

## Services for children and young people in South Ayrshire

October 2016

Report of a joint inspection

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## 1. Introduction

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people across Scotland. When we say children and young people in this report we mean people under the age of 18 years or up to 21 years and beyond if they have been looked after.

These inspections look at the difference services are making to the lives of children, young people and families. They take account of the full range of work with children, young people and families within a community planning partnership area. When we say 'partners' in this report we mean leaders of services who contribute to community planning including representatives from South Ayrshire Council, NHS Ayrshire and Arran, Police Scotland and the Scottish Fire and Rescue Service.

When we say 'staff' in this report we mean any combination of people employed to work with children, young people and families including health visitors, school nurses, doctors, teachers, social workers, police officers, and the voluntary sector. Where we make a comment which refers to particular groups of staff, we mention them specifically, for example health visitors or social workers.

Our inspection teams are made up of inspectors from the Care Inspectorate, Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland. Teams include young inspection volunteers, who are young people with direct experience of care and child protection services who receive training and support to contribute their knowledge and experience to help us evaluate the quality and impact of partners' work. Associate Assessors are also included on inspection teams. These are staff and managers from services in another community planning partnership area.

In September 2014 the Care Inspectorate published 'How well are we improving the lives of children, young people and families?' a guide to evaluating services for children and young people using quality indicators. This framework is used by inspection teams to reach an independent evaluation of the quality and effectiveness of services. While inspectors keep in mind all of the indicators in the framework, we evaluate nine of the quality indicators in each inspection, using the six-point scale as set out in Appendix 2. These nine indicators are chosen for evaluation because they cover the experiences of children, young people and families and the difference services are making to their lives; the outcomes partners are achieving in jointly improving the wellbeing of children and young people and key processes which we consider to be of critical importance. These are leading change and improvement; planning and improving services and involving stakeholders in doing so; and assessment and planning for children who are particularly vulnerable, including children and young people who are looked after or in need of protection.

## 2. How we conducted the inspection

The joint inspection of services for children and young people in the **South Ayrshire Community Planning Partnership** area took place between 25 April and 10 June 2016. It covered the range of partners in the area that have a role in providing services for children, young people and families.

We reviewed a wide range of documents and analysed inspection findings of care services for children and young people. We spoke to staff with leadership and management responsibilities. We carried out a survey of staff who have or are likely to have named person or lead professional roles. We talked to large numbers of staff who work directly with children, young people and families and observed some meetings. We reviewed practice through reading records held by services for a sample of 99 of the most vulnerable children and young people. We met with 133 children and young people and 46 parents and carers in order to hear from them about their experiences of services. We are very grateful to everyone who talked to us as part of this inspection.

The Care Inspectorate regulates and routinely inspects registered care services provided or commissioned by South Ayrshire Council. For the purposes of this inspection, we took into account findings from inspections of all relevant services for children and young people undertaken over the last two years. We also referred to a report of a joint inspection of services to protect children in the South Ayrshire Council area published by Her Majesty's Inspectorate of Education in March 2012, to consider what progress had been made in the areas for improvement outlined in that report. This report can be found at [www.educationscotland.gov.uk](http://www.educationscotland.gov.uk).

As the findings in this joint inspection are based on a sample of children and young people, we cannot assure the quality of service received by every single child in the area.

### 3. The Community Planning Partnership and context for the delivery of services to children, young people and families

Located on the south west coast of Scotland, South Ayrshire is in the mid-range of local authority areas in terms of population and size. Approximately 70% of its 112,910 inhabitants reside in the towns of Troon, Prestwick and Ayr. The remainder live in Maybole, Girvan and the rural hinterland of Kyle and Carrick. The Scottish Index of Multiple Deprivation (SIMD) 2012 identified insufficient access to services in 19% of rural data zones. Carrick South was amongst the 5% most access deprived areas in Scotland. In 2012, the child population under 16 years of age made up 16% of the population, slightly lower than the national average. By 2022, this is predicted to fall by 3% in contrast to a predicted increase of 4% nationally.

South Ayrshire's children and young people are affected by stark inequalities between the communities in which they live. While many grow up in areas of relative affluence, others are adversely affected by the impact of poverty and multiple deprivation. Child Poverty statistics for 2013 after housing costs, found that the percentage of dependent children under 19 years of age classified as living in poverty in the area as a whole was 24%. However, when comparing electoral wards for the same period, approximately 35% of children in Ayr North and 31% of children in Girvan and Carrick were classified as living in poverty compared to 17% in Ayr West and Prestwick and 19% in Troon.

The South Ayrshire Community Planning Partnership's **Single Outcome Agreement 2013-2017** is based on a number of underpinning principles including prevention and early intervention to break cycles of poor outcomes, tackling inequalities and a model of locality planning, service user participation and co-production of services. There are six priority outcomes in the plan, one of which is about children and young people and states that *Our children and young people have the best possible life chances*. This is to be achieved through actions to support children and families, particularly during the early years and through closing the attainment gap both for the lowest achieving 20% and for looked after children.

In June 2013, the Council and NHS Ayrshire and Arran approved a model of integration for the **South Ayrshire Health and Social Care Partnership**. In April 2015, following a shadow year, the **Integration Joint Board** became fully operational. Partners agreed that responsibility for community child health and children and families social work services, including youth justice, would be delegated to the Integration Joint Board along with community health and social care functions for adults and older people.

In February 2015, a review of governance arrangements for community planning resulted in new structures to strengthen the work of the board. A Community Planning Executive comprising of chief officers from the key statutory agencies, strategic delivery partnerships and locality planning groups was established. At the same time, an integrated children's planning group was set up and tasked with progressing the **Integrated Children's Services Plan** for 2013-2018.

## 4. How well are the lives of children and young people improving?

### Improvements in the wellbeing of children and young people

This section considers improvements in outcomes Community Planning Partners have achieved in relation to three themes. These are improving trends through prevention and early intervention; improvements in outcomes for children and young people and improvements in the lives of vulnerable children and young people.

Performance in improving outcomes for children and young people was adequate. Community planning partners struggled to demonstrate progress in narrowing outcome gaps and reducing the impact of child poverty through prevention and early intervention. However, they were able to show some positive trends as a result of effective prevention and early intervention work with young people. Trends in child health were mostly favourable in comparison with a range of performance measures for Scotland as a whole. A clearly presented Standards and Quality report for 2014/2015 provided well substantiated information on positive and improving trends in educational attainment and wider achievements of young people. Partners had limited measures from which to evidence improvements in the wellbeing of vulnerable children and young people including those in need of protection, looked after children and care leavers. Since 2011, significantly higher numbers of children and young people had been accommodated away from home compared to performance in similar council areas.

### How well are trends improving through prevention and early intervention?

Partners recognised that prevention and early intervention, particularly pre-birth and in the early years, was the most effective way to give all children the best start in life. They had achieved a decreasing trend in pregnancies amongst young women under 16 years of age. Between 2006/2008 and 2011/2013, the rate fell from 11 to 2.8 per 1000 in this age group, compared to 7.8 to 5.3 nationally. However, they were unable to demonstrate progress in closing outcome gaps for children and young people growing up in the different communities in their area or the extent to which they had improved the wellbeing of children and young people adversely affected by poverty and deprivation.

Nevertheless, a promising start had been made, supported by the **Attainment Scotland Fund**, to narrowing outcome gaps in three primary schools attended by 46% of the poorest children in the area. Base line measures of performance in literacy, numeracy and physical fitness had been established; for example, 16% of children starting school were found to be developmentally behind in language acquisition. Head teachers in these schools, working with associated nurseries, parents and children were developing a more meaningful set of local measures across the wellbeing indicators. Education staff had assessed the cost benefits of providing breakfast clubs in five primary schools located in areas of poverty and deprivation. Based on a positive evaluation, in June 2015, elected members agreed to expand this service to two additional primary schools. However, partners did not have a joint approach to tackling the impact of food poverty on children's healthy

development and learning. Health staff told us that targeting nurseries in deprived areas for fluoride varnishing was improving early intervention to protect against tooth decay. A more joined up approach was still required to reach the 2014 Local Delivery Plan target for 60% of 3 and 4 year olds in each of the SIMD quintile to receive fluoride varnishing twice yearly.

Reducing referral rates to the children's reporter as a percentage of the population of young people aged 8-16 years provides a helpful indicator of the effectiveness of early intervention. Nationally, referrals to the children's reporter on non-offence grounds had reduced over the previous three years from 4.0% in 2012/2013 to 2.8% in 2014/2015. In South Ayrshire, over the same period, referral rates while also reducing, were significantly higher at 8.6% and 4.5% respectively, suggesting that more needed to be done at an earlier stage to prevent difficulties from arising or getting worse.

Partners provided evidence of improving trends for young people in relation to becoming responsible citizens. Effective diversionary and targeted approaches led by the Community Safety Partnership had contributed to a 55% reduction from 2010/2011 to 2014/2015 in incidents of youth disorder brought to the attention of police. However, incidents of youth crime had recently increased contrary to the national trend. From 2008 to 2015, there had been a decreasing trend in the number of 15-19 year old young people from the area with alcohol related stays in hospital. Results for South Ayrshire from the Scottish Schools Adolescent Lifestyle and Substance Use Survey 2013 showed that the proportion of young people who reported being regular smokers and drinking alcohol or using drugs in the weeks prior to the survey was the lowest since data collection began in 1990. For example, 4% of 13 year olds and 17% of 15 year olds reported drinking alcohol in the week prior to the survey. This was a significantly more positive result than the national comparator.

