

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

Record reading guidance

Publication date: August 2025

Publication code 11

Introduction

The joint inspections of services for children takes a focused look at children and young people subject to compulsory supervision and living at home with their parents. We will consider the views and experiences of children, young people, their families and professionals involved in their care provision and planning. We will focus on three **key lines of enquiry**.

1. Children and young people are well supported to live with their families. This support helps to keep them safe, overcome difficulties and make a positive difference in their lives.
2. The services children and young people receive are well planned and delivered in a way which is compassionate and by staff who put children and young people at the heart of decision-making. People in the workforce ensure that children, young people and parents are meaningfully listened to, heard and included.
3. Leaders and managers work well together to create and maintain a joined-up system of care which delivers the right services to each child at the right time. This provides children and young people and the workforce with help, support and accountability.

Throughout our joint inspection activity, we will consider the planning and progress by children's services partnerships as they work towards fulfilling [The Promise Plan](#), incorporating its language. One Promise Foundation stresses the importance of providing timely support to keep families together, ensuring children can safely remain with their families. By reviewing the records of children under compulsory supervision orders who are living at home with their parents, we aim to identify factors that enhance or hinder positive outcomes for these children and young people. Our findings will include an evaluation of how effectively the [United Nations Convention on the Rights of the Child](#) (UNCRC) informs decision-making processes to support these children.

The [GIRFEC national practice model](#) focused on upholding children's rights, as per the UNCRC, underlies all children's work in Scotland, promoting a consistent assessment and planning approach. All record readers should have a clear understanding that the record reading template and guidance should be interpreted in the context of the GIRFEC approach.

As part of the inspection process, members of the joint inspection team (representing the Care Inspectorate, Education Scotland, His Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland) and **local record readers** undertake the reading and review of children's records.

Why do we read records?

To assess practice and evaluate the effectiveness of compulsory measures, individual children's records are read. Reviewing children's records helps the inspection team to understand more about the use of the legal process for children

and young people at home with their parent(s). The findings serve as one piece of evidence collected during the inspection and, together with other parts of our methodology, help us determine how effectively children, young people, and their families are supported through collaborative efforts across services.

Within the record-reading template, various questions focus on the views and involvement of children, young people, and their families. These questions aim to enhance our understanding of children's experiences and complement the broader information gathered through direct conversations with children, young people, and families.

Whose records do we read?

We read the records of children and young people for whom community planning partnerships hold corporate parenting responsibilities, specifically focusing on those children who are, or have been, subject to compulsory supervision orders while living at home with their parents.

Acknowledging the varying legal definitions of "child," we use the term in this context to encompass children and young people under the age of 18. This includes young people who are now over the age of 18 years but were under the age of 18 at the point of involvement with services within the last two years.

We read records from agencies including SCRA, social work, police, health, and education. When reviewing these records, we assess the multi-agency response and consider the contributions of all relevant professionals. It is not necessary to look at all the records provided for every question in the record reading template

How are records selected?

Early in the inspection process, the partnership is requested to provide a list of children and young people who meet the specified criteria as of an agreed date. From this list, a sample is selected for review. This sample is a representative stratified sample, selected independently by the Care Inspectorate's Intelligence Team.

What is the legal basis for reading children's records for inspections?

The [Public Services Reform \(Scotland\) Act 2010](#) S.115 provides the legislative basis for joint inspections. This, along with the Public Services Reform (Joint Inspections) (Scotland) Regulations 2011 enables inspectors to require and review children's records for the purposes of the joint inspection.

How is the confidentiality of children and families maintained?

Prior to joint inspections, a data protection impact assessment is conducted to outline the specific and comprehensive measures in place to protect all data. It is

essential for record readers to recognise the importance of safeguarding the child and family's right to privacy, a fundamental human rights principle (refer to Article 16 of the UNCRC). The Health and Social Care Standards highlight the principles of dignity and respect, emphasising the importance of upholding human rights. This commitment is mirrored in the Care Inspectorate's updated core values: "We value everyone's dignity and are respectful in everything we do."

The Public Services Reform (Scotland) Act 2010 S.117(3) established a **duty of confidentiality**, requiring authorised persons not to disclose or use confidential information except for inspection purposes. To ensure that the duty of confidentiality is upheld, the following arrangements are essential during the record reading process:

- Record reading, whether conducted onsite or virtually, must take place in a confidential and quiet setting.
- Information should not be discussed with others, either within the record reading team (except with the inspection lead, deputy, or moderator) or outside the team.
- Any notes taken during the record reading must be destroyed at the conclusion of the record reading task.
- Specific measures are arranged to maintain confidentiality when records are read, whether onsite or virtually. These arrangements are communicated ahead of the record reading task.
- Local record readers should avoid reading records they are already familiar with, and they must notify the inspection lead if this situation arises.

It is important to understand that legislation may permit the disclosure of confidential information in particular circumstances, such as complying with a court order, protecting the welfare of a child or adult at risk, or assisting with crime prevention or the apprehension of offenders. If concerns arise about the immediate safety of a child or vulnerable adult during the record reading process, a discussion with the inspection lead or deputy should occur as soon as possible. If the inspection lead or deputy deems it necessary, the **matters of serious concern** process will be initiated, and the issue will be raised with the designated contact person from the partnership. The inspection lead or deputy will take the primary role in sharing information if deemed necessary.

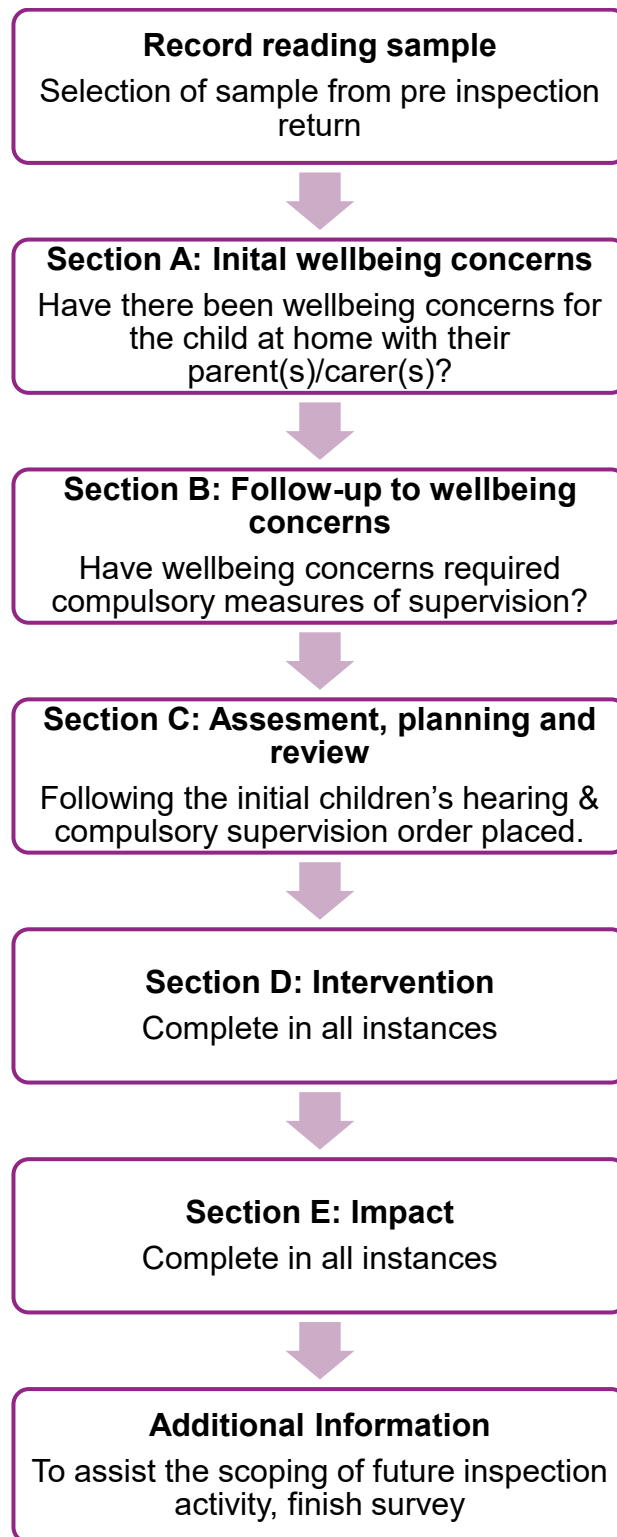
How do we read records?

The record reading template follows a structured sequence, as illustrated in diagram 1. This approach ensures consistency among the record reading team, using guidance to complement professional judgement without replacing it.

- Our focus is on the practice within the two years preceding the agreed date to ensure that findings are relevant, helpful, and current.
- While reading information, we concentrate on the individual child. In cases where records, such as police reports, include information about siblings, our focus remains on the individual child.

- The template includes questions with binary answers, requiring judgements based on the guidance. Selecting **yes** implies "**on balance, I agree that this statement is true.**" In such questions it is essential to note the difference between selecting **no** and **not applicable**.
- Throughout the record reading some questions require the use of the rating scale (page 8) to evaluate the record. Referring to guidance and the rating scale is essential in making an evaluation.
- Ratings of **excellent** and **unsatisfactory** must always be discussed with the inspection lead or deputy for moderation purposes and to highlight any concerns or exemplary examples.

