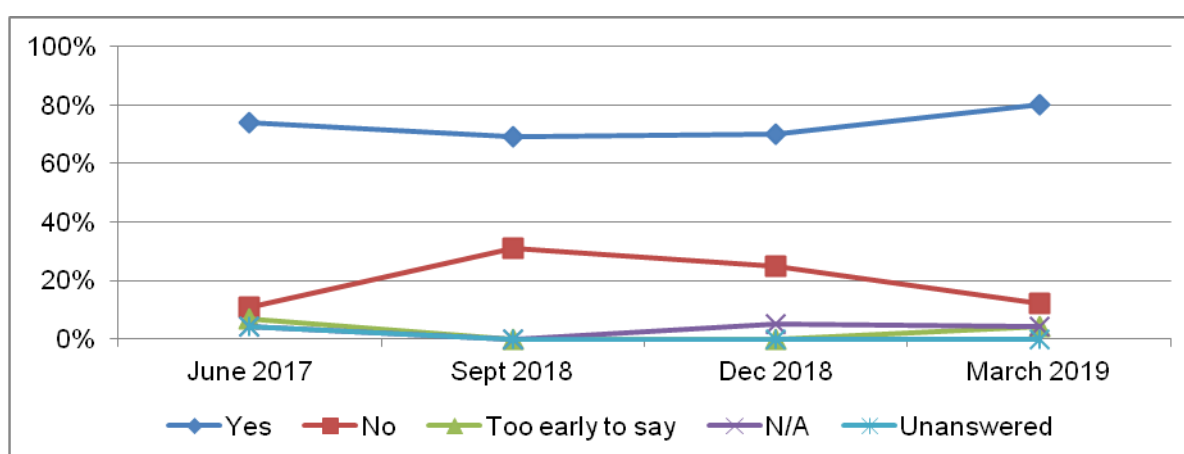
K3. Have this child's parents/carers/family had regular, meaningful contact with key staff?

Meaningful Contact with Key Staff	June 2017	Sept 2018	Dec 2018	Mar 2019	Variance (Dec 2018-Mar 2019) (% Points)
Yes	74%	75%	78%	88%	10%
No	15%	25%	15%	8%	-7%
Too early to say	7%	0%	0%	0%	0%
N/A	0%	0%	8%	4%	-4%
Unanswered	4%	0%	0%	0%	0%

In comparison to December 2018, the March 2019 file reading exercise indicated an increase (10%) in the proportion of files where it was judged that the child's parents or carers had experienced regular and meaningful contact with key staff.
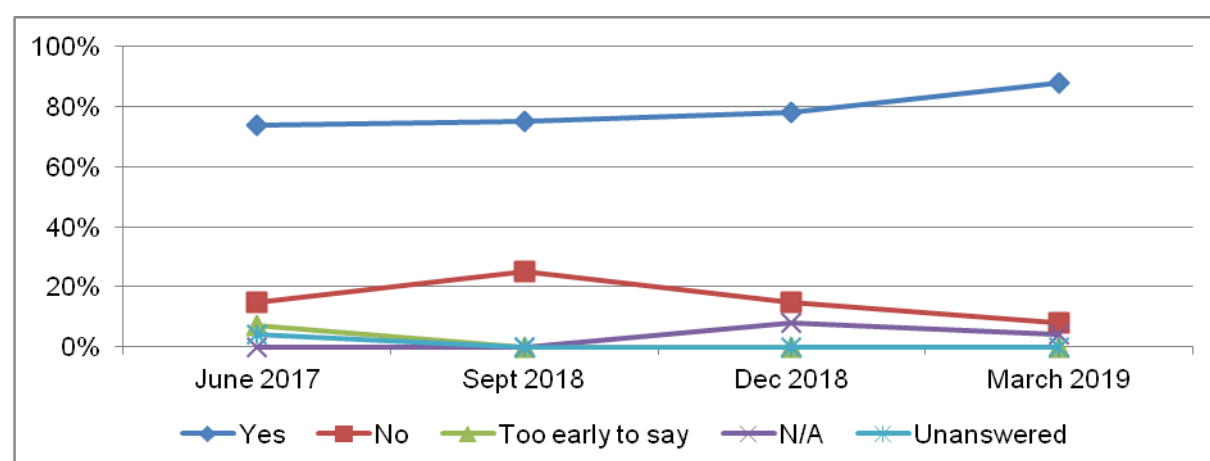
File reading – Part L: Impact on family and general comments

L1. To what extent has the family's circumstances improved (or are improving as a result of the help provided?

