

**Joint inspection of services to protect children and
young people in the East Ayrshire Council area**

January 2008

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Introduction

The *Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act 2006*, together with the associated regulations and Code of Practice, provide the legislative framework for the conduct of joint inspections of the provision of services to children. Inspections are conducted within a published framework of quality indicators, *How well are children and young people protected and their needs met?*¹

The inspection team included Associate Assessors who are members of staff from services and agencies providing services to children and young people in other Scottish local authority areas.

¹ *How well are children and young people protected and their needs met?*. Self-evaluation using quality indicators, HM Inspectorate of Education 2005.

1. Background

The inspection of services to protect children² in East Ayrshire took place between June and September 2007. It covered the range of services and staff working in the area who had a role in protecting children. These included services provided by health, the police, the local authority and the Scottish Children's Reporter Administration (SCRA), as well as those provided by voluntary and independent organisations.

As part of the inspection process, inspectors reviewed practice through reading a sample of files held by services who work to protect children living in the area. Some of the children and families in the sample met and talked to inspectors about the services they had received.

Inspectors visited services that provided help to children and families, and met users of these services. They talked to staff with responsibilities for protecting children across all the key services. This included staff with leadership and operational management responsibilities as well as those working directly with children and families. Inspectors also sampled work that was being done in the area to protect children, by attending meetings and reviews.

As the findings in this report are based on a sample of children and families, inspectors cannot assure the quality of service received by every single child in the area who might need help.

East Ayrshire is situated in the West of Scotland, approximately thirty miles south of Glasgow. It covers an area of 1,262 square kilometres from Lugton in the north to Loch Doon in the south. The main population centres are in Kilmarnock, Stewarton and Galston in the north of the authority and Cumnock, New Cumnock and Auchinleck in the south. Kilmarnock is the administrative centre for East Ayrshire Council.

East Ayrshire has a population of around 120,000, with Kilmarnock having a population of just over 44,000. The rest of the population live in smaller communities ranging from a few hundred people to approximately 9,000 people in Cumnock. Twenty-one per cent of the population are aged 18 years and under, which is slightly less than comparator authorities³ and similar to the national average. At April 2007, 27% of families were dependent on key benefits which was similar to comparator authorities and Scotland as a whole. The number of children on the child protection register in 2005 was 69 which increased to 99 in 2006. The number of children referred for child protection enquires in 2006 was 285 which represents a 24% increase from the previous year.

² Throughout this document 'children' refers to persons under the age of 18 years as defined in the *Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act 2006*, Section 7(1).

³ Comparative Authorities include North Lanarkshire, Clackmannanshire, Falkirk, North Ayrshire and West Lothian.

2. Key strengths

Inspectors found the following key strengths in how well children were protected and their needs met in East Ayrshire.

- The quality of relationships between staff and children which helped children effectively communicate their needs and views.
- The range of successful approaches used to raise public awareness of child protection.
- Children, especially vulnerable children and their families, were consistently involved in the development and design of services.
- Shared vision, values and aims which influenced the work of partnership services.
- Staff awareness and ownership of joint planning for improvement.
- Planning and partnership working, at a strategic level, across all services.

3. How effective is the help children get when they need it?

Children were listened to and helped to communicate effectively their needs and wishes. Staff worked well together to raise children's awareness of keeping themselves safe. Children benefited from a range of effective supports which were accessible to them. Almost all staff recognised when children needed help and referred children to services that could help them. However, some children's needs were not being met and some children were left at risk and did not receive support.

Being listened to and respected

Overall, the extent to which children and families were listened to was very good. Staff in all services showed good knowledge and understanding of the children with whom they were working. In most cases very positive relationships had developed and there was evidence of mutual trust and respect. Children felt that staff took the time to get to know them and to listen to what they had to say. They felt that their views really mattered when decisions were being made that would affect their lives. Staff communicated well in ways that were appropriate for individual children. They used text, email and children's drawings. When young people needed assistance to overcome communication difficulties, staff used whatever aids were appropriate to make sure that their views were heard.