Partners delivered effective preventative approaches to fire and road safety and homelessness, reducing associated risks to children and young people. There had been no child fatalities due to collisions with vehicles from 2013 to 2015. Between 2007 and 2009, 16 young drivers aged 16-25 were killed on Ayrshire roads; this had been reduced by 63% between 2013 and 2015. The Scottish Fire and Rescue Service reported a 43% reduction in the number of deliberately set fires comparing the periods 2010/2013 with 2013/2016. Unfortunately, the local service did not have performance measures from which to give credit for improvements achieved specifically as a result of prevention work with children and young people. Between 2011 and 2015, successful implementation of the council's homelessness prevention strategy had resulted in a 31% decrease in the number of youth homelessness presentations amongst 16-25 year olds.

### **How well are outcomes improving for children and young people?**

Overall, health and education services performed strongly in improving the wellbeing of the child population as a whole. Performance in child health was, in the main, on a par with Scotland as a whole across a range of measures. This included rates of new born babies affected by maternal drug misuse, immunisation, healthy

development at the 27-30 month assessment and the percentage of children in their first year at primary school with a healthy weight and no obvious signs of tooth decay. A priority area for improvement was the healthy development of new born babies through reducing smoking amongst pregnant women and promoting the benefits of breastfeeding. The percentage of women smoking during pregnancy had been consistently higher since 2004 and significantly higher in 2014/2015 than nationally, while the percentage of mothers exclusively breastfeeding at 6-8 weeks had been consistently lower since 2008 than for Scotland as a whole.

Education services made effective use of data, enabling them to demonstrate positive and improving trends, over the previous five years, in children and young people's learning and wider achievements. Analysis of the data showed that in almost all areas the authority performed in line with or better than **virtual comparators**. In 2014/2015, school attendance had continued on a par with the national average at 95% in primary and 91% in secondary schools. School exclusions over the same period were decreasing overall, performance being better than the national average in primary schools and significantly better in secondary schools, where there had been 37 exclusions per 1000 of the school population compared to 50 nationally.

The application of standardised assessment tools informing teachers' professional judgements about children and young people's progress enabled improving trends in attainment to be tracked accurately. Results showed improving trends in numeracy and literacy with increasing numbers of young people achieving formal qualifications at all Scottish Credit and Qualification Framework (SCQF) levels, exceeding virtual comparators. For the past five years, young people with additional support needs had performed increasingly well in achieving SCQF awards at all levels, consistently above virtual comparators. However, by the end of S6, attainment at Level 5 in numeracy and literacy was below the virtual comparator for this group of young people. Inspections in 2015 of one secondary school and one primary school by Education Scotland and of 14 early years establishments jointly by Education Scotland and the Care Inspectorate continued an established trend of positive evaluations. The high numbers of young people achieving the Duke of Edinburgh Award was an area of work nationally recognised as sector-leading.

The numbers of young people securing a positive destination on leaving school had increased significantly over the last three years and was now broadly in line with performance nationally. Application of the Scottish Government Draft Participation Measure published in August 2015 showed that 88.6% of young people aged 16-18 years were participating in learning, training or work compared to 87.6% nationally. In 2015, 55% of young people who engaged with drop-in services at Youth Employment Hubs run in partnership by the Council, Skills Development Scotland, the Department of Work and Pensions and Access to Employment progressed to positive destinations, providing an encouraging basis for further improvement.

### **How well are the life chances of vulnerable children and young people improving?**

Performance measures to show improvements across indicators of wellbeing for vulnerable groups of children and young people were at an early stage of

development. Information about children in need of protection was largely about volume and frequency of activity providing insufficient evidence of performance improvement. Since 2012, a significantly higher number of children and young people had been looked after away from home in South Ayrshire than in comparator authorities. In particular, numbers of young people starting to be accommodated were much higher in the 11-15 age group. Health services did not measure improvements in the physical and mental wellbeing of looked after children and care leavers.

Successful recruitment had resulted in an increase in local foster carers from 64 in July 2012 to 94 in November 2015. In July 2015, 88% of accommodated children and young people were placed in community settings and 12% in residential care, in keeping with the balance for Scotland as a whole. There were promising indications of increasing numbers of young people staying on in foster placements and children's houses after their sixteenth birthday. Evaluations given in inspections by the Care Inspectorate of two local authority residential children's houses in February 2016 and the adoption and fostering service in April 2016 were positive. All looked after two year old children had placements in nurseries or with childminders.

The latest published statistics for 2014/2015, showed the local authority ranked fifth lowest for school exclusions per 1000 looked after children although school exclusions of looked after children were still significantly higher than for the child population of South Ayrshire as a whole. Helpfully, education staff gathered data separately on children looked after at home and away from home. While the numbers of looked after children at S4 attaining at least five awards at SCQF Level 3 or above fluctuated year on year, it was clear there was a significant attainment gap between those looked after at home and those who were accommodated following that national pattern. The service had prioritised raising the attainment of children looked after at home while increasing aspirations to stay on at school amongst those in stable foster placements.

More accurate data was required on those in receipt of after care services to better reflect generally strong performance in sustaining supportive relationships with care leavers. Some care leavers needed more choices and more chances to make a successful transition on leaving school. In 2014 to 2015, 13% of young people eligible to receive an aftercare service were in employment, education or training compared to 28% for Scotland as a whole.

From local performance monitoring of child and adolescent mental health services, efforts to support attendance had resulted in over 90% of children and young people keeping appointments for assessment in 2015 compared to 70% attendance rates in 2013 and 2014. The service was starting to meet the Scottish Government waiting time target of 18 weeks from referral to commencing treatment more consistently than in previous years. Young people who require to be hospitalised due to mental illness are best placed in wards designed to meet their specific needs. While few in number, it was nevertheless of concern that admissions of young people to adult mental health wards had increased in the last three years.

Children and young people experiencing homelessness benefited from significantly improved trends in the provision of suitable housing and associated actions to

maintain continuity of education and peer relationships. For example, in September 2015, there were 36 households with children placed in temporary housing, of which none were in bed and breakfast accommodation.

## **Impact on children and young people**

This section is about the extent to which children and young people are able to get the best start in life and the impact of services on their wellbeing. It is about how well children and young people are assisted to be safe, healthy, achieving, nurtured, active, respected, responsible and included.

The impact of services on the wellbeing of children and young people growing up in South Ayrshire was good. In our case file sample, we found that 30% had experienced considerable improvement in their wellbeing, and 31% more than a little improvement as a result of the help they received. Staff focused on the wellbeing indicators: safe, healthy, achieving and nurtured. The experiences of children and young people could have been further enhanced by giving more consideration to: active, respected, responsible and included. Insufficient progress had been made in reducing barriers to wellbeing experienced by children and young people adversely affected by poverty and multiple deprivation. Plans to embed a nurturing approach across services for children were already showing improvements in wellbeing for children and young people in some schools and for those living in foster and residential care placements where staff and carers had been early adopters of this approach. While a positive start had been made to better meeting the mental wellbeing needs of young people, other clearly identified gaps in services for 12-15 year old young people, which had not been addressed effectively. Most children in need of protection were kept safe, although a few experiencing physical neglect would have benefited from a more timely and decisive response. The impact on the wellbeing of children and young people looked after away from home was largely positive. The experiences of care leavers, children looked after at home and those subject to voluntary measures of supervision were more variable. Some young disabled people did not have sufficient opportunities to keep fit and socialise with their peers.

### **How well are children and young people helped to keep safe?**

Most children and young people were confident that incidents of bullying at school and in the community were dealt with effectively by staff. Lesbian, gay, bisexual, transgender, intersex (LGBTI) young people felt more action could be taken to tackle homophobic bullying. Most children and young people identified trusted members of staff they would speak to about any worries for their safety. Junior road safety officers had written to parents advising them of the dangers of parking outside their school. Young people volunteered as peer educators and used innovative approaches to get safety messages across. This supplemented a wide range work by community safety joint action groups to raise awareness of safety issues and reduce the risk of harm including the use of communication technology. As a result children and young people were better equipped with the knowledge and skills they needed to keep themselves safe.

Children in need of protection received timely and appropriate help to keep them safe. A few children experiencing neglect and young people whose behaviour posed a risk to themselves or others would have benefited from an earlier and more robust response. Personal safety skills could have been promoted more routinely to build resilience in looked after children. Those no longer able to remain at home felt safe in their care placements. Regular and meaningful contact with some care leavers helped them feel secure while others needed more intensive guidance and support to avoid repeating actions detrimental to their safety and wellbeing.

### How well are children and young people helped to be healthy?

Children benefited from earlier identification of developmental needs through increasing uptake of the 27-30 month review. Children and their parents were positively engaged in sessions to promote healthy eating. The **Childsmile** programme helped young children keep their teeth healthy.

One in five children and young people were affected by obesity. Jumpstart Choices and Kickstart had proved to be popular in helping them achieve a healthy weight. Youth workers and education staff had recently met to share concerns about young disabled people experiencing rising levels of obesity and poor fitness associated with deterioration in their mental wellbeing.

When there were concerns about physical neglect, children would have benefited from a comprehensive health assessment at an earlier stage. Children and young people looked after in foster care and residential placements had their health needs identified and met well by looked after children's nurses, carers and residential staff. This resulted in improvements in how they felt about themselves. However, children and young people starting to be looked after at home and in kinship care were not always provided with a timely and comprehensive health assessment.

