

**Joint inspections of services for children and young people at risk of harm**

**Reviewing children’s records template**

**Publication date: April 2024**

**Publication code: 013**

|  |
| --- |
| **Preliminary information** |
| **0.1** | Name of record reader  |       |
| **0.2** | Date record read  | Click or tap to enter a date. |
| **0.3** | Partnership area |       |
| **0.4** | Care Inspectorate allocated ID |       |

|  |
| --- |
|  **Section A: Initiation of concerns** |
| **A1** | Have there been concerns that the child may have been at risk of harm - or has been a risk of harm to others - which have been shared with police and/or social work within the past two years?**If no, skip to section B.** |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |

 |
| **A2** | Indicate the source of these concerns. **Tick all that apply.** |

|  |  |
| --- | --- |
| Education | ☐ |
| Health | ☐ |
| Police  | ☐ |
| Social work | ☐ |
| Member of public/ anonymous | ☐ |
| Family member | ☐ |
| Child (self-reporting) | ☐ |
| Unclear | ☐ |
| Other: indicate\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ |

 |
| **A3** | Concerns were shared with police and/or social work without delay. |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |
| Not applicable | ☐ |

 |
| **A4** | Indicate the nature of concerns in respect of the child.**Tick all that apply.** |

|  |  |
| --- | --- |
| Concerns that the child is at risk of, or is subject to, abuse and / or neglect | ☐ |
| Concerns that the child is at risk of harm, arising from parents/ carers’ circumstances and/ or behaviour | ☐ |
| Concerns that the child at risk of harming themselves or others | ☐ |
| Concerns that the child is at risk of harm arising from circumstances within the community | ☐ |

 |
| **A5** | The named person, or person acting as the professional point of contact in universal services, was notified about the concerns.  |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |
| Not applicable | ☐ |

 |
| **A6** | Relevant information was gathered from all the appropriate sources.  |

|  |  |
| --- | --- |
| Yes | ☐ |
| Partially | ☐ |
| No | ☐ |

 |
| **A7** | Clear decisions were made about the next steps. |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |

 |
| **A8** | Use the rating scale to evaluate the quality of the initial multi-agency response to the concerns. |

|  |  |
| --- | --- |
| Excellent | ☐ |
| Very good | ☐ |
| Good | ☐ |
| Adequate | ☐ |
| Weak  | ☐ |
| Unsatisfactory | ☐ |

 |

|  |
| --- |
| **Section B: Follow-up to concerns** |
| **B1** | Has there been an inter-agency referral discussion (IRD) for the child in the past two years?**If unclear or no, skip to B6.** |

|  |  |
| --- | --- |
| Yes | ☐ |
| Unclear | ☐ |
| No | ☐ |

 |
| **B2** | Indicate which agencies were involved in the IRD.**Tick all that apply.**  |

|  |  |
| --- | --- |
| Health | ☐ |
| Police | ☐ |
| Social Work | ☐ |
| Other: indicate      | ☐ |

 |
| **B3** | The IRD was carried out within the expected timescales.  |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |

 |
| **B4** | Clear decisions about next steps were made during the IRD.  |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |

 |
| **B5** | There is a written record of the IRD.  |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |

 |
| **B6** | The concerns lead to an investigation. **If unclear or no, skip to section C.** |

|  |  |
| --- | --- |
| Yes | ☐ |
| Unclear | ☐ |
| No | ☐ |

 |
| **B7** | The views and experiences of the child were considered during the investigation.  |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |
| Not applicable | ☐ |

 |
| **B8** | The views of parents/carers were considered during the investigation.  |

|  |  |
| --- | --- |
| Yes | ☐ |
| Some but not all parents/ carers | ☐ |
| No | ☐ |
| Not applicable | ☐ |

 |
| **B9** | Relevant information was shared from appropriate sources during the investigation.  |

|  |  |
| --- | --- |
| Yes | ☐ |
| Partially | ☐ |
| No | ☐ |

 |
| **B10** | The investigation was carried out within the expected timescales.  |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |

 |
| **B11** | Immediate action was taken to keep the child safe. |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |
| Not applicable | ☐ |

 |
| **B12** | Immediate action was taken to keep other children safe. |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |
| Not applicable | ☐ |

 |
| **B13** | The multi-agency team considered the need for medical examination and took appropriate action.  |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |
| Not applicable | ☐ |

