

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

June 2007

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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 the South Ayrshire Council area took place between December 2006 and January 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, 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.

South Ayrshire is situated in the South West of Scotland and covers an area of 1222 square kilometres. It extends from Troon and Symington in the North to Ballantrae and Loch Ryan in the South. The administrative centre of South Ayrshire Council is in Ayr.

South Ayrshire has a population of around 114,250 of whom 11% live in communities of less than 500 people. Twenty percent of the population is under 18 years compared to 20.8% for Scotland as a whole. Two percent of the Scottish population on income support live in South Ayrshire. For comparator authorities³ the average is 2.3%. In 2005-06 the number of domestic abuse incidents recorded by the police in South Ayrshire was 869 per 100,000 people which was higher than that for comparator authorities, but similar to Scotland as a whole. In 2005 there were 254 children looked after by the local authority which was an increase of 13% 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 Comparator authorities include Argyll and Bute, Angus, Dumfries and Galloway, Highland and Scottish Borders.

2. Key strengths

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

- The quality and continuity of relationships between individual children and staff which helped children to get to know them and build trusting relationships.
- Accessible and flexible family support services delivered by both statutory and voluntary agencies.
- Services to help children recover from abuse and neglect.
- The range of approaches used to raise public awareness of child protection, particularly the Child Protection Committee (CPC) website.
- Planning and decision-making processes which led to a consistently high quality flexible service to vulnerable children.
- Comprehensive inter-agency child protection training which added value to single agency training.

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

Children and families had frequent contact with staff who knew them well. Children were helped to understand what was happening to them and participated in discussions about themselves. They and their families benefited from the range of flexible support services which helped to reduce the risk to children. Children had a good understanding of keeping themselves safe and could identify a number of people they would talk to if they were worried. When children raised a concern, almost all of them were listened to and their views taken seriously by staff. Vulnerable children received effective and co-ordinated services to protect them and to help them recover from abuse.

Being listened to and respected

Overall, the extent to which children were listened to and understood was very good. Children and families had frequent and regular contact with staff who helped them. Children who needed help had positive relationships with at least one member of staff, whom they were able to see regularly. Most children trusted their social workers and thought they had helped them. Families of very young children talked to their health visitors, and were often successfully put in touch with other services which could help them. Health visitors monitored babies and young children carefully for signs that their appearance or behaviour indicated that they needed help. Efforts were made to ensure that children with learning and communication difficulties were able to understand what was being said when decisions were being made about them. When there were concerns about the care and safety of children with disabilities, the specialist team of social workers worked closely with police, health and school staff to ensure their concerns and needs were understood.

At Children's Hearings, panel members helped children to be confident in speaking about what they wanted to happen next. Children completed a "Having your say" questionnaire which helped them prepare their thoughts before the hearing. They spoke to panel members without other adults being present to ensure their views were heard and understood. Pupils in schools attended meetings held to make plans to help and protect them. For some children it was too difficult to talk about their very personal circumstances in these settings in school. Most social workers ensured children were prepared to express their views at child protection meetings. If the child was too young to participate, most social workers spoke to them and recorded their views for the meeting. Overall, children knew why decisions were made even if they did not always agree with them.

Being helped to keep safe

Provision made to reduce risk of harm to children was very good. Risks to children were reduced through the monitoring of their well-being by staff who were in contact with them. Most families were well supported by arrangements made between staff to see them regularly, offer practical and emotional support, and ensure that they were not visited by too many different services for different reasons. As a result, families co-operated well with services. The North Ayr Family Centre provided support for vulnerable families that was very effective in reducing risks to children. Children benefited from attending art, drama and play therapy. Mothers benefited from attending post-natal depression groups and a range of other services to meet further needs identified at this group. The Directions Project, provided by Children 1st, improved communication within families which helped parents better ensure their children's care and welfare.