Young people with mental health needs were helped by the Living Life to the Full programme and some community based staff with counselling skills. However, there was insufficient help available at an early stage to promote mental wellbeing and prevent concerns escalating to referrals to child and adolescent mental health services. Looked after young people and care leavers had their mental health needs better met by a nurse helpfully co-located in the young person's support and transition team.

### How well are children and young people helped to achieve?

Young children attending nurseries were benefiting from high quality learning and care experiences. There were promising indications that the social and communication skills of looked after two year old children were improving through earlier entry to pre-school care. Vulnerable children and young people were helped by enhanced transition planning to move successfully from nursery to primary school and primary to secondary school. Children in some of the most deprived areas were starting to get more help to overcome barriers to learning. Children and young

people attending some schools benefited from staff making clear connections between promoting wellbeing, wider achievements and raising attainment.

Educational psychologists delivered a number of evidence based programmes facilitating children's learning and emotional wellbeing. Children and young people benefited from staff identifying and providing help for dyslexia at an early stage. Children were well supported to continue in the same school when there was disruption in their lives due to homelessness or becoming looked after away from home. Home school link workers managed to engage some families more positively with their children's education. Children and young people accommodated in kinship and foster care placements were often helped to catch up with their learning but those looked after at home did not experience such notable improvements. Young people at risk of not achieving a positive school leaver destination became motivated by work experiences well matched to their interests and a positive introduction to opportunities at college. Some care leavers needed staff to be more persistent in seeking out opportunities for them to succeed.

### **How well are children and young people helped to experience nurturing care?**

Staff visiting young children in the family home promoted warm and positive relationships with their parents. Children and young people benefited increasingly from nurturing approaches in schools with nurture groups, nurture rooms and helpful programmes such as Seasons for Growth and Bounce Back. In some schools children and young people were encouraged to talk confidently about all the wellbeing indicators and what they meant to them. In secondary schools, campus police officers played an important role in building trusting relationships with young people. Young carers who participated in support groups felt they benefitted and received more help than that which could be provided through school alone. Families Outside, supporting those with a family member in prison and a befriender project focused strongly on keeping children and young people at the centre of their work.

Vulnerable children's support networks were often strengthened by staff involving separated fathers and extended family members. Some children and young people needed more one-to-one time with a trusted member of staff to share their concerns. Residential staff and foster carers were specifically trained to enhance the nurturing environments they provided to children and young people in their care. Fewer experienced placement breakdowns enabling them to form more secure attachments to their carers. The confidence of care experienced young people improved through linking them with a mentor. More vulnerable young people could have benefited from mentoring to help them make a positive transition from school to training and work. Care leavers increasingly stayed on in kinship and foster care placements and in children's houses after leaving school, providing continuity of support and a stable base.

## How well are children and young people helped to be active?

Children and young people benefited increasingly from the development and promotion of a range of sports and leisure activities in their schools and communities. Children attending nurseries and out of school care enjoyed spending more time exploring local woodlands and beaches. According to the 2016 Scottish Government Healthy Living Survey, school aged children had weekly access to two hours of physical education. Education staff promoted children and young people's individual talents and opportunities to achieve recognised awards. Increasing numbers participated in music, singing, drama and dance. The Z1 Youth Bar in Girvan offered a wide range of activities and volunteering opportunities. This included free summer play schemes and Hand in Hand, a youth group for young people with additional support needs. Young disabled people, particularly boys, enjoyed weekly football coaching in Ayr run jointly by the children with disabilities social work team and Ayr United Football Academy. Volunteers supported these sessions including those who could communicate with deaf young people. In some localities, community safety youth workers provided safer play opportunities. Those living in more rural areas needed improved access to out of school activities.

Children and young people living in foster, kinship and residential care were encouraged to take part in a wide range of pursuits. As a result they discovered new aptitudes and interests. However, not all vulnerable children, including those looked after at home and care leavers, were sufficiently well supported to make constructive use of their leisure time. In a third of cases we read, there was a need to strengthen vulnerable children and young people's opportunities to be active.

## How well are children and young people respected?

Children and young people were benefiting from trusting relationships with staff. Nearly all the children and young people we spoke with said they felt listened to and respected. Vulnerable children and young people were given opportunities to express their views which were reflected well in the child's plan. Some looked after and accommodated young people used **Viewpoint** to communicate feelings about their wellbeing and to have their say in decision-making about their lives. This tool had been reviewed and refined following feedback from users. Some staff made use of the **Wellbeing Web** to seek children and young people's views. However, partners were not taking a systematic approach to analysing how the wellbeing of vulnerable groups of children and young people or children growing up in different communities was improving over time.

Very young children were carefully observed in pre-school settings, helping staff to understand and respond sensitively to their feelings. Foster carers and residential staff supported children and young people well, helping them to understand their situation better and increase their resilience. Looked after and accommodated children and young people were particularly well supported by staff and carers during and after supervised contact visits with parents and siblings.

Independent advocacy was ably provided by staff from Barnardo's and Who Cares? Scotland. This service was readily accessible to children and young people whose

names were on the **child protection register** and helped looked after and accommodated children and young people prepare for review meetings and participate more confidently in children's hearings. Some children and young people, particularly those looked after at home and in kinship care, would also have benefited from access to an independent supporter to help them express their views.

### **How well are children and young people helped to become responsible citizens?**

Children and young people thrived on appropriate opportunities to carry out responsible roles in school and to develop skills in citizenship. In almost all schools, they participated in the Eco Schools programme to improve the environment. Almost 50% of schools had a Green Flag, this being the highest award. Children and young people participated in a wide range of fundraising activities to support charitable causes. Those supported by young carers groups were helped to balance meeting their own needs with caring responsibilities for others, including some young people affected by parental substance misuse. A young carers Facebook page enabled some to contact each other or staff for support outwith group meetings.

Vulnerable children and young people were helped to behave more responsibly through staff supporting parents to provide clearer expectations, routines and boundaries. Campus police officers helped young people to think more carefully about the effect their actions had on others. Young people demonstrating challenging or risk taking behaviour were often successfully diverted through participation in a range of interventions and educational awareness programmes. Children and young people looked after away from home were given age appropriate responsibility for developing self-care skills and contributing to the running of the foster home or children's house. In the cases we read, approximately half of children and young people in kinship care and a third looked after at home would have benefited from appropriate experiences of being given responsibility. Care leavers moving into their own accommodation were being helped to develop skills for living independently.

### **How well are children and young people helped to feel included?**

Many children and young people continued to experience multiple barriers to inclusion due to the impact of poverty. Children with additional support needs were helped by education staff to be included in mainstream schools. Parents of young disabled people told us their children needed more opportunities to socialise. Some children looked after at home attended school more regularly and had increased their participation in extra-curricular activities but others needed more support.

LGBTI young people benefited from meeting to share their experiences but some did not have transport to enable them to participate. While there were positive examples of using the internet to create virtual communities of interest, there was scope to further exploit the use of technology to support inclusion. Children and young people living in remote rural areas needed more diverse approaches to promote their inclusion.

Staff had further progress to make in reducing the number of school exclusions of looked after young people which was disproportionate to that of the child population as a whole. Widespread awareness-raising through **Housing Education 4 Youths (HEY)** had resulted in an increased understanding of housing options, living costs and contributed to a significant reduction in homeless presentations. Young people with additional support needs and care leavers attending Ayrshire College were made to feel welcome and encouraged to participate fully in student life on campus. Many young people in receipt of after care services had positive experiences of being included. However, a small number were not getting the support they needed and were at risk of becoming increasingly isolated.

## Impact on families

This section is about the extent to which family wellbeing is being strengthened and families are supported to become resilient and meet their own needs. It also considers parental confidence and the extent to which earlier help and support has a positive effect on family life.

**The impact of services on families was good. There were notable strengths in the range of both universal and targeted parenting support which helped families develop resilience and confidence to meet their own children's needs. Vulnerable pregnant women benefited from antenatal education, which helped them prepare for the birth of their baby. New parents were able to access the Parents Early Education Partnership (PEEP) in the community and families with younger children were supported well by staff from the health visiting team. Children and families were helped by a range of family support workers and voluntary sector staff who offered individual and group parenting support which had a positive impact on parenting skills and confidence. However, the availability of support was too dependent on where a family lived and there was limited support for families with older children and teenagers including those with disabilities. Some parents did not engage well with staff or the services they were offering when there were concerns about children's safety and wellbeing. Intensive support was not readily available to families to help them stay together when a young person was at risk of being accommodated away from home.**

Vulnerable pregnant women were identified early and received additional support enabling them to provide better care for their babies. The most vulnerable pregnant women and their partners benefited from intensive, individually tailored packages of support provided by specialist midwives. Families with new born babies appreciated the continuity of care from midwives. Pregnant women who misused substances were supported well pre-birth by a specialist social worker working jointly with staff from the substance misuse health service.

All pregnant women received helpful information on the effects of obesity in pregnancy, nutrition and the importance of mobility. Many were motivated to improve their health during pregnancy and were supported by attending Healthy Bumps and Healthy Baby antenatal education sessions. Health visitors provided

information about the Childcare and Recreation Information Service website (CARIS) to all new parents which offered them up-to-date local information on services for children and families. Parents also had access to current news and information through the council's Facebook page. Families without internet access would have benefited from a user friendly paper based directory of services being made available in community based facilities.

