



care
inspectorate

Report of a joint inspection of services for children and young people at risk of harm in East Ayrshire community planning partnership

Prepared by the Care Inspectorate in partnership with Education Scotland, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland

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Introduction

Our remit

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people at risk of harm.

The remit of these joint inspections is to consider the effectiveness of services for children and young people up to the age of 18 at risk of harm. The inspections look at the differences community planning partnerships are making to the lives of children and young people at risk of harm and their families.

Joint inspections aim to provide assurance on the extent to which services, working together, can demonstrate that:

1. children and young people are safer because risks have been identified early and responded to effectively
2. children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm
3. children, young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement
4. collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

The terms that we use in this report

When we say **children at risk of harm**, we mean children up to the age of 18 years who need urgent support due to being at risk of harm from abuse and/or neglect. We include in this term children who need urgent support due to being a significant risk to themselves and/or others or are at significant risk in the community.

When we say **young people**, we mean children aged 13-17 to distinguish between this age group and younger children.

When we say **parents** and **carers**, we mean those with parental responsibilities and rights and those who have day to day care of the child (including kinship carers and foster carers).

When we say **partners**, we mean leaders of services who contribute to community planning.

When we say **staff**, we mean any combination of people employed to work with children, young people and families in East Ayrshire.

Where we have relied on figures, we have tried to standardise the terms of quantity so that 'few' means up to 14%; 'less than half' means 15% up to 49%; 'the majority' means 50% up to 74%; 'most' means 75% up to 89%; and 'almost all' means 90% or more.

Appendix 2 contains definitions of some other key terms that we use.

Key facts

**Total population:
120,750 people
on 30 June 2023**

This has remained fairly static from 120,400 in 2022.
Over the same period, the population of Scotland
increased by 0.8%.

NRS Scotland

In 2023, 17% of the population were under the age
of 16, equalling the national average of 17%.

NRS Scotland

On 31 July 2023, East
Ayrshire had a rate of
3.7 per 1,000 of the
0-15yr population with
their names listed on the
child protection register,
higher than the Scottish
average of 2.3 per 1,
000. The rate of child
protection investigations
was 15.3 per 1,000 of the
0-15 years population.
This was higher than the
Scottish average of 13.2
per 1,000.

Childrens social work
statistics 2022-23



A total of 10 (2.9%) of
the 348 datazones in the
0-5% most deprived in
Scotland were found in
East Ayrshire.

At 2023 financial year
end, across Scotland, the
proportion of children aged
under 16 in low-income
families varied from 10%
to 34% for relative low-
income families and from
8% to 27% for absolute
low-income families.
During the same period
in East Ayrshire 26.1% of
the population aged 0-15
were living in relative low-
income families and 21.2%
were living in absolute
low-income families.

SIMD

UK Govt children in low
income families

East Ayrshire had 132 incidents
per 10,000 population of domestic
abuse recorded by Police Scotland in
2023/24. This was higher than the
national average of 116 per 10,000.

Domestic abuse recorded by Police
Scotland 2023/24

Our approach

Inspection teams include inspectors from the Care Inspectorate, Healthcare Improvement Scotland, His Majesty's Inspectorate of Constabulary in Scotland and Education Scotland. Teams also include young inspection volunteers, who are young people with direct experience of care services. Young inspection volunteers receive training and support and contribute to joint inspections using their knowledge and experience to help us evaluate the quality and impact of partners' work.

We take a consistent approach to inspections by using the [quality framework for children and young people in need of care and protection](#). Inspectors collect and review evidence against all 22 quality indicators in the framework to examine the four inspection statements. We use a six-point scale (see appendix 1) to provide a formal evaluation of quality indicator 2.1: impact on children and young people.

How we conducted this inspection

The joint inspection of services for children at risk of harm in the East Ayrshire community planning partnership area took place between 16 September 2024 and 6 March 2025. It covered the range of partners in the area that have a role in meeting the needs of children and young people at risk of harm and their families.

- We met with and observed six babies and we listened to the views and experiences of 84 children and young people and 27 parents and carers. This included face-to-face meetings, telephone conversations and survey responses.
- We reviewed practice by reading a sample of records held by a range of services for 60 children and young people at risk of harm.
- We reviewed a wide range of documents and a position statement provided by the partnership.
- We carried out a staff survey and received 417 responses from staff who worked in a range of services.
- We met with six elected members and 363¹ members of staff, including senior leaders and those who worked directly with children, young people and families.

We are very grateful to everyone who we heard from as part of this inspection.

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 and young person in East Ayrshire who may be at risk of harm.

¹ We saw some members of staff more than once across different sessions.