Improvement in Family Circumstances	Dec 2018	Mar 2019	Variance (Dec 2018 - Mar 2019) (% Points)
Considerable improvement evident	10%	8%	-2%
More than a little improvement evident	13%	16%	3%
Some improvement evident	25%	32%	7%
No/minimal improvement	15%	8%	-7%
Unclear/lack of evidence	25%	16%	-9%
Too early to say	5%	8%	3%
Not applicable	8%	12%	4%

In relation to the extent to which family circumstances have improved as a result of the help provided, the March 2019 exercise highlighted variances when compared to the audit undertaken in December 2018. There was an increase (7%) in the proportion of files where 'some improvement was evident'. There was also a reduction (7%) in the proportion of files audited which reported that 'no/minimal improvement was evident'.
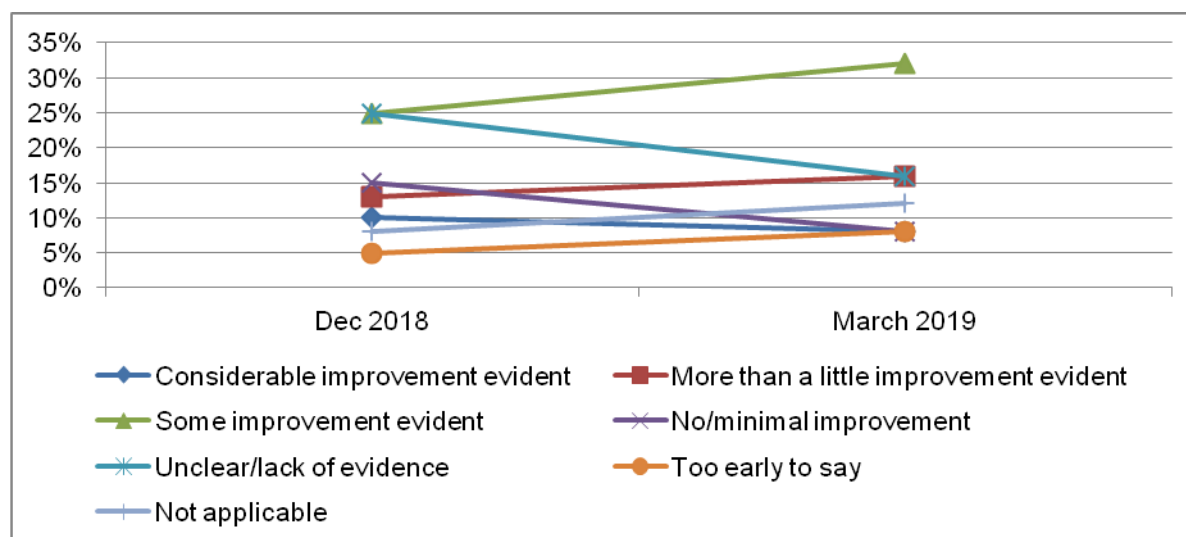
*This measure was introduced in the December 2018 file audit. Therefore, there is no previous data available to allow comparison.

Please note: Figures have been rounded to no decimal point.

