

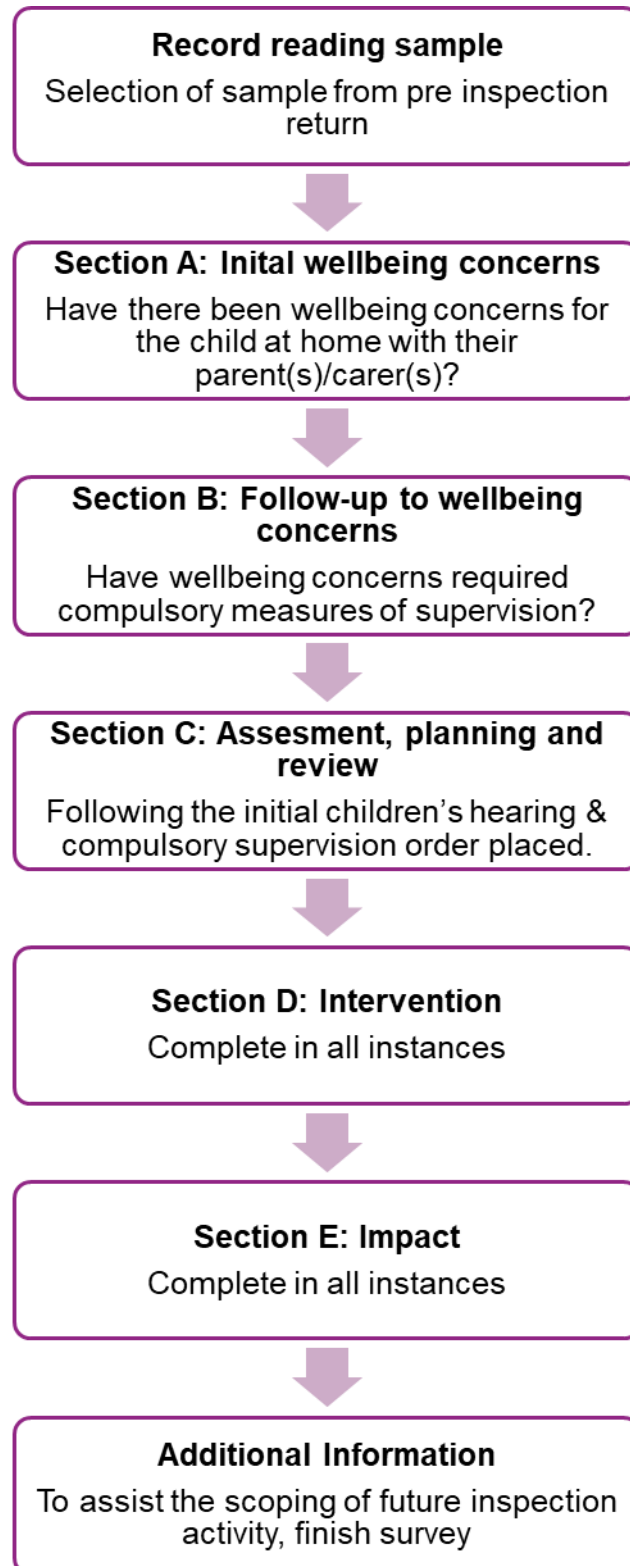
## **Joint inspections of services for children and young people subject to compulsory supervision orders living at home with their parents**

### **Record reading template**

**Publication date: August 2025**

**Publication code 10**

## Record reading process



| Preliminary Information |                                |  |
|-------------------------|--------------------------------|--|
| 0.1                     | Name of record reader          |  |
| 0.2                     | Date record read               |  |
| 0.3                     | Partnership area               |  |
| 0.4                     | Care Inspectorate allocated ID |  |