Children were confident that they could talk to someone if they needed help. They named teachers, school nurses and local police as adults they would go to if they wanted to speak to someone. They would also go to these adults if they knew about another child who was at risk. Young people in the Girvan area identified the local drop-in health clinic as somewhere they could talk to a trusted adult about a wide range of issues. Children were generally known to at least one adult from education or health services who would recognise if they needed help. Children known to be educated at home or not attending school over periods of time were seen regularly by staff from Education, Culture and Lifelong Learning Service (ECLL).

Children had a good understanding of how to keep themselves safe. They felt safe in school and most felt safe in their local communities. They were very positive about the role of community police and community wardens, both through the programmes they delivered in school and by their presence in the community. Some children felt they did not learn enough about safe use of the internet. Children identified ChildLine as a source of help and knew how to contact them by telephone. In one school, children valued having been given a booklet identifying a range of people who could help them.

Some examples of what children said about keeping themselves safe:

“I think the school should talk more about dangerous websites because most people are in danger.”

“Yell run tell.”

“Sometimes you need to tell a secret.”

“There needs to be more information about how specialised agencies deal with specific problems that young people may have to deal with.”

Response to immediate concerns

The immediate response was good when children talked to someone about a concern, or a concern was raised about them. Most children were listened to and taken seriously by teachers and support staff in schools, the police, social work and health staff. They valued the steps taken to help them, and were informed about what actions were being taken by staff. When children were exposed to domestic abuse situations, some were seen to ensure their well-being, but the lack of a co-ordinated system to assess domestic abuse referrals meant that children were not always offered appropriate help. At times, there were delays in holding pre-birth meetings to assess the needs of newly born babies. A small number of children did not receive an appropriate response to concerns about physical abuse due to delays in assessment by health staff. Overall children were helped well by staff at the point of initial concern and, when the risk was high, speedy action ensured the safety of children.

Meeting needs

Meeting children's needs was good. Staff responded appropriately to protect children at risk from harm. There were important strengths in the range and flexibility of services delivered to meet children's needs. Services provided high quality preventative and therapeutic support for vulnerable children.

Children benefited from a wide range of effective support services, tailored to meet their individual needs. Effective and co-ordinated planning took place at child protection case conferences, child care reviews, and Children's Hearings. Review of the impact of plans and of changes in children's circumstances through regular core group meetings was less effective. Alternative care arrangements were provided when required, although some young children were inappropriately accommodated in residential care due to the lack of foster carers. Children being looked after by the local authority did not always receive a full assessment of their health needs.

Children's lives were improved through co-ordinated packages of effective support to help them recover from abuse or neglect. These included access to a community psychiatric nurse, parenting skills groups, anger management lessons, relaxation classes and art therapy. Some children did not get the help they needed to meet their mental health needs due to limited access to services and the lack of a consultant child psychiatrist. Children and young people who had been abused were helped by high quality counselling services. Families were helped by long term intensive services provided through voluntary agencies such as Turning Point, which worked with substance abusing parents, and Barnardo's homelessness service.

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

Services successfully promoted public awareness of child protection through high quality publicity materials, including leaflets and posters, which were prominently displayed and available in many public places. The Child Protection Committee (CPC) managed a web site which contained comprehensive but easy to read information about protecting children.

Being aware of protecting children

The promotion of public awareness of child protection was very good. The CPC had produced high quality publicity materials which included posters and leaflets on child protection. These were prominently displayed and widely available to the public. The CPC website provided a very useful resource which was easily accessible and contained detailed and comprehensive information on how the public should raise concerns about children and how services would respond to them. The CPC had produced comprehensive guidance on child protection for community groups. An informative, wide-ranging directory of local services was available to children and families. A parenting handbook had been produced by the CPC and was distributed to parents by midwives, health visitors and voluntary services. National Health Service (NHS) Ayrshire and Arran had initiated a successful poster campaign to highlight child protection. The Strathclyde Police 'SP Station' website, specifically for children and young people, was very informative and popular. Strathclyde Police had undertaken substantial work in schools to promote personal and community safety for children.