Diagram 1: Record reading review sequence



Rating Scale

Some questions in the record reading template require record readers to evaluate using a six point scale. This is the six point rating scale.

| | |
|-----------------------|---|
| Excellent | An evaluation of excellent will indicate that there is agreement with all of the statements where they are appropriate. All of the areas are very strong. There are a number of features above the normal standard of practice and these aspects together should ensure an extremely high-quality experience for the child (and any other people as appropriate). A rating of excellent indicates clear evidence of an outstanding level of professional competence. |
| Very Good | An evaluation of very good will indicate that there is agreement with all of the statements where they are appropriate. There are no weak areas and there are areas of real strength. Practice is of a high standard and should demonstrate professional competence which exceeds an acceptable level. |
| Good | An evaluation of good will indicate that there is agreement with almost all of the statements where they are appropriate. There are a few weaker areas which could be strengthened. Practice is of a good standard in most aspects and should still demonstrate an entirely acceptable level of professional competence. |
| Adequate | An evaluation of adequate will indicate that there is agreement with most of the statements where they are appropriate but there are some areas of weakness. These weaker areas have, or are likely to have, reduced the quality of the child's experience. A rating of adequate should demonstrate a basic level of competence and practice could be strengthened. |
| Weak | An evaluation of weak will indicate that there is a lack of agreement with more than half of the statements where they are appropriate. Some key areas are weak. There is a lack of professional competence in key areas and/or services are not working together effectively. |
| Unsatisfactory | An evaluation of unsatisfactory will indicate that there is agreement with only a minority of the statements where they are appropriate. There are major weaknesses. Practice is compromised and/or there may be a risk to the wellbeing of the child (or other people) due to one or more of the following: key professionals demonstrate a lack of professional competence; services are not working effectively together; critical resources are not made available; insufficient attention has been given to key areas. |

| | |
|--|---|
| Preliminary information | |
| We do not include factual information (for example age of the child) in this section. This information is provided by the partnership using the pre-inspection return. | |
| 0.1 | Name of record reader: Enter your own name |
| 0.2 | Date record read: Enter the date you are reading the record |
| 0.3 | Partnership area: Enter the local authority area |
| 0.4 | Care Inspectorate allocated ID: Enter the ID which the Care Inspectorate has given to the record. This is not the same as the number or code given by the local authority or the NHS. |
| NB: The child or young people should be or have been subject to a compulsory supervision order, including an interim order, in the two years preceding the agreed date when living with their parent(s) and the partnership should include the responsible local authority for the child. | |

| | |
|--|--|
| Section A: Initial wellbeing concerns. | |
| In this section we examine the circumstances leading to consideration of compulsory measures of supervision for children cared for by their parent/carer at home. | |
| This relates to children and young people who have been referred to the Scottish Children's Reporter Administration (SCRA) for consideration of, or who are already subject to a Compulsory Supervision Order and for whom concerns remain. | |
| <i>Examples:</i> | |
| <ul style="list-style-type: none"> • A referral or welfare concern reported to SCRA from a universal service, 3rd sector service or member of the public. • A referral or welfare concern reported to SCRA from police or social work. • A lead professional has identified accumulating concerns for a child or young person already subject to a Compulsory Supervision Order and has reported these to SCRA requesting an earlier Hearing. • A referral or welfare concern reported to SCRA from police for a child or young person already subject to a Compulsory Supervision Order and who has come to their attention. | |
| A1 | There have been concerns about the wellbeing of the child at home with their parent/carers within the past two years. |
| <p>When we say a child living at home with a parent, we mean a child who has lived at home with at least one parent within the last two years.</p> <p>When we refer to parent/carers we mean birth or adoptive parents and parents' partners where they are not the child's parent but reside with them and have a significant caring role. We do not mean formal carers for example a foster carer who provides respite care or a kinship carer.</p> <p>Indicate whether there have been wellbeing concerns in the past two years (preceding the agreed date).</p> <p>An example of when selecting no and skipping to section B would be appropriate: It has not been possible to find details of a referral of wellbeing concern being reported to SCRA</p> | |
| A2 | Indicate the nature of wellbeing concerns for the child. (Tick all that apply). |
| When we say the wellbeing concerns here (and all of section A), we refer to the concerns that triggered the referral to SCRA or those that resulted in the current order being imposed. | |

More than one concern can be selected. Use your professional judgement to identify all the concerns that triggered the referral to SCRA.

- **Concerns contact with the child is restricted within the family home** includes where services have been trying to work with the family on a voluntary basis but are struggling to engage or see the child on a regular basis and as a consequence there are concerns about the child's wellbeing and development. This also includes situations where access to the child is given to services but the parent or carer is limiting interaction in a way that may hinder improvements in the child's wellbeing and development being achieved.
- **Concerns that the child is exposed to or at risk of abuse and/or neglect** includes all emotional, physical, sexual abuse; neglect, whether one significant incident or accumulation. This also includes risk of online abuse; child sexual exploitation; criminal exploitation; child trafficking; honour-based abuse; forced marriage and female genital mutilation and circumstances where a child has or is likely to have a close connection with a person who has committed a schedule 1 offence, or an offence under Part 1, 4 or 5 of the Sexual Offences (Scotland) Act 2009.
- **Concerns the child is exposed to or at risk from the circumstances and/or behaviours of their parent/carers** includes domestic abuse; parent/carers problematic alcohol/drug use; parent/carers mental or emotional health concerns; parent/carers in conflict with the law; non-engagement or parental reluctance to engage.
- **Concerns that the child is a risk to self or others** includes risk of harm to others such as: risk of serious physically, sexually or psychologically harmful behaviour to others; or the young person is at risk of (or has) harmed themselves, including suicidal ideation or attempts; self-harm; child going missing from home; child involved in problematic alcohol/drug use; child taking significant risks through online activities.
- **Concerns resulting from non-attendance at school** includes where the child has not attended school regularly and there is no reasonable explanation for this.
- **Concerns the child is in conflict with the law** includes children and young people over the age of criminal responsibility who are suspected of committing a crime or an offence. The age of criminal responsibility in Scotland is 12 years old. This means a child under the age of 12 cannot be arrested, charged or prosecuted for a crime.
- **Concerns that the child is exposed to or at risk arising from circumstances in the community** includes homelessness; poverty and deprivation; child sexual exploitation; child trafficking; criminal exploitation; online abuse; honour-based abuse; forced marriage; female genital mutilation. This also includes risks arising as a result of the child's or parents/carers' association with others in the community, including going missing from home; engaging in alcohol/drug abuse; anti-social behaviour or being in conflict with the law in the community.

Understanding the links between children at risk to themselves or others and their wellbeing needs or risks in their family or community setting is important. These lists are not exhaustive, and clarification of terms can be found in legislation and the national child protection guidance.

A3

There is evidence that attempts were made to work alongside the child and their parent/carers without a compulsory order.

Consider the extent to which services have made attempts to engage the family in support on a voluntary basis to address concerns and make improvements in the child's health and wellbeing. The [Getting It Right For Every Child National Practice Model](#) (GIRFEC national practice model) should underpin how agencies work together with families to plan and provide support.

Legislation and national guidance acknowledge that compulsory measures may not always be necessary. [National guidance for child protection in Scotland](#) states compulsion may not be needed where the child and family have accepted that there is a problem and are already working with agencies. [The Children's Hearings \(Scotland\) Act 2011](#) section 28 (2) stipulates that the children's hearing may make an order only if the children's hearing considers that it would be better for the child to have this than not. This is also known as the "No Order" principle.

- Select **yes** if there is evidence that all or almost all appropriate services made a coordinated effort to engage with and support the family in order to improve the child's health and wellbeing before

| | |
|-----------|--|
| | <p>referring to SCRA. There was appropriate information sharing and a clear support plan. Decisions about support also took into account and reflected the family and child's views and wishes.</p> <ul style="list-style-type: none"> • Select partially if there is evidence that attempts were made to engage the family in support but that this only related to some services and lacked the coordination necessary to effectively improve the child's circumstances. There may have been a plan in place but the roles and responsibilities were not clearly defined. There was some recording of the family and child's views and wishes but not necessarily reflected in decisions about support. • If there is no evidence of support being offered to the family beyond that which is routinely provided by universal services, select no. |
| A4 | <p>Indicate which services provided/offered support to the child and their parent/carers at this initial stage. (Tick all that apply).</p> |
| | <p>A key principle of the GIRFEC national practice model is offering support to children, young people, and families when needed, until improvements are seen, helping them reach their full potential. Identifying the services involved in providing early help allows for better understanding of how preventative measures were being used to support families. Examples of early help include breakfast clubs, school-based clubs and activities for the child or their parents/carers, health-focused community initiatives and projects, school counselling, and voluntary sector family or youth support services, including voluntary social work support.</p> <p>Select all services that provided or offered support to the child and their family.</p> |
| A5 | <p>Use the rating scale to evaluate the quality of the partnership's initial response to wellbeing concerns.</p> |
| | <p>Using your professional judgement and the rating scale evaluate the quality of the partnership's initial response to wellbeing concerns. Consider the extent to which:</p> <ul style="list-style-type: none"> • There was evidence of attempts to work alongside the child and their parent/carers without a compulsory order. • Staff worked together with the family and child demonstrating a rights-respecting, strengths based, and inclusive approach to engagement. • Staff placed the child and their family at the heart, promoting choice and full participation in decisions about support. • Staff used electronic and other written records to gather relevant information to inform support. • Staff across services communicated effectively and took a collaborative approach. • The help provided by services could have reasonably been expected to support improvements in the child's health and wellbeing without the need for a compulsory order. |

Section B: Response to concerns.