| Section A   |   |
|---|---|
| Initial wellbeing concerns                          |   |
| <b>A1</b>   | <div> <div>There have been concerns about the wellbeing of the child at home with their parent/carers within the past two years.</div> <div> <div>Yes <input type="checkbox"/></div> <div>No <input type="checkbox"/></div> </div> </div>   |
| <b>If your answer to A1 is no skip to section B</b> |   |
| <b>A2</b>   | <div>Indicate the nature of wellbeing concerns for the child.</div> <div> <b>Tick all that apply</b> <div> <div><input type="checkbox"/> Concerns contact with the child is restricted within the family home</div> <div><input type="checkbox"/> Concerns the child is exposed to or at risk of abuse and/or neglect</div> <div><input type="checkbox"/> Concerns the child is exposed to or at risk from the circumstances and/or behaviours of their parent/carer</div> <div><input type="checkbox"/> Concerns the child is a risk to self or others</div> <div><input type="checkbox"/> Concerns resulting from non-attendance at school</div> <div><input type="checkbox"/> Concerns the child is in conflict with the law</div> <div><input type="checkbox"/> Concerns the child is exposed to or at risk arising from circumstances in the community</div> </div> </div> |
| <b>A3</b>   | <div> <div>There is evidence that attempts were made to work alongside the child and their parent/carers without a compulsory order.</div> <div> <div>Yes <input type="checkbox"/></div> <div>No <input type="checkbox"/></div> <div>Partially <input type="checkbox"/></div> </div> </div>   |
| <b>A4</b>   | <div>Indicate which services provided/offered support to the child and their parent/carers at this initial stage.</div> <div> <b>Tick all that apply</b> <div> <div><input type="checkbox"/> Police</div> <div><input type="checkbox"/> Education</div> <div><input type="checkbox"/> Health</div> <div><input type="checkbox"/> Social work</div> <div><input type="checkbox"/> Third sector service</div> <div><input type="checkbox"/> Other <i>(please state)</i></div> </div> </div>   |
| <b>A5</b>   | <div>Using the rating scale evaluate the quality of the partnership's initial response to wellbeing concerns.</div> <div> <div><input type="checkbox"/> Excellent</div> <div><input type="checkbox"/> Very good</div> <div><input type="checkbox"/> Good</div> <div><input type="checkbox"/> Adequate</div> <div><input type="checkbox"/> Weak</div> <div><input type="checkbox"/> Unsatisfactory</div> </div>  |

| Section B  |   |
|--|---|
| Responding to concerns   |   |
| <b>B1</b>  | <p>Indicate the source of initial wellbeing concerns referred to SCRA.</p> <p><b>Tick all that apply</b></p> <p> <input type="checkbox"/> Police<br/> <input type="checkbox"/> Education<br/> <input type="checkbox"/> Health<br/> <input type="checkbox"/> Social work<br/> <input type="checkbox"/> Third sector service<br/> <input type="checkbox"/> Family member<br/> <input type="checkbox"/> Member of the public<br/> <input type="checkbox"/> Third sector services <i>(please name)</i> _____<br/> <input type="checkbox"/> Other _____ <i>option to add text here</i><br/> <input type="checkbox"/> Not applicable </p>   |
| <b>B2</b>  | <p>There has been an inter-agency referral discussion for the child in the past two years.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  |
| <b>B3</b>  | <p>The child has been subject to child protection registration in the past two years.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>   |
| <b>B4</b>  | <p>The grounds of referral established by the Children's Reporter for the child.</p> <p><b>Tick all that apply</b></p> <p>The statement of grounds reflect the child:</p> <p> <input type="checkbox"/> Is likely to suffer unnecessarily, or the health or development of the child is likely to be seriously impaired, due to a lack of parental care<br/> <input type="checkbox"/> The child is being, or is likely to be, exposed to persons whose conduct is (or has been) such that it is likely that —<br/>             (i) The child will be abused or harmed, or<br/>             (ii) The child's health, safety or development will be seriously adversely affected<br/> <input type="checkbox"/> The child has, or is likely to have, a close connection with a person who has carried out domestic abuse<br/> <input type="checkbox"/> The child has committed an offence<br/> <input type="checkbox"/> The child has misused alcohol or a drug (whether or not a controlled drug)<br/> <input type="checkbox"/> The child's conduct has had, or is likely to have, a serious adverse effect on the health, safety or development of the child or another person<br/> <input type="checkbox"/> The child is beyond the control of a relevant person,<br/> <input type="checkbox"/> The child has failed without reasonable excuse to attend regularly at school<br/> <input type="checkbox"/> Other <i>(please state)</i> _____<br/> <input type="checkbox"/> Not applicable </p> |
| <b>B5</b>  | <p>The initial assessment provided by social work to the children's hearing took account of information from all relevant agencies.</p> <p> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No<br/> <input type="checkbox"/> Not within timescale </p>   |
| <p><b>If your answer to B5 is not within timescale skip to section C</b></p> |   |
| <b>B6</b>  | <p>Indicate which services were involved in the initial multi-agency assessment.</p> <p><b>Tick all that apply</b></p> <p> <input type="checkbox"/> Education<br/> <input type="checkbox"/> Health<br/> <input type="checkbox"/> Social work </p>   |