Children and families were encouraged to attend meetings where discussions about them were being held and where decisions were being made about them. At Children's Hearings, case conferences and reviews, adults worked hard to make sure that they established rapport with children. They communicated in a way that helped children and families feel included in discussions. Young people and families had the chance to give their views and say how they felt about the things being discussed. Workers took time to check that children understood the reasons for any decisions which were made. Young people often prepared for meetings by making notes on a 'Having Your Say' form so that they could give their views in writing. If children were unable attend formal meetings, their views were usually sought and taken into account by those present. However, not all children attended case conferences even if it was appropriate for them to do so.

Being helped to keep safe

There was a very good range of approaches to help keep children and young people safe. Services, including those in the voluntary sector, worked well together to provide support for vulnerable families. When a child needed help staff took the appropriate action. This included staff who came into contact with children only occasionally in the course of their everyday duties. Children in schools were supported by both staff and their peers, for example by buddy systems or peer mentors. School nurses provided confidential drop in services for children, including opportunities to talk about mental or sexual health concerns. Families benefited from the readily available day-care and respite services. Young carers had access to effective supports to help keep them safe and well. Parents of vulnerable children were given help with their own health difficulties and were encouraged to develop their parenting skills by health visitors and home support workers. Addiction workers worked alongside others to provide valuable support and advice aimed at keeping children safe. In some cases support was not put in place early enough, for example when there were potential risks to an unborn child and the need for parenting advice had been identified but was not available.

Danger Detectives was an effective programme delivered by teachers, police, and staff in other agencies to help keep children safe. Much of it was delivered at the appropriate school stage, but also included those who had just left school. The programme was presented in an imaginative and interactive way and this helped young people to remember its main messages. As a result, children were highly aware of personal safety including internet safety. Some schools had introduced restorative meetings and children reported that they had found these to be very helpful in making them feel safe. Where parents had chosen to educate children at home, the Council had sound procedures in place to support them. These procedures took into account the social and emotional needs of the child as well as educational needs. Where children were not attending school through illness or exclusion, very good arrangements were in place to support their ongoing learning.

Children showed a very good understanding of how to keep themselves safe. They felt secure in their schools and most felt safe in their local communities. They knew how to contact an adult to help keep them safe and they knew how to use the ChildLine helpline. Children and parents who responded to school inspection questionnaires felt that school staff knew children well and were concerned about their welfare.

Some examples of what children said about keeping themselves safe.

“I feel safe in school.”

“The teachers want to know what happens outside school because they care.”

“Restorative meetings have helped everyone play together.”

“We need more community wardens.”

Response to immediate concerns

Overall, the immediate response to concerns was adequate. Midwives responded promptly to concerns about unborn and newly born babies. Staff working with very young children acted on any concerns they had about changes in a child’s behaviour. Children and their families were well supported when concerns required a joint investigation involving social work and the police. Police used emergency powers to ensure children were safe. Children received careful explanations from a member of staff who knew them well when they were being taken to a place of safety. However, a few nursery staff recorded concerns but did not report them to social workers. When staff and members of the public had concerns about a child they sometimes found it difficult to contact a social worker to pass on their concerns. When they did speak to a social worker they did not routinely get feedback. Sometimes risks to an unborn baby were not identified until the baby was born. In those cases discharge from hospital was delayed to allow plans to be put in place to make it safe for the baby to go home. Foster carers had some children placed with them without sufficient written information. This limited their ability to offer children support and answer their questions.

Meeting needs

Meeting children's needs was adequate. Some children benefited from comprehensive packages of support to meet their short and long term needs. They had access to a range of services and activities to meet their physical and emotional needs. However, some children experienced several moves while in foster care and plans for the future care of some children had been delayed.