In this section we examine what happened once the option to work alongside the child and their family on a voluntary basis was deemed unsuccessful. Services assessed formal referral to SCRA, for consideration of the requirement of compulsory measures of supervision, was required.

When we consider the grounds of referral these are the initial grounds which secured the compulsory order. When we consider the assessment this is the **initial assessment** which informed the decision of the children's hearing to make the child subject to a compulsory supervision order at home with their parent/carer. As always we only consider the two years preceding the agreed date.

B1 **Indicate the source of initial wellbeing concerns referred to SCRA.**

Consider the source of the initial wellbeing concern referred to SCRA where this has been made within the two year period prior to the agreed date. This will be **the concerns that triggered further investigation by SCRA and led to a Children's Hearing**.

More than one selection can be made for the source of the referral. Use your professional judgement to identify the concern that triggered further investigation/assessment. For example:

- An incident in the community might have triggered a referral to SCRA from a member of the public and the police.
- A family member may have reported a wellbeing concern to SCRA and social work have subsequently also raised a concern with SCRA.

Only select **not applicable** where you are unable to locate any further referral or wellbeing concern being reported to SCRA. An example would be where a child was already made subject to compulsory supervision order prior to the two-year period.

B2 **There has been an inter-agency referral discussion for the child in the past two years.**

The national child protection guidance defines an IRD as, *"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 [including an unborn baby], in relation to familial and non-familial concerns."*

- Select **yes** if (within the past two years of the agreed date) there has been a discussion, to commence a protective process i.e. child protection, care and risk management, or vulnerable young person's process.
- IRDs usually involve health, police, and social work and possibly education. Even if a key agency has not been present but an IRD has occurred, select **yes**.
- Select **no** if there has not been a discussion about the concerns on an inter-agency basis that considered a response to risks of harm in respect of the child.

B3 **The child has been subject to child protection registration in the past two years.**

A child protection planning meeting (also known as a CPPM or previously as a child protection case conference) may place a child or young person's name on the child protection register if there are reasonable grounds to believe or suspect that a child has suffered or will suffer significant harm from abuse or neglect, and that a child protection plan is needed to protect and support the child.

- Select **yes** if there is evidence that the child has been subject to a child protection plan in the last two years.
- Select **no** if there is no evidence that the child has been subject to a child protection plan in the last two years.

B4 **The grounds of referral established by the Children's Reporter for the child.**

If a Children's Reporter (acting on behalf of SCRA) considers that a compulsory supervision order may be necessary for a child or young person, they will prepare a 'statement of grounds'. This states the ground that the reporter believes applies to the child or young person. It also states the facts on which

their belief is based. The full list of grounds are set out section 67(2) of the Children's Hearings (Scotland) Act 2011. The Reporter can include more than one ground.

Grounds information should be visible in the communication from SCRA.

- Select **all** of the grounds identified by the Children's Reporter in relation to the child or young person.
- Where the relevant ground is not provided as an option select **other** and type the ground into the text box.
- Only select **not applicable** where you are unable to locate any grounds established by the Children's Reporter in the two-year period prior to the agreed date.

| | |
|-----------|---|
| B5 | The initial assessment provided by social work to the children's hearing took account of information from all relevant agencies. |
|-----------|---|

In arranging a children's hearing, the children's reporter will request an assessment from the local authority social work service about the child generally and any particular matter relating to the child specified by the children's reporter. The social work service has a duty to provide what information they know from their records as well as any other information shared with them by other services or individuals.

- Select **yes** if there is evidence that the assessment provided to the initial children's hearing reflects what information is known about the child or young person by universal and other services.
- Select **no** if the assessment provided to the children's reporter reflects only social work information.
- Select **not within timescale** if the initial assessment was completed more than two years prior to agreed date, **Skip to section C** where you will be asked to consider the most recent assessment.

| | |
|-----------|--|
| B6 | Indicate which services were involved in the initial multi-agency assessment. |
|-----------|--|

Information should be gathered from all appropriate sources including police, health, social work, education and anyone else working with the child. Named persons or the professional point of contact within universal services if relevant should be kept up to date and appropriately informed and involved.

Involvement may take different forms, depending on the partnership area. Examples include participation in a multi-agency meeting to prepare the assessment and agree recommendations; direct contribution to the written assessment; and the sharing of written and verbal information with the social worker leading the assessment.

Select **all** services who contributed to the assessment presented to the initial children's hearing.

| | |
|-----------|--|
| B7 | The child's views and experiences contributed to the initial multi-agency assessment. |
|-----------|--|

During assessments, children should be helped to understand what is happening and how their views and wishes can contribute to the assessment. The GIRFEC national practice model and national child protection guidance outlines that children's views must be sought and listened to at every stage of the process.

The national child protection guidance highlights Article 12 of the UNCRC, which states that children have the right to express their views, feelings and wishes in all matters affecting them and have their views considered and taken seriously. There is no age limit on this right and professionals should presume that a child has the capacity to form their own views and has the right to express them. Independent advocacy, translation or communication support may be needed.

There should be recognition of, and respect for, non-verbal forms of communication including play, body language, facial expressions, and drawing and painting, through which very young children demonstrate understanding, choices and preferences.

- Select **yes** if it is clear that the views and experiences of the child were fully or mostly considered within the assessment presented to the initial children's hearing.

| | |
|-----------|---|
| | <ul style="list-style-type: none"> Select no if views and experiences were not considered or were only considered in a very limited or tokenistic manner. |
| B8 | <p>The parent/carers views contributed to the initial multi-agency assessment.</p> <p>The GIRFEC national practice model and national child protection guidance outlines that parent's and carers views must be sought and listened to at every stage of the process. There should be recognition that translation or other communication support may be needed.</p> <ul style="list-style-type: none"> Select yes if the views of all parent/carer were considered within the assessment presented to the initial children's hearing. There are some situations where it would not be appropriate for every parent/carer to contribute, for example if this would place the child (or adult) in further danger or if they have no role in the child's life. In such instances they should be excluded from consideration and select yes if the other parent contributed. Select no if the views of parent/carer have not been considered or were only considered in a very limited or tokenistic manner. |
| B9 | <p>Using the rating scale evaluate the quality of the initial multi-agency assessment provided to the children's hearing.</p> <p>The multi-agency assessment is an important part of the children's hearing process. This means the initial assessment. It should support the children's hearing panel members to make informed decisions in the best interests of the child.</p> <p>Using your professional judgement and the rating scale evaluate the quality of the assessment presented to the initial children's hearing.</p> <p>Consider to what extent the following statements are true:</p> <p>Involving children and families:</p> <ul style="list-style-type: none"> The child's rights, feelings, thoughts and experiences have been considered, appropriate to their stage of development and included in the assessment. Parents/carers' views are explored, considered, and included in the assessment. The child's present and future need for relationships with those who are important to them, including siblings, are fully outlined. There has been exploration of the involvement of wider family members. Consideration has been given to the age, stage, language and culture of the child and adults involved. Consideration has been given to any communication/support needs to ensure that the child and parents/carers have been able to participate fully in decisions and stages of the process. <p>Assessment content:</p> <ul style="list-style-type: none"> The assessment is up to date and present circumstances explored including the child's home life, school and social networks. A chronology supports the exploration of any relevant historical factors, including trauma and patterns of behaviour and how these have impacted on the child's wellbeing and development. The needs, strengths and risks for the child are central to the assessment. Information from all relevant agencies is included and any specialist aspects of assessment and support are integrated. All of the wellbeing indicators are considered. There is consideration of whether there is anything getting in the way of the child's development, what else might need to be done to support the child and any barriers to achieving this. The need for formal/compulsory measures or legal options is fully explored with a clear recommendation about what needs to happen to support the child. <p>Assessment style:</p> <ul style="list-style-type: none"> The assessment is analytical and the impact of risks, needs and protective concerns relating to the child have all been considered. The assessment is accurate, easy to read and understand. The child's story can be followed, enabling the child and parents/carers to read and understand the report. |

- There is evidence of up-to-date knowledge, theory, research and appropriate assessment tools used.
- The written style is trauma informed and language is respectful of the child and their family experiences.

Additional rating notes:

Excellent – as well as the description on the scale, an evaluation of excellent will indicate that the assessment provides a high level of and/or original insight into the child's situation and analysis of risks and needs.

Weak – as well as the description on the scale, an evaluation of weak will indicate that risks and needs are listed without any analysis of the impact on this child.