Key messages

- Staff were confident in their abilities to recognise and report signs of child abuse, neglect and exploitation. Children were safer because of effective recognition and initial response to risk.
- The effective implementation of the Scottish Child Interview Model ensured that children were able to give quality evidence, whilst being protected from further trauma.
- Multi-agency assessments, planning and reviews were undertaken for children and young people at risk of harm. The majority of assessments were of good quality, but the quality of chronologies and plans were more variable.
- Staff across agencies worked well together to ensure that appropriate support was provided to keep children and young people safe and to help them recover from their experiences.
- Children and young people were respected and supported to give their views. Staff listened to children and young people and understood what was important to them.
- Children and young people participated in engagement activities purposefully, which helped the partnership understand their experiences of services and what was important to them.
- The partnership collected a range of quantitative data, which it used to inform both strategic direction and operational delivery. The partnership was taking steps to improve the way it captured data to better evidence outcomes.
- The relationship between operational management of emerging risks and the strategic understanding of need was not always clear. That made it difficult for the partnership to know the value of some services and how to target resources most effectively.

Statement 1: Children and young people are safer because risks have been identified early and responded to effectively

Key messages

- Staff were confident in their abilities to recognise and report signs of child abuse, neglect and exploitation. Children were safer because of effective recognition and initial response to risk.
- When inter-agency referral discussions were held, clear decision making and interim safety plans helped to keep children and young people safe.
- Quality assurance arrangements were not in place for multi-agency discussions. This meant that the partnership did not have the same level of confidence about the quality of multi-agency discussions and decision making as they did for IRDs.
- The effective implementation of the Scottish Child Interview Model ensured that children were able to give quality evidence, whilst being protected from further trauma.

Early recognition and response to concerns

Collaborative working helped to ensure that children were safer because staff recognised risk and acted quickly. Concerns were shared with police or social work without delay in almost all of the records we read. The quality of the initial multi-agency response to concerns raised was mostly good or better. Information was gathered and shared effectively between agencies.

Staff were confident in their abilities to recognise and report signs of child abuse, neglect and exploitation. Staff were supported to be curious with the aim of keeping children and young people safe. Most staff were confident that they were able to analyse risks and needs and they understood the implications of these for the children and young people that they were working with. The named person, or person acting as the professional point of contact in universal services, was almost always notified about concerns. Clear decisions were consistently made about next steps when a concern had been identified.

The social work request for assistance team was initially created as a test for change in the north of East Ayrshire before being rolled out to the south of the authority in October 2024. These teams replaced locality duty social work teams and they progressed any new referral where there was a child protection concern. If the child or young person was known, they were passed to the relevant locality team. Along with the police concern hub, these arrangements ensured efficient triage, screening processes and initial assessments.

A pre-birth planning pathway was in place. The timescales for intervention were recently revised to aid the earlier recognition of risk to unborn babies. Staff were clear about their responsibilities and the required multi-agency response. Pre-birth

safety planning included a multi-agency screening group and the completion of a wellbeing assessment. If necessary, an inter-agency referral discussion (IRD) was initiated. This enabled staff to undertake a strengths-based approach to practice. The use of the **Getting it Right for Every Child (GIRFEC)** wellbeing indicators helped staff identify the right level of support. The majority of staff agreed that the GIRFEC approach in East Ayrshire was having a positive impact on the lives of children and young people at risk of harm.

Practice Example

Campus police officers were jointly funded by Police Scotland and East Ayrshire Council. They were deployed in all secondary schools, with a focus on building meaningful relationships with young people. They worked closely with school leadership and pastoral care teams to help manage incidents involving students. Officers participated in offence-focused work and diversionary activities for young people. One project, *pitchin' in*, was a nine-week programme at Kilmarnock Football Club for young people involved in antisocial behaviour. The programme included input from drug and alcohol services and had a focus on violence reduction. Overall, young people who participated in the programme had improved school attendance, were engaged in less criminal activity and were the subject of fewer concerns raised by the police.

Monthly multi-agency meetings were held to help identify emerging thematic risks for young people who were becoming a risk to themselves or others. Issues such as exploitation and patterns of antisocial behaviour in the community were discussed. The whole systems approach was used to identify and support young people who displayed high levels of risk-taking behaviour and those who were accruing offence referrals. Offence data was used to target support and help reduce referrals to the Scottish Children's Reporter Administration (SCRA).

Inter-agency referral discussion (IRD)

Almost all IRDs involved police, health and social work. Education were not usually involved in IRDs, although were spoken with as part of information gathering and assessment processes. Clear decisions about next steps were made in almost all IRDs, demonstrating comprehensive multi-agency assessment and decision making. Immediate action was taken to keep the child or young person safe almost all of the time. Immediate action was also taken to keep other children and young people safe when necessary. Although, we saw a written record of the IRD in every record we reviewed, there was a time delay in some IRDs being recorded. This meant that partners did not always receive the shared record of decisions and agreed actions timeously.

IRDs were not usually held out-of-hours. Rather, multi-agency discussions involving police, health and social work took place, which were then recorded and held on single agency systems. These records were not shared in the same way as IRD records. This carried a risk that information could have been missed or misunderstood between agencies. Multi-agency discussions were often conducted

during office hours too. These were intended to determine the need for an IRD, but at times made decisions usually taken during an IRD. In some cases, IRDs were held retrospectively. The lack of availability of key personnel was a factor in holding multi-agency discussions instead of IRDs. Although multi-agency discussions did not have the same tight procedural framework to underpin them, staff believed that they were always risk-based, determined the need for any immediate action and considered interim safety plans.