There was a growing awareness and confidence in services to protect children. There were many examples of members of the public, including extended family, reporting child protection concerns, particularly to the police. The action which followed was immediate and decisive and as a result children were protected. The provision of the police contact centres and the West of Scotland Social Work Standby Service ensured that members of the public had access to staff to report concerns at any time.

5. How good is the delivery of key processes?

Most children and their families were involved in the decisions made about their well-being and safety. They were well supported by staff to participate in meetings and were given the opportunity to express their views. Although staff shared information when they were concerned about children, information was not always sought from all staff who knew the child when assessing their needs and risks. When children were identified as at risk, a plan was put in place which helped to reduce these risks. Core groups met regularly to monitor the progress of the plans and children and their families were fully involved in the process.

Involving children and their families

The work of staff to ensure children and families were involved in the decisions and plans made to protect them was good. Staff across all agencies worked well to help children and families share their views at meetings and be actively involved in decision-making. However, this was too dependent on the skills and approaches of individual workers. At Child Protection Case Conferences, the chairperson ensured that children's views were consistently sought and discussed. The chairperson met children and their families before the meeting to explain what was going to happen and to help them prepare to contribute. At Children's Hearings, panel members took full account of children's views and gave them regular opportunities to speak. Panel members clearly explained their decisions and the reasons for them to children. When police were involved in ongoing enquiries they ensured that children and their families were kept informed about the processes involved and likely timescales. Staff from Children 1st fully involved some children in making plans to improve their safety and well-being, through family group conferencing. Some children who could have benefited were not offered the opportunity to have a family group conference. Staff at the North Ayr Family Centre effectively involved families and helped them to identify and say what they needed to do to protect their children. They worked particularly well with families who would not meet with other professionals. Although there was an advocacy service for looked after children and young people, there was no independent advocacy service available to all children in need of protection.

All services had policies and procedures for handling complaints. The leaflets explaining complaints procedures operated by health, police and social work services were for adult readers. Child-friendly leaflets were not available. Children and families were not informed in a clear and accessible way how they could make complaints about these services. At Children's Hearings and child protection case conferences, children and families were clearly told how they could appeal against the decisions which had been made.

Sharing and recording information

Overall, the sharing and recording of information to protect children was good. Almost all staff were aware of the importance of sharing information and were confident about how to do so. There were some helpful systems in place across services to support the formal recording and sharing of information. Informal communication also took place between staff across services when there were child care or protection concerns. There was no system to ensure that feedback on what action had been taken was always given to staff and members of the public following a referral to social work.

Particular features of information-sharing included the following points.

- Good detailed chronologies of significant events in some health visitors and social work files.
- Police routinely shared information with midwives when domestic abuse involved pregnant women.
- Consistently good information-sharing between staff at child protection case conferences.
- When a child attended Accident and Emergency (A&E) services, information about their attendance was sent to the health visitor, school nurse and general practitioner (GP).
- The paper based system used by police was not effective in retrieving information promptly.
- The lack of a secure e-mail system between services meant that staff were unnecessarily spending time on administration tasks, such as faxing reports.
- The lack of administrative support for core group meetings, which meant meetings were frequently not recorded and decisions not shared with other services.

The recording of information and structure of case files held by services was variable. Health visitors used the recently introduced Family Health Record making their records clear and easy to follow. There was a lack of information in many school nurse files. The quality of school files was variable, with some not well ordered nor easy to follow. Although team leaders were reviewing and monitoring the work of social workers, this was not recorded in social work files.

Consent from children and their families to share information with other services was not routinely recorded in case files. Most staff routinely informed children and families about what was shared. This was often done verbally rather than in written format. Staff, including those working with parents in mental health and substance misuse services, were clear that client's withholding of consent would not prevent them sharing information if they considered a child to be at risk.

There were strong links between the police officers who monitored sex offenders and the criminal justice social work staff. Robust systems were in place to share information, which included monthly liaison meetings involving police, social work and housing representatives. Police and social work staff worked well together to jointly assess the risk to children and produce a single plan to protect them. Effective processes had been implemented to minimise risk posed by young people who were displaying violent or sexually harmful behaviours.