All families with children from birth to three years were invited by their health visitor to participate in the Parents Early Education Partnership (PEEP). This programme had been evaluated highly by parents who expressed positive views on the impact it had on improving family resilience. Although a scarce resource, parents welcomed support from assistant practitioners in health visiting teams who provided specific parenting advice on behaviour management and feeding. Parents also enjoyed the baby massage sessions they ran which supported positive mother and child relationships. Parents benefited from universal programmes offered by early years support workers within education services such as **Book Bug** and *Make and Taste* sessions.

Children with disabilities and their families were supported by a range of specialist services including play schemes, outreach support and planned respite. Parents of disabled children told us there were too few suitable activities available in the community once they became teenagers.

Parenting confidence had increased in many families as a result of the support they received, allowing them to establish helpful routines and boundaries for their children. They understood better their children's behaviour and developmental stage, enabling them to put strategies in place using encouragement and distraction rather than criticism. Some fathers, in particular, benefited from parenting support, enabling them to play a far more active role in caring for their children. Flexible support to families was highly valued including parenting programmes such as Mellow Parenting, Incredible Years and Five to Thrive, and local music, art and play activities. Some parents with learning disabilities found it helpful to have access to specific parenting support.

Individual intensive support was tailored to the needs of the most vulnerable families who were usually positive about the help they received. However, the availability of parenting support was inconsistent across the area. Some parents could have been provided with help earlier and reached a crisis point before services responded to their needs. Kinship carers were not kept sufficiently well informed about processes and decision making. They did not always find their practical needs were met well or that they received the level of support they needed. In a fifth of the relevant records we read, the impact on high-risk families was evaluated as weak. In many of these cases, parents, for a variety of reasons, had not been able to engage with the services they were offered and, as a result, children in these families did not get the additional support they needed.

There was a recognised gap in parenting support to families with older children and teenagers. Families in crisis with a young person at risk of being accommodated away from home did not always get the intensive support they needed to help them stay together.

Parents of children and young people accommodated away from home experienced well planned and supportive contact arrangements with their children. Those family members whose contact was supervised experienced continuity of relationship with staff who supported them and their children sensitively during visits. Foster carers were well supported by their supervising social worker, training and support groups. In particular, they had appreciated recent opportunities to learn about ways they could strengthen the nurturing of children in their care.

Young first time parents valued support from staff delivering the **Family Nurse Partnership** programme who had engaged particularly well with fathers. Some vulnerable families benefited from the use of childminding services to help them cope in difficult circumstances. Families affected by domestic abuse were receiving individual support and guidance from Women's Aid which was available across the area. Speech and language therapists worked with nursery staff to support families at an early stage. This enabled parents to use simple strategies with their children which reduced the need for more specialist intervention later on. The capacity of Gypsy/Traveller families in the Girvan area to meet their own needs was greatly assisted by an effective multi-agency approach by staff with expertise and dedicated time. This included home tutoring, provision of transport to local schools and access to a link health worker and housing officer.

## 5. How well are partners working together to improve the lives of children, young people and families?

### Providing help and support at an early stage

This section considers how well staff recognise that something may be getting in the way of a child or young person's wellbeing, share relevant information and intervene early to stop difficulties arising or getting worse.

The extent to which services provided help and support at an early stage was adequate. Staff across child and adult services worked well together to identify when children and their families needed additional help. Strong partnership working enabled staff to confidently share information and systems were in place to facilitate this through the use of AYRshare. The electronic system helpfully identified which staff were involved with children, and alerted them to changes in their circumstances but it was not always used well or able to be accessed by relevant staff. As part of the implementation of Getting it Right for Every Child, joint processes to effectively support early intervention had been slow to develop. Locality forums, which allocated resources through monthly meetings created a barrier to families getting the right help at the right time. Very effective support services were offered by staff, including those from voluntary organisations. The implementation of a joint and more comprehensive family support and parenting strategy would help ensure universal and targeted support was accessible in all localities and for all age groups, particularly for young people over 12 years of age. Staff needed more support to engage successfully with high risk families who were reluctant to accept help.

Staff across services worked well together to recognise and identify children, young people and families who need additional help and support. They were well prepared in doing so through effective multi-agency training, clear guidance and the use of common assessment tools. Midwives recognised when women were vulnerable early in their pregnancies, triggering pre-birth assessment and planning processes to ensure needs were identified and supports put in place. There were promising indications that the Family Nurse Partnership approach was improving parenting by first time teenage parents. Early implementation of the universal pathway enabled health visitors to recognise those who may be in need of additional support through an increased number of family contacts. Staff in early years centres had a strong focus on prevention and early intervention. Staff in schools where a nurturing approach was well embedded identified the wider wellbeing needs of children and young people earlier and provided additional support.

A strong ethos of cooperative working enabled staff to confidently share information across services when there were concerns about safety and wellbeing. Staff who worked mainly with adults affected by substance misuse, mental illness or a learning disability were alert to the adverse impact a parent's behaviour may have on dependent children and shared information appropriately. Systems were in place to enable staff to share information securely and quickly using AYRshare. This electronic system helpfully identified staff involved with a child or young person and alerted them to any changes in their circumstances. Staff taking on named person

and lead professional responsibilities had access to the system, which was being further rolled out to include a wider range of staff. However, the system was not used consistently. Staff found the time spent duplicating recording with their own agency's electronic information systems a significant barrier to its use.

Staff were appropriately alert to the impact of domestic abuse on children. Health visitors and midwives routinely assessed wellbeing and made enquiries about gender based violence. Police officers recognised when children were affected by domestic abuse and used the wellbeing indicators to record their concerns. In most cases, they shared information promptly with the named person and social workers but there was sometimes a delay in notifying the named person where concerns still required to be shared but were less urgent. This resulted in some children not benefiting from help and support at an early enough stage.

Campus police officers had a positive and influential role across secondary schools in South Ayrshire. They built positive relationships with young people in schools and their communities. They shared concerns at an early stage about young people coming to their attention. Joint working between schools and other agencies was helping improve notifications to support services within colleges. Care experienced young people were offered a named advisor to support them throughout their placement at Ayrshire College, it was recognised that more needed to be done to help them sustain placements in further education.

The potential of the **Getting It Right for Every Child** approach in strengthening the effectiveness of early intervention had yet to be fully realised. The expectations of partners regarding staff taking on named person responsibilities were not sufficiently well understood or evident in practice. Multi-agency locality forums, comprised of managers across services, met monthly to review requests for support and agree the allocation of resources. The process was cumbersome, the level of assessment required was not always relevant to the support being sought, the quality of assessment of need provided by staff was variable and resources identified to meet need were not always available. Increasingly, staff were bypassing the forums and accessing help from support services directly. Multi-agency meetings were arranged in schools for children and young people when there was a lower level of concern. Joint support meetings helped co-ordinate early help for these children. However, these meetings were not always well attended by appropriate health and social work staff.

Fewer than half of staff who responded to our survey (40%) said that access to services was equally distributed across the authority. There were significant gaps in early intervention and parenting support for children aged over 12 years, including those with disabilities. Social work staff in one locality were working with Barnardo's to adapt an existing parenting programme to meet the identified need. The implementation of a more comprehensive and joint family support and parenting strategy would ensure a more strategic approach to delivery of universal and targeted support for children of all ages and in all localities.

Staff were working together to respond to families who did not engage well with services. They were building on existing relationships and were flexible in their approaches. Nonetheless, for some children and young people, their situation did

not improve. Recent staff turnover and unfilled vacancies in the children and families social work service made it difficult for some families to build trusting relationships due to changes of lead professional. Inexperienced new staff identified the need for support to access existing training and more guidance to help them persist in engaging with and challenging these families.

## **Assessing and responding to risks and needs**

This section examines the quality of assessment of risks and needs in relation to three themes. These are the initial response when there are concerns about the safety or wellbeing of children; the effectiveness of chronologies to identify significant events in a child's life and the quality of assessments.

**Assessing and responding to risks and needs was evaluated as good. Staff were alert to concerns about children's safety and wellbeing and responded promptly although a few children continued to experience neglect for too long before action was taken. Services had all taken steps to strengthen the quality of their initial response to child protection concerns. They had worked effectively together to introduce a single record of initial referral discussions. Variability in the quality of chronologies of significant events in a child's life had been identified by managers as an area for improvement. Staff would benefit from a joint, rather than a single agency approach, to helping them compile and make better use of chronologies in identifying patterns of risk. Staff were performing consistently well in producing assessments of risks and needs with over 70% of those we read evaluated as good or better. There were delays in the completion of some pre-birth assessments. There was variability in the quality and timeliness of comprehensive health assessments for looked after children.**

## **Initial response to concerns about safety and wellbeing**

Staff were alert to concerns about children and young people's safety and wellbeing, including concerns about unborn babies. In the cases we read, 80% of initial responses to child protection concerns and 70% of initial responses to concerns about wellbeing were evaluated as good or very good. However, in a few cases quicker and more decisive action should have been taken by staff to protect children who had been living for too long in neglectful or harmful circumstances. Police Scotland had strengthened its initial response to concerns by training front line officers and introducing quality assurance measures to improve information sharing with partners. The redesign of some key services in social work and health had improved the multi-agency response to child protection concerns - a quicker response and more timely completion of initial assessments by a social work Initial Response Team set up in February 2015; the move from a regional to a pan-Ayrshire Out of Hours Emergency Social Work Service delivering a better quality response to concerns about children in the evenings and at weekends; the Child Protection Health Team acting as a single point of contact during office hours with increased availability of 24 hour access to paediatric advice and medical assessments.