Section 3: Qualitative Analysis

In the March 2019 audit, a qualitative assessment of SHANARRI indicators was undertaken by file readers for each file, highlighting areas of strength and areas for development. File readers were also asked to provide additional comments at the end of their review of each case. Key themes arising from this are listed below alongside according quotes from file readers:

- A number of strengths were identified across the file reading exercise. Similar to December 2018, the March 2019 audit recorded numerous examples of efficient multi-agency working. In particular, communication between agencies was considered effective and appropriate levels of information sharing took place:

  o *"Evidence of good communication and information sharing between agencies."*

  o *"Clear evidence within SWIFT that professionals have worked together effectively to support outcomes for the family."*

- In addition, several comments highlighted the prompt response and high quality recording of information from all agencies involved. This included detailed chronologies, completed plans, and well-documented cases:

  o *"Quick response to concerns."*

  o *"A number of key documents, plans etc are of an extremely high standard."*

- This timely response and high quality recording of information contributed to agencies being able to take appropriate action and provide support to ensure the safety of the child. Positively, the file readers identified cases where this resulted in more positive outcomes and improvements for the child and family.

  o *"Measures immediately in place to ensure the safety and wellbeing of the child."*

  o *"Puts the child first, in a far safer place and reduces risk."*

  o *"Regular, consistent contact and support for mum and the children which resulted in improved outcomes for the children".*

- Despite detailed recording and documentation of information being identified as strength by file readers, it was also highlighted as an area for improvement in a number of cases. Several files demonstrated poor adherence to recording protocols. In particular, areas of concern were identified as being missing

information, poor chronologies, and a lack of adherence to case file recording protocols:

- *"Appears to be no evidence of reviewing risk given ongoing concerns."*

- *"Green sticker to indicate ASN and yellow sticker to indicate SW involvement both missing from paper file."*

- *"No child's plan / ILP. Weak education chronology with no reference to child's views."*

- Finally, although file readers highlighted examples of cases in which agencies worked well together, partnership working was inconsistent across the audited files. A commitment to improving communication and information sharing between agencies is required:

  - *"There is no multi-agency up to date report or plan."*

  - *"Social work and education had their own assessments which held key information, had these assessments been fully combined and all information included in one assessment and plan then this would have provided a more thorough assessment of the child and a clearer care plan."*

- Overall, numerous cases of good practice were identified by file readers in the March2019 audit. This includes some excellent examples of multi-agency working, effective communication, efficient recording practices, and the provision of quality support to children and families. Conversely, the file readers also recognised cases which demonstrated inconsistent multi-agency working, poor information sharing, and lack of adherence to recording protocol. Therefore, improved consistency is required throughout to improve the quality of the service.

Section 4: AYRshare Feedback Analysis

As part of the March 2019 audit, file readers were asked to review the multi-agency use of AYRshare.

Positively, the majority of cases audited had an AYRshare record (80%). Good practice was demonstrated in a high number of files due to appropriate sharing of the child's record (72%) and the correct Named Person was listed (76%). However, less than half of audited files listed the correct Lead Professional (48%).

Sharing of documents through AYRshare was highlighted by file readers as an area for concern. Only a quarter (24%) of files audited had the latest Child's Plan (review) in the Document's Tab, and 36% of cases shared any other plans or assessments in the Document's Tab. The qualitative feedback regarding information sharing was largely negative:

- o *"Latest copy of Child Plan not uploaded."*

- o *"Education plan only in the Child's Plan Documents Tab. Other Plans/assessments are not current / recent."*

- o *"Child's plan completed by school but not uploaded to AYRshare."*

Weak and inconsistent chronologies were also noted as an area for improvement across a number of files. 36% of files audited in March 2019 had a chronology on AYRshare with the appropriate significant events from all agencies involved with the child, and only 28% documented significant events with an outcome or action which stated the impact on the child. In a number of cases the multi-agency chronology contained dated information regarding the child. The chronology was not always completed by all agencies involved with the child and was often missing key information:

- o *"Significant events are not consistent."*

- o *"Vital information (ie. Permanence order; removed from parental care) missing from chronology."*

In addition, file readers highlighted that the only a small proportion of AYRshare files audited included all of the contacts from the Team Around the Child (28%). Some cases also included contacts that are not currently involved with the child (24%):

- o *""No health in contacts in Team around the Child."*

- o *"Contacts are not up to date."*

Overall, the March 2019 highlights that the majority of professionals are using AYRshare appropriately to share Child Plans and documents between agencies. However, it appears that AYRshare is not being used to its full capacity by all agencies. The qualitative feedback provided by file readers regarding the multi-agency use of AYRshare was largely negative. To improve use of AYRshare, all agencies need to contribute to updating the child's details, including uploading the most up-to-date documents, and providing clear chronologies in order to ensure that a consistent response can be provided across services.