The IRD process was supported by quality assurance arrangements to help ensure competent multi-agency information sharing and decision making. A sample of records were selected for qualitative audit every six weeks. Strengths and areas for improvement were thematically captured and reported to the quality assurance sub-group of the child protection committee. This assisted the child protection committee to improve the quality of IRDs undertaken. Similar arrangements were not in place for multi-agency discussions, meaning that the partnership did not have the same level of assurance about the quality of multi-agency discussions and the decisions taken, as they did for IRDs.

Scottish Child Interview Model (SCIM)

The Scottish Child Interview Model (SCIM) is a national trauma informed approach to interviewing children and young people. A pan-Ayrshire SCIM team was co-located with the police concern hub and IRD desk, which aided close working relationships. Processes were in place for effective information sharing and planning when a child or young person was to be interviewed. The team were fully resourced, which ensured that all interviews were conducted under SCIM. This meant that all children and young people had the opportunity to provide their best evidence in this child-led and trauma informed model.

The SCIM team recognised the importance of relationships. They spent time working with the request for assistance teams and locality teams, so that they could better prepare children and young people for interview. The team were able to recognise when a child or young person was not ready to be interviewed and opportunities were made available to return at a later stage. Time was built into interviews for breaks and for play if that was what the child needed. If repeat interviews were necessary, the team ensured consistency in interviewers.

Consent was sought from every child or young person interviewed to be referred to the Children 1st trauma and advocacy service. This provided additional support to help them begin to recover from their experiences.

There was a management de-brief after every SCIM interview. That helped practitioners reflect on their practice and it enabled managers to understand emerging themes and staff development needs. The SCIM team gathered feedback from individual children and young people following interview, but this was not aggregated or captured in a reportable way. Therefore, meaningful interrogation of individual and service level data to support improvement was limited.

Statement 2: Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm

Key messages

- Multi-agency assessments, planning and reviews were undertaken for children and young people at risk of harm. The majority of assessments were of good quality, but the quality of chronologies and plans were more variable.
- A child-centred approach was well embedded. Relationships between staff and children, young people and families were mostly of a good quality.
- Staff across agencies worked well together to ensure that appropriate support was provided to keep children and young people safe and to help them recover from their experiences.
- Learning and training opportunities helped to increased staff skills and confidence.

Assessment, planning and review to reduce risk

Assessments of risk and need were completed for children and young people at risk of harm. All relevant staff contributed to assessments, plans and reviews. A multi-agency information sharing system for children and young people, AYRshare, was in place. AYRshare was designed to improve access to multi-agency information, support earlier recognition of need and improve joint working. Although practitioners recognised that the system was beneficial, not all staff could access it or input relevant information. Nevertheless, AYRshare had almost 2,000 users across Ayrshire and rollout to a wider group of staff was continuing.

Staff confidence in analysing risk and need was underpinned by regular supervision and opportunities to reflect with line managers and peers. The quality of children's assessments and reviews was good or very good in almost three-quarters of the records we read.

The partnership was making efforts to improve the quality of chronologies, but it was still too early to demonstrate any impact from this work. Chronologies were routinely used, but most were not of a consistently good quality and not all staff were entirely confident in using them yet. This meant that assessments and plans were not necessarily fully informed by key events in the child or young person's life and patterns of risk, concern and success were more difficult to identify. Child's plans were not always recorded in a way which linked to desired outcomes for the child, and risks and needs were not always fully addressed. There were examples of positive outcomes for children and young people because of the support they received from staff. However, because written plans were not consistently completed

to a high standard, it was more difficult to evidence whether or not actions had been completed and if outcomes were achieved.

Effective joint working across agencies helped to support a shared understanding of risk and collaborative decision making. Over two-thirds of staff agreed that multi-agency training and development strengthened their contribution to joint working. Although a few staff we spoke with felt that there could be an improved multi-agency training offer, staff across all agencies, including the third sector, were supported by a range of single agency and multi-agency training opportunities. Almost all staff who completed our survey felt that learning and training had increased their skills and confidence in working with children and young people at risk of harm.

Quality of relationships

Most children and young people had opportunities to develop relationships with key members of staff. Most said that staff had listened to them, spent time with them and gave them the help they needed, but this was not the experience of all. This was also reflected in the partnership's own consultation activity in 2024. There were some positive opportunities for children and young people to access peer support. We met with a few parents who were offered peer support through groups, which they said helped build their confidence.

Staff fostered quality relationships with children and young people, although were not confident about the impact of these relationships. We observed nurturing relationships between staff and children and young people in different services.

Staff valued peer support and collaboration, particularly when working with complex situations. This included access to specialist advice or guidance, through services such as the **Child and Adolescent Mental Health Service (CAMHS)**. Staff were supportive of each other and they worked well together to support families. **Safe and Together** champions provided peer support and consultation with staff, supporting a change in practice and language used.