In almost all cases, initial referral discussions took place promptly and involved police, social workers and health staff. During working hours, health staff participated in initial referral discussions sharing relevant health information and making decisions about the need for a medical examination or health assessment. They would be assisted in doing so more fully by the use of conference calls. Out of hours, police and social workers did not contact a consultant paediatrician consistently to make these decisions. Although members of the Child Protection Health Team reviewed out of hours referrals on the next working day, there was potential for delay in meeting children's health needs. Joint investigative interviews were carried out in a planned and sensitive manner by suitably qualified police and social workers.

Initial referral discussions were not always recorded fully making it difficult to see why and how some decisions had been made. A single recording format had recently been introduced and was starting to provide clearer evidence of the discussion, rationale for joint decisions and actions taken. While social work managers monitored the response to initial child protection concerns, there was no joint quality assurance of this key process.

Effective use was made of legal measures when it was unsafe for a child or young person to remain at home. Children and young people were often placed in an emergency with family members. Social workers carried out appropriate safety checks, including making contact with police, but did not record this well.

### **The quality and use of chronologies**

All lead professional records we read contained a chronology, of which 55% were considered fit for purpose. In cases in the sample where we read health and education records, only 40% of chronologies were considered fit for purpose. Some chronologies were incomplete, with gaps in recording, or insufficient information about key events affecting the child's life. Others contained too much information about events no longer of significance or which were only relevant to siblings. Chronologies were not routinely reviewed and updated. Understanding amongst staff about analysing chronologies to identify patterns of risk was variable. Social work managers recognised inconsistent practice in the use of chronologies and had revised existing training and guidance. Partners had more work to do to help staff compile and make better use of chronologies to inform their assessments and decisions. The potential of AYRshare to support this had yet to be used effectively.

### **The quality of assessments**

Overall, the quality of assessments of risks and needs represented solid performance with 42% of risk assessments and 40% of needs assessments evaluated as very good. Hardly any fell below an adequate standard. Almost 80% of staff who responded to our survey of named persons and lead professionals said that they had benefited from risk assessment training, and had access to guidance and tools to enable them to undertake and contribute to assessing children and

young people's needs. Staff were using the national practice model and framework for the assessment of risk to provide a clear structure to their assessments. This was helping them focus on areas of risk and wellbeing. The Wellbeing Web was helpfully being used by some staff but not consistently and it was not always clear how it was informing the child's assessment. Comprehensive parenting capacity assessments were helping to inform decision making. In some cases, staff working with a child helpfully revised the child's assessment prior to review meetings. In most cases, staff involved parents in assessments and their views were recorded.

Midwives and social workers carried out assessments of the parenting capacity of vulnerable pregnant women, including those with mental health, substance misuse or learning difficulties. Timescales for completion of these assessments were not consistently met, limiting opportunities for intervention to reduce risk prior to the birth. The **Child Protection Committee** was monitoring progress in improving timescales through a test of change approach.

There was variability in the provision of health assessments for looked after children and young people. Comprehensive assessments were carried out for children and young people starting to be looked after away from home but were not always completed promptly. Those looked after at home or in kinship care did not receive the same level of service. Managers were redesigning the school nursing role to improve this situation but partners needed more robust management information to monitor and report on progress.

## Planning for individual children and young people

This section considers the quality of children's plans and the effectiveness of arrangements to review them.

Planning for individual children and young people was evaluated as adequate. Almost all children and young people in our case sample had a plan in place; the majority set out desired outcomes and two thirds were specific, measurable, achievable, realistic and time bound (SMART). The reviewing of plans for children whose names were on the child protection register or who were looked after and accommodated in foster care and residential placements was of a consistently high standard. However, when children's names were removed from the child protection register core groups did not always continue when necessary to sustain improvement. There was less consistency in the effectiveness of planning for other vulnerable groups of children and young people. Planning for children and young people at an early stage when concerns arose about their wellbeing was not well developed. Delays in permanency planning adversely affected a few children in foster and kinship care placements. While instability caused by placement moves was improving, planned improvements in supporting kinship carers were yet to be realised. Performance in the timely submission of reports to the children's reporter had been poor over the previous two years.

Almost all children and young people in our case sample had a plan in place to assist staff in reducing risks and meeting their needs. The quality of an individual

child's plans was adequate or above in almost all cases, with 67% evaluated as good or very good. Most plans (88%) set out the desired outcomes for the child while 65% were SMART. The majority of staff was confident about how to prepare plans. Over three quarters of those responding to the staff survey reported that they had received training and had the tools and guidance that they needed to prepare a child's plan. We found that the current format for the child's plan did not support staff sufficiently well in optimising wellbeing across all the indicators. The Getting it Right for Every Child Implementation Group had developed a more user friendly version of the child's plan with the aim of strengthening the involvement of children, young people and families. This was starting to be piloted in one social work team.

### **The quality and effectiveness of planning and reviewing**

Almost three quarters of children and young people in our case sample had their plans reviewed at intervals appropriate to their needs. Collaborative working in relation to child protection case conferences and core group meetings for children whose names were on the child protection register was robust. While managers had an expectation that core groups would continue as required following a child's name being removed from the child protection register, there was no written guidance covering this aspect of practice. In some cases, core groups needed to continue for a longer period of time than they did to ensure that improvements were sustained.

The quality of reviewing of child's plans for children and young people looked after and accommodated away from home in foster placements and residential care was of a consistently high quality. Dedicated chairpersons independent of the operational management of cases made a significant contribution to the effectiveness of these planning processes. Foster carers and residential key workers played an important role in supporting the involvement of children and young people in planning processes. However, practice was not as consistent in ensuring reviews were held at appropriate intervals or in the quality of reviewing for care leavers, children and young people accommodated in kinship care and looked after at home and those subject to voluntary measures of supervision. A few children and young people were living in volatile situations where their plan needed to be reviewed far more frequently. They would have benefited from regular meetings of the team around the child to support them through periods of uncertainty.

Health visitors did not yet take on the role of the lead professional to formulate plans and chair meetings when there were lower level concerns requiring the involvement of more than one service. A pilot of the team around the child approach in Kyle Academy was leading to the development of plans to improve the wellbeing of some young people. While early indications were positive, this had yet to be evaluated. In the meantime, there was a significant gap in the effectiveness of planning at an early stage to stop difficulties from escalating or getting worse. Health and education staff were overly dependent on social workers to convene multi-agency meetings when there were lower-level wellbeing concerns.

The percentage of reports submitted to the children's reporter on time had deteriorated significantly from 69% in 2012-13 to 44% and 45% in 2013-14 and

2014-15 respectively. There were positive indications of improvement in the current year. However, we could see that delay in the timely submission of these reports had had an adverse impact on planning for some children and young people.

There were positive examples of tools such as Viewpoint and the Wellbeing Web being used to help young people express their views in preparation for review meetings. However, these were not used consistently to track progress in children and young people's wellbeing by repeating and comparing responses in preparation for each review meeting. The provision of advocacy and mentoring services were helping some vulnerable young people to participate more meaningfully in decision-making about their lives. There was scope to further develop these approaches to promoting children's rights to have their views listened to and considered in planning processes.

### **Securing nurturing and stable environments**

Most looked after and accommodated children and young people were provided with secure, stable and nurturing care environments as a result of effective planning processes. Fewer children and young people had experienced multiple moves of care placements since 2013-14. Most of those assessed as requiring permanent substitute family care were being helped to achieve this within reasonable timescales. Council legal services had provided helpful advice in some complex cases but for a few children in temporary foster and kinship placements, permanency plans had not progressed well with an adverse impact on their emotional wellbeing. Partners had identified further improvement work to implement lessons learned from **Permanence and Care Excellence (PACE)**.

A few children and young people's plans had not progressed well because of staff changes. Some 18 and 19 year old care leavers we read about in the case sample were unemployed and at risk of offending and homelessness. They needed staff to be more persistent in giving them a sense of worth and more opportunities to succeed.

The number of children and young people placed appropriately with kinship carers had increased significantly over the past two years. The practical help, support and training made available to kinship carers was not well developed. Proposals had been made to provide a more consistent approach but these had yet to be implemented.

## Planning and improving services

This section considers the rigour of integrated children's services planning and strategic planning and the extent to which it can be demonstrated to support improvement in the wellbeing of children and young people. It includes a focus on how well partners identify and manage risks to vulnerable groups of children and young people.

**Joint planning to improve services was weak. The Integrated Children's Services Plan (2013-18) had not been developed beyond a statement of aspiration into a SMART and resourced delivery plan to meet priority areas of need and measure resulting improvements in the wellbeing of children and young people. Partners had allowed it to wane with no plans to report on progress publicly. Steps had recently been taken to strengthen integrated children's services planning. Areas of work where there would be collaborative advantage were starting to be identified and taken forward. Partners had yet to put the necessary systems, processes and resources in place to ensure the new plan would be fit for purpose. There had been insufficient progress on key actions within the child protection committee business plan 2013-16. Agreed priorities such as the development of performance management information and joint self-evaluation had lost momentum. Consequently, the chief officers group did not have sufficient information from which to assure itself how well children were protected. While some strategic partnerships took effective action to manage and mitigate emerging risks to groups of children and young people, overall there was not a systematic and joint approach. A sexual exploitation action group had been established to take forward the national action plan. A range of awareness raising activities had taken place but a strategic approach to manage and mitigate risks of child sexual exploitation was lacking.**

### Integrated children's services planning

Community planning partners had made 'Supporting our children and families so that children and young people have the best possible life chances', one of the six outcome priorities in the single outcome agreement. Unhelpfully, this outcome priority did not link explicitly to the work of the integrated children's services planning group as the strategic delivery group for children's services. Governance and accountability arrangements for the integrated children's services planning group were unclear. Elected members, chief officers and senior managers recognised the need to thoroughly review the existing integrated children's services plan and had begun to put systems and processes in place to support this.