Unsatisfactory – as well as the descriptions on the scale, an evaluation of unsatisfactory will indicate that key information is inaccurate or out of date and/or important areas of risk and need for this child are overlooked.

| | |
|------------|---|
| B10 | 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. |
|------------|---|

There are local variations in the titles and formats of plans. The plan may be part of an overarching "child's plan" document which combines the assessment and plan. In other areas the plan may be separate to the assessment document.

Regardless of format, the plan should set out the proposed help and interventions needed to support and inform the decision making of the children's hearing panel members.

Please note that responses should be based on the plan which would have been submitted alongside the assessment for the purposes of the initial children's hearing.

- Select **yes multi-agency** when there is a plan that has been developed collaboratively and includes actions for a range of partners.
- Select **yes single agency** when the plan has been developed by one agency and is not collaborative in nature.
- Select **no** if there is no evidence of a plan within the child's records having been part of the papers provided to the children's hearing and **skip to section C**.

| | |
|------------|---|
| B11 | The child's views contributed to their plan. |
|------------|---|

The GIRFEC national practice model and national child protection guidance outlines that children's views must be sought and listened to at every stage of the process.

The national child protection guidance draws us to Article 12 of the UNCRC, which states that children have the right to express their views, feelings and wishes in all matters affecting them and have their views considered and taken seriously. There is no age limit on this right and professionals should presume that a child has the capacity to form their own views and has the right to express them.

Independent advocacy, translation or communication support may be needed. This may include non-instructive advocacy when an advocate acts on behalf of someone who is unable to give clear instructions or make decisions due to issues such as communication difficulties, cognitive impairments, or their young age (i.e. babies and infants).

There should be recognition of, and respect for, non-verbal forms of communication including play, body language, facial expressions, and drawing and painting, through which very young children demonstrate understanding, choices and preferences.

- Select **yes** if it is clear that the views and experiences of the child contributed to the plan presented to the initial children's hearing.
- Select **no** if views and experiences were not reflected in the plan or only in a very limited or tokenistic manner.
- Select **not applicable** only in exceptional circumstances, for example if the child is an unborn baby or very young child.

| | |
|---|--|
| B12 | The parent/carers views contributed to their child's plan. |
| <p>The GIRFEC national practice model and national child protection guidance outlines that parent's and carers views must be sought and listened to at every stage of the process. There should be recognition that translation or other communication support may be needed.</p> <ul style="list-style-type: none"> • Select yes if the views of all parents/carers contributed to the plan presented to the initial children's hearing. There are some situations where it would not be appropriate for every parent/carer to contribute, for example if this would place the child (or adult) in further danger or if they have no role in the child's life. In such instances they should be excluded from consideration and select yes if the other parent contributed. • Select no if the views of parents/carers were not reflected in the plan or only in a very limited or tokenistic manner. | |
| B13 | Using the rating scale evaluate the quality of the initial plan provided to the children's hearing. |
| <p>The GIRFEC national practice model and the Promise Plan places the experiences of children and young people and their families at the heart of all action. There are several factors which should be taken into account when considering the quality of the child's plan. The plan should address immediate and short-term risks/needs as well as longer term risks/needs to the child. For the avoidance of drift and uncertainty of purpose, it is recommended that the plan's objectives be Specific, Measurable, Attainable, Relevant, Timebound, Evaluated and Re-evaluated (SMARTER). Interventions should be proportionate and linked to intended outcomes in ways understood by all involved, especially the child and parents/carers.</p> <p>Using your professional judgement and the rating scale consider the extent to which the plan:</p> <ul style="list-style-type: none"> • Is up to date. • Is holistic and tailored to the individual child's needs and context. • Is a joint document and shared by the family and all of the agencies involved with the child. • Is developed in collaboration and consultation with the child and their parents/carers. • Links actions to intended improvements in wellbeing and reduction or elimination of risk. • Considers/links to any needs of parents/carers to support them in their parenting role. • Is current and considers the child's short, medium and long-term outcomes across well-being indicators. • Clearly states who is responsible for each action. • Includes a named lead professional. • Includes named key contributors. • Includes detailed contingencies. • Is rights and asset based - builds on strengths and relationships that promote resilience. • Gives due to attention to the importance of the child and parents/carers having opportunities to develop relationships with key professionals. • Reflects the ways in which their personal relationships and direct contact with their siblings are being supported, if appropriate. | |

Section C: Assessment, planning and reviewing

Following the initial children's hearing and compulsory supervision order placed.

In this section we focus on the quality of **follow up** assessment and planning for children subject to compulsory supervision orders who live at home with their parent/carer.

Questions focus on the key processes of assessment, planning, and reviews. Consideration of the duration and consistency of the child's compulsory supervision order are also included.

| | |
|-----------|--|
| C1 | It is evident from the records that the child has been provided with the opportunity to have a health assessment. |
|-----------|--|

Health assessments are a legal requirement for all children subject to a compulsory supervision order, meaning they must be offered the opportunity to have one. There should be an initial health assessment offered within the specific timeframe of 4 weeks and a review health assessments should be offered/completed regularly (every six months for under-5s, annually for 5-18 year olds).

- Select **yes** if a health assessment has been provided for the child.
- Select **yes** if a health assessment has been offered but the child has refused.
- Select **no** if the child has not been provided or given the opportunity to have a health assessment.
- Select **too early to tell** if the child has only become subject to compulsory supervision within the last 4 weeks or child has delayed providing consent.

| | |
|-----------|--|
| C2 | There is an up-to-date assessment that considers the needs, wellbeing concerns and risks. |
|-----------|--|

An assessment gathers and analyses information about a child, their family, and the relevant context to identify risks and needs. This process informs the planning and support required to ensure the child's safety and wellbeing. Titles and formats of assessments can vary locally, and some areas may incorporate an assessment at the beginning of a child's plan. In this section, we should focus on the most recent full assessment completed within the two years preceding the agreed date.

- Select **yes multi-agency** if there is evidence of multi-agency contribution to the assessment. This includes instances where the lead professional has recorded information sought from another partner involved. The GIRFEC national practice model, looked after regulations, national child protection guidance and other relevant documents, all promote the importance of an integrated and co-ordinated approach to assessment.
- Select **yes single agency** if there is an assessment, but there is no evidence of contribution from others within the assessment.
- Select **no and skip to C4** if there is no assessment.
- Select **not applicable and skip to C4** if the child has recently become subject to a Compulsory Order and a further assessment has not been required.

NB: Looked after children regulations detail for children supervised at home.

(a) a first review within 6 weeks of the placement; and

(b) thereafter subsequent reviews within 12 months of the previous review.

| | |
|-----------|--|
| C3 | Use the rating scale to evaluate the quality of the up-to-date assessment of needs, concerns and risks. |
|-----------|--|

Using your professional judgement and the rating scale evaluate the quality of the up-to-date assessment.

Consider to what extent the following statements are true.

Involving children and families:

- The child's rights, feelings, thoughts and experiences have been considered, appropriate to their stage of development and included in the assessment.
- Parents/carers' views are explored, considered, and included in the assessment.

- The child's present and future need for relationships with those who are important to them, including siblings, are fully outlined.
- There has been exploration of the involvement of wider family members.
- Consideration has been given to the age, stage, language and culture of the child and adults involved.
- Consideration has been given to any communication/support needs to ensure that the child and parents/carers have been able to participate fully in decisions and stages of the process.

Assessment content:

- The assessment is up to date and present circumstances explored including the child's home life, school and social networks.
- A chronology supports the exploration of any relevant historical factors, including trauma and patterns of behaviour and how these have impacted on the child's wellbeing and development.
- The needs, strengths and risks for the child are central to the assessment.
- Information from all relevant agencies is included and any specialist aspects of assessment and support are integrated.
- All of the wellbeing indicators are considered.
- There is consideration of whether there is anything getting in the way of the child's development, what else might need to be done to support the child and any barriers to achieving this.
- The need for formal/compulsory measures or legal options is fully explored with a clear recommendation about what needs to happen to support the child.

Assessment style:

- The assessment is analytical and the impact of risks, needs and protective concerns relating to the child have all been considered.
- The assessment is accurate, easy to read and understand.
- The child's story can be followed, enabling the child and parents/carers to read and understand the report.
- There is evidence of up-to-date knowledge, theory, research and appropriate assessment tools used.
- The written style is trauma informed and language is respectful of the child and their family experiences.

Additional rating notes:

Excellent – as well as the description on the scale, an evaluation of excellent will indicate that the assessment provides a high level of and/or original insight into the child's situation and analysis of risks and needs.

Weak – as well as the description on the scale, an evaluation of weak will indicate that risks and needs are listed without any analysis of the impact on this child.

Unsatisfactory – as well as the descriptions on the scale, an evaluation of unsatisfactory will indicate that key information is inaccurate or out of date and/or important areas of risk and need for this child are overlooked.

C4

There is an up-to-date plan which sets out how needs, wellbeing concerns and risks identified in the assessment are to be addressed.

The plan, legally required and referred to as a care plan or child's plan, details the child's care arrangements, support needs, and the process for reviewing their care. Its purpose is to ensure the child's welfare and help them achieve their full potential.