 |
| **B14** | The multi-agency team considered the need for joint investigative interview and took appropriate action.  |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |
| Not applicable | ☐ |

 |
| **B15** | The multi-agency team considered the need for emergency protective action or legal measures and acted accordingly.  |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |
| Not applicable | ☐ |

 |
| **B16** | The multi-agency team developed an interim safety plan for the child. |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |
| Not applicable | ☐ |

 |
| **B17** | Actions were clearly recorded.   |

|  |  |
| --- | --- |
| Yes | ☐ |
| Partially | ☐ |
| No | ☐ |

 |
| **B18** | Use the rating scale to evaluate the overall quality of the follow-up to concerns for this child.  |

|  |  |
| --- | --- |
| Excellent | ☐ |
| Very good | ☐ |
| Good | ☐ |
| Adequate | ☐ |
| Weak  | ☐ |
| Unsatisfactory | ☐ |

 |

|  |
| --- |
| **Section C: Initial multi-agency meeting** |
| **C1** | Has an initial multi-agency meeting to consider risk of harm for the child taken place within the past two years? **If unclear or no, skip to section D.** |

|  |  |
| --- | --- |
| Yes | ☐ |
| Unclear | ☐ |
| No | ☐ |

 |
| **C2** | The child contributed to the initial multi-agency meeting. |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |
| Not applicable | ☐ |

 |
| **C3** | Parents/carers contributed to the initial multi-agency meeting.  |

|  |  |
| --- | --- |
| Yes | ☐ |
| Some but not all parents/ carers | ☐ |
| No | ☐ |
| Not applicable | ☐ |

 |
| **C4** | Police contributed to the initial multi-agency meeting. |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |
| Not applicable | ☐ |

 |
| **C5** | Social Work contributed to the initial multi-agency meeting.  |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |
| Not applicable | ☐ |

 |
| **C6** | Health contributed to the initial multi-agency meeting. |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |
| Not applicable | ☐ |

 |
| **C7** | Education contributed to the initial multi-agency meeting.  |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |
| Not applicable | ☐ |

 |
| **C8** | All potential risks and needs were considered at the initial multi-agency meeting. |

|  |  |
| --- | --- |
| Yes | ☐ |
| Partially | ☐ |
| No | ☐ |

 |
| **C9** | Clear decisions were made at the initial multi-agency meeting.  |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |

 |
| **C10** | The initial multi-agency meeting was held within the required timescales. |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |

 |
| **C11** | There is a written record of the initial multi-agency meeting. |

|  |  |
| --- | --- |
| Yes | ☐ |
| No | ☐ |

 |
| **C12** | Use the rating scale to evaluate the overall quality of the initial multi-agency meeting for this child. |

|  |  |
| --- | --- |
| Excellent | ☐ |
| Very good | ☐ |
| Good | ☐ |
| Adequate | ☐ |
| Weak  | ☐ |
| Unsatisfactory | ☐ |

 |

|  |
| --- |
| **Section D: Assessments, planning** **and reviews** |
| **D1**  | There is an assessment that considers the needs, protective concerns and risks.  **If no, skip to D3.** |

|  |  |
| --- | --- |
| Yes, multi-agency  | ☐ |
| Yes, single agency | ☐ |
| No | ☐ |

  |
| **D2** | Use the rating scale to evaluate the quality of the assessment of needs, protective concerns and risks.  |

|  |  |
| --- | --- |
| Excellent | ☐ |
| Very good | ☐ |
| Good | ☐ |
| Adequate | ☐ |
| Weak  | ☐ |
| Unsatisfactory | ☐ |

 |
| **D3** | There is a chronology. **If no, skip to D5.** |

|  |  |
| --- | --- |
| Yes, multi-agency  | ☐ |
| Yes, single agency | ☐ |
| No | ☐ |

 |
| **D4** | Use the rating scale to evaluate the quality of the chronology.  |

|  |  |
| --- | --- |
| Excellent | ☐ |
| Very good | ☐ |
| Good | ☐ |
| Adequate | ☐ |
| Weak  | ☐ |
| Unsatisfactory | ☐ |

 |
| **D5** | There is a plan which sets out how the needs, protective concerns and risks identified in the assessment are to be addressed. **If no, skip to section E.** |