The 2013-18 integrated children's services plan set out high level aspirations for children and young people growing up in South Ayrshire. However, the plan was not underpinned by a joint strategic needs assessment which would enable partners to identify and agree key priorities based on factual information about different localities and vulnerable groups. Partners had yet to carry out a cost benefit analysis of the services they were delivering directly and purchasing from the third sector to match provision to priority areas of need. This would be required to provide a sound basis

for future joint commissioning and decommissioning of services. The plan had not been developed into a set of joint actions with resources and timescales attached to make them deliverable. Performance measures attached to the plan were largely an amalgamation of those individual services already reported on rather than measures relating to specific improvements achieved through actions in the plan. Community planning partners had not reported publicly on the progress of the plan. They were unable to identify what difference it had made to the wellbeing of children and young people. Staff did not make connections between their work and the implementation of the plan or view it as having a positive impact on the wellbeing of children, young people and families.

In 2015, the group of officers responsible for integrated children's services planning was reorganised and tasked with meeting requirements of the Children and Young People (Scotland) Act 2014. They had begun to identify areas for improvement, some of which related to a single wellbeing indicator such as nurturing (Nurtured) and mental wellbeing (Healthy) strategies while others cut across all the indicators such as the wellbeing of looked after children, young people and care leavers. SMART annual work plans for these sub-groups had yet to be agreed and resourced to ensure they kept on track in completing tasks. An unrealistic number of sub-groups had been set up to support the work of the Integrated Children's Services Planning Group.

Partners were keen to engage with children, young people and families to ensure the revised plan reflected their views. The necessary groundwork to present stakeholders with information about the choices to be made based on priority areas of need and available resources was still to be completed.

### **Child protection committee business planning**

Chief Officers were committed to supporting the work of the child protection committee and had taken the decision to appoint an independent chairperson. Members of the child protection committee worked effectively to deliver improvements with the Alcohol and Drug Partnership and Violence Against Women and Children Partnership sub-group on child sexual exploitation. Partners recognised that physical neglect was a risk factor for high numbers of children whose names were on the child protection register. Focused work during 2015 had raised awareness amongst staff about identifying and taking appropriate action to address this concern.

Improvements achieved by the child protection committee working with the other two committees in Ayrshire included strengthening services to vulnerable pregnant women and improving the initial response to child protection concerns. The child protection committee had three sub-groups with remits for communication, continuous professional development and joint improvement. These groups also supported the work of the integrated children's services planning group.

Limited progress had been made by the child protection committee in securing improvement through joint self-evaluation. A very small number of children's cases had been jointly reviewed in recent years. Members of the committee did not know

to what extent the learning disseminated to staff, for example from initial and significant case reviews or through staff training had improved the quality of practice and the effectiveness of decision-making. There was too little information available from which the child protection committee and chief officers group could assure themselves of the effectiveness of key child protection processes or improvements in the experiences of children, young people and families using child protection services. Quarterly performance reports provided data mainly on the volume and frequency of child protection activity. Partners had not tapped into the potentially rich source of information available from the overview of the independent quality assurance chairs of child protection case conferences.

The child protection committee's last annual report had been published in August 2014. A draft annual report and business plan, dated March 2016, had been approved by the chief officers group but was not yet publically available at the time of this inspection. There had been delay in progressing key actions in the previous plan and these had been carried forward into the new plan for 2016-19 with amended completion dates. Some of the actions in the new plan were too vague. The chief officers group had begun to ask more detailed questions for example, about the length of time children's names remained on the child protection register and delays in pre-birth assessments. However, they were not sufficiently challenging in holding the child protection committee to account for delivering timely and measurable improvements in services to protect children.

### **Managing and mitigating risks**

The Alcohol and Drug Partnership had begun to address emerging risks for children and young people as a result of using new psychoactive substances and was developing information for staff and young people. However, a strategic approach by partners to systematically drawing together information about emerging risks to children and young people was at an early stage of development.

Partners were committed to reducing the risk of child sexual exploitation. A joint sexual exploitation action group had been established by chief officers to take forward the national action plan. A range of awareness raising events and activities for children, young people, parents and carers had taken place. A film, Friend Request, was produced to raise awareness of stalking and how to keep children and young people safe and protected from harm. It won the Early Intervention and Education category of the 2015 Scottish Safer Communities Awards and was used in every secondary school and made available to other local authority areas. However, there was no overarching child sexual exploitation strategy or training plan to help maintain momentum and focus. Partners had yet to systematically gather and analyse data about individual children at risk of, or who had been victims of child sexual exploitation to develop a clearer picture of risks in the area.

## Participation of children, young people, families and other stakeholders

This section examines the extent to which children, young people, families and other stakeholders are involved in policy, planning and service development.

The extent of participation by children, young people, families and other stakeholders was adequate. We found a number of examples of good practice that partners could build on including the work of the Domain Youth Centre, Youth Forum, and work with LGBTI young people. However, the routine shaping of policy, planning and service development through the involvement of children, young people, families, staff and other stakeholders was yet to develop strongly. There were good examples of consultations involving children and young people but practice was highly variable in providing feedback on what changed as a result. There was scope to use communication technology more effectively to support this. All primary schools were registered with UNICEF Rights Respecting Schools Programme although there was no clear overarching plan to build a comprehensive understanding of children's rights and promote these through the participation of children, young people, staff and communities.

There were notable strengths in some areas of practice, for example, the Community Learning and Development service, funded by the Alcohol and Drug Partnership, had developed the involvement of young people as peer educators. The Young Person's Support and Transitions team had gathered and responded to young people's views about what would work best at times of transition from primary to secondary school. The pan-Ayrshire LGBTI network had hosted conversation cafes which supported young people to share ideas and discuss and agree future actions. Community Learning and Development staff routinely sought feedback from parents participating in parenting programmes and a range of other activities. Voluntary sector staff demonstrated their expertise in consulting with children and young people about their experience of the services they received. However, partners had not agreed a joint strategy to co-ordinate consultation and reduce unnecessary duplication of activity. Stakeholders in services for children had few opportunities to discuss plans, policies and services directly with elected members, board members or senior officers although this was improving in some individual services. There was no participation and engagement supporting integrated children's services planning and children and young people had not been involved in this key planning process for some years.

A long-standing commitment by community planning partners to establish a champions board and a guarantee of expectations for looked after children had not been taken forward. The 2013-15 revised Corporate Parenting Strategy had not been developed with the involvement of looked after children, young people and care leavers. Looked after and accommodated young people did participate in the recent redesign of a children's house and in the recruitment of residential staff.

The Youth Forum had a membership of 19 young people from across the area and had been effective in promoting involvement in democratic processes and decision making. The Youth Forum supported young people's engagement with the community planning partnership by taking a seat on its board and in organising a

successful annual youth conference. The council's three members of the Scottish Youth Parliament were able to represent the views of their peers and young people more widely by having seats on the Youth Forum. While the work of the Youth Forum was recognised as having a positive impact, effective links had not been established between the Youth Forum, school based pupil councils and established groups of vulnerable young people such as young carers and those with additional support needs.

The Domain Youth Centre had a young person's steering group and South Ayrshire Youth Forum (SAYF) used an active Twitter feed with over 400 followers to promote their annual youth awards. There was scope to build further on this positive example of the use of social media as young people we spoke to raised concerns about web based information being out of date and communication technology not being used widely enough. A weekly meeting of the Domain Gateway Group for young people with disabilities was receiving support to become a constituted community group. Nevertheless, a well-coordinated and systematic joint approach to communication and consultation was lacking. In particular, feedback was not routinely provided about what happened as a result of consultation exercises with children and young people.

There was a commitment to the development of **Rights Respecting Schools** across primary schools with 51 schools having registered with **UNICEF**. This programme aims to put the rights of the child at the heart of a school's ethos and culture. To date, 20 schools had achieved a Level 1 award and one school a Level 2, the highest award involving external validation. An imaginative 'Mini Trials' initiative gave young people an insight into the workings of the Scottish Court Service and promoted an understanding of rights and responsibilities through using real-life scenarios. A comprehensive action plan to promote children's rights and report publicly on progress had yet to be developed.

## 6. How good is the leadership and direction of services for children and young people?

This section is about the extent to which collaborative leadership is improving outcomes for children, young people and families. It comments on the effectiveness of the shared vision, values and aims, leadership and direction and leadership of people. It also examines how well leaders are driving forward improvement and change.

Leadership of improvement and change was weak. Operational staff across services for children demonstrated a high level of commitment to working together underpinned by strong and shared child centred values. Community planning partners had yet to harness and direct the energies of staff by leading on a shared and ambitious vision for South Ayrshire's children. Strategic planning on a single agency basis had resulted in some notable improvements in services for children. However, fulfilment of corporate parenting responsibilities was dependent on progressing long awaited joint actions. Community safety and support for children affected by parental substance misuse were areas where leadership and direction were characterised by effective partnership working. Nevertheless, the added value of collaborative leadership had still to be realised more widely. This constrained partners' ability to jointly identify priority areas for improvement and to redirect resources to prevention and early intervention. They were not well placed to make joint decisions about future spend in a situation of retracting resources. There was a lack of drive to deliver planned improvements at pace. Progress in embedding a culture of continuous improvement through joint self-evaluation had been slow to develop but had started to gain momentum under the devolved leadership of a joint improvement group.