|   |  |  |
|---|--|--|
|   | <input type="checkbox"/> Third sector service<br><input type="checkbox"/> Other <i>(please state)</i> _____  |  |
| <b>B7</b>   | The child's views contributed to the initial multi-agency assessment.  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| <b>B8</b>   | The parent/carers views contributed to the initial multi-agency assessment.  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| <b>B9</b>   | Using the rating scale evaluate the quality of the initial multi-agency assessment provided to the children's hearing.<br><input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory |  |
| <b>B10</b>  | There is an initial plan which sets out how needs, wellbeing concerns and risks identified in the assessment were to be addressed was provided to the children's hearing.  | <input type="checkbox"/> Yes, multi agency<br><input type="checkbox"/> Yes, single agency<br><input type="checkbox"/> No |
| <b>If your answer to B10 is no, skip to section C</b> |  |  |
| <b>B11</b>  | The child's views contributed to their plan.   | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Not applicable <input type="checkbox"/>                      |
| <b>B12</b>  | The parent/carers views contributed to their child's plan.   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| <b>B13</b>  | Using the rating scale evaluate the quality of the initial plan provided to the children's hearing.<br><input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory                    |  |

| <b>Section C</b><br><b>Assessment, Planning and Reviewing</b>                     |   |   |
|---|---|---|
| Following the initial children's hearing and compulsory supervision order placed. |   |   |
| <b>C1</b>   | It is evident from the records that the child has been provided with the opportunity to have a health assessment.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Too early to tell   |
| <b>C2</b>   | There is an up-to-date assessment that considers the needs, wellbeing concerns and risks.   | <input type="checkbox"/> Yes, multi agency<br><input type="checkbox"/> Yes, single agency<br><input type="checkbox"/> No<br><input type="checkbox"/> Not applicable |
| <b>If your answer to C2 is no or not applicable skip to C4</b>                    |   |   |
| <b>C3</b>   | Use the rating scale to evaluate the quality of the up-to-date assessment of needs, wellbeing concerns and risks.<br><input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory |   |
| <b>C4</b>   | There is an up-to-date plan which sets out how needs, wellbeing concerns and risks identified in the assessment are to be addressed.  | <input type="checkbox"/> Yes, multi agency<br><input type="checkbox"/> Yes, single agency<br><input type="checkbox"/> No  |
| <b>If your answer to C4 is no skip to C6</b>                                      |   |   |
| <b>C5</b>   | Use the rating scale to evaluate the quality of the up-to-date plan.<br><input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory  |   |
| <b>C6</b>   | There is evidence local authority reviews have taken place.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Too early to tell   |
| <b>If your answer to C6 no or too early to tell skip to C14</b>                   |   |   |
| <b>C7</b>   | Local authority reviews have been held within the expected timescales.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> Yes, but not within timescales<br><input type="checkbox"/> No  |
| <b>C8</b>   | There is evidence the role of the chair is carried out effectively.   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| <b>C9</b>   | There is evidence services supporting the child were invited and included in the review process.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> Some but not all<br><input type="checkbox"/> No  |
| <b>C10</b>  | The child contributed to reviews and their views about decisions were respected.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not applicable  |

|   |  |                              |                             |
|---|--|------------------------------|-----------------------------|
| <b>C11</b>  | The parent/carers contributed to reviews and their views about decisions were respected.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>C12</b>  | There are written records of reviews which show progress/challenge.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>C13</b>  | Use the rating scale to evaluate the quality of reviews.<br><input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory   |                              |                             |
| <b>C14</b>  | Length of time the child has been subject to the CSO when living at home with their parent/carers.<br><input type="checkbox"/> 0-6 months<br><input type="checkbox"/> 6-12 months<br><input type="checkbox"/> 12-18 months<br><input type="checkbox"/> 18-24 months<br><input type="checkbox"/> Longer than 24 months  |                              |                             |
| <b>C15</b>  | Throughout the period of the CSO the child has remained at home with their parent/carers.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>If your answer to C15 is yes skip to section D</b> |  |                              |                             |
| <b>C16</b>  | The number of times the child moved during the period of their CSO at home.<br><input type="checkbox"/> 0<br><input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 or more  |                              |                             |
| <b>C17</b>  | Indicate the nature of the child's move.<br><b>Tick all that apply</b><br><input type="checkbox"/> Move from one parent to another<br><input type="checkbox"/> Move to other family member or friend of the family<br><input type="checkbox"/> Move to the care of a fostering family<br><input type="checkbox"/> Move to residential childcare (children's house)<br><input type="checkbox"/> Move to secure care |                              |                             |