Support for children and young people at risk of harm.

A range of services were in place to give children and young people at risk of harm the help they needed following on from initial investigations. These included ongoing social work support and continued mental health and emotional wellbeing support through schools, CAMHS and third-sector services. Community practitioners provided practical help and support to families of children not yet in school. Commissioned services included the Barnardo's social work support service, which provided intensive one-to-one support; positive parenting programmes for parents of newborns to eight-year-olds; and support for young people to attend health appointments.

The rural nature of some communities meant there were challenges in making services available across the authority. However, staff found creative solutions to help ensure families received the help they needed.

Just over half of staff who responded to our survey believed that children and young people who had experienced abuse and neglect were being supported to recover from their experiences. More staff were confident that effective processes were in place to help prevent or reduce accumulating signs of child abuse, neglect, or exploitation. Although the effectiveness of work carried out was positive for the majority of children and young people, this was not the experience for some. In over a quarter of the records we read, the effectiveness of work carried out to reduce risks of abuse, neglect or risks arising from parents or carers circumstances, was less than good. Some parents felt that interventions did not make life better for their family and they were not sure that their children were safer because of the help they received from staff.

The effectiveness of work to reduce risks to the child arising from circumstances within the community was good or better in the majority of records. Staff responsible for reviewing plans believed that those for care and risk management (CARM) were good. However, the effectiveness of the work carried out to reduce risks of the child harming themselves or others was less than good in almost half of the records we read.

An understanding of contextual safeguarding was at an early stage and some staff felt that a lack of joint working was impacting the way that risk was identified and how well young people were supported. However, staff spoke positively of arrangements in place to support young people through the existing whole-systems approach, child protection and CARM processes.

The partnership was developing services under whole-family approaches. There were numerous examples of staff and services coming together to make improvements to the lives of individual children and young people. Staff acknowledged this was infrequently recorded beyond the individual child's record. This meant that learning and areas of success were not disseminated more widely to influence practice improvement and strategic planning.

Family group decision making purposefully helped extended family members to become involved in plans to keep children and young people safe. Twenty-three families accessed the service between January and September 2024. Unfortunately, some families were referred to the service at a point of crisis and were therefore too late to benefit from the early help and support the service was designed to provide.

Mental health and emotional wellbeing support

Improving the mental health and emotional wellbeing of children and young people was one of the five priorities of the children and young people's strategic partnership. Staff were not confident that mental health outcomes were improving. However, different services were in place to help children, young people and families with their mental health and emotional wellbeing. We heard examples from families about how young people benefitted from counselling services, coordinated through schools. School nurses were all trained in 'let's introduce anxiety management' (LIAM). Technology was being used to provide universal support to school-aged children and young people through Kooth. The school counselling service, Exchange, promoted the use of the D'EXY app.

Practice Example

Kooth had been available since 2022 and was targeted towards young people of secondary school age to help improve resilience and provide emotional wellbeing support at an early stage. Kooth offered a broad spectrum of support, including anxiety, depression, self harm and managing relationships. Through Kooth data, the partnership identified a rising number of users, with 767 logins during the last quarter reported in 2024. The partnership had identified less uptake of Kooth by males and worked with a local college to find ways to raise awareness and encourage male usage. A 10% increase in male usage was subsequently evidenced.

D'EXY was a digital wellbeing platform for young people, which offered moderated online community discussions and access to counselling. This included access to online resources, guided self help programmes and specialist support in the form of planned counselling and online chat, provided by a qualified counsellor.

Mental health improvement approach training was provided to young people and those who worked them. The CAMHS was fully staffed. It accepted referrals from different sources and it had shortened the waiting time for initial assessment to within four weeks. The 90% standard for children and young people commencing treatment within 18 weeks of referral had been consistently met since December 2022. The service had extended operational hours to include weekend working and it made venues for appointments more accessible, ensuring that they were on bus routes.

The CAMHS did not undertake neurodiversity assessments, unless the child or young person also displayed symptoms of mental ill-health, which placed them or others at risk and/or had a significant and persistent impact on their day-to-day functioning. Some staff experienced frustrations in accessing neurodiversity assessment for children and young people.

Statement 3: Children, young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery, and improvement.

Key messages:

- Children and young people were respected and supported to give their views. Staff listened to children and young people and understood what was important to them.
- Children and young people participated in engagement activities purposefully, which helped the partnership understand their experiences of services and what was important to them.
- The partnership recognised that it needed to improve how children, young people and families informed service delivery, planning and improvement.

The involvement of children, young people and families in decisions about their lives

Staff across the partnership understood the value of listening to children and young people and worked hard to include them in decisions about their lives. The partnership had a renewed focus on listening to and engaging with children and young people.

We heard from children and young people who felt respected and supported to give their views. The majority were listened to and they were involved by staff. Children and young people benefited when they had support from trusted adults who listened and helped them to share their views. Frontline practitioners used tools to support participation, such as **the mind of my own app**, **talking mats** and **wellbeing webs**. This helped staff to understand what was important to individual children and young people. However, not all children and young people benefitted equally from meaningful participation in decisions about their own lives.