Children were helped by a wide range of services from statutory and voluntary agencies in response to need. These included sporting and leisure opportunities for excluded young people, and dedicated health services, play provision and transport to their original school for vulnerable homeless children. The appointment of additional school nurses provided support for some children with less serious mental health needs. Some effective and detailed care plans were implemented which met individual children's needs, but some vulnerable children had to wait too long for help. A few children were left without a General Practitioner (GP) and access to immunisation programmes for some months due to parents being taken off GP's lists. Some children had their level of social work service reduced when they were deregistered from the child protection register or accommodated away from home, even though there was a continued need for services.

Specialist services were provided by statutory and voluntary agencies. These included helpful respite services for children with disabilities and family group conferencing. Children affected by parental substance misuse had access to supportive advocacy services and play therapy. Children who had suffered trauma, including sexual abuse, were helped by specialist counselling. Access to Child and Adolescent Mental Health Services (CAMHS) had improved with children's needs being assessed promptly. However, there were long waiting lists for treatment by CAMHS although referrals were starting to be prioritised. A lack of sustainable funding had affected the continuity of some effective early intervention and specialist services.

4. How well do services promote public awareness of child protection?

Services effectively promoted the safety and protection of children and young people through a wide range of approaches prominently publicised and displayed within the community. There were several well-managed websites for the public which provided accessible and comprehensive information about child protection. Parent handbooks which contained useful information about protecting children were distributed to all new parents.

Being aware of protecting children

The promotion of public awareness of child protection was very good. There was a range of steps taken to raise community awareness about protecting children through the distribution of posters, wallet cards and leaflets across services. These materials were available in different languages. They informed members of the public how to raise concerns about children and how agencies would respond to them. The Child Protection Committee (CPC) website provided a useful resource which was accessible, user friendly and contained very comprehensive guidance about protecting children. This included the facility to make an on line referral. The Strathclyde Police website, 'sp station', provided interactive information for children and young people. The Computer Crime Unit successfully used this website to raise awareness about safety on the internet. Creative partnership initiatives between different services promoted personal and community safety for children. These included a texting service to highlight the dangers of drugs and alcohol and electronic notice boards in secondary schools highlighting an anti-bullying campaign.

A resident's panel survey provided feedback about the impact of the child protection publicity campaign. The results indicated that members of the public were confident in knowing who to contact if they had concerns about child protection. There were many examples of members of the public reporting concerns to both the police and social workers. Members of the public who did not have direct contact with children were vigilant and confident about taking effective action to protect children, for example, shop retailers. Although a 24 hour contact number was widely advertised some staff and members of the public had difficulty accessing a social worker to report their concerns to, particularly the West of Scotland Social Work Standby Service.

5. How good is the delivery of key processes?

Staff worked hard to involve children in all decisions that were made about them. Children were well supported by staff to attend meetings and to ensure they had the opportunity to express their views. Almost all staff shared information about vulnerable children and where staff were co-located this assisted their information sharing. When a child protection joint investigation was required this was undertaken by well-trained staff who were sensitive to children's needs. However, some children had to wait for an assessment of their risks and needs which left children at potential risk of harm. Some children's plans were not reviewed regularly enough and the implementation of long term plans for the children was delayed.

Involving children and their families

The involvement of children and families in key processes was very good. Staff in all services made sure that wherever possible young people were in attendance at meetings where important decisions were being made about them. Whilst attending meetings most young people were well supported to give their views. Sometimes young people were helped to write down their opinions or to draw a picture to express how they felt. Where a young person's view was likely to upset other family members they were given help to express themselves in an acceptable way. Those chairing and managing meetings showed expertise in creating a climate where different views could be safely expressed by all those taking part. The time taken by the chair to speak to the young people and families before meetings helped to achieve this. Sometimes meetings had to be postponed or Children's Hearings continued because reports were not made available in time for young people and families to read before the meeting. Staff and panel members were skilled at keeping young people and families informed about what was happening and checked that they understood the reasons for decisions and recommendations. If a young person did not wish to attend a meeting, staff carefully noted their views and made sure that these were reported to the meeting. In only a few cases young people did not have things explained to them and did not have their opinions recorded. Family Group Conferences run by Children First were becoming established as a method for addressing child protection issues. There was a strong culture of advocacy where staff expected that young people would give their opinions. They encouraged young people to realise that their opinions matter and that they would be given whatever help they needed to have their say. A range of advocacy services was available and these were highly regarded by service users, most staff and children's panel members. Social workers were not always sufficiently proactive in promoting advocacy services for some young people.