Request for Assistance Monitoring

RFA Monitoring from Named Person/Lead Professional

Establishment	No of RFA's	No agreed in advance	No of resp forms received	Not rec within 10 days	No of inappropriate req's	AYRshare Record not created	Service put in place
ECC	3	3	0	5	1	2	2
Primary	19	18	7	14	2	4	14
Secondary	25	6	7	8	0	9	14
Special	3	3	3	3			3
Health	129	64	46	21	2	26	106
Totals	**179**	**94**	**63**	**51**	**5**	**41**	**139**

RFA Monitoring from Services

Service	No of RFA's	No agreed in advance	No of resp forms sent	Within 10 days	No of inappropriate rec
Home Link	37	37	37	37	4
Vol Sector	1	1	1	1	
Vibrant Communities	2	0	2	2	1
Totals	**40**	**38**	**40**	**40**	**5**

Survey with Parents/Carers

Parent/ Carer	
Question	Response
When you are invited to a Team Around the Child (TAC) meeting have you already been involved in a wellbeing assessment and seen your Child's Plan?	• Yes x 5 • No
How easy do you find it to have your views included in the plan?	• I find it easy enough • I don't feel like I am listened too sometimes • Easy enough • Very Easy • Easy enough • No issues, always manage to put my point across
Are you asked if you wish to bring someone with you to the TAC?	• Yes x 2 • No • Yes I asked if HLW could come but she was invited anyway • Yes but the Home Link Worker was there so I didn't need to • Included in letter
How easy do you find it to ask questions or put your point across during the TAC?	• I get a bit nervous you know but I always feel I can ask. • I find that quite easy • I find it hard sometimes to say what I mean but the Home Link Worker helped me with that. • All fine with me, no hassles, I'm quite

	happy if the kids seem happy with it all.
	• Sometimes feel a bit intimidated with so many people
	• No issues, always manage to put my point across
Is there anything you would like to change?	• No x 2
	• No, I don't want to change anything
	• No but tea/coffee would be good
	• Maybe more comfortable room rather than a table with everyone around it as this makes it feel intimidating
	• Nothing changes after each meeting despite different agencies attending

Survey with Young Person

Young Person	
Question	Response
Are you always asked if you want to attend your Team Around the Child (TAC) meeting?	• Yes x 5 •
Why would you not want to go to it?	• Nervous • Sometimes I didn't like going as lots of people • I don't like being in the room with lots of people and having to talk • No Reason • Too many adults
Are you asked if you would like to take someone with you?	• Yes x 3 • No x 2
How easy is it for you to ask questions or say what you want to in your TAC?	• My guidance teacher always asks me if I have any questions. • It's quite easy • Not easy for me but Home Link Worker helps me say what I want to say as we talk about it before the meeting • It was hard because didn't always listen • Easy, I was encouraged to have an input
Are you able to put Actions into your Child's Plan?	• Yes • Yes I put my own stuff like I like being in the Nurture Base best • Yes • Yes, I put in to my college application • Yes, I asked for and got an out of class card
How are you helped to put your views into your Child's Plan?	• My guidance teacher and home link worker always gives me help.

	- My Guidance Teacher helped me with this (Mr Kelly) - Home Link Worker or Guidance teacher helps me - By being asked what I wanted to make it easier - By being encouraged to say what I want to happen
Is there anything you would like to change?	- Don't think so. - Snacks would be good - Don't think so. - To be asked if I could bring someone with me - No, it is ok as it is