Opportunities for children and young people to plan activities and supports were well embedded in services such as Young Carers, Fairer Future Homemakers, SL33, SL66, Children 1st and the Art club. For some children and young people, this helped their confidence grow and helped them to feel more able to share their views.

The child friendly scheduling approach implemented by SCRA enabled children and young people to contribute to decisions about when and where their children's hearing took place. The impact of this pilot approach in East Ayrshire was being reviewed with the aim of rolling it out nationally.

We heard from parents and carers who felt valued and respected by the staff working with them. Over two-thirds had opportunities to develop a relationship with a member of staff. Effective arrangements were in place to ensure that parents and carers were listened to and involved. Those parents told us that effective

communication and practical help enabled them to engage with services and encouraged them to speak with staff.

A number of parents did not feel that staff listened to them or took their views seriously when decisions were made to help keep their child safe. A small number of parents and carers told us they did not understand decisions. For some, changes in allocated social workers also impacted on building trusting relationships.

Independent advocacy

Advocacy support for parents involved in child protection processes was available and when accessed, helped parents understand their own rights and those of their child. Advocacy support for parents with learning disabilities was also available and was used by parents and carers across the partnership.

For children and young people who had access to independent advocacy, this helped them understand processes and their rights. Advocacy was available to care experienced children and young people through Who Cares? Scotland; for those who engaged with the children's hearing system through East Ayrshire advocacy service; and those involved in SCIM through Children 1st. Advocacy was not routinely available to children and young people in the early stages of protection processes. The value of independent support at this key stage was recognised by the partnership and new advocacy provision by Who Cares? Scotland was in the process of being rolled out. However, leaders recognised that uptake was low and they were trying to promote the service. Leaders knew that ensuring enough advocacy support might become difficult in future without providing additional resource and so additional investment may be required.

The influence of children, young people and their families on service planning, delivery and improvement

Children and young people at risk of harm were not given opportunities to influence service planning, delivery and improvement in a consistent way. The partnership had identified this as an area for improvement. Nevertheless, a number of surveys and events had taken place to maximise engagement from children and young people, with feedback directly informing strategic planning. The Bright spots survey, for example, provided clear information which informed the corporate parenting plan. Through the care experienced cabinet, children and young people spoke directly with elected members. Work to develop **Bairns' Hoose** involved consultation with children and young people about access to recovery support and safe spaces.

The children and young people's cabinet provided an effective forum for consultation with a wider group of children and young people and was the main forum for reviewing the children's service plan. Schools had well established arrangements for gathering and considering the views of students, for example, through pupil councils.

Children and young people participated in the recruitment and selection processes of some health services, ensuring young people's voices were included in the questions asked and assessment of candidates. Involvement of young people in the

recruitment of staff in children's houses had helped to ensure their priorities were taken into account when decisions were made about staff who supported them.

The children and young people's cabinet had developed a participation and engagement strategy. However, the partnership's approach to participation in service planning and delivery was not supported by a comprehensive strategy for consultation and involvement. Without a coherent strategy, the partnership was unable to be assured that a wide range of people benefited from involvement. Sufficient arrangements to review the effectiveness of existing participation approaches were not in place. Feedback to those involved in consultations did not routinely take place, meaning they did not know what difference they had made. We did not hear directly from any parents and carers who had influenced policy and practice.

Reassuringly, the partnership identified listening to children and young people as a priority area for improvement. A children and young people's engagement working group had been established across child protection committee and GIRFEC planning structures, with the aim of providing decision makers with a better understanding of the experiences of children and young people. This was to include children and young people at risk of harm; however, the work of the group was in its very early stages and it was too early to see any impact.

Feedback from individual children and young people on the impact of services was collected using tools such as wellbeing webs and the mind of my own app. This informed a baseline level of qualitative data, gathered by the participation lead, but the data was not combined across the partnership to inform improvement. Practitioners were not aware if and how individually gathered data was used to inform any type of service improvement.

The Children's Hearing Improvement Partnership (CHIP) provided a promising opportunity to ensure that children and young people's feedback influenced service development. Work to ensure better use of compassionate and accessible language had been identified by partners as an area for improvement. Actions were being considered by the children and young people's strategic partnership but had not yet progressed.

The *Help Everyone At the Right Time* (Heart) model had been developed as a new approach to helping children, young people and families in East Ayrshire. Implementation of the Heart model of community engagement was a positive example of action taken in response to feedback from families who were struggling to get help when and where they needed it. Coming to the end of the first phase of implementation, the model was not implemented authority wide as anticipated. Instead, plans were being made to integrate the Heart principles within services under the new children's planning structure. These included GIRFEC arrangements, the request for assistance team, restorative practices and family group decision making. At the time of this inspection, it was too early to be confident that the learning from this work was being fully utilised to inform the strategic planning of children's services.