All key services had clear and effective policies in place for handling complaints from service users. Explanatory leaflets were widely available and prominently displayed. Some services enabled complaints to be submitted via their website. Where formal complaints were lodged these were investigated in accordance with the appropriate policies and feedback given to the complainant. Key agencies monitored and analysed comments and complaints to identify trends and showed a willingness to use the information gathered to try to improve services. Some services had not yet introduced child friendly complaints leaflets or supporting materials.

Sharing and recording information

Sharing and recording of information to protect children and young people was good. There was a strong commitment and awareness from staff across services about the importance of sharing information. Almost all staff were confident about regularly sharing information both informally and through formal systems when there were concerns about the welfare and protection of children. On some occasions there were inconsistencies in information-sharing within and across services. Sometimes information was not passed on which may have had important implications for the safety of a child or young person.

Particular features of information sharing included the following points.

- Co-location of staff had contributed to more effective and timely information-sharing between professionals with shared access to social work recording systems.
- Police used improvements in internal information systems to consistently share information, particularly with social work and Scottish Children's Reporters Administration (SCRA).
- There was consistently good attendance from staff across services at child protection case conferences and a dedicated addiction social worker supported information sharing at pre birth case discussions.
- Arrangements for sharing information between the Family Protection Unit and social work provided a common understanding of when to make the initial referral decision.
- There were consistent difficulties encountered by a range of professionals and carers when attempting to contact the West of Scotland Social Work Standby Service.

The recording of information and structure of case files held by services were variable. In some cases chronologies in social work case files were incomplete and not consistent with those in health files. Most Family Centre case files were well ordered and contained good information about the short and longer term needs of young children. There was a lack of information in many school nurse files. In some social work files information was not recorded quickly enough after the event and on a few occasions there were long delays before electronic records were updated. The recording of supervision of practice in some files was inconsistent.

Consent from children and their families to share information with other services was obtained verbally, but this was not always recorded in case files. Staff who delivered adult services to parents, including those from mental health and substance misuse services, were clear about their responsibilities to share information without consent if there was a risk of harm to the child.

Police officers who carried out assessments of sex offenders were co-located with their police colleagues who worked on child protection and domestic abuse. They shared information and concerns about children with each other at morning meetings and there was good information sharing between the police sex offender assessment officers, social work and housing staff and the co-coordinators for the Multi-Agency Public Protection Arrangements (MAPPAs). Police officers recorded information appropriately in order that it would be available to Disclosure Scotland.

Recognising and assessing risks and needs

Assessment of needs and risks was weak. Staff, including those with indirect responsibility for children, showed confidence about recognising and responding to concerns. Midwives identified when there were potential risks to unborn children. A standardised framework was improving health visitor assessments and was being introduced to school nurses. There were examples of timely assessments which analysed current risks and needs and planned action to protect children. However, social work assessments were often subject to lengthy delays or failed to be completed leaving children at risk of harm. Domestic abuse referrals were not assessed and prioritised on an inter-agency basis. Telephone contact with social workers during office hours was not always monitored by the social work duty manager. Immediate home visits and initial risk assessments were not always carried out when needed. Pre-birth case conferences were sometimes delayed until after the baby was born. There was a backlog of assessments for children where there were high level concerns. This included reports for the Children's Reporter. Out of hours, social work assessments were not detailed enough. When concerns about a child required a joint investigation appropriately trained social workers and police officers decided jointly how to proceed. Arrangements to include health in these discussions were due to be implemented.