In this section, our focus should be on the most recent plan completed within the two years preceding the agreed date.

- Select **yes multi-agency** when there is a plan that has been developed collaboratively and includes actions for a range of partners.

| | |
|-----------|--|
| | <ul style="list-style-type: none"> • Select yes single agency when the plan has been developed by one agency and is not collaborative in nature. • Select no and skip to C6 if there is no evidence of a plan within the child's records. |
| C5 | Use the rating scale to evaluate the quality of the up-to-date plan. |
| | <p>The GIRFEC national practice model and the Promise Plan places the experiences of children and young people and their families at the heart of all action.</p> <p>There are several factors which should be taken into account when considering the quality of the child's plan. The plan should address immediate and short-term risks/needs as well as longer term risks/needs to the child. For the avoidance of drift and uncertainty of purpose, it is recommended that the plan's objectives be Specific, Measurable, Attainable, Relevant, Timebound, Evaluated and Re-evaluated (SMARTER). Interventions should be proportionate and linked to intended outcomes in ways understood by all involved, especially the child and parents/carers.</p> <p>Using your professional judgement consider the extent to which the plan:</p> <ul style="list-style-type: none"> • Is up to date. • Is holistic and tailored to the individual child's needs and context. • Is a joint document and shared by the family and all of the agencies involved with the child. • Is developed in collaboration and consultation with the child and their parent/carer. • Links actions to intended improvements in wellbeing and reduction or elimination of risk. • Considers/ links to any needs of parents/carers to support them in their parenting role. • Is current and considers the child's short, medium and long-term outcomes across well-being indicators. • Clearly states who is responsible for each action. • Includes a named lead professional. • Includes named key contributors. • Includes detailed contingencies. • Is rights and asset based - builds on strengths and relationships that promote resilience. • Gives due to attention to the importance of the child and parents/ carers having opportunities to develop relationships with key professionals. • Reflects the ways in which their personal relationships and direct contact with their siblings are being supported, if appropriate. |
| C6 | There is evidence local authority reviews have taken place. |
| | <p>Responsibility, detailed in the Looked After Children (Scotland) Regulations 2009, lies with the local authorities to convene reviews to monitor and progress the child's plan. It is important to note that while those involved with the child may have discussions and planning meetings at different points, the focus here concerns formal reviews, not planning meetings or other less formal meetings.</p> <ul style="list-style-type: none"> • Select yes if reviews have been held by the local authority in accordance with regulations. • Select no and skip to C14 if it is considered that the plan has not been reviewed at appropriate intervals. • Select too early to tell and skip to C14 If the child has only become subject to a Compulsory Order and multi-agency plan within the past six weeks, and a review has not yet happened. |
| C7 | Local authority reviews have been held within the expected timescales. |
| | <p>Reviews should be at a frequency in which it is reasonable to monitor risks and needs and sufficient to guide professionals in delivering the plan for the child.</p> <p>Looked after children regulations detail the review of a child's care provision when they are cared for by parents or persons with parental responsibilities and parental rights as follows:</p> <p>The local authority must agree the frequency of reviews with—</p> <p>(5) (a) the child, taking account of the child's age and maturity; and</p> <p>(b) the person caring for the child.</p> <p>(Where no agreement is reached under paragraph (5) the local authority must carry out the following reviews of the child's case:—</p> <p>(a) a first review within 6 weeks of the placement; and (b) thereafter subsequent reviews within 12 months of the previous review.</p> |

| | |
|------------|---|
| | <ul style="list-style-type: none"> • Select yes if reviews have been held within the expected timescales. • Select yes but not within expected timescales if there have been reviews, but these have not been held within the expected timescales as listed above. Note this requires professional judgement and discretion should be used, for example, if a review is only slightly late or has been delayed for good reason. • Select no if it is considered that the plan has not been reviewed at appropriate intervals. |
| C8 | There is evidence the role of the chair is carried out effectively. |
| | <p>The chair has carried out their role effectively. The review meetings provide frequent opportunities for the chair and attendees to consider whether the child's plan addresses and responds to the risks and needs of the child. The child's record provided evidence of sufficient challenge, by the review chair, to drive progress forward within timescales appropriate to the child. With clear consideration of the requirement for continued compulsory measures of supervision.</p> <ul style="list-style-type: none"> • Select yes if reviews have been chaired in an effective way, ensuring risks and needs were responded to for the child. • Select no if it is considered that the chair of the child's reviews lacked consistency and effectiveness. |
| C9 | There is evidence services supporting the child were invited and included in the review process. |
| | <p>Consider whether a representative from services holding a role in the child's plan and providing support to the child and their family were invited and participated in the review process. For example representatives from, social work, education, health services, third sector services and Police Scotland. This could be a verbal or written contribution.</p> <p>There is an option to select some but not all, this would be appropriate, if, for example, some services contributed but another with a defined role in the child's plan or support package did not.</p> |
| C10 | The child contributed to reviews and their views about decisions were respected. |
| | <p>Consider whether the child contributed to the formal review process. The looked after children regulations state the local authority must review the child's case by complying with requirements, which include consult and take into account the views of the child, taking account of the their age and maturity.</p> <ul style="list-style-type: none"> • Select yes if there is evidence that the child contributed to their review. This could be if the child contributed verbally; an independent advocacy worker reported their views, a worker reported their views, a written or electronic report was provided or a creative medium such as art was used. Children may have required additional support to aid contribution such as an interpreter, or additional support due to having a disability or learning need. • Select yes if the child's views were presented at their review, whether or not they attended. • Select no if the child did not contribute to their review or contribution was very limited or tokenistic. There may have been various reasons for this, including a child refusing to contribute. • Selecting not applicable is only for very exceptional circumstances, such as for very young child. |
| C11 | The parent/carers contributed to reviews and their views about decisions were respected. |
| | <p>Consider whether the child's parent/carers contributed to the meeting. The looked after children regulations state the local authority must review the child's case by complying with requirements, which include the child's parents and any person with parental responsibilities or parental rights in respect of the child.</p> <ul style="list-style-type: none"> • Select yes if the parent/carers contributed in some form to their child's review. Contributions could be verbal, written, through an independent advocacy worker or through a worker reporting a parents views. Parent/carers may have required additional support to enable contribution (for example an interpreter or additional support due to having learning difficulties). • Select no to this question if there is no evidence of parent/carers contributing to the meeting. |

| | |
|--|---|
| | <ul style="list-style-type: none"> There are some situations where it would not be appropriate for every parent/carer to contribute, for example if this would place the child (or adult) in further danger or if they have no role in the child's life. In such instances they should be excluded from consideration and select yes if the other parent contributed. |
| C12 | There are written records of reviews which show progress/challenge. |
| <p>Consider whether there is a written record of the meeting. There is evidence of a record with clear decisions outlined about the risks for and needs of the child.</p> <p>Consideration should also be given to:</p> <ul style="list-style-type: none"> The written record of the meeting was comprehensive, detailed, clear and outlined key information. The written record details appropriate consideration was given to change or request to remove the legal order. Decisions were well-defined, rationale provided, and clearly recorded. Select yes if there is evidence of reviews being recorded. Select no if no evidence of the review has been recorded. | |
| C13 | Use the rating scale to evaluate the quality of reviews. |
| <p>Using your professional judgement and the rating scale evaluate how well partnerships are reviewing the child's progress.</p> <p>Consider the extent to which:</p> <ul style="list-style-type: none"> There has been sufficient challenge to drive progress forward within timescales appropriate to the child. The chair carried out their role effectively, consider their level of independence to the child and their family's support package. The venue for the review was considered to accommodate all involved and encourage an inclusive approach. Relevant assessments were completed to inform the progress of the child's plan. Reviews have added value and contributed effectively to the child's life. All relevant professionals across services, including those who work with adults in the family or the child's network, have been involved in reviewing processes as appropriate. The review was carried out in a way which was sensitive to the needs and wellbeing of the child and was trauma informed. The child has been involved in the reviewing process and effectively supported to contribute their views. Parent/carer and other relevant family members, have been involved in the reviewing process with their views considered and respected. Independent advocacy relevant to the child's care and welfare, has been explained and offered, to the child. This may include non-instructive advocacy whereby an advocate acts on behalf of someone who is unable to give clear instructions or make decisions due to issues like communication difficulties, cognitive impairments. Independent advocacy to help the parent carer navigate welfare and protection processes for the child, and help have their voice heard has been explained and offered. This may include non-instructive advocacy. Reviews have been held promptly. Decisions were clear, rationale provided, and clearly recorded. Safety and contingency planning were fully considered, and a plan put in place. The written record of the meeting was comprehensive, detailed, clear and outlined key information. Whether appropriate consideration was given to change or request to remove the legal order. | |
| C14 | Length of time the child has been subject to the CSO when living at home with their parent/carers. |
| <p>Consider the length of time the child has been subject to the compulsory supervision order when living at home with their parent/carers. The relevant timescale should be chosen.</p> | |

| | |
|--|--|
| Information regarding the timescale of compulsory measures should be evident in the assessment and communication from SCRA. | |
| C15 | Throughout the period of the CSO the child has remained at home with their parent/carers. |
| <p>Consider if the child has remained at home with their parent/carers following the compulsory order being imposed and throughout the duration of the order.</p> <p>Detail regarding changes in the child's place of residence should be noted within the assessment, chronology if incorporated into assessment paperwork, or the plan where contingencies have been defined</p> <ul style="list-style-type: none"> • Select yes and skip to section D if the child has remained at home with their parent/carer on a continual basis. • Select no to this question if there have been any changes to the child's place of residence. | |
| C16 | The number of times the child moved during the period of their CSO at home. |
| <p>Consider the number of times the child has moved from their family home during the period of their compulsory supervision order, within the two year period prior to the agreed date. The moves may have been arranged by the family themselves or by services to manage periods of conflict or to ensure required, additional, support for the child was secured.</p> <p>If the child has moved from their family home during the supervision period the relevant number should be chosen.</p> | |
| C17 | Indicate the nature of the child's move. |
| Consider the nature of the child's move from their family home. There may have been multiple periods away from their parent/carer's care choose all options which apply. | |

Section D: Intervention.