Statement 4: Collaborative strategic leadership, planning and operational management ensure high standards of service delivery

Key Messages

- Senior leaders had a clear vision, which was understood by staff. It was visible through strategic documents and plans.
- The partnership had identified areas for improvement through self-evaluation and quality assurance activities. However, some improvement actions were slow to progress and monitoring was variable.
- The partnership collected a range of quantitative data, which it used to inform both strategic direction and operational delivery. The partnership was taking steps to improve the way it captured data to better evidence outcomes.
- The relationship between operational management of emerging risks and the strategic understanding of need was not always clear. That made it difficult for the partnership to know the value of some services and how to target resources most effectively.

Vision, values and aims

The vision for East Ayrshire in the Community Plan had remained static since 2003. Although it was noted in the last review as challenging to achieve, it was reviewed regularly and it remained relevant.

The vision for the delivery and improvement of services for children and young people was clear to the majority of staff. It was aligned with the GIRFEC national practice model and the national performance framework. It also demonstrated linkages to the community plan.

Leadership of strategy and direction

Strategic direction was informed by national and local drivers and supported by performance data and reporting. The partnership collected a range of quantitative data, which it used to inform both strategic direction and operational delivery. There was a strong emphasis on case study reporting. Storytelling was competently used to help demonstrate what good looked like. However, partial outcomes data and limited data analysis made it more difficult for the partnership to demonstrate the difference services had made to the lives of children, young people and their families.

The partnership had identified areas for improvement through self-evaluation and quality assurance. Implementation of improvement activity had been slow to progress and governance was variable. Leaders recognised the need to take more of a coordinated, strategic approach to evaluation and were beginning to strengthen

reporting arrangements and prioritise areas for improvement. It was too early to see the impact of this during our inspection.

Strategic plans reflected the partnership's priorities, but the activities of some strategic groups were driven by other emerging operational demands. This created a disconnect between how operational staff responded to emerging risks and a strategic understanding of need. Defined arrangements were not yet in place to enable operational managers to inform strategic direction. That made it difficult for the partnership to know the value of some services and how to target resources most effectively.

Governance and reporting structures were clear. Leaders were still strengthening and developing approaches to collaboration and joint planning to help direct service delivery more effectively. The partnership were aware that a revised joint strategic needs assessment was required. This work had not yet been initiated, leaving a gap in their understanding of emerging risk and need.

Elected members received performance and audit reports and critically challenged content when appropriate. Progress reports to elected members offered assurance on how services were delivered and recommended how financial resources should be targeted.

Through the poverty action plan and clearly in line with the partnership vision, the partnership were taking a range of measures to help narrow outcome gaps and tackle poverty. The financial inclusion team had introduced an early years pathfinder project. Health staff working with families with young children ensured that their benefit income was maximised, by referring them to the financial inclusion team. An associated schools pathfinder project was also established. In 2023/24, the project supported 281 families and successfully helped them secure a total of over £1.25m in additional benefits.

Commissioning arrangements

A commissioning officer managed commissioning contracts and provider relationships. The commissioning framework was recently reviewed and brought more in line with strategic plans and the Promise. However, financial planning and commissioning arrangements were not fully aligned and they were not transparent to all partners and commissioned services. The partnership recognised that the commissioning framework would have been further enhanced by an updated joint strategic needs assessment, to enable a better-informed gap analysis and to help target resources more efficiently. The partnership had taken a decision to focus on the experiences of individual people and there was a heavy reliance on case studies to evidence outcomes. As a result, there was less attention paid to service level outcomes and the value that services were providing as a whole.

Leadership of people and partnerships

The majority of staff felt that leaders were highly visible. Leaders recognised the importance of their visibility and were making efforts to be more visible to the workforce.

Staff were clear about the standards of practice expected of them. Most received regular supervision or opportunities to speak with a line manager who supported and challenged them to achieve a high standard of practice. Most were supported to be curious to help keep children and young people safe. Most staff felt listened to and respected and almost three-quarters felt valued for the work that they did.

Leaders identified the staffing requirements necessary to provide a quality service to children and young people. Reliable workforce data was used to inform the deployment of resources to areas of greatest need. Just over one-third of staff believed that leaders had ensured the necessary capacity to meet the needs of children and young people at risk of harm. Workload pressures were experienced by some frontline staff, due to issues with recruitment, retention and funding arrangements. There had been some movement of senior leaders in recent months, but the impact of this was felt less by those who delivered frontline services.

Some strategic groups did not yet have members at a level of seniority to enable appropriate levels of scrutiny, challenge and decision making. In recognition of this and that aspects of decision making had become less collaborative, the partnership had been improving their approach to ensuring all of the right people were in place across strategic groups.

Leadership of improvement and change

In our staff survey, less than half of staff felt that the evaluation of the impact of services had led to their improvement and over one-third of staff said that they did not know. Less than half of staff felt that strategic changes and developments had led to improved outcomes for children at risk of harm, whilst almost the same amount said they did not know. Senior leaders acknowledged that frontline practitioners did not fully understand how the partnership was delivering on its strategic aims, but they were working on improving ways in which this was communicated.