Staff from a wide range of services used their skills and expertise to provide assessment reports. There were good examples of social workers carrying out comprehensive assessments supported by a common assessment format. CAMHS had reduced the waiting time for mental health assessments. However, integrated chronologies of significant events in a child's life were not often compiled when children's names were placed on the child protection register. Staff did not always identify repeating patterns of concern or recognise when a parent's behaviour did not change in response to the services provided. Social workers often produced lengthy and descriptive reports about what had happened to a child previously or since the last review meeting but they were not evaluative. Staff did not place sufficient importance on the effects of children's circumstances on their development and learning. Explicit links were not made between risks and needs identified in assessments and action plans to address these. Assessments of the contact needs of accommodated children were not systematic. Plans to introduce an integrated assessment framework to support a common approach and reduce duplication across services were at an early stage of implementation.

Skilled and sensitive child protection investigations were conducted by jointly trained police and social workers. Social workers were being encouraged to play an equal part in leading investigative interviews. A social worker was not always available out of hours to carry out joint investigations. An appropriately trained paediatrician was available to undertake sexual abuse examinations during day time hours, but no such paediatrician was available to undertake these examinations out of hours. The current facilities for conducting forensic medical examinations out of hours were not child friendly or adequately equipped, although a new facility at Crosshouse Hospital was being developed.

Addiction staff working with adults provided helpful assessments of parental substance misuse. The new addiction post for assessment of pregnant women had improved the quality of work in this area. Staff who carried out assessments of children affected by parental substance misuse did not always focus on how this affected their day to day care and emotional needs. Risk assessments did not consider the likelihood of relapse and the need for alternative care arrangements to be in place. However, following training for staff on

children affected by substance misuse, there were indications that a risk assessment tool was starting to be used.

Planning to meet needs

Planning to meet needs was adequate. Recent improvements in inter-agency child protection planning had led to most children being well protected and receiving a high level of service. A panel made up of a legal advisor, the fostering and adoption manager and a children and families social work manager helped to plan successfully the future care needs for some children. However, some children's needs were only met at times of crisis rather than as part of a planned response. A few children were left too long in situations of neglect due to parental substance misuse.

Children were helped by clear planning and accountability at child protection case conferences where roles, responsibilities and some timescales for action were recorded. Staff from all agencies attended child protection case conferences whenever possible and submitted written reports. The local authority employed an independent chair of child protection case conferences who challenged poor practice. Children were actively encouraged to express their views about their plan with the help of their social worker or advocacy services. However, some children's plans did not adequately protect them or take full account of their longer term needs. Although decisions of case conferences were recorded and distributed promptly it sometimes took several months for the full minute of the meeting to be sent to those who attended the meeting. Sometimes staff from different services found it difficult to agree on acceptable thresholds of risk. On a few occasions this had led to staff, other than social workers feeling unable to voice their reservations over decisions taken.

Some children benefited from the robust systems for planning their long term future needs with timescales being set for each stage in the process. However, there was significant drift in the planning for a number of children where rehabilitation plans were not progressing. Although there was an independent chairperson for reviewing the care of children who were living away from home, they did not have capacity to cover all reviews. This resulted in a lack of objectivity and challenge as team managers sometimes chaired their own reviews.

On the whole, children and young people's plans were regularly reviewed by core groups, case conferences and Children's Hearings. Parents were encouraged to attend these meetings and were involved in the plan. However, the contribution and attendance at core group meetings of agencies other than social work varied. There were times when plans were not reviewed quickly enough. Some plans did not include timescales or alternative arrangements to be implemented where children's circumstances did not improve. Support provided to meet children's needs did not always reflect those identified in the assessment.