In this section we focus on the range of interventions available, for the child subject to the compulsory order and their family, delivered by services. Interventions may include further assessments (for example parenting, mental health, alcohol/drugs, youth justice or specialist health assessments).

| | |
|-----------|---|
| D1 | 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. |
|-----------|---|

The initial health assessment for children subject to a compulsory supervision order is a statutory requirement that must be conducted within 4 weeks. This assessment is a comprehensive check of the child's physical and emotional health, ensuring their wellbeing. Subsequent health assessments are recommended every six months for children under five and annually for those five and older.

When considering the effectiveness of intervention consider the child's individual needs and the broader context of the care plan and support network. The impact of the intervention on their physical, mental, and emotional well-being, and how this aligns with their developmental stage.

With reference to the following statements and your professional judgement use the rating scale evaluate the effectiveness of intervention(s) in meeting the identified needs.

Consider the extent to which:

- The child was provided with the opportunity to participate in a comprehensive health assessment within the defined timescale.
- The assessment was holistic and tailored the individual child's needs and context.
- Information from the health assessment was integrated into the child's overall care plan, ensuring health interventions are aligned with other aspects of their care.
- The child's views on the intervention were considered, reflecting their active involvement in decision-making and that they were heard.
- The child's age and developmental stage informed the intervention.
- Where assessed health needs required referrals to be made these were completed in a timely way.
- Where the lead professional is not from the Health Board, a key worker was identified to liaise over healthcare delivery (Health Visitor, School Nurse).
- The child's support network were considered, including family members and professionals, and how they could contribute to the intervention.
- A trauma-informed approach considered the impact of the intervention on the child's emotional and psychological wellbeing.

Select **not applicable** where the child was provided with the opportunity to engage in a health assessment and declined.

| | |
|-----------|---|
| D2 | Use the rating scale to evaluate the effectiveness of work with the child and family to secure a stable and caring home environment. |
|-----------|---|

Stable, safe and caring home environments for children and their families are crucial for their emotional and psychological well-being, particularly after experiencing trauma or neglect. Stability promotes positive relationships, educational opportunities, and successful transitions into adulthood, assisting past trauma to be addressed and further a sense of security and predictability. We know that children and their parent/carer benefit from staff taking time to get to know them and build a relationship with them.

With reference to the following statements and your professional judgement use the rating scale to evaluate the effectiveness of work with the child and family to secure a stable and caring home environment.

Consider the extent to which:

- The child had the opportunity to develop a relationship with a key member of staff.
- The parent/carer had the opportunity to develop a relationship with a key member of staff.

| | |
|--|---|
| | <ul style="list-style-type: none"> • The plan for the child appropriately identifies what needs to be in place to secure a nurturing and stable environment, at home, in school and in the community. • Where the child has experienced trauma or neglect the plan identifies measures which are in place to minimise their impact and lead to improved stability and security. • Contingency planning is evident to support the child and their parent/carer should difficulties arise which threaten their security and stability. • The way in which staff are working to secure a caring and stable environment for the child and their parent/carer is very clear. |
| D3 | It is evident from records that referrals made resulted in a service being provided to the child. |
| <p>Appropriate resources may be identified in plans for the child and their family in order to meet needs. If there is no plan, use your professional judgement to comment on whether or not referrals have been made to relevant services and the child and the family have had access to all required interventions.</p> <p>Where services have been offered and declined by the child or parent/carer we should acknowledge the referrals resulted in a service being offered and answer offered not accepted.</p> <p>Select not applicable when the assessment appropriately identified that no services were required to meet identified needs.</p> | |
| D4 | Use the rating scale to evaluate the effectiveness of intervention(s) in meeting identified needs and/or risks. |
| <p>Consider the effectiveness of interventions in meeting the identified risks and wellbeing needs. With reference to the following statements and your professional judgement, use the rating scale to evaluate the extent to which interventions have been effective.</p> <p>Consider the extent to which:</p> <ul style="list-style-type: none"> • There have not been delays or gaps in the provision of appropriate interventions. • Services have been successful in engaging with the child and their parent/carer. • Progress has been made to reduce and improve the management of risks and address required wellbeing needs. • The intervention provided contributed to this progress. | |
| D5 | 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. |
| <p>Consider the effectiveness of support given to maintain meaningful relationships between the child and their parent/carers. With reference to the following statements and your professional judgement use the rating scale to evaluate the extent to which support has been effective.</p> <p>Consider the extent to which:</p> <ul style="list-style-type: none"> • Services have worked together to support appropriate relationships between the child and their parent/carer. • Efforts to engage the child and their parent/carers have been successful. • The level of support and monitoring ensured that services delivered and action taken was in the best interest of the child. • There have been no gaps or delays in providing this support. • Support to maintain familial relationships was sensitive to the needs and wellbeing of the family and was trauma informed. <p>Where children have not had periods of separation from their parent/carers, or where maintaining contact with a parent would be inappropriate, answer not applicable.</p> | |
| D6 | 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. |

Consider the effectiveness of support given to maintain meaningful relationships between the child and their brothers and sisters. With reference to the following statements and your professional judgement use the rating scale to evaluate the extent to which support has been effective.

Consider the extent to which:

- Services worked together to support appropriate relationships between the child and their brothers and sisters.
- Efforts to engage the child and their brothers and sisters have been successful.
- The level of support and monitoring ensures that services delivered and action taken was in the best interest of the child.
- There have been no gaps or delays in providing this support.
- Support to maintain familial relationships was sensitive to the needs and wellbeing of the family and was trauma informed.

Where children have not had periods of separation from their brothers and sisters, or where maintaining contact with their brothers and sisters would be inappropriate, answer **not applicable**.

| | |
|-----------|--|
| D7 | 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. |
|-----------|--|

Consider the effectiveness of support given to improve and maintain the child's school attendance. With reference to the following statements and your professional judgement use the rating scale to evaluate the extent to which support has been effective in supporting the child's school attendance and overall well-being.

Consider the extent to which:

- The assessment provided an understanding of the initial reasons for non-attendance, such as anxiety, bullying, learning difficulties, or family issues.
- Services established clear starting points for measuring progress.
- The plan outlines measurable goals for improved attendance, which might include incremental targets for attendance rates.
- Collaborative, multi-agency, professionals provide holistic support, this may include among social workers, education staff, third sector support staff and mental health staff.
- The child's views about the barriers to attendance and potential solutions are actively gathered, this ensured their voice was heard and respected.
- The child received appropriate emotional and social support and these contribute to feelings of school safety and belonging.
- Evidence highlighted positive behaviour changes both at school and home as a result of the intervention.
- New barriers/challenges were identified and strategies developed to address them promptly.
- Intervention ensured the inclusion of parent/carer to enhance the school/home link.

Where children have not had periods of non-attendance at school answer **not applicable**.

Section E: The impact of work with children and parent/carers.

In this section we focus on the experiences of children, young people and their families and what difference services are making to their lives.

We consider the impact of work carried out to reduce concerns about the wellbeing of children at home with their parent/carers. We expect services to be delivered in ways that reduce barriers and prevent further emotional harm for those who have experienced psychological trauma or adversity at any stage in their lives.

E1 The child has had an opportunity to develop a relationship with a key member of staff.

Consider whether the child has had the opportunity to develop a relationship with a key member of staff. We know that children benefit from staff taking time to get to know them and build a relationship with them. This could be any member of the child's professional support network (including support workers, teachers, advocates, volunteers, and others).

- Select **yes** if there is evidence of a staff member of the child's developing or working towards developing a relationship with the child, even if it is in the very early stages of development.
- Select **no** if there is no evidence of this in the child's records, or if evidence is very limited and it is not known whether the child has had opportunity to develop a relationship with a member of staff; or if the evidence shows that the relationship has been short term or inconsistent.
- If there is evidence that there have been significant changes of lead professionals or other key staff members, consider the impact of this on the child in relation to their ability to develop relationships.
- Select **too early to tell** if it is very early in the supervision order and there has not been any opportunity for a key staff member to begin to develop opportunities.
- There should be very limited use of the **not applicable** option in this question. This should only be used in relation to very young children. It is not acceptable to select **not applicable** for children with disabilities, communication or translation needs (unless other reasons apply). All children should have the opportunity to develop a relationship with a key member of staff and creative approaches should be taken to ensure that this occurs.