Recognising and assessing risks and needs

Overall, recognising and assessing risks and needs was weak. Staff, including those who did not have direct responsibility for children, responded appropriately to signs that a child may be at risk. Police responded promptly when children were involved in any incident. School staff had a good awareness of child protection concerns and worked effectively in partnership with health and social work colleagues. Local A&E services had direct access to the Child Protection Register (CPR). Some social workers and health visitors made good assessments of risk. However, important facts and an increasing number of concerns or patterns of behaviour could be missed as not all case files contained chronologies of significant events. There were sometimes difficulties contacting and receiving a service from the West of Scotland Social

Work Standby Service which delayed assessing risks to children. At times the Children's Reporter did not request information from health staff or staff in voluntary organisations which would have assisted the investigation of referrals. When a concern was raised about a child, discussions took place between police and social work. Health staff were rarely involved in the initial stages of an investigation and social work and police decided if children required a medical examination.

Delays in holding pre-birth case conferences resulted in a small number of babies staying longer in hospital to enable a risk assessment to be done. When concerns about parenting were identified by maternity staff they effectively assessed potential risks to the child. Child protection case conferences were usually well attended by all staff involved but written reports from staff, other than social work, were not normally submitted. Case conferences had a clear focus on the risks posed to children. However, sometimes information was not requested from all staff who knew the child. Procedures to routinely invite school nurses to case conferences were not fully effective. Some staff did not feel confident enough to participate in the child protection decision-making processes at these meetings. In some cases staff focused more on the needs of the parents rather than the needs of the child. Most social workers undertook good needs and risk assessments. There was no standard recording assessment format to assist them to fully analyse the information gathered. A useful framework for assessing the needs of and risks to children had been used in one local area but it had not been fully implemented elsewhere.

Police and social workers jointly planned and carried out child protection interviews and investigations. A paediatrician was always available on call to respond to concerns of physical abuse. However, this service was not widely known to police and social work staff. An appropriately trained paediatrician was available to undertake sexual abuse examinations during day time hours, but there was no rota of paediatricians available at other times for this purpose. As a result, medical examinations were sometimes carried out by police child medical examiners without a paediatrician being present. Children were not always examined in a child friendly environment. Both NHS 24 and the Scottish Ambulance Service had effective systems in place for assessing risk.

Children affected by parental substance misuse were identified successfully. Addiction staff and other health staff notified social workers when they were concerned about children or when a woman with a substance misuse problem was pregnant. Pre-birth case discussions took place often too late in the pregnancy or after the birth, allowing little time for plans to be made to protect the baby. Police responded to the needs of children they encountered in households where there was parental substance misuse. As a result, the Family Protection Unit were identifying an increasing number of children who had been neglected.

Planning to meet needs

Overall, planning to meet needs was very good. Recent improvements in child protection planning and decision-making processes had led to a consistently high quality of service being given to vulnerable children. Decisions were clearly recorded and staff were sure about their own responsibilities within the plan to meet children's needs. There was a wide variety of successful approaches used by staff to plan and meet individual children's needs.

Planning for children on the CPR was of a consistently high standard. Staff involved with the children placed a high priority on attending child protection planning meetings. All child

protection planning meetings were chaired by one social work manager which created a more systematic process that led to clear and authoritative decision-making. All planning decisions, tasks, roles and timescales agreed were recorded in a standardised format and systematically reviewed. As a result co-ordinated actions were carried out by key staff which made significant improvements to both the immediate safety and the longer term welfare of the children.

Children's Hearings make sound, child-centred decisions based on assessments by staff and the views of young people. When children were looked after and accommodated in residential units all means of maintaining contact with home and returning the child to their home when circumstances had improved were explored. Family Group Conferencing was used effectively to involve families in creating care plans. Planning for a child's long term care was initiated without undue delay, but sometimes long term planning for children placed in foster care slowed down unnecessarily.