6. How good is operational management in protecting children and meeting their needs?

A wide range of inter-agency policies and procedures helped staff protect children. Children’s service planning was successfully linked to community planning and the Children and Young People’s Service Plan was well known to staff. Children and their families, including vulnerable children, were consistently consulted during all planning processes. Effective measures were in place to support safe recruitment of staff. Large numbers of staff from all agencies had completed basic awareness child protection training and were now more confident to protect children. However, some staff were not adequately supervised in their child protection work.

Aspect	Comments
Policies and procedures	Overall, policies and procedures were very good. Across services staff had access to a broad range of helpful policies and procedures to help and guide them in their work. The West of Scotland inter-agency child protection guidelines, which helped to provide a consistency of approach, were incorporated into individual agency child protection procedures. These required updating and plans were being put in place for this to happen. A clear High Risk Pregnancy Protocol guided staff when there were specific concerns about a pregnant woman around substance misuse. Across services the approach to evaluating the impact of policies and procedures and updating them was variable.
Operational planning	Operational planning was very good. The recently updated Children and Young People’s Service Plan set out a clear and shared vision for children’s services. It linked very closely with the Community Plan through common themes. The plan clearly set out areas for improvement and timescales for completion of the various actions. Multi-agency groups were responsible for the delivery of actions under each of the themes and for monitoring these and reporting progress to the Children and Young People’s Service Plan Steering Group. Across services there was a very high level of awareness of the plan and how it influenced their work amongst managers and staff. Management information systems were being used effectively to monitor key child protection processes. Within social work steps were being taken to provide more robust management information to senior managers and the CPC.

Aspect	Comments
Participation of children, their families and other relevant people in policy development	<p>The participation of children and families in policy development was excellent. Services had consulted extensively with children and families at meetings and by using surveys and questionnaires. Children's views had been gathered from youth parliament members, the young person's forum and pupil councils in schools. In schools 'listening lunches' were well attended by parents and staff. The annual 'What's important to you?' event allowed secondary school pupils to question senior managers and give their views on services. Views were regularly sought from children who were looked after and accommodated by the Council and from Youth Carers Groups. Children had helped design a new young person's unit. Young people from Youth Strategy had been involved with staff in commissioning the "Rathbone" alternative education service. Within health services a Public Partnership Forum had been established to seek the views of parents. As a result children and families had made a valuable contribution to establishing and improving services.</p>
Recruitment and retention of staff	<p>Arrangements to ensure appropriate staffing levels were very good. Safe recruitment practice took account of legislation and national guidance. Good practice included involving young people in recruiting staff to residential units and the availability of exit interviews. A strategic review of social work increased staff and reconfigured resources to ensure staff made the most impact. Additional administrative support to health visitors provided more time for professional tasks. Services promoted the safety of staff through publicity about violence to staff and the provision of mobile phones for social workers.</p>
Development of staff	<p>The development of staff was good. Basic and foundation level child protection training, delivered in single or inter-agency settings, raised awareness in very large numbers of staff from all services and departments of the Council. Advanced and specialist training increased skill and competence in a smaller targeted number of professionals in a lead role. The impact on practice was not measured due to the lack of systematic evaluation. Professional support was available to health visitors when they requested help. Police and children's reporter were supported well and their work reviewed. The revised social work policy to monitor the work of staff was not consistently applied across the service.</p>

7. How good is individual and collective leadership?

All Chief Officers and their senior managers recognised protecting children as a high priority for their service. They had developed a shared vision for protecting children across the services which was communicated very well to all staff and directed their work. Very good partnership working at a strategic level encouraged joint working at operational management and practitioner levels within services. Services were committed to improving their services and had made a good start in jointly reviewing and evaluating their work.

Vision, values and aims

Vision, values and aims were excellent. Chief Officers and senior managers across all agencies had a shared vision, values and aims to protect children. These were clearly articulated to all staff and strongly influenced their work. Senior managers actively promoted diversity and children were encouraged to value each other as individuals regardless of culture or religion.