|  |  |
| --- | --- |
| Yes, multi-agency  | ☐ |
| Yes, single agency | ☐ |
| No | ☐ |

    |
| **D6** | Use the rating scale to evaluate the quality of the plan.  |

|  |  |
| --- | --- |
| Excellent | ☐ |
| Very good | ☐ |
| Good | ☐ |
| Adequate | ☐ |
| Weak  | ☐ |
| Unsatisfactory | ☐ |

  |
| **D7** | There is evidence that reviews have been held within the expected timescales.   **If no or too early to tell, skip to section E.** |

|  |  |
| --- | --- |
| Yes,  | ☐ |
| Yes, but not within expected timescales | ☐ |
| No | ☐ |
| Too early to tell | ☐ |

 |
| **D8** | Use the rating scale to evaluate the quality of reviews. |

|  |  |
| --- | --- |
| Excellent | ☐ |
| Very good | ☐ |
| Good | ☐ |
| Adequate | ☐ |
| Weak  | ☐ |
| Unsatisfactory | ☐ |

   |

|  |
| --- |
| **Section E: The impact of work with children and parents/ carers** |
| **E1** | The child has had an opportunity to develop a relationship with a key member of staff.  |

|  |  |
| --- | --- |
| Yes | ☐ |
| Too early to tell | ☐ |
| No | ☐ |
| Not applicable | ☐ |

 |
| **E2** | The child’s parents/carers have had an opportunity to develop a relationship with a key member of staff. |

|  |  |
| --- | --- |
| Yes | ☐ |
| Some but not all parents/ carers | ☐ |
| Too early to tell | ☐ |
| No | ☐ |
| Not applicable | ☐ |

 |
| **E3** | Use the rating scale to evaluate how well the child has been listened to, heard, and included by staff.   |

|  |  |
| --- | --- |
| Excellent | ☐ |
| Very good | ☐ |
| Good | ☐ |
| Adequate | ☐ |
| Weak  | ☐ |
| Unsatisfactory | ☐ |
| Not applicable | ☐ |

 |
| **E4** | Use the rating scale to evaluate how well parents/carers have been listened to, heard, and included by staff.     |

|  |  |
| --- | --- |
| Excellent | ☐ |
| Very good | ☐ |
| Good | ☐ |
| Adequate | ☐ |
| Weak  | ☐ |
| Unsatisfactory | ☐ |
| Not applicable | ☐ |

 |
| **E5** | Use the rating scale to evaluate the effectiveness of the work carried out to reduce the risks of abuse and/or neglect to the child.  |

|  |  |
| --- | --- |
| Excellent | ☐ |
| Very good | ☐ |
| Good | ☐ |
| Adequate | ☐ |
| Weak  | ☐ |
| Unsatisfactory | ☐ |
| Not applicable | ☐ |

 |
| **E6** | Use the rating scale to evaluate the effectiveness of the work carried out to reduce the risks to the child arising from their parents/carers’ circumstances and/or behaviours. |

|  |  |
| --- | --- |
| Excellent | ☐ |
| Very good | ☐ |
| Good | ☐ |
| Adequate | ☐ |
| Weak  | ☐ |
| Unsatisfactory | ☐ |
| Not applicable | ☐ |

 |
| **E7** | Use the rating scale to evaluate the effectiveness of the work carried out to reduce the risks of the child harming themselves or others.  |

|  |  |
| --- | --- |
| Excellent | ☐ |
| Very good | ☐ |
| Good | ☐ |
| Adequate | ☐ |
| Weak  | ☐ |
| Unsatisfactory | ☐ |
| Not applicable | ☐ |

 |
| **E8** | Use the rating scale to evaluate the effectiveness of the work carried out to reduce the risks to the child arising from circumstances within the community.  |

|  |  |
| --- | --- |
| Excellent | ☐ |
| Very good | ☐ |
| Good | ☐ |
| Adequate | ☐ |
| Weak  | ☐ |
| Unsatisfactory | ☐ |
| Not applicable | ☐ |

 |

**Headquarters**

Care Inspectorate

Compass House

11 Riverside Drive

Dundee

DD1 4NY

**web:** [**www.careinspectorate.com**](http://www.careinspectorate.com)

**email:** **enquiries@careinspectorate.com**

**telephone: 0345 600 9527**

**@careinspect**

**Other languages and formats**



Copyright of Care Inspectorate 2024 