Core groups, involving parents, met regularly to review and monitor child protection plans. A flexible approach to when and where these meetings were held encouraged many parents to attend and take part. However, their effectiveness was reduced through variable attendance by members other than social work staff. Core groups reported systematically to the child protection review case conference. The chair of the core group challenged any variation from the agreed plan. Specialist services which were required to meet the needs of children on the child protection register were considered when the care plan was being made.

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

Inter-agency child protection procedures were clear, helpful and easy to use. Procedures for involving medical staff when a child was at risk were unclear. Staff were unable to effectively implement the Integrated Children's Service Plan (ICSP) as priorities and resources had not been identified by senior managers. Although school staff consulted imaginatively with children, other staff did not involve them when planning their services. The quality of services provided to meet children's needs had improved with the recruitment of designated child protection officers. Services were not working effectively together to minimise the impact of vacancies and workload pressures. Effective inter-agency child protection training complemented the single agency training being delivered.

Aspect	Comments
Policies and procedures	Inter-agency and individual agency policies and procedures on child protection were good, although the West of Scotland Inter-agency Guidelines required updating to incorporate recent changes in policy and practice. Overall, procedures were clear and helpful in guiding the work of staff ensuring consistent practice across services. A joint agreement on what information would be shared about a child had been developed by the CPC and was beginning to improve processes for protecting children. Not all staff in voluntary organisations working with vulnerable families were aware of South Ayrshire's Child Protection Inter-agency Guidelines. Procedures for involving health care staff when a child may have been subject to physical assault were not clear to other agencies. As a result, there was a range of different responses when a child was injured.
Operational Planning	Operational planning was weak. In developing an ICSP, services had not agreed shared priorities for children nor how they could jointly improve the resourcing and delivery of services. The ICSP was presented at the Member Officers Group (MOG) within the Council but it had not been agreed with police or health services. NHS Ayrshire and Arran was re-organising the way health services were delivered for children to improve effectiveness. No time frame for this had been established. Social work and ECLL were developing a local area structure to improve joint working between services. Recently a co-ordinator for integration of services had been appointed to improve integrated planning. Information management systems in and across services were not effective in supporting effective operational planning.

Aspect	Comments
Participation of children, their families and other relevant people in policy development	Participation by service users in policy development was adequate. Children and families were not involved in the development of the ICSP or the Child Protection Business Plan. Education staff applied imaginative methods to consult extensively with children, however partner agencies did not make use of this expertise to consult with children. Health, social work and police did not have systems in place to obtain feedback from children and families involved with child protection services and use this to inform service development. Vulnerable young people were successfully involved in the design and delivery of sexual health, homelessness, befriending and young carer services.
Recruitment and retention of staff	Overall, the recruitment and retention of staff was adequate. Children and families social work staff were well supported by operational managers and morale was good. There was continuity of staff within social work teams. Services were not working together to minimise the impact of vacancies or jointly prioritise referrals. Safe recruitment procedures were being implemented by all services for new employees. South Ayrshire Council had agreed which posts required disclosure checks. Retrospective checks were to be completed within the next two years and repeated every two years. Local authority and health services did not have sufficiently comprehensive and detailed procedures for responding to allegations of abuse from a child against a member of staff.
Development of staff	Development of staff was very good. Comprehensive inter-agency child protection training based on an inter-agency training needs analysis and agreed priorities was delivered successfully. This complimented single agency training well. Social workers and managers were supported to gain further qualifications in child protection. Additional training was offered to managers to improve their understanding of child protection and to ensure they are aware of their responsibilities. Helpful advice and support for staff involved in child protection work was readily available. The social work service was implementing effective procedures to monitor, support and challenge the work of social workers. Designated child protection officers provided effective support and advice to managers and staff to enable them to improve services to protect children. Insufficient importance was placed on staff welfare when they were involved in potentially violent situations.

7. How good is individual and collective leadership?

Individual services had a clear vision to protect children, but collectively they had not agreed strategic priorities for protecting them. Resources were made available to effectively support families. Strong partnerships between the voluntary and statutory services had developed. The work of the Child Protection Committee (CPC) had improved and a business plan had given it clearer direction. The Chief Officer's Group (COG) had been recently established, but accountability structures were unclear. Staff worked effectively together at an operational level and managers supported their staff well. Joint self-evaluation was at an early stage of development across the services.