E2 The child's parent/carer had an opportunity to develop a relationship with a key member of staff.

Consider whether there is evidence that parent/carer have had the opportunity to develop a relationship with a key member of staff. We know that parents/carers benefit from staff taking time to get to know them and build a relationship with them. This staff member does not necessarily need to be the lead professional; this role could be fulfilled by any person within the family's professional support network (including support workers, teachers, advocate, volunteers and others).

- Select **yes** if there is evidence of a key member of staff developing or working towards developing a relationship with all parent/carer, even if this is in the very early stages of development.
- We are considering parent/carer's meaningfully being given the opportunity to develop a relationship with a key member of staff, not whether they have this relationship. Therefore, if parent/carer's have been offered a meaningful opportunity, the answer to this question should be **yes**, even if this opportunity has not been taken.
- Select **no** if there is no evidence of this in the child's records, or if evidence is very limited and it is not known whether the parent/carer had an opportunity to develop a relationship with a member of staff; or if the evidence shows that the relationship has been short term or inconsistent.
- If there is evidence that there have been significant changes of lead professionals or other key members of staff, consider the impact of this on the parent/carer in relation to their ability to develop relationships.
- Select **too early to tell** if it is very early in the supervision order and there has not been any opportunity for a key staff member to begin to develop opportunities.

| | |
|--|--|
| E3 | Use the rating scale to evaluate how well the child has been listened to, heard and included by staff. |
| <p>Using your professional judgement and the rating scale evaluate how effectively staff have enabled and encouraged the child to have his/her views heard and ensured those views were taken into account in decision-making processes. This does not only mean how well the child was supported to attend and participate in a meeting but is also about their wider inclusion and participation across all assessment, planning processes and academic/leisure pursuits to benefit them in their wider world.</p> <p>Consider the extent to which:</p> <ul style="list-style-type: none"> • The child was effectively included in key processes and their views were sought and recorded clearly. • Necessary supports, including independent advocacy, were provided and enabled the child to participate fully in key processes. • Conversations with children and/or a person representing them were recorded in records and minutes. • Direct contributions from the child were evidenced in records, for example: letters, worksheets, use of technology, quotes. • The child was invited to attend and contributed to meetings where key decisions were made. • Where children choose not to attend, their views were taken into account and influenced decision making. • If the child did not attend meetings, the reasons were outlined in the record. • Where necessary and depending on the age and stage and particular needs of the child, additional supports such as an interpreter or staff member communicating with Makaton or storyboard) were provided. • After meetings, feedback was given to the child and they were supported to understand decisions and key outcomes of meeting(s). • The child was informed about and encouraged to exercise their rights. • Consideration was given to the child's experiences and services were delivered in a way that reduced barriers and prevented further emotional harm for children who have experienced psychological trauma or adversity at any stage in their lives. • The child had opportunities to express what they thought about the services they received. • The child was informed and understood how to express dissatisfaction and/or make a complaint. • If relevant, the child was supported to make a complaint or challenge a decision. • Effective information sharing processes were in place. • The child was given the opportunity to regularly update his/her views. • The child was provided with the opportunity to pursue their interests and talents building self-esteem and resilience. <p>There should be very limited use of the not applicable option in this question. This should only be used, if at all, in relation to very young children. It is not acceptable to select not applicable for children with disabilities, communication or translation needs. All children should have the opportunity to be listened to, heard and involved and creative approaches should be taken to ensure that this occurs.</p> | |
| E4 | Use the rating scale to evaluate how well parent/carer has been listened to, heard and included by staff. |
| <p>Using your professional judgement and the rating scale evaluate how effectively staff have enabled and encouraged the child's parent/carer to have their views heard and ensured those views were taken into account in assessments, plans and decision-making processes to enhance the wider world of their child.</p> <p>Consider the extent to which:</p> <ul style="list-style-type: none"> • Parent/carers were effectively included in key processes, and their views were sought and recorded clearly. • Parent/carers contributed to discussions, assessments, planning and reviewing. • All relevant parents were involved in the child's life were actively supported to be included. | |

| | |
|---|--|
| | <ul style="list-style-type: none"> • Conversations with parent/carers and/or a person representing them were recorded in records and minutes. • Direct contributions from parents/carers were evidenced in records, for example: letters, emails, quotes. • Parent/carers were invited to attend meetings where key decisions were made. • Parent/carers and family and/or appropriate representative were present at and contributed to meetings. • Independent advocacy was considered, explained and made available where appropriate. • After meetings, feedback was given to parent/carers and they were supported to understand decisions and key outcomes of meetings. • Parent/carers were informed about and encouraged to exercise their rights. • There were opportunities for parent/carers to express what they thought about the services provided to their child. • Parent/carers were informed of how to express their dissatisfaction and/or make a complaint. • If relevant, parent/carers were supported to make a complaint or challenge a decision. • Effective information sharing processes were in place. • Parent/carers were given the opportunity to regularly update their views. • The parent/carer was provided with the opportunity support their child in the pursuit of their interests and talents to enhance self-esteem and resilience. |
| E5 | 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. |
| <p>Using your professional judgement and the rating scale evaluate the effectiveness of work carried out to encourage partnership working between members of staff and the family within the home setting.</p> <p>There is an option to select not applicable, if for example concerns did not arise from contact with the child being restricted within the family home or records reflect meaningful contact out with the family home was assessed as more beneficial. It may also be far too early to tell the impact of the work though in most instances even work carried out early in the process should be evaluated.</p> <p>Consider the extent to which:</p> <ul style="list-style-type: none"> • Concerns directly related to limited access to the child within their family setting have reduced as a result of the work carried out by the staff involved. • Work was trauma-informed to assist the family to engage in a partnership approach with services. • The support provided was strengths based and protective factors were identified and reinforced. • Work carried out reduced barriers and prevented further harm or re-traumatisation. • The child's social, developmental, and psychological needs were addressed within the context of risk management strategies. • If need/risks emerged over time, these were effectively addressed. • Work carried out was flexible and responsive to the child's unique circumstances. • Work was carried out promptly and there were no significant delays in accessing appropriate supports. • Supports were provided by staff who took time to build a positive relationship with the child. • While risks were addressed, these were understood in the context of the child's needs and had a positive impact on their wellbeing across the wellbeing indicators. • Staff members across services worked in a collaborative way and information was shared appropriately. • There is evidence of positive outcomes for the child. • The child was involved, informed and engaged in the work carried out to address risks. | |
| E6 | 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. |
| <p>Using your professional judgement and the rating scale evaluate the effectiveness of work carried out to reduce the concern of abuse and/or neglect to the child. This includes all emotional, physical, sexual abuse; neglect, whether one significant incident or accumulation. This also includes concern of online abuse; child sexual exploitation; criminal exploitation; child trafficking; honour-based abuse; forced marriage and female genital mutilation.</p> | |

There is an option to select **not applicable**, if for example concerns did not arise from the child being exposed to or at risk of abuse and/or neglect. It also could be that there was no need for further action in this area or it may be too early to tell the impact of the work though in most instances even work carried out early in the process should be evaluated.

It may be the case that we identify potential concerns of abuse/neglect for the child that were not identified by those working with the child. If this is the case, this should be reflected in the evaluation.

Consider the extent to which:

- Concerns of abuse and/or neglect have reduced as a result of the work carried out by the staff involved.
- Actions taken to address immediate concerns were effective.
- Actions taken to address longer term concerns were effective.
- Work was trauma-informed to assist the family to engage in a partnership approach with services.
- The support provided was strengths based and protective factors were identified.
- Work carried out reduced barriers and prevented further harm or re-traumatisation.
- The child's social, developmental, and psychological needs were addressed within the context of risk management strategies.
- If concerns emerged over time, these were effectively addressed.
- Work carried out was flexible and responsive to the child's unique circumstances.
- Work was carried out promptly and there were no significant delays in accessing appropriate supports.
- Supports were provided by staff who took time to build a positive relationship with the child.
- While concerns were addressed, these were understood in the context of the child's needs and had a positive impact on their wellbeing across the wellbeing indicators.
- Staff members across services worked in a collaborative way and information was shared appropriately.
- There is evidence of positive outcomes for the child.
- The child was involved, informed and engaged in the work carried out to address concerns.

| | |
|-----------|--|
| E7 | 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/carer. |
|-----------|--|

Using your professional judgement and the rating scale evaluate the effectiveness of work carried out to reduce concerns to the child arising from parent/carer circumstances and/or behaviours. This includes domestic abuse; parent/carer problematic alcohol/drug use; parent/carer mental or emotional health concerns; parent/carer in conflict with the law; non-engagement or parental reluctance to engage.

There is an option to select **not applicable** if, for example, concerns did not arise from parent/carer circumstances or behaviour. It also could be that there was no need for further action in this area, or it is far too early to tell the impact of the work though in most instances even work carried out early in the process should be evaluated.