Shared values and commitment to working together in the best interests of children and young people were strongly evident amongst operational managers and front line staff. Nevertheless, community planning partners had not been visible in leading and building support for a shared and ambitious vision for services for children nor was this reflected well in joint policies, plans and procedures. As corporate parents, they had not fulfilled their stated intention to champion the wellbeing of looked after children, young people and care leavers. Partners were familiar with the challenges in accessing services faced by children, young people and families in more remote rural areas; a more joined up approach would help to further remove the barriers they experienced.

Work at a strategic level was, in the main, taken forward on a single-agency basis, detracting from the added value of collaborative leadership. A joint approach to prevention and early intervention, reducing demand for more specialist services, was not being delivered or resourced increasingly year on year. Partners recognised the complexity of current arrangements in the relationship between the community planning partnership and the integrated children's services planning group and had begun to streamline and simplify them. Positive impact on the lives of children, young people and families was achieved through the **Community Safety Partnership** and the Children Affected by Parental Substance Misuse (CAPSM)

sub-group of the Alcohol and Drug Partnership. Characteristics of partnership working making these groups effective would benefit from being replicated across all groups contributing to integrated children's services planning including those leading on Getting it Right for Every Child Implementation, the **Early Years Collaborative** and corporate parenting. The proposed locality model of service delivery had not been taken forward, including redesign of the GIRFEC locality forums and a joint family support and parenting strategy.

A cost benefit analysis of existing services, both those provided directly and by the third sector, had not been carried out and gaps and shortfalls in priority areas of need identified. Consequently, partners were not well placed to make decisions about future spend in a climate of diminishing resources. Partners had decided to include all social work services in the integration of health and social care. This enabled the chief social work officer to more readily identify emerging opportunities and risks and seek service-wide solutions. Having made this decision however, partners acknowledged paying too little attention to delegated children's services while concentrating their efforts on integrating services for older people.

Operational managers and staff had high aspirations for children, young people and families and understood the benefits of taking a whole child and whole community approach. They demonstrated a readiness and commitment in taking on devolved leadership roles and responsibilities. Managers in some secondary schools were leading on effective partnerships with other services in the communities they served. For example, Girvan Academy was working successfully in partnership with the Youth Trust and Community Learning and Development to expand learning opportunities and skills development for young people during their leisure time. A dedicated social worker post to work with children affected by parental substance misuse was a positive example of joint funding by partners adding value to supporting a particular group of vulnerable children. Further development of jointly funded posts and multi-agency teams could have helped to promote service integration and new ways of working more efficiently and effectively.

Leaders welcomed a bottom-up approach to improvement and change and encouraged operational managers to come up with creative solutions. However, staff did not get enough guidance or support to concentrate their efforts and achieve timely improvements in a realistic number of priority areas. In our staff survey, which received almost equal number of respondents from health, education and social work, only 19% agreed or strongly agreed that most of the time, their workload was manageable in normal working hours. This compared to a median of 32% over the 24 surveys conducted to date in joint inspections across the country. Leaders of services for children had not approved or monitored SMART delivery plans, nor were they removing barriers to implementation to drive actions forward at pace. Methods of joint communication from strategic leaders to staff working across services for children did not provide them with the information they needed about service priorities, self-evaluation and improvement work and change management programmes. As a result, they were ill-informed about important initiatives and timescales that had direct implications for their work.

There had been limited progress in taking forward key actions from the joint inspection of services to protect children and young people in 2012. While action

had been taken in the first area by Police Scotland to ensure officers recognised and shared child concerns promptly, a second recommendation to strengthen approaches to joint self-evaluation had not been progressed satisfactorily. Joint self-evaluation to secure improvement was not well-embedded in the work of the child protection committee or services for children. The views of children and young people were not collated and used systematically to inform joint self-evaluation. Sufficient progress had not been made in other priority areas for improvement agreed by the chief officers group at that time including improving the quality of performance management information.

The joint improvement group had become more influential over the last year in supporting the work of the integrated children's services planning group and the child protection committee. This group was co-ordinating a timetable of improvement through single agency and joint self-evaluation and had helpfully completed a joint thematic review in 2014 to assess the mental health needs of children and young people. They had made a start to developing performance management information structured under the wellbeing indicators. However, measures identified to date were mostly those that services already reported on rather than more meaningful local measures directly relating to a SMART delivery plan.

Partnership working across Ayrshire was creating notable efficiencies by reducing duplication of effort and building capacity for change. For example, child protection committee members from all three areas in Ayrshire had visited two areas of recognised good practice to learn about joint recording of initial referral discussions. They had used the learning to help them develop a pan-Ayrshire single recording format which had been operational since April 2016.

The rising trend since 2012 in the number of young people being accommodated away from home, significantly higher than for comparator authorities, had not resulted, as would have been expected, in urgent corrective action by partners.

## 7. Conclusion, areas of particular strength and areas for improvement

### Conclusion

We are confident that a number of actions taken by individual services in South Ayrshire are serving to ensure effective initial responses to child protection concerns. These are: police officer training; establishing a social work initial referral team and pan-Ayrshire out-of-hours service; positive developments in pre-birth services for vulnerable pregnant women and the child protection health team; and improvements in the availability of consultant paediatricians. These, along with the quality and consistency of assessment and planning, mean that children in need of protection are safer and their needs better met. However, building on these achievements, partnership working by the child protection committee and the chief officers group needs greater impetus to further improve outcomes for children in need of protection, and identify and respond effectively to emerging risks.

Children and young people who are looked after in kinship care, foster care and residential placements increasingly have their needs met well. Performance is more variable for children looked after at home and care leavers.

A joint approach to the implementation of prevention and early intervention, including key aspects of the Getting it Right for Every Child approach is not yet sufficiently well developed. As a result, too many children and young people are referred to the children's reporter and too many continue to be looked after away from home. Community planning partners have yet to demonstrate a narrowing of outcome gaps between children and young people growing up with very unequal life chances in the contrasting communities in their area. Partners have opportunities to learn from effective models of collaborative leadership both internally and externally and to strengthen their ambition to deliver a significant change programme in services for children.

### Particular strengths

In the course of the inspection, we identified a number of particular strengths that are making a positive difference for children and young people within South Ayrshire Community Planning Partnership area. These are:

- effective analysis of data in education services, enabling staff to drive up performance at all levels and report publicly on improving trends, providing an exemplar for integrated children's services planning
- progress in embedding nurture principles in schools, children's houses and foster homes with clear benefits in the wellbeing of children and young people
- widespread impact of the Parents Early Education Partnership (PEEP) in building the skills and confidence of parents with very young children
- introduction of a single record of initial referral discussions through learning from best practice in other areas of the country.

## Areas for improvement

Our inspection took place at a time when a best value review of South Ayrshire council was published by the Accounts Commission. This identified major improvements in the last two years in the political and managerial leadership of the council following a critical audit in 2014. The report went on to say that it was imperative that positive momentum was maintained in reshaping services in response to reducing resources. Our inspection confirms that this imperative applies equally to the development of effective partnership working to lead and direct services for children. Strategic leaders from police and health were not sufficiently challenging of their local authority partners in bringing learning about effective collaborative working from their experiences of other partnerships. Community planning partners and chief officers recognised the need to strengthen their strategic overview of services for children. In doing so, they must ensure that education, community child health and children and families social work services come together in a strategic partnership overcoming any barriers arising from their chosen model for integrating health and social care. They should set about achieving transformational change by:

- strengthening strategic leadership and direction through effective collaborative working and joint management of resources to drive an improvement and change programme at pace
- demonstrate improving trends in closing outcome gaps in the early years for children growing up in communities affected by poverty and deprivation
- urgently reduce the number of young people aged 11-15 years starting to be accommodated away from home by taking a multi-agency approach
- progress plans to deliver a locality model of integrated service delivery, ensuring that children and young people get the right help at the right time
- deliver specific and measurable improvements in the safety and wellbeing of vulnerable groups of children and young people through effective children's services planning and the work of the child protection committee.

## **8. What happens next?**

The Care Inspectorate and other bodies taking part in this inspection will consider with South Ayrshire Community Planning Partnership how best to support improvement. We will agree with our scrutiny partners a process to monitor the Partnership's progress in taking forward an action plan and report on progress achieved within 18 months of the publication of this report.

## Appendix 1: Good practice examples

In each inspection we ask partners to nominate some examples of good practice which can be shown to have a positive impact on the lives of children, young people and families. During the inspection, we assess these examples to identify those which we consider would be useful to community planning partnerships across Scotland. We commend the following examples.

### Housing Education 4 Youths programme (HEY)

Housing Education 4 Youths (HEY) is led by Ayr Housing Aid Centre in partnership with the council's housing and education services. It delivers a prevention programme, principally as part of Curriculum for Excellence, to provide information about housing options and the causes of homelessness. Over the last three years this educative programme has become well embedded in all eight secondary schools and primary schools. More recently, it has been extended to include young people attending Ayr College and some vulnerable groups of children such as young carers. The content includes a DVD in which homeless young people talk about how they became homeless, their experiences of living in temporary accommodation and then moving into their own homes. Input on student accommodation, tenancy rights and budgeting are new additions. In 2014-15, the programme was delivered to 2,200 secondary school aged young people and 1068 primary school children. Feedback from both teachers and young people shows an increased awareness of housing issues and greater empathy with those who become homeless. This well evaluated example of effective partnership working has contributed to a 31% reduction in homeless presentations from young people aged 16-25 years since 2011. In recognition of this, the programme received a Bronze COSLA Award in 2015.