Vision, values and aims

Vision, values and aims was weak. Some individual services had a clear vision to protect children, but there was no shared vision. The recently formed COG had not effectively established a clear vision for protecting children across all services.

- Children's services were seen as a priority within the local Council, with the focus very much centred on child welfare. Senior managers communicated a clear message to all staff that protecting children was a priority and the needs of the child were paramount. Senior managers in ECLL service promoted the school as a safe environment for all children.
- The Chief Executive of NHS Ayrshire and Arran communicated to staff a clear vision and priority to protect children. The Chief Executive and the lead executive responsible for child protection ensured staff were fully aware of their responsibilities to protect children.
- Within Strathclyde Police there was a strong vision to protect children. Child protection was a clear priority and this was communicated to all officers through electronic briefings and daily face to face briefings. Officers were fully aware of their responsibility to ensure the safety and well-being of vulnerable children.

Although elected members recognised the importance of protecting children, they had not approved the joint planning structure for children's services. The collective vision and accountability structures were unclear to staff.

Leadership and direction

Collective leadership and direction was adequate. Managers in individual services demonstrated effective leadership and accountability. Resources had been made available to provide early support for families. This led to strong partnerships being developed with voluntary agencies.

The CPC lacked leadership and direction. However, the recent introduction of pre-agenda CPC meetings between health, social work and police had improved the focus and direction of its work. Services represented on the CPC were now more accountable for their child protection work and some joint protocols had been developed. Not all CPC representatives fully participated in the work of the CPC. The COG had been established last year but lines of accountability were still unclear. A business plan had been established for the CPC and

reporting structures were in place. Working sub-groups had been identified but were at an early stage of development. The CPC newsletter kept staff informed about the work of the CPC and new developments such as the CPC web site.

Within the Council there had been no budget cuts over the last two years for children's services. This had helped ensure continuity of services to children and families. Senior police officers were supportive of the work undertaken by the Offender Assessment Unit and ensured that staff had sufficient resources to fulfil their duties. The limited accommodation allocated to the Family Protection Unit lacked ICT facilities and telephones which made it difficult to communicate effectively with other staff. Funding for the inter-agency child protection posts was managed by the local authority and partner agencies were unclear about the future prioritisation of these posts. The CPC had no identified shared budget to resource their work, including joint training.

Leadership of People and Partnerships

The individual and collective leadership of people and partnerships was good. Senior managers across all services provided effective leadership and supported staff well. However, joint working and planning at a strategic level was at a very early stage. Operational managers worked well together to develop and deliver effective services when they identified a gap in services but this was not done in a planned nor prioritised way across all services.

There was good joint-working across housing services, social work, police and Barnardo's which provided an effective service for homeless families. Housing staff recognised that they had an important role in protecting children. Partnership working at senior manager level between social work and ECLL ensured that residential placements were funded for children who needed them. Within social work services there was high staff morale and staff felt valued and supported to undertake their duties. The recent appointment of a local authority Integrated Children's Services Manager helped promote joint-working across services and maximise the benefits of sharing resources.

Strong partnerships had been developed with voluntary agencies. The voluntary forum's representation on the CPC contributed to effective partnership working and the development of joint services. NHS Ayrshire and Arran supported all staff through the appointment of the nurse consultant for vulnerable children. There was limited partnership working at a strategic level between the senior managers within ECLL and the school nursing service. The Authority Reporter worked solely within the South Ayrshire area which enhanced communication at all levels.

Leadership of change and improvement

Overall, leadership of change and improvement was weak. Some work had been undertaken to introduce self-evaluation and some services had undertaken an audit of practice, but this was not systematic or jointly planned. ECLL had well established systems of self-evaluation, but this expertise had not been utilised by other services. Self-evaluation was not established across all services. Most services monitored and reviewed decision-making within their own services but this was not planned across services. There was no overall coherent approach to reviewing council services.