It may be the case that we identify potential concerns for the child relating to parent/carer circumstances or behaviours that were not identified by those working with the child. If this is the case, this should be reflected in the evaluation.

Consider the extent to which:

- Concerns arising from parent/carer circumstances or behaviours reduced as a result of the work carried out by the staff involved.
- Actions taken to address immediate concerns were effective.
- Actions taken to address longer term concerns were effective.
- Work was trauma-informed to assist the family to engage in a partnership approach with services.
- The support provided was strengths based, and protective factors were identified.
- Consideration was given to the child being a young carer and supports were provided.
- Work carried out reduced barriers and prevented further harm or traumatisation.

| | |
|-----------|---|
| | <ul style="list-style-type: none"> • The child's social, developmental and psychological needs were addressed within the context of risk management strategies. • If concerns emerged over time, these were effectively addressed. • Work carried out was flexible and responsive to the family's unique circumstances. • Work was carried out timeously and there were no significant delays in accessing appropriate supports. • Support was provided by staff who took time to build a positive relationship with the child and their parent/carer. • While concerns were addressed, these were understood in the context of the child's needs and had a positive impact on all aspects of their wellbeing. • Staff members, including those working with adults, worked collaboratively and information was shared appropriately. • There is evidence of positive outcomes for the child resulting from work carried out to address the adult's behaviour or circumstances. • Parent/carers were involved, informed and engaged in the work carried out to address concerns. • Parental capacity to change was considered and informed the work carried out. |
| E8 | 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. |
| | <p>Using your professional judgement and the rating scale evaluate the effectiveness of work carried out to reduce concerns of the child harming themselves or others. This includes concerns of harm to others such as risk of serious physically, sexually or psychologically harmful behaviour to others; or the young person is at risk of, or has, harmed themselves, including suicidal ideation or attempts; self-harm; child going missing from home/placement; child involved in problematic alcohol/drug use; child taking significant risks through online activities.</p> <p>There is an option to select not applicable if, for example, there were no concerns identified in relation to the child harming themselves or others. It also could be that there was no need for further action in this area, or it is far too early to tell the impact of the work though in most instances even work carried out early in the process should be evaluated.</p> <p>Consider the extent to which:</p> <ul style="list-style-type: none"> • Concerns of the child harming themselves or others reduced as a result of the work carried out by the staff members involved. • Actions taken to address immediate concerns were effective. • Actions taken to address longer term concerns were effective. • Work was trauma-informed to assist the family to engage in a partnership approach with services. • The support provided was strengths based, and protective factors were identified. • If there were concerns that the child may harm others, risk management measures were constructive, individualised and proportionate. • The child's social, developmental and psychological needs were addressed within the context of risk management strategies. • Work carried out reduced barriers and prevented further harm or traumatisation. • If concerns emerged over time, these were effectively addressed. • Work carried out was responsive to the child's unique circumstances. • Work was carried out timeously and there were no significant delays in accessing appropriate supports. • Supports were provided by staff who took time to build a positive relationship with the child. • While concerns were addressed, these were understood in the context of the child's needs and had a positive impact on their wellbeing across the wellbeing indicators. • Staff members across services worked in a collaborative way and information was shared appropriately. • There is evidence of positive outcomes for the child. • The child was involved, informed and engaged in the work carried out to address concerns. |
| E9 | Use the rating scale to evaluate the effectiveness of work carried out to reduce the concerns resulting from the child's non-attendance at school. |

Using your professional judgement and the rating scale evaluate the effectiveness of work carried out to reduce the concerns resulting from the child's non-attendance at school and the impact the loss of education in its widest sense can have. This includes concerns about a child's educational setbacks, social and emotional development, safety, potential family issues, risky behaviours, and future prospects due to school non-attendance.

There is an option to select **not applicable** if, for example, there were no risks identified in relation to the child not attending school. It also could be that there was no need for further action in this area, or it is far too early to tell the impact of the work though in most instances even work carried out early in the process should be evaluated.

Consider the extent to which:

- The child was involved, informed and engaged in the work carried out to address risks.
- Parent/carers were involved, informed and engaged in the work carried out to address risks to encourage positive home/school links.
- Barriers and challenges were identified.
- Risks arising from circumstances within school and the community have reduced as a result of the work carried out by the staff involved.
- Action taken to address immediate risks was effective.
- Action taken to address longer term risks was effective.
- Supports were focussed on addressing the risks arising in school and the community.
- The support provided was strengths based.
- Work carried out reduced barriers and prevented further harm or traumatisation.
- If risks emerged over time, these were effectively addressed.
- Work carried out was flexible and responsive to the child's unique circumstances.
- Work was carried out timeously and there were no significant delays in accessing appropriate supports.
- Supports were provided by staff who took time to build a positive relationship with the child and took time to understand the school and community context.
- While risks were addressed, these were understood in the context of the child's needs and had a positive impact on their wellbeing across the wellbeing indicators.
- Staff members across services worked in a collaborative way and information was shared appropriately.
- There is evidence of positive outcomes for the child.

| | |
|------------|---|
| E10 | 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. |
|------------|---|

Using your professional judgement and the rating scale evaluate the effectiveness of work carried out to reduce the concerns related to the child being in conflict with the law. This includes concerns directly related to child criminal exploitation, influence of peers, the child's safety, positive social integration, mental health, education, reoffending risks, legal compliance, family support, and future prospects.

There is an option to select **not applicable** if, for example, there were no risks identified in relation to the child being in conflict with the law. It also could be that there was no need for further action in this area, or it is far too early to tell the impact of the work though in most instances even work carried out early in the process should be evaluated.

Consider the extent to which:

- The child was involved, informed and engaged in the work carried out to address risks.
- Parent/carers were involve, informed and engaged in the work carried out to address risks.
- Risks arising from associations with others and circumstances within the community. have reduced as a result of the work carried out by the staff involved.
- Action taken to address immediate risks was effective.
- Action taken to address longer term risks was effective.
- Supports were focussed on addressing the risks arising in the community.
- The support provided was strengths based.
- Work carried out reduced barriers and prevented further harm or traumatisation.
- If risks emerged over time, these were effectively addressed.
- Work carried out was flexible and responsive to the child's unique circumstances.

| | |
|---|---|
| | <ul style="list-style-type: none"> • Work was carried out timeously and there were no significant delays in accessing appropriate supports. • Supports were provided by staff who took time to build a positive relationship with the child and took time to understand the legal and community context. • While risks were addressed, these were understood in the context of the child's needs and had a positive impact on their wellbeing across the wellbeing indicators. • Staff members across services worked in a collaborative way and information was shared appropriately. • There is evidence of positive outcomes for the child. |
| E11 | Use the rating scale to evaluate the effectiveness of work carried out to reduce risks to the child arising from circumstances in the community. |
| <p>Using your professional judgement and the rating scale to evaluate the effectiveness of work carried out to reduce risks to the child arising from circumstances within the community. This includes poverty and deprivation; child sexual exploitation; child trafficking; criminal exploitation; homelessness; online abuse; honour-based abuse; forced marriage; female genital mutilation. This also includes risks arising because of the child's or parent/carers association with others in the community, including going missing from home; engaging in alcohol/drug abuse; anti-social behaviour or being in conflict with the law in the community.</p> <p>There is an option to select not applicable if, for example, risks did not arise from circumstances within the community. It also could be that there was no need for further action in this area, or it is far too early to tell the impact of the work though in most instances even work carried out early in the process should be evaluated.</p> <p>It may be the case that we identify potential risks for the child arising from circumstances within the community that were not identified by those working with the child. If this is the case, this should be reflected in the evaluation.</p> <p>Consider the extent to which:</p> <ul style="list-style-type: none"> • The child was involved, informed and engaged in the work carried out to address risks. • Parent/carers were involve, informed and engaged in the work carried out to address risks. • Risks arising from circumstances within the community have reduced as a result of the work carried out by the staff involved. • Action taken to address immediate risks was effective. • Action taken to address longer term risks was effective. • Supports were focussed on addressing the risks arising in the community. • The support provided was strengths based. • Work carried out reduced barriers and prevented further harm or traumatisation. • If risks emerged over time, these were effectively addressed. • Work carried out was flexible and responsive to the child's unique circumstances. • Work was carried out timeously and there were no significant delays in accessing appropriate supports. • Supports were provided by staff who took time to build a positive relationship with the child and took time to understand the community context. • While risks were addressed, these were understood in the context of the child's needs and had a positive impact on their wellbeing across the wellbeing indicators. • Staff members across services worked in a collaborative way and information was shared appropriately. • There is evidence of positive outcomes for the child. | |
| Additional detail (maximum 100 words) | |
| <p>This additional section allows for consideration and inclusion of 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. Where themes have been identified across records read there may be reference made to explore this further during other scrutiny activity e.g. multi-agency professional meetings or focus groups. This section also provides opportunity for examples of positive practice to be shared. The inspection lead will consider all additional comments in the scoping of future inspection activity.</p> | |

Headquarters

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

web: www.careinspectorate.com

email: enquiries@careinspectorate.gov.scot

telephone: 0345 600 9527

X@careinspect

Other languages and formats

This publication is available in other formats and other languages on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.