### South Ayrshire Youth Strategy Implementation Group (YSIG)

The Youth Strategy Implementation Group, led by Community Learning and Development, is made up of a range of statutory and third sector partners. Consultation with young people in 2013 led to an improved strategy for the co-ordination of youth work with specific outcomes:

- young people to be able to benefit from youth work opportunities, which make a real difference to their lives
- engagement and consultation with young people to enable them to gain a voice and influence the delivery of services that affect their lives
- a youth work sector equipped and empowered to achieve positive outcomes for young people.

Young people in South Ayrshire are actively improving their skills, confidence and wellbeing through a varied range of innovative initiatives supported and promoted by the Youth Strategy Implementation Group.

These include:

- increased uptake of youth services amongst seldom heard groups through delivery of a more diverse range of activities and improved social networking
- increasing numbers of young people gaining accredited awards (those achieving the Saltire Award for volunteering increased from 70 in 2012-13 to 698 in 2014-

15 and in the same year six young people accommodated away from home in children's houses gained Dynamic Youth Awards)

- a new youth centre café, Book n Bun, established in Ayr
- encouragement to use the Young Scot National Entitlement Card through extending the points and rewards system
- raising awareness of issues that are important to young people, for example Gaiety Partnership undertook a consultation with young people and developed drama workshops highlighting issues about new psychoactive substances and the ARK worked with schools on issues of cyber bullying
- promoting inclusion by focusing on health and disability and working with universal leisure services to establish specific swimming groups for young people with learning disabilities.

## Appendix 2: Evaluated Indicators of quality

Quality indicators help services and inspectors to judge what is good and what needs to be improved. In this inspection we used a draft framework of quality indicators that was published by the Care Inspectorate in October 2012. *'How well are we improving the lives of children, young people and families? A guide to evaluating services for children and young people using quality indicators'*. This document is available on the Care Inspectorate website.

Here are the evaluations for nine of the quality indicators.

<b><i>How well are the lives of children and young people improving?</i></b>	
Improving the well-being of children and young people	<b>Adequate</b>
Impact on children and young people	<b>Good</b>
Impact on families	<b>Good</b>
<b><i>How well are partners working together to improve the lives of children, young people and families?</i></b>	
Providing help and support at an early stage	<b>Adequate</b>
Assessing and responding to risks and needs	<b>Good</b>
Planning for individual children	<b>Adequate</b>
Planning and improving services	<b>Weak</b>
Participation of children, young people, families and other stakeholders	<b>Adequate</b>
<b><i>How good is the leadership and direction of services for children and young people?</i></b>	
Leadership of improvement and change	<b>Weak</b>

This report uses the following word scale to make clear the judgements made by inspectors.

<b>Excellent</b>	outstanding, sector leading
<b>Very good</b>	major strengths
<b>Good</b>	important strengths with some areas for improvement
<b>Adequate</b>	strengths just outweigh weaknesses
<b>Weak</b>	important weaknesses
<b>Unsatisfactory</b>	major weaknesses

### Appendix 3: The terms we use in this report

**South Ayrshire Community Planning Partnership** is the local Community Planning Partnership for the South Ayrshire Council area. It is formed from representatives from key agencies and organisations from the public, community, voluntary and private sector. The partnership works together to plan and deliver services in South Ayrshire.

A **Single Outcome Agreement** is an agreement between the Scottish Government and community planning partnerships which sets out how they will work towards improving outcomes for Scotland's people in a way that reflects local circumstances and priorities.

**South Ayrshire Health and Social Care Partnership and Integration Joint Board** In response to the Public Bodies (Joint Working) (Scotland) Act 2014; NHS Ayrshire and Arran and South Ayrshire Council agreed to put a body corporate model in place to integrate the delivery of health and social care services. They have delegated functions and resources to an **Integration Joint Board** responsible for planning arrangements and onward service delivery. Above a statutory minimum, the scope of the delegated functions depends on local decision making.

An **Integrated Children's Services Plan** is for services that work with children and young people. It sets out the priorities for achieving the vision for all children and young people and what services need to do together to achieve them.

**Attainment Scotland Fund** is a funding initiative over four years (2015- 2019) targeted on supporting pupils in local authorities and schools with the highest concentration of primary aged pupils living in deprivation. The current focus of the fund is on primary schools and targeted improvements in literacy, numeracy and health and wellbeing as the foundations for learning.

The **Virtual Comparator** takes characteristics of pupils in a school and matches them to pupils from across Scotland. This creates a virtual school and allows meaningful comparisons to be made between expected and actual performance.

**Childsmile** is a Scotland wide initiative to help improve the dental health of children.

**Viewpoint** is an interactive electronic tool to engage children and young people and help them express their views and wishes. It can be used with individual children and for large scale surveys.

**The Wellbeing Web** enables the eight indicators to be scored on a scale of one to 10 from the perspective of a child or young person, parents and staff. This tool can provide a snapshot of perceptions about a child or young person's wellbeing or through repeating the process at intervals can show whether perceptions about a child or young person's wellbeing improve over time.

The **child protection register (CPR)** - Local authorities are responsible for maintaining a central register of all children – including unborn babies – who are the subject of an inter-agency Child Protection Plan.

**Housing Education 4 Youths (HEY)** – is a partnership prevention programme to provide information about housing.

**Book Bug** gives four free books to children from birth to Primary 1. There are also free Book Bug sessions in libraries with songs, stories and rhymes.

**Family Nurse Partnership** is a voluntary home visiting programme for all eligible first time mothers aged 19 or under at the start of pregnancy. A specially trained Family Nurse visits parents regularly, from early in pregnancy until the child is two.

**Getting it Right for Every Child** is the Scottish Government's approach to making sure that all children and young people get the help they need when they need it. There are eight wellbeing indicators which are safe, healthy, achieving, nurtured, active, respected, responsible and included. These provide an agreed way of measuring what a child needs to reach their potential. [www.scotland.gov.uk/gettingitright](http://www.scotland.gov.uk/gettingitright)

The **Child Protection Committee** brings together all the organisations involved in protecting children in the area. Their purpose is to make sure local services work together to protect children from abuse and keep them safe.

**Permanence and Care Excellence (PACE)** is a programme to improve timescales for permanency planning for looked after and accommodated children developed by the Centre for Excellence for Looked After Children in Scotland (CELCIS).

**Chief Officers Group** consists of the Chief Executive of the local authority, the Chief Executive of the relevant health board and the Local Area Commander for Police Scotland. They are collectively accountable for public protection including the protection of children in a council area.

**UNICEF** is a global charity that protects children's rights worldwide in accordance with the UN Convention on the Rights of the Child (CRC). It also runs programmes in the UK, in health services, schools and local communities, to protect and promote the rights of children and young people and advocate for lasting change.

**The Rights Respecting Schools Award** is a UNICEF programme that aims to put children's rights at the heart of schools in the UK.

**Community Safety Partnerships** work with stakeholders to make communities safer places to live.

The **Early Years Collaborative** was launched by the Scottish Government in October 2012 with the support of NHS Scotland, the Coalition of Scottish Local Authorities (COSLA) and the Police Service of Scotland. It is a multi-agency, local, quality improvement programme delivered on a national scale focusing on the national outcome, our children have the best start in life and are ready to succeed.

## Appendix 4: The Quality Indicator Framework

What key outcomes have we achieved?	How well do we meet the needs of our stakeholders?	How good is our delivery of services for children, young people and families?	How good is our operational management?	How good is our leadership?
<b>1. Key performance outcomes</b>	<b>2. Impact on children, young people and families</b>	<b>5. Delivery of key processes</b>	<b>6. Policy, service development and planning</b>	<b>9. Leadership and direction</b>
<b>1.1</b> Improvements in the wellbeing of children and young people	<b>2.1</b> Impact on children and young people	<b>5.1</b> Providing help and support at an early stage <b>5.2</b> Assessing and responding to risks and needs <b>5.3</b> Planning for individual children <b>5.4</b> Involving children, young people and families	<b>6.1</b> Policies, procedures and legal measures <b>6.2</b> Planning and improving services <b>6.3</b> Participation of children, young people, families and other stakeholders <b>6.4</b> Performance management and quality assurance	<b>9.1</b> Vision, values and aims <b>9.2</b> Leadership of strategy and direction <b>9.3</b> Leadership of people <b>9.4</b> Leadership of improvement and change
	<b>2.2</b> Impact on families			
	<b>3. Impact on Staff</b>			
	<b>3.1</b> Impact on staff			
	<b>4. Impact on Communities</b>			
<b>4.1</b> Impact on the community	<b>7. Management and support of staff</b>	<b>7.1</b> Recruitment, deployment and joint working <b>7.2</b> Staff training, development and support	<b>8. Partnership and resources</b>	<b>8.1</b> Management of resources <b>8.2</b> Commissioning arrangements <b>8.3</b> Securing improvement through self evaluation
<b>10. What is our capacity for improvement?</b>				
Global judgement based on an evaluation of the framework of quality indicators				

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