Partners recognised the need to adapt to new environments and do things differently to improve outcomes for children and young people at risk of harm and their families. Through recent cross-cutting Council reviews, there was evidence that chief officers, senior managers and elected members were effectively driving changes in service models, structure, budgets, governance and decision making, with the aim of delivering improvements in outcomes. Although this programme was managed by East Ayrshire council, partners were consulted and the implications of the review extended into how services would be delivered by the wider community planning partnership. This programme was in the very early stages of implementation and it was not yet possible to evidence the difference made to children, young people and their families.

There were examples across the partnership of how mainly process data and performance measures were applied and regularly reviewed. Strategic groups had oversight of multi-agency performance. Management information guided quality assurance and self-evaluation activities, which in-turn helped to inform some service improvements. The limited outcomes data there was, tended to be held at individual service level. A performance reporting system was in place to aid clarity of reporting and capture the progress of improvement actions, but it did not gather outcomes data. East Ayrshire Council were in the early stages of developing a shared performance and monitoring framework. If deployed successfully, this had the potential to help better evidence impact and outcomes. The partnership recognised that there had been some drift in progressing improvement actions, shared responsibilities and ownership. They had effected revised oversight and governance arrangements for the child protection committee and its improvement plan.

Workforce development and support

The partnership had invested in child and wider public protection learning and development activities and there had been some evaluation of impact. There was an increased focus on co-occurring forms of harm and protection across the lifespan. This purposefully helped staff to focus on families as a whole and the need for connectivity between different services. Learning and development for public protection was integrated, with a strategic lead. The post-holder had been on secondment for several months, leaving a gap in leadership and coordination.

There was a recognised need for a better strategic approach to ensuring that training remained trauma focussed. An audit in early 2024 had led to an improvement plan, which was yet to be progressed.

The partnership had invested in models to support frontline practitioners to recognise and respond to risk more effectively, including Safe and Together. Implementation of the model was in its fourth year and it was slow to progress. The partnership had estimated that three-quarters of staff will have completed the training by the end of 2024/25. Safe and together training was highlighted by frontline staff and managers as being helpful in challenging, changing and improving practice around domestic abuse. Aligned with Safe and Together, the partnership had recently committed to the Signs of Safety approach. This was in its very early stages, but provided a promising opportunity to enhance staff skills, and to build more opportunities for collaborative reflection and learning.

Evaluation of the impact on children and young people - quality indicator 2.1

For these inspections we are providing one evaluation. This is for quality indicator 2.1 as it applies to children at risk of harm. When we consider quality indicator 2.1, we take evidence from all four of our inspection statements. This quality indicator, with reference to children at risk of harm, considers the extent to which children and young people:

- feel valued, loved, fulfilled and secure
- feel listened to, understood and respected
- experience sincere human contact and enduring relationships
- get the best start in life.

Evaluation² of quality indicator 2.1: Good

We found a number of important strengths which impacted on children and young people's experiences. We evaluated the impact of services on the lives of children and young people as good. The work of partners was making a positive difference to the lives of children and young people at risk of harm. We identified a few areas for improvement to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible. Partners were already aware of these areas for improvement through self-evaluation.

- Children and young people at risk of harm were safer as a result of effective recognition and initial response to risk and concerns.
- Quality multi-agency training and guidance helped staff to understand what they had to do to work together to keep children and young people safe.
- Almost all children and young people at risk of harm told us that they felt safe where they lived all or most of the time. GIRFEC and child protection arrangements helped staff to keep children and young people safe.
- Children and young people at risk of harm experienced nurturing and respectful relationships with staff. Staff understood the importance of these relationships in supporting positive outcomes for children and young people.
- Most children and young people at risk of harm were listened to and supported to share their views. Staff were creative in the ways in which they helped children and young people of different ages and abilities to express their views.
- Children and young people at risk of harm were benefiting from the support they received from committed and compassionate staff who worked well together.

² See appendix 1 for more information on our evaluation scale.

- Children and young people had some opportunities to inform service planning, delivery and improvement. However, these were inconsistent and were not supported by a comprehensive strategy.

We identified a few areas where the partnership will need to consider how to ensure improved consistency in experiences and outcomes for children and young people at risk of harm.

- Whilst most children and young people at risk of harm had the opportunity to participate fully in decisions affecting them, a few did not. This meant that not all children and young people benefitted equally from meaningful participation in decisions about their own lives.
- Although children and young people at risk of harm were benefiting from the support they received, some did not receive the help they needed at the right time or in a way that fully met their needs.
- It was evident that staff and individual services were providing help and support to children and young people at risk of harm, which made a positive difference to their lives. However, the partnership had limited information from which to demonstrate the difference services were making to the lives of children and young people at risk of harm. They had identified this as an area for improvement.

Conclusion

The Care inspectorate and its scrutiny partners are confident that the partnership in East Ayrshire have the capacity to make changes to service delivery in the areas that require improvement.