| Section D<br>Intervention |  |   |
|---------------------------|--|---|
| <b>D1</b>                 | It is evident from the records that a health assessment identified the individual health needs for the child. Use the rating scale to evaluate the effectiveness of intervention(s) in meeting the identified needs.       | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory<br><input type="checkbox"/> Not applicable |
| <b>D2</b>                 | Use rating scale to evaluate the effectiveness of work with the child and family to secure a stable and caring home environment.   | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory  |
| <b>D3</b>                 | It is evident from records that referrals made resulted in a service being provided to the child.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unclear<br><input type="checkbox"/> Offered not accepted<br><input type="checkbox"/> Not applicable   |
| <b>D4</b>                 | Use the rating scale to evaluate the effectiveness of intervention(s) in meeting identified needs and/or risks.  | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory  |
| <b>D5</b>                 | If the child has been separated from family during the CSO at home being in place, use the rating scale to evaluate the effectiveness of the support given to maintain their relationship with their parent/carers.        | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory<br><input type="checkbox"/> Not applicable |
| <b>D6</b>                 | If the child has been separated from family during the CSO at home being in place, use the rating scale to evaluate the effectiveness of the support given to maintain their relationship with their brothers and sisters. | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory<br><input type="checkbox"/> Not applicable |
| <b>D7</b>                 | If there was noted non-attendance at school use the rating scale to evaluate the effectiveness of the support given to improve and maintain attendance.  | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory<br><input type="checkbox"/> Not applicable |



| Section E  |  |   |
|--|--|---|
| The impact of work with children and parent/carers |  |   |
| <b>E1</b>  | The child has had an opportunity to develop a relationship with a key member of staff.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Too early to tell<br><input type="checkbox"/> Not applicable  |
| <b>E2</b>  | The child's parent/carers had an opportunity to develop a relationship with a key member of staff.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Too early to tell   |
| <b>E3</b>  | Use the rating scale to evaluate how well the child has been listened to, heard and included by staff.   | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory<br><input type="checkbox"/> Not applicable |
| <b>E4</b>  | Use the rating scale to evaluate how well the parent/carers have been listened to, heard and included by staff.  | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory<br><input type="checkbox"/> Not applicable |
| <b>E5</b>  | Use the rating scale to evaluate the effectiveness of work carried out to reduce the concerns related to contact with the child being restricted within the family home.   | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory<br><input type="checkbox"/> Not applicable |
| <b>E6</b>  | Use the rating scale to evaluate the effectiveness of work carried out to reduce the concerns related to the child being exposed to or at risk of abuse and/or neglect.  | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory<br><input type="checkbox"/> Not applicable |
| <b>E7</b>  | Use the rating scale to evaluate the effectiveness of work carried out to reduce the concerns related to the child being exposed to concerns or at risk from the circumstances and/or behaviours of their parent/carers. | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory<br><input type="checkbox"/> Not applicable |
| <b>E8</b>  | Use the rating scale to evaluate the effectiveness of work carried out to reduce the concerns related to the child being a risk to self or others  | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory<br><input type="checkbox"/> Not applicable |
| <b>E9</b>  | Use the rating scale to evaluate the effectiveness   | <input type="checkbox"/> Excellent  |

|            |   |   |
|------------|---|---|
|            | of work carried out to reduce the concerns resulting from the child's non-attendance at school.   | <input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory<br><input type="checkbox"/> Not applicable                                       |
| <b>E10</b> | Use the rating scale to evaluate the effectiveness of work carried out to reduce the concerns related to the child being in conflict with the law.                                      | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory<br><input type="checkbox"/> Not applicable |
| <b>E11</b> | Use the rating scale to evaluate the effectiveness of work carried out to reduce the concerns related to child being exposed to or at risk arising from circumstances in the community. | <input type="checkbox"/> Excellent<br><input type="checkbox"/> Very good<br><input type="checkbox"/> Good<br><input type="checkbox"/> Adequate<br><input type="checkbox"/> Weak<br><input type="checkbox"/> Unsatisfactory<br><input type="checkbox"/> Not applicable |

**Additional detail (max 100 words)**

**Essential Comments:** Only use this space to make essential comments on anything that has not already been captured elsewhere on the template which will inform future inspection activity and/or identify themes. This is not a space to provide rationale for answers to previous questions.

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