- There was clarity of vision and direction from the Chief Executive and senior managers of the Council. Staff briefings ensured that all staff understood that protecting children was a priority and that children who were looked after by the Council were a responsibility of the whole Council. Elected members were fully aware of their responsibility to protect children and had taken an active part in a recent fostering campaign.
- Within NHS Ayrshire and Arran the Chief Executive and Lead Executive for Child Protection communicated a clear commitment to working with partner agencies to protect children. This was communicated to all staff through staff meetings, training sessions and by all staff being issued with wallet sized information leaflets which stressed their responsibility to protect children.
- Child Protection was a strategic priority for Strathclyde Police and the Divisional Commander ensured that all officers were aware of their responsibilities to protect children. This was communicated to officers during face to face briefing and through daily electronic briefings. All officers were issued with a laminated card which ensured they were aware of their responsibility to safeguard children. They were fully aware of the importance their Divisional Commander and senior officers placed on protecting children.

Very good planning processes were well embedded with clear links between the Community Plan, Children and Young People's Service Plan and Learning Partnership (LP) Plans. Staff saw the Community Plan as a working document and had ownership of it, readily identifying where their work fitted into it. There was strong partnership working driven by Chief Officers and senior managers across all the agencies which actively encouraged open and honest dialogue between staff.

Leadership and direction

Collective leadership and direction was adequate. Although strong leadership and direction from the Chief Officer's Group (COG) identified protecting children as a priority, some children's risks and needs were not being assessed quickly enough. In a few cases children

were being left at risk for too long. Resources had been made available to provide early support to families but not all families had benefited from this.

The CPC was led well and its work was clearly focused on protecting children. There was strong leadership within the CPC and all senior managers worked together effectively. Consistent membership of the CPC enabled members to work together in an atmosphere of trust and respect. The CPC had produced a comprehensive annual report and prepared a very detailed action plan which was being implemented. The action plan clearly identified who was responsible for monitoring progress. A successful practitioner's forum had been established to enable the CPC to consult with staff. Approximately 30 practitioners from across all services, including voluntary services, met regularly to discuss child protection issues. This was greatly valued by those staff who attended the forum.

Managers have recently recognised the increase in demand for services and significant extra resource had been provided by the Council. Social work services were being restructured to strengthen front line services and to help to meet increasing demands on their service. SCRA continued to work with health, police and social work services to help ensure a more appropriate response to referrals. Education and health services had jointly funded some posts which had helped to secure continuity of service to children and their families. It was, however, still too early to see the full impact of all the recent changes.

Leadership of people and partnerships

The individual and collective leadership of people and partnerships was very good. There was an Ayrshire wide senior officer's strategic group covering North, East and South Ayrshire which helped to drive improvement across Ayrshire. Locally, senior managers actively promoted joint working across all services at strategic and operational levels. They had successfully established co-located services to help integrate service delivery in three sites. Professional respect and trust between staff had been developed across services where staff could raise concerns not just with their own line managers but directly with managers in other services if appropriate.

LPs, grouped round a number of schools, were well established and provided services jointly to meet the needs of children and families. The appointment of a Children's Services Co-ordinator with an authority wide remit ensured consistency of practice and the sharing of good practice across the LPs. Negotiation with NHS Ayrshire and Arran had started to identify named senior managers from health to support the LPs at a strategic level. Work was ongoing with other partner agencies to further develop the LPs and align staff to work in a locality basis. All partners had agreed to introduce a common assessment of needs and had arrangements in place to assist implementation which was due to start in the near future.

Senior managers met all social work staff regularly to discuss social work issues. Social workers knew their senior managers well and found them approachable and supportive. NHS Ayrshire and Arran staff were well supported by the nurse consultant for vulnerable families and child protection advisor who were easily accessible to all staff. Senior managers were visible at all basic awareness training sessions. The Council worked effectively in partnership with voluntary services. Women's Aid was involved in strategic planning partnerships including the Community Plan, the Children and Young People's Service Plan and the Domestic Abuse Forum. Although there was no voluntary service representative on the CPC, services felt consulted and involved.