The audit sub-group of the CPC had reviewed the care given to three children and the outcomes had been shared with the CPC. The sub-group was at an early stage of development and had no specific work plan. Services were starting to evaluate the effectiveness of training in improving outcomes for children. There were no robust computerised systems available to record child protection work within or across services or to help managers analyse the impact of child protection work on their staff. The COG had accepted the proposal for a rotating chair of the CPC as part of future planning but the implications of this had not been fully discussed with the CPC and partner services.

Health services and the police were keen to work with other CPCs across Ayrshire to improve outcomes for children. However, there had been no agreement about how this could be achieved. NHS Ayrshire and Arran had, at a strategic level, an effective child protection action group which met regularly to monitor and review child protection work within the health service. Representatives from all areas within the health service were represented on the group which helped to support managers as well as monitor work. Plans for an integrated child health system did not have a timescale identified. The Scottish Children's Reporter Administration and the police regularly reviewed and monitored child protection work within their own services but this information was not routinely shared with other services. Implementation of the Integrated Assessment Framework was at an early stage. Proposals had been accepted for the development of a multi-agency team to promote joint working within children's services and progress the ICSP.

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

Summary

Inspectors were confident that when children were identified as being at risk action was taken to reduce the risks, meet their needs and improve their lives. Children and families received co-ordinated and effective early intervention services from a number of different services. However, at a strategic level further work was required to develop a collective vision and plan for child protection services.

The Chief Officers, CPC and individual services they represent should take forward improvements to strengthen services for protecting children.

In doing so they should take account of the need to:

- improve the processes for assessing risk and ensure that they are informed by all available information;
- fully involve health staff in all child protection processes and increase the availability of medical assessments and examinations;
- increase the involvement of children and families in planning services;
- establish a shared vision for children across services and ensure this is communicated effectively to all staff;
- ensure chief officers and senior managers work more effectively together to identify priorities and jointly plan services to protect children; and
- further develop self-evaluation to improve services.

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
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Appendix 1 Indicators of Quality

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	Good
Children's needs are met	Good
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	Good
Information-sharing and recording	Good
Recognising and assessing risks and needs	Weak
Effectiveness of planning to meet needs	Very Good
How good is operational management in protecting children and meeting their needs?	
Policies and procedures	Good
Operational planning	Weak
Participation of children, families and other relevant people in policy development	Adequate
Recruitment and retention of staff	Adequate
Development of staff	Very Good
How good is individual and collective leadership?	
Vision, values and aims	Weak
Leadership and direction	Adequate
Leadership of people and partnerships	Good
Leadership of change and improvement	Weak

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?

If you would like an additional copy of this report

Copies of this report have been sent to the Chief Executives of the local authority and Health Board, Chief Constable, Authority and Principal Reporter, Members of the Scottish Parliament, and other relevant individuals and agencies. Subject to availability, further copies may be obtained free of charge from HM Inspectorate of Education, First Floor, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA or by telephoning 01506 600262. Copies are also available on our website www.hmie.gov.uk.

If you wish to comment about this inspection

Should you wish to comment on any aspect of this inspection you should write in the first instance to Neil McKechnie, Director Services for Children at HM Inspectorate of Education, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA.

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If you have a concern about this report, you should write in the first instance to our Complaints Manager, HMIE Business Management Unit, Second Floor, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA. You can also e-mail HMIEcomplaints@hmie.gsi.gov.uk. A copy of our complaints procedure is available from this office, by telephoning 01506 600200 or from our website at www.hmie.gov.uk.

If you are not satisfied with the action we have taken at the end of our complaints procedure, you can raise your complaint with the Scottish Public Service Ombudsman. The SPSO is fully independent and has powers to investigate complaints about Government departments and agencies. You should write to the SPSO, Freepost EH641, Edinburgh EH3 0BR. You can also telephone 0800 377 7330 (fax 0800 377 7331) or e-mail enquiries to ask@spsso.org.uk. More information about the Ombudsman's office can be obtained from the website: www.spsso.org.uk.

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