This is based on the following factors:

- The partnership had undertaken a range of self-evaluation and quality assurance activities. Many of the findings aligned with the findings of this inspection. The partnership recognised that they had been slow to advance some areas for improvement and that they now needed to be more resourceful in prioritising areas for improvement at a productive pace.
- The partnership were self-aware. They had recognised the need to work differently to improve the outcomes of children, young people and their families and they were taking substantial steps to improve.
- The partnership recognised that they needed to better demonstrate the difference that services were making to the lives of children, young people and their families and they were developing a shared outcomes framework to help enable this.

- Although staff were not all aware of the impact of strategic changes, they were clear about the standards of practice expected of them. They were supported and challenged to achieve a high standard of practice.

What happens next?

The Care Inspectorate will request that a joint action plan is provided that clearly details how the partnership will make improvements in the key areas identified by inspectors. We will continue to offer support for improvement and monitor progress through our linking arrangements.

Appendix 1: The quality indicator framework and the six-point evaluation scale

Our inspections used the following scale for evaluations made by inspectors which is outlined in the [quality framework for children and young people in need of care and protection](#), published in August 2019 outlines our quality framework and contains the following scale for evaluations:

- **6 Excellent** - Outstanding or sector leading
- **5 Very Good** - Major strengths
- **4 Good** - Important strengths, with some areas for improvement
- **3 Adequate** - Strengths just outweigh weaknesses
- **2 Weak** - Important weaknesses – priority action required
- **1 Unsatisfactory** - Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high-quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An evaluation of **adequate** applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance which is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples'

experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected and their wellbeing improves without delay.

Appendix 2: Key terms

Note: more key terms that we use are available in [The Guide](#) to our inspections.

Bairns' Hoose is Scotland's approach to the Icelandic 'Barnahus' model, which means 'children's house'. Bairns' Hoose offers holistic, child-centred support to those who have been victims or witness of abuse and to children under the age of criminal responsibility whose behaviour has caused harm.

Child and adolescent mental health services (CAMHS) are multi-disciplinary teams that provide assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems, as well as training, consultation, advice and support to professionals working with children, young people and their families.

Care and risk management (CARM) are processes which are applied when a child between the ages of 12 and 17 has been involved in behaviours which could cause serious harm to others. This includes sexual or violent behaviour which may cause serious harm. CARM processes are also applicable when an escalation of behaviours suggests that an incident of a seriously harmful nature may be imminent.

Chief Officers Group (COG) is the collective expression for the Local Police Commander and Chief Executives of the local authority and NHS Board in each local area. Chief Officers are individually and collectively responsible for the leadership, direction and scrutiny of their respective child protection services and their Child Protection Committees.

Children and young people'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.

Child protection committee (CPC) is a locally based, inter-agency strategic partnership responsible for child protection policy and practice across the public, private and Third Sectors. Working on behalf of Chief Officers, its role is to provide individual and collective leadership and direction for the management of child protection services in its area.

Contextual safeguarding: an approach that recognises that as young people grow and develop, they are influenced by a whole range of environments and people outside of their family.

Getting it Right for Every Child (GIRFEC) is a national policy designed to make sure that all children and young people get the help that they need when they need it.

Independent advocacy is when the person providing advocacy is not involved in providing the services to the individual, or in any decision-making processes regarding their care.

IRD (IRD) is the start of the formal process of information sharing, assessment, analysis and decision making following reported concern about abuse or neglect of a

child or young person under the age of 18 years, in relation to familial and non-familial concerns. This may include discussion of concern relating to siblings, or other children within the same context, and can refer to an unborn baby that may be exposed to current or future risk. They may also be known as initial referral discussions, or initial referral tripartite discussions.

Joint strategic needs assessment is the means by which local leaders work together to understand and agree the needs of all local people, in order to deliver a strategy which sets priorities for collective action.

Mind of My Own is an app designed to improve the feedback from children and young people. It aids understanding of their identity, wellbeing, and safety. It helps in decision making, as the tool reflects the thoughts of young people and feedback is collected in real time.

Scottish Child Interview Model (SCIM) is a new approach to joint investigative interviewing that is trauma informed. It maintains the focus on the needs of the child in the interview, minimises the risk of further traumatisation and aims to achieve best evidence through improved planning and interview techniques.

Talking Mats is a communication tool. It involves a 'talking mat' that allows Velcro symbols to be placed on it. The aim is to facilitate a topic of discussion using picture cards and the mat.

The Promise Scotland was established to take forward the work of the Independent Care Review. Key outcomes aim to ensure that Scotland's children and young people grow up loved, safe and respected, so they can realise their full potential.

Universal services: is the term given to those services used by the whole population of children and young people, mainly in health and education, including schools and nurseries, GP and health visiting.

Whole System Approach: aims to divert children and young people away from formal Court processes and adult justice systems, recognising that these systems do not best meet the needs of children and young people. This approach was extended to include young people up to the age of 21 years.

Wellbeing web is intended to be an interactive and engaging process to measure outcomes. This tool is based on an affirmative coaching model focusing on people's potential rather than their problems. It is used to support and assist growth and change.

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