Leadership of change and improvement

Leadership of change and improvement was good. Staff were highly committed to improving services through evaluating and improving their work. The CPC had undertaken a multi-agency self-evaluation of child protection services and intended to further evaluate specific aspects of provision. Services had reviewed their involvement with a specific child and an action plan for improvement had been developed. As a result, letters of assurance from all services were sent to the CPC confirming intended actions. However, some of the same issues identified in the review were still evident in practice.

The CPC had improved quality assurance by requesting all services to review their own files. The results of the reviews were monitored by a subgroup of the CPC. LPs held an annual good practice seminar. The Head of LPs and the Children's Services Coordinator met to review, monitor practice and plan improvements. Education Services were preparing to evaluate the effectiveness of information-sharing and the participation of children in policy development within schools. Social work had improved their quality assurance systems through the recent introduction of a specific child protection recording system which provided more robust information on staff's child protection work.

Health services had undertaken three separate audits of practice and health visitors were reviewing their contact with families. CAMHS were involved in the first peer review in Scotland with the Royal College of Psychiatrists. The police evaluated a wide range of police activity in child protection on a regular basis. The children's reporter had undertaken a caseload review resulting in changes to practice. The results of self-evaluation were not fully shared with all staff and were mainly discussed at the CPC and Children and Young People's Service Plan groups.

8. How well are children and young people protected and their needs met?

Summary

Inspectors were confident that most children were aware of strategies to keep themselves safe and they were listened to by staff who knew them well. There was a range of services available to support families and help keep children safe. Staff were confident about recognising when a child needed help and children were kept informed about what was happening to them. However, not all children had their needs and risks assessed sufficiently and therefore some children did not have their needs met.

Chief Officers and the CPC should take forward improvements to strengthen services to protect children. In doing so they should take account of the need to:

- improve processes for identifying and assessing risks and needs of children where there are child protection concerns;
- more fully involve health in child protection processes and improve children's access to medical assessments and examinations;
- improve joint planning to meet children's needs; and
- ensure the work of social workers is monitored more consistently.

9. What happens next?

The Chief Officers have been asked to prepare an action plan indicating how they will address the main recommendations in this report, and to share that plan with stakeholders. Within two years of the publication of this report HM inspectors will re-visit the authority area to assess and report on progress made in meeting the recommendations.

Fiona McManus

Inspector

[Insert Publication date]

Appendix 1 Quality Indicators

The following quality indicators have been used in the inspection process to evaluate the overall effectiveness of services to protect children and meet their needs.

How effective is the help children get when they need it?	
Children are listened to, understood and respected	Very Good
Children benefit from strategies to minimise harm	Very Good
Children are helped by the actions taken in response to immediate concerns	Adequate
Children's needs are met	Adequate
How well do services promote public awareness of child protection?	
Public awareness of the safety and protection of children	Very Good
How good is the delivery of key processes?	
Involving children and their families in key processes	Very Good
Information-sharing and recording	Good
Recognising and assessing risks and needs	Weak
Effectiveness of planning to meet needs	Adequate
How good is operational management in protecting children and meeting their needs?	
Policies and procedures	Very good
Operational planning	Very Good
Participation of children, families and other relevant people in policy development	Excellent
Recruitment and retention of staff	Very Good
Development of staff	Good
How good is individual and collective leadership?	
Vision, values and aims	Excellent
Leadership and direction	Adequate
Leadership of people and partnerships	Very Good
Leadership of change and improvement	Good

This report uses the following word scale to make clear the evaluations made by inspectors:

Excellent	Outstanding, sector leading
Very Good	Major strengths
Good	Important strengths with areas for improvement
Adequate	Strengths just outweigh weaknesses
Weak	Important weaknesses
Unsatisfactory	Major weaknesses

How can you contact us?

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If you wish to comment